1 INTRODUCTION

The Department of Health and Ageing (DoHA) requires GPDV to undertake an analysis of the Victorian divisions' implementation plans for the Chronic Disease Management (CDM) Program contract. GPDV took a two-fold approach. As well as extracting information from each division's 2002/2003 CDM Implementation Plan, two project officers from GPDV visited all 30 of the Victorian divisions. During these visits, 16 CEOs and 64 Program Staff were consulted. These consultations, carried out in September and October 2002, provided a wealth of information and a clearer understanding of how each division plans to undertake the activities/tasks of the CDM Program across the five initiatives including:

- Asthma
- Cervical Screening
- Diabetes
- Mental Health
- Practice Nurses

Throughout the consultations, divisions described their approaches to tackling the CDM program and key themes emerged. In order to categorise the range of activities in a meaningful way under each main activity area in the CDM contracts (namely Training, Education and Support; Linkages; Professional Development and Quality Assurance; and Information Management), GPDV developed an analysis tool (see Section Three). Gawaine Powell-Davies and his colleagues at the Centre for GP Integration Studies at the University of NSW provided consultancy support and advice so that the tool may provide a useful evaluation framework.

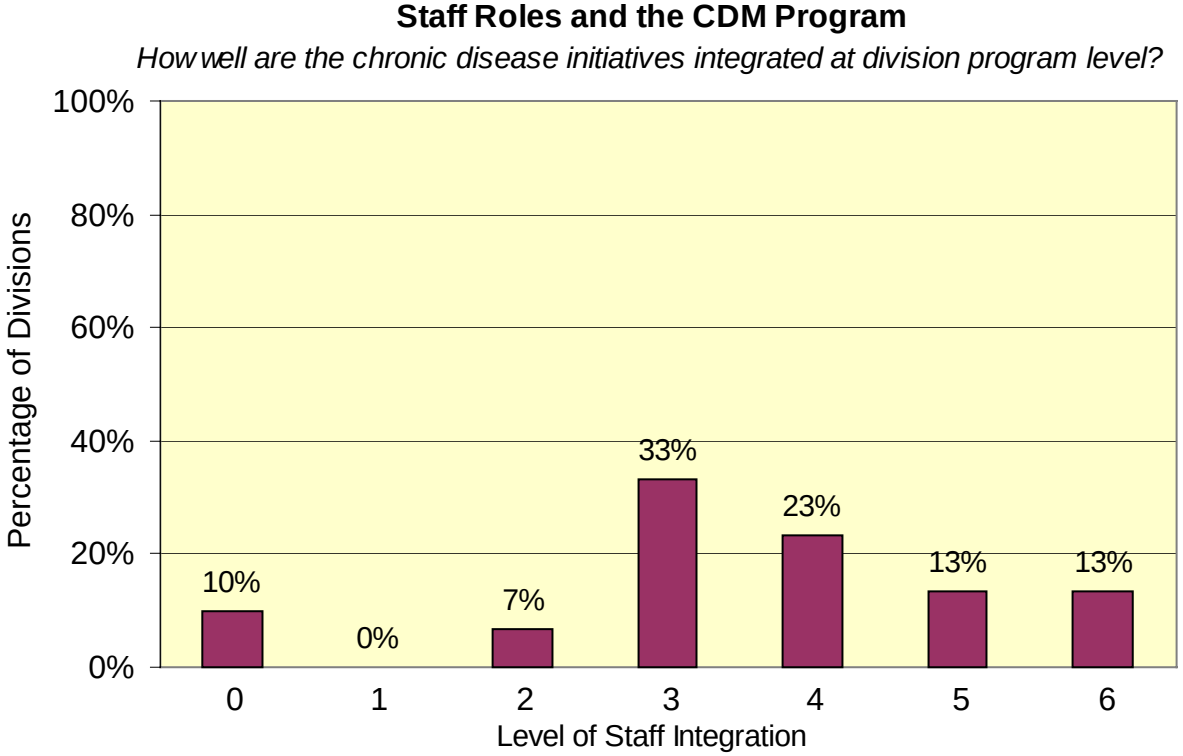
We completed our analysis using the evaluation framework developed with information from both the implementation plans and the consultations. This has allowed GPDV to gain a comprehensive picture of divisions' approaches to the CDM Program. In due course, GPDV is interested in ascertaining the qualities of divisions' programs that result in strong uptake of the chronic disease incentives so that we can effectively tailor our support and training to divisions' needs.

2 ANALYSIS

2.1 Staff Integration

GPDV was interested in ascertaining how each division planned to approach the CDM contract and, in particular, what the staffing arrangements might be. This would indicate the level of integration of the five chronic disease initiatives into a range of staff roles. It is of interest to ascertain whether there is any evidence established over time indicating the benefit of employing a disease specific worker such as an asthma educator or diabetes nurse, who deal with those components of the program only. The alternative appears to be the employment of generalist workers employed to work with practices across CDM programs. In some cases the program workers are primarily responsible for supporting a group of practices and provide access to a wide range of initiatives and services depending on practice requirements.

We found that the staffing arrangements in Victorian divisions covered a broad spectrum from disease specific workers to a generalist approach. Interestingly, no divisions have all their staff working exclusively as disease specific specialists (such as dedicated diabetes or asthma educators), whereas four (13%) divisions chose to support generalist-workers exclusively. The majority (17 or 57%) of Victorian divisions fell within this range, that is, they chose an almost equal mix of condition-specific and generalist workers. There was no data available for three divisions.

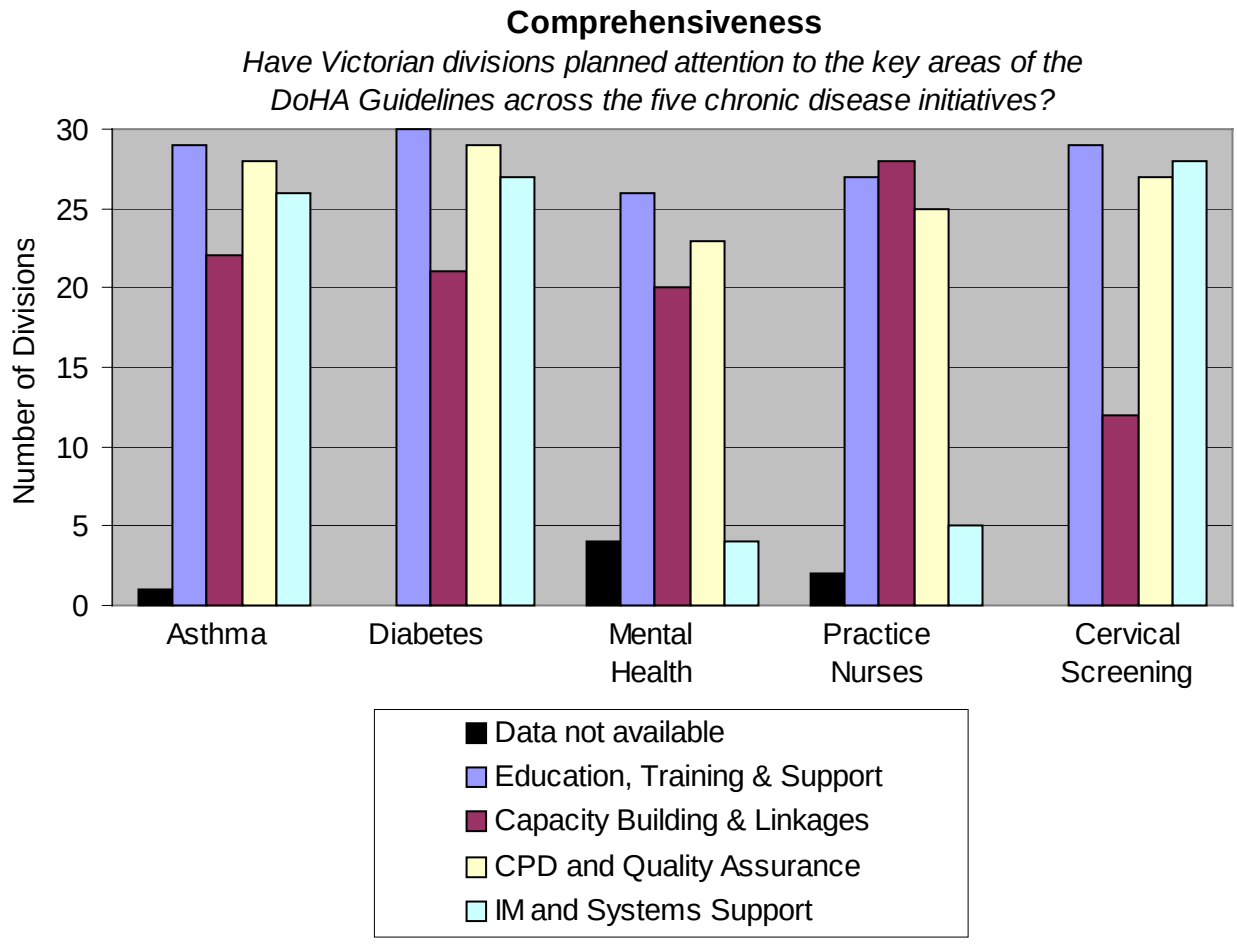


0	Data not available.
1	All CDM staff employed as disease specific workers only
3	A combination of disease specific workers and generalist program staff
6	A generalist program worker approach, providing assistance across a range of initiatives. All support to General Practice provided within an integrated framework:

2.2 Comprehensiveness

GPDV explored how comprehensive each implementation plan appeared to be across each CDM initiative and all four key activity areas. The plans demonstrated that most divisions intend to undertake appropriate tasks against each initiative. As would be expected, the range of activity varied depending on the capacity of the division. It did not appear possible, from our assessment, for divisions to cover each initiative comprehensively within the CDM program funding allocation. We were impressed, however, by the innovative approaches that were described so that the best possible level of comprehensiveness was achieved. (See Section Four for a sample of the innovative approaches that Victorian divisions' have undertaken.) Examples are the increasing number of continuing professional development (CPD) activities which have a clinical and information management (IM) component to which other local stakeholders and practice nurses have also been invited.

100% of Victorian divisions (for which data is available) offer education, training and support to their members in asthma, diabetes and mental health. The majority (67-93%) of Victorian divisions support capacity building and linkages across four of the initiatives. Cervical screening is supported by a minority (12 or 40%) of divisions, presumably because it is seen as the easier of the initiatives to implement (feedback at our workshops suggests that GPs do not require as much persuasion as to the benefit and implementation requirements of this initiative). A high proportion of divisions (77-97%) offer CPD and quality assurance activities across all five of the CDM initiatives. IM and systems support is generally well supported by the majority of Victorian divisions except in the mental health and practice nurse initiatives.



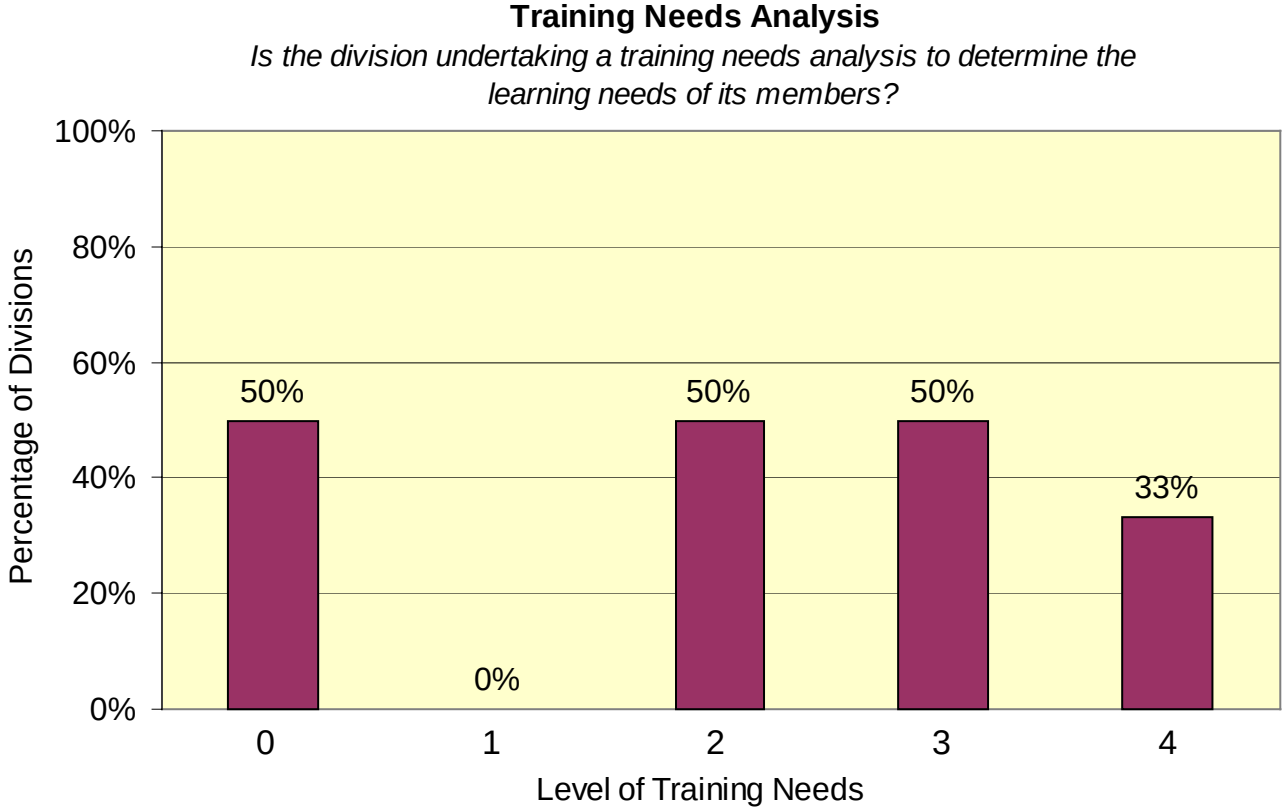
2.3 Education, Training and Support Activities

GPDV investigated the range of education, training and support activities that divisions planned to do around the CDM Program. In particular, we looked at the style or approach the divisions planned to undertake.

2.3.1 Training Needs Analysis

Effective training needs analysis can provide a sound basis for program design and we wanted to see the level of training needs analysis the division used to plan the CDM program. This ranged from not doing any CDM-specific training needs analysis, to annual surveys and structured TNA recorded from practice visits.

We were able to assess where only half the divisions were located across this continuum. Considering that this was not a formal requirement within the CDM guidelines (other than for the mental health component), training needs analysis (TNA) does not appear to feature highly across other chronic disease areas in many division's CDM implementation plans.



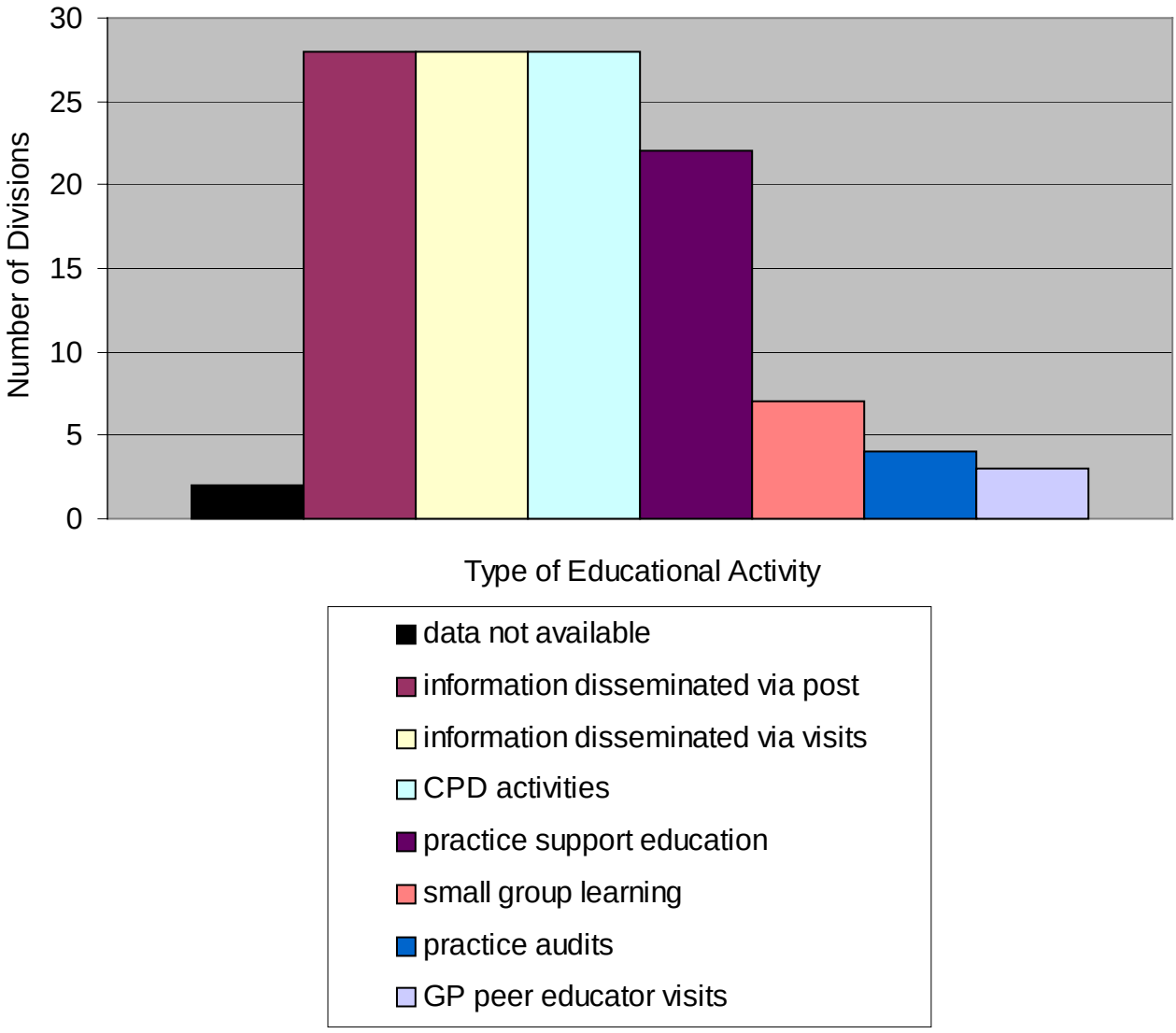
0	Data not available.
1	The division does not think that a Training Needs Analysis is necessary.
The division analyses the training needs of its practices ...	
2	informally - by some workers in specific program areas.
3	by surveying its members annually to determine what educational activities members want and need + 2 above.
4	by recording data during practice support visits and personal contact with GPs + 3 above.

2.3.2 Educational Activities Offered

GPDV was interested in identifying the range of educational activities divisions offered to their members. While the traditional modes of kits and two point per hour CPDs continued to be the mainstay of planned divisional educational activity, there appeared to be an emerging interest in providing small group learning opportunities. One factor influencing this is the change in the RACGP's CPD points allocation of five points per hour for small group learning. In particular, Central Bayside and Bendigo Divisions have offered this style of education and a very high number of GP members (approximately 70) have enrolled in a small group. These provide group-directed learning and there is an opportunity to incorporate CDM education. The national development of small group education modules for CDM with approved RACGP points may be a useful resource for divisions. Other divisions have used the National Prescribing Service (NPS) small group learning strategies to address the diabetes and asthma initiatives and the NPS groups have formed the basis of further small group learning structures within the division.

Planned Educational Activities

What range of educational activities do Victorian divisions offer?



2.4 Practice Involvement

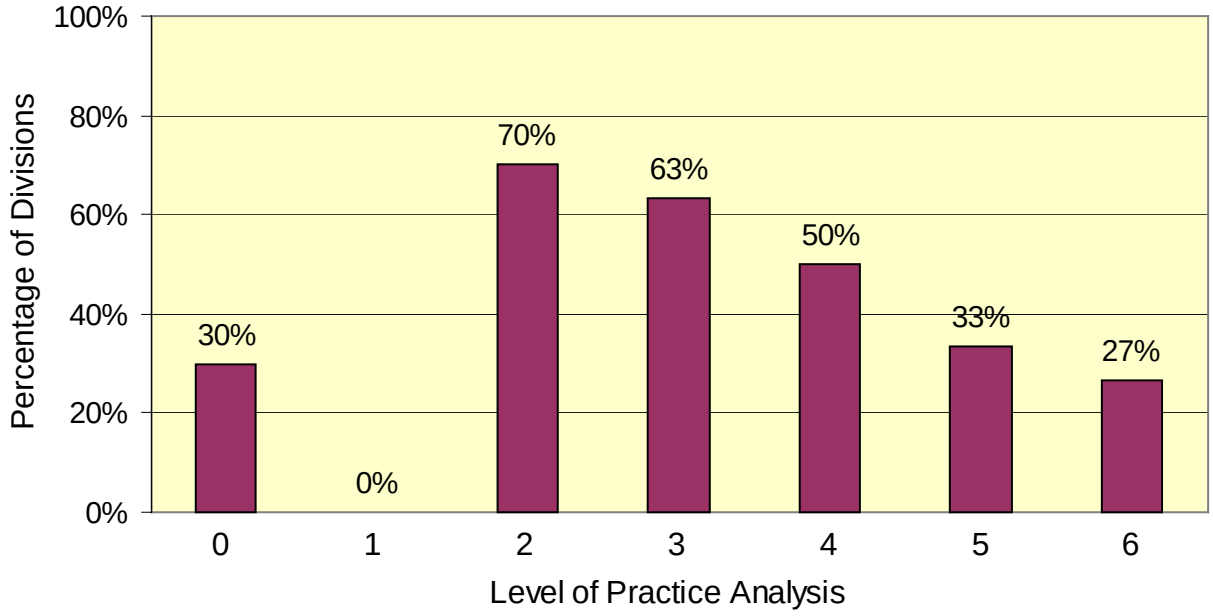
The division role within the practice featured as an important component of each division's approach in rolling out the CDM Program. Both the Enhancing Primary Care (EPC) and General Practice Immunisation Initiative (GPII) evaluations highlighted the need for divisions to work with the whole of general practice around practice systems in order to effectively implement structural change around new initiatives. This has certainly been a key approach indicated Victorian divisions' plans and during the visits around the implementation of CDM, particularly for rural divisions.

2.4.1 Practice Analysis

In order to be able to effectively deliver practice support, knowledge of the practice is required. Through our consultations we found many divisions holding or installing databases to store information about practices and services delivered by the division to the practices. We also found divisions attempting to assess the capacity of their practices to undertake the CDM incentives, using audits, flow-charts and practice-specific hard-copy files. The need to develop a system to record this information is perceived as important by both CEOs and program staff, in order to prevent the loss of corporate knowledge of their membership arising from staff attrition.

Practice Analysis

Have Victorian divisions a sufficiently detailed understanding of the characteristics of their practices to provide targeted practice support?



0 Data not available.
1 The division does not currently have the capacity to undertake practice analysis.

The division undertakes practice analysis by ...

2 collecting data on GP names and contact details.
3 collecting data on practice names and practice operating hours + 2 above.
4 collecting data on PIPs/SIPs, GPII data and Practice Nurses + 3 above.
5 keeping comprehensive records. The division would like a mechanism to manage this information + 4 above.
6 maintaining a database of key information on each practice that is accessed systematically by practice support staff + 5 above.

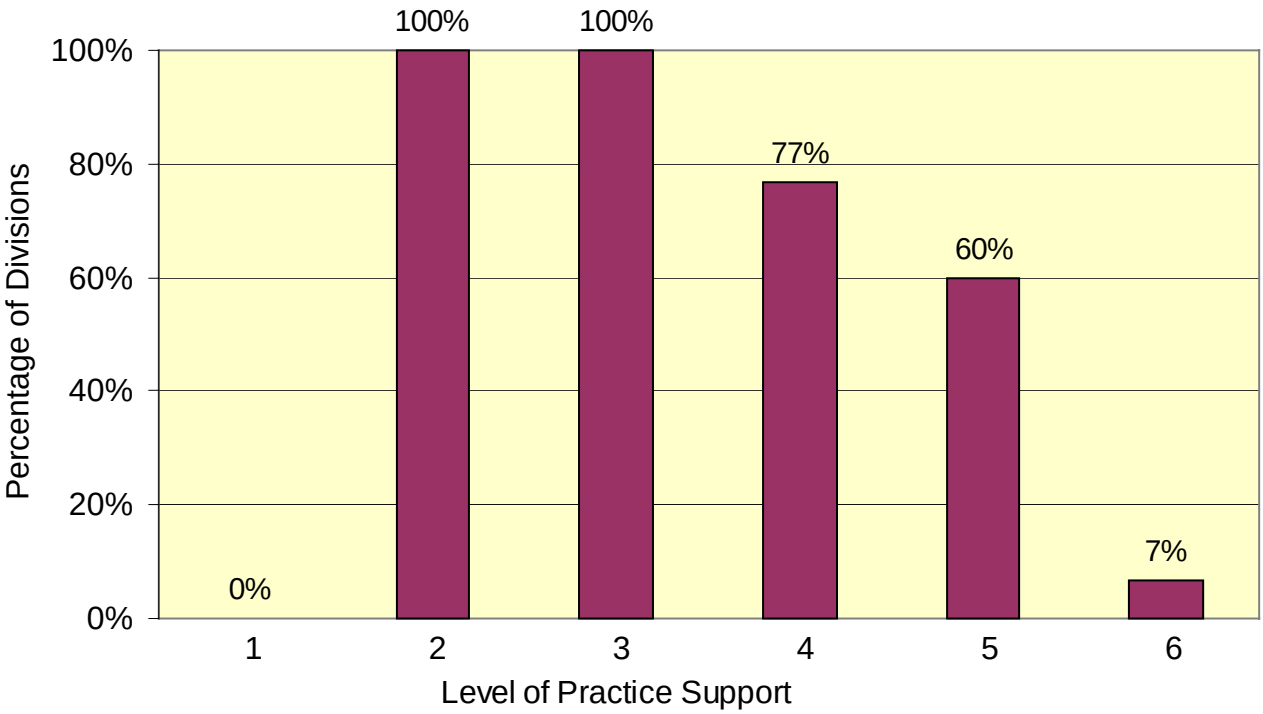
2.4.2 Practice Support

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. For the CDM incentives, many divisions have learnt from the experiences of the GPII and EPC Programs and implemented an "in the practice" component to their education and training requirements.

Resource creation and distribution are uniformly part of the divisions' CDM implementation plans. Most divisions have a practice visit program of some description. An interesting trend is towards the individualised and tailored practice support and, in the case of two divisions, the use of a specific tool to systematically determine practice support requirements of their practices. Should it prove to be effective, the implications of this process-consultancy type of practice support on resourcing of divisions with large numbers of practices are significant. It also poses interesting challenges for the skills of staff at divisions.

Supporting General Practice

In what ways do Victorian divisions support their practices?



0 Data not available.
1 The division does not currently have the capacity to 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.