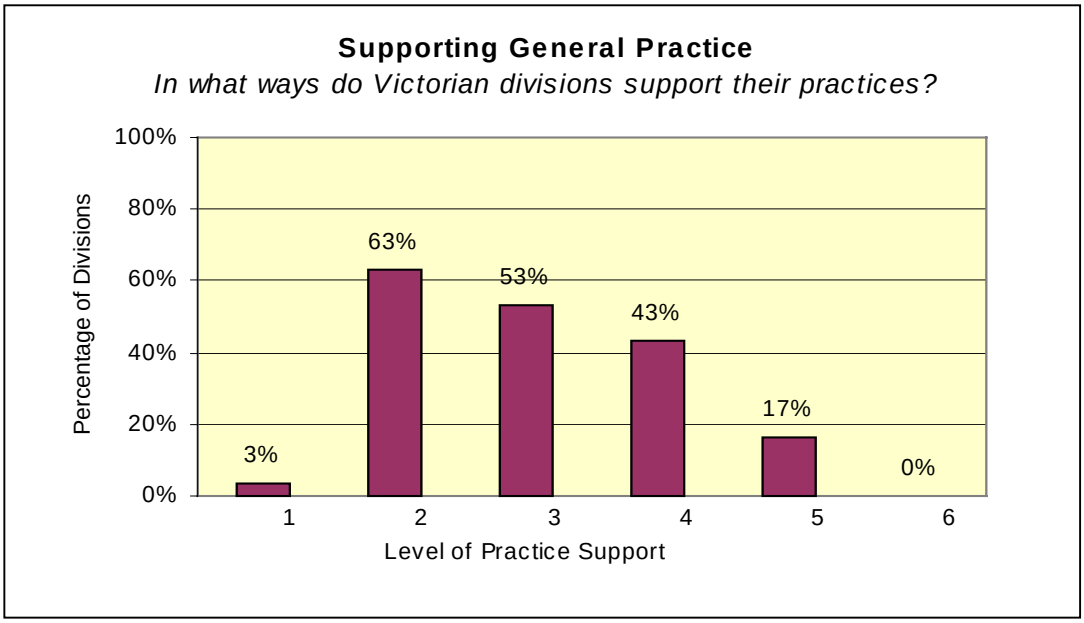
2.7. Practice Involvement

The division role within the practice featured as an important component of each division's planned approach in rolling out the CDM Program. Both the Enhancing Primary Care (EPC) and General Practice Immunisation Initiative (GPII) evaluations highlighted the need for divisions to work with the whole of general practice around practice systems in order to effectively implement structural change around new initiatives. We have found early evidence of divisions using a practice support approach during this first reporting period, to raise awareness, provide on site education and practice systems support in the general practice setting.

2.7.1 Practice Analysis & Practice Support

We were unable to ascertain divisions' approach to practice analysis from the six-month report because this is not a requirement of the CDM guidelines. Since this is an important issue we intend to survey divisions prior to the 12-month report to give meaningful information for this indicator. Victorian divisions increasingly see practice support as the key to introducing any change at the practice level. What constitutes practice support, however, varies significantly between divisions, depending on their capacity, resources and staffing skill mixes. We did find, however, that all divisions reported that they have undertaken practice support activity for the CDM incentives.

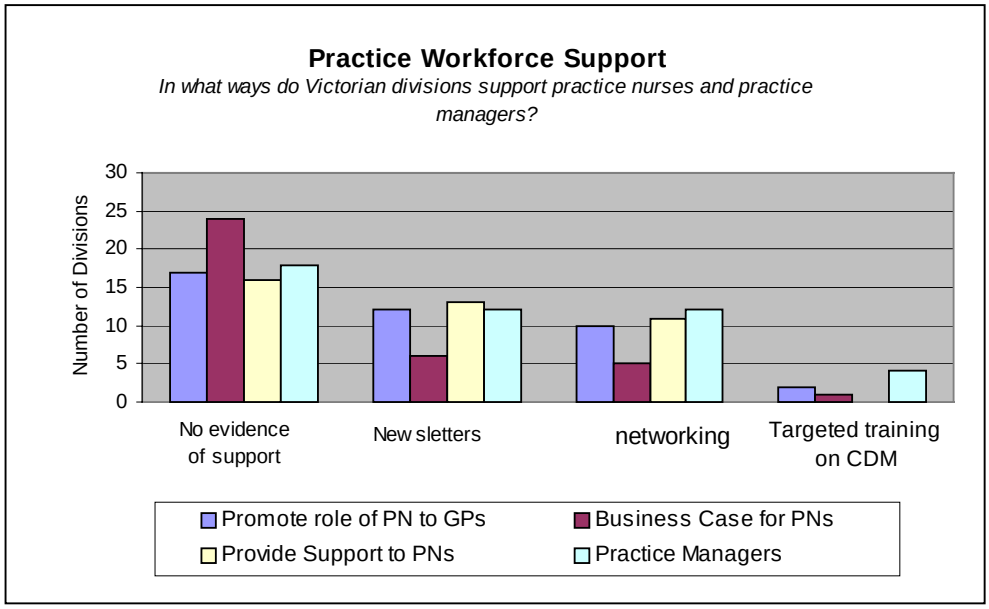
The creation of CDM resources and distribution are uniformly part of the divisions' CDM implementation plans, and divisions generally made a start in this area during this reporting period. Most divisions also have a practice visit program of some description. An interesting trend reported in our analysis of division's plans was the trend towards the individualised and tailored practice support. We looked for whether this small group of divisions who said they would tailor support for CDM actually did in this early stage. 17% of divisions reported that they undertook individualised practice support. It will be interesting to track their successes and challenges over the life of the program.



1	The division does not currently provide practice support.
The division provides practices with support by ...	
2	offering divisional level training.
3	creating and distributing resources + 2 above.
4	offering generic practices visits + 3 above.
5	offering individualised practice visits based on informally assessed needs + 4 above.
6	tailoring practice visits based on an assessment and analysis, for example, using an audit tool + 5 above.

2.8. Practice Workforce Support

We have analysed the level of support provided by divisions to general practice workforce incorporating both practice nurses and practice managers. As demonstrated in the graph, divisions have provided a range of service, starting from newsletter articles, providing networking opportunities to a few divisions providing targeted CDM training.



2.8.1 Supporting Practice Nurses

Supporting practice nurses is a significant part of the CDM implementation plans for all Victorian divisions, whether rural or metropolitan. Divisions' business reports demonstrate an early commitment to promote and support the role of practice nurses as a pivotal component of the CDM program.

2.8.2 Promoting the role of the practice nurse in chronic disease management

Divisions have extended their role in promoting practice nurses to support GPs to take on the CDM incentives. This reflects the thinking that many of these initiatives require an alternative way of structuring patient care at the practice level. Nurses are expected by divisions to improve uptake of the CDM incentives, by providing both clinical care and service coordination.

2.8.3 Promoting the business case for practice nurses

It was clear in the implementation plans that divisions recognise the benefits of the practice nurses as critical in improving GP uptake of the CDM incentives and therefore the capacity to adopt a population health approach. At this stage there is little evidence of such activity in this reporting period, as divisions may be awaiting ADGP's business case models for practice nurses.

2.8.4 Supporting practice nurses in their workplace

It is apparent from the reports that divisions have made a good start to providing a consistent level of support for practice nurses within their division.

2.8.5 Practice Managers

Divisions have continued to support practice managers through practice managers' networks, however only a small number report integrating information on the CDM program in this reporting period.

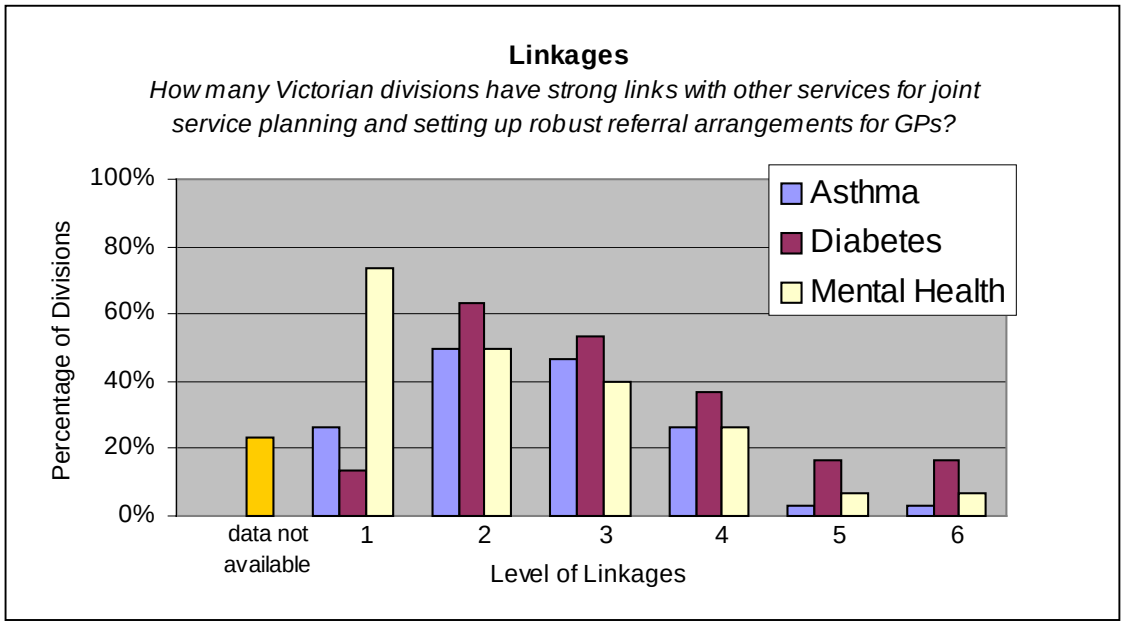
2.9. Capacity Building and Linkages

Capacity building and linkages are a key element of the CDM Program in encouraging divisions to develop strategic alliances with their local allied health providers and community organisations. In our consultation with divisions, and our knowledge of what they do in this area, it was apparent that linkages around CDM were occurring on a number of levels, however very little linkages activity were reported in this business report.

Generally, those divisions with longstanding programs in diabetes, asthma or mental health were far more likely to have strong local relationships established. So it was surprising that divisions failed to report in this area for CDM. In particular, very few divisions reported on their strategic alliances with local service providers, although GPDV has knowledge that these divisions do, in fact, have good relationships with external agencies, particularly in their work in the Primary Mental Health Teams.

Of the divisions that did report on their strategic alliances, those involved in Primary Care Partnerships (PCPs) with Integrated Disease Management Projects and other state-funded asthma or diabetes projects were more likely to have referral processes and joint projects in place. The CDM incentives appear to have provided a positive driver in engaging with other health service providers as it provides a concrete platform to collaborate.

More divisions reported on strategic alliances in diabetes than in either asthma or mental health, although reporting on mental health strategic alliances was poor. We do not believe this reflects the true level of linkages in mental health. A possible reason for this is divisions already having long standing mental health programs, which are reported elsewhere and have not been extracted for the purpose of CDM reporting. This may reflect on how divisions conceptualise their mental health programs in relation to the implementation of the CDM initiative.



0	Data not available.
1	No evidence of linkages with other agencies.
2	Can identify other relevant service providers.
3	Some preliminary, informal networking, eg, invited to division CPD, + 2 above.
4	Collaborating with other agencies, including PCPs + 3 above.
5	Referral protocols + 4 above.
6	Joint projects with other agencies + 5 above.

2.10. Professional Development and Quality Assurance

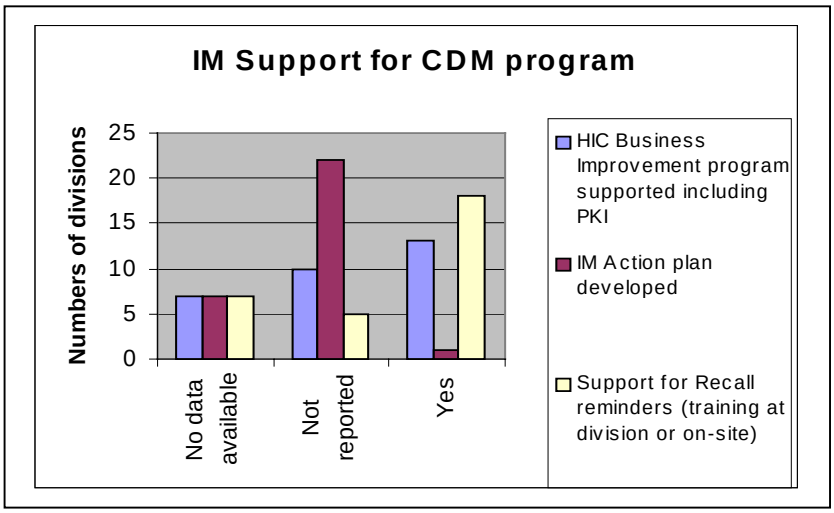
As we found in the implementation plan analysis, divisions have not focused strongly on quality assurance activities. Again, GPDV has knowledge of particular divisions with exemplary activities in this area, which were not reported in the plan. This highlights the need for DoHA to articulate what is meant by quality assurance in the CDM area.

GPDV has identified CQI and its relationship to CDM as a training need for program workers, which will be addressed in the Chronic Disease Workshop Program in 2003.

We are however aware of a few exciting programs happening at the division level around quality assurance. The NPS audits and small group learning strategies have been enhancing the continuous quality improvement (CQI) aspects of the CDM Program, as they have been linked to asthma and diabetes. Two divisions have set up Quality Assurance committees to progress CQI uptake in their divisions. It will be interesting to watch their use of CQI in CDM and to promote effective models in the future.

2.11. Information Management and Systems Support

2.11.1 Chronic Disease Management Incentives



Support for the key components of the IM/IT requirements has been varied. While support for practices in setting up recall reminders has occurred in a substantial number of divisions (16), support for PKI and the HIC business improvement plan has been negligible. This is to be expected as divisions were unaware of what the contracts with the department, particularly in this area, would contain. This was due to the divisions receiving the CDM guidelines at the end of May 2002. It also appears that implementation of the ADGP IM in Action Plan has not been introduced yet.

3 CONCLUSIONS

The January – June 2002 reporting period for the Chronic Disease Management Program represents the formative period for program planning. As divisions had not yet received their contracts or funding at this time, we expected to see very little evidence of activity. However, divisions did demonstrate progress, firstly in setting up staffing structures, then in planning for how they will deliver CDM and later in disseminating information to members.

Victorian divisions have demonstrated innovative and flexible approaches to the CDM program based on hard earned experience in rolling out other programs to their GPs. Based on their experiences with immunisation and EPC, practice support has emerged as the foundation of most CDM programs; and there is early evidence that practice support is becoming more sophisticated, tailored and systematic. The implications of this more intensive approach for divisions will be interesting to monitor, as it requires more funds, staff time and staff expertise.

During this first phase of CDM we particularly note intensive IM support to practices, particularly around diabetes systems such as recall reminder. This confirmed our expectations that the diabetes initiative is one of the easiest to embrace as it builds on divisions' work in the past and the education required for practices is relatively concrete.

There is evidence that despite waiting for funding, Victorian divisions embraced the Chronic Disease Management Program very early on. GPDV looks forward to the Commonwealth providing information to divisions regarding the future of the CDM program and the standardised reporting framework.