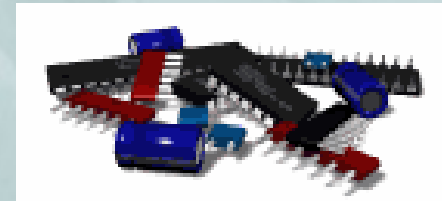


Building Practice Capacity

National Practice Capacity Workshop

November 2003

How can divisions position
themselves to build practice
capacity



Overview

- What is practice capacity
- Recent developments in practice capacity building
- Examples
- Key lessons
- Particular strategies

What is Practice Capacity building

“Practice capacity building refers to the development of systems, skills, knowledge, resources and experience to deliver the practice’s range of services effectively and efficiently in a framework of continuous quality improvement”

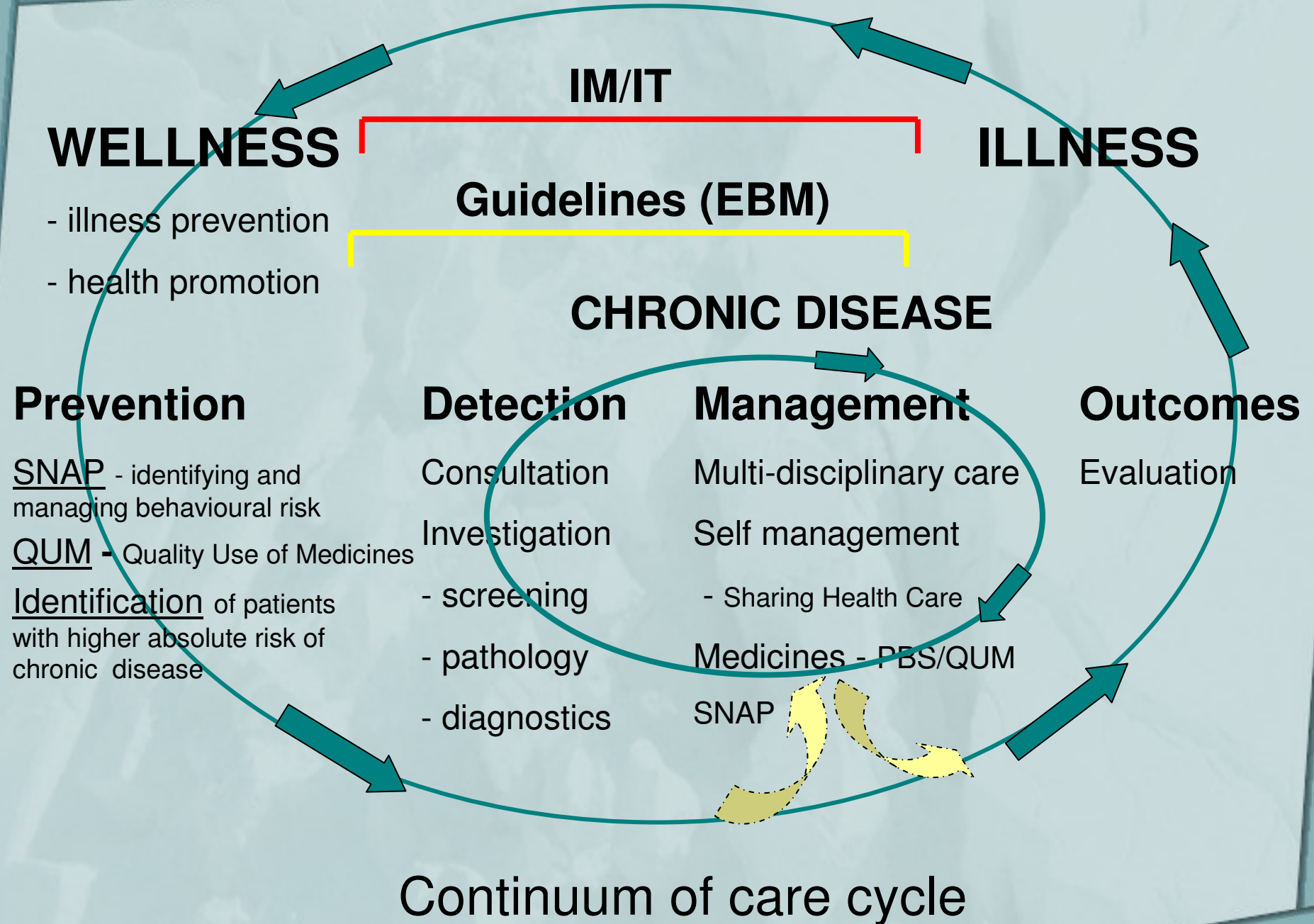
National Practice Capacity workshop agreed definition

Why is it important?

“Gaps in quality of chronic disease care is less to individuals (i.e clinicians) but to failures of organisations”

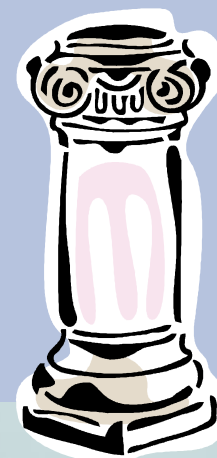
“System-based approach is necessary for high quality, sustainable care”

GENERAL PRACTICE



6 Pillars of Quality Chronic Disease Care (WHO)

- **Coordinated care across the patient conditions, health care providers and settings over time**
- **Enhanced flow of information and knowledge between and across providers**
- **Evidence based treatment plans**
- **Education and support for the patients to self manage their condition**
- **Links to community resources**
- **Quality of services and outcomes monitored and evaluated.**



Chronic Care Model

Improving Care for Chronic Conditions

<http://www.improvingchroniccare.org/change/model/components.html>

Recent developments

- GPPAC funded research (CGPIS)
- GPPAC discussion paper on importance of Practice Capacity on chronic disease management

CGPIS research

- Intra-practice Teamwork (Climate)
- Business maturity
- IM Maturity
- Linkages

Examples given at workshop

- Wide Bay - PAP and GP management solutions
- Gold Coast - Framework for level of organisation capacity
- Complete Primary Care
- NW Melb - Whole of practice approach
- Canning - CQI approach to improvement

More examples

- Central West NSW - direct service provision in the practice
- Southern Tasmania - more generic practice support program officers
- Adelaide North - practice profiling

Key lessons emerging from workshop

- Models of practice capacity development
 - **Need to embrace both ‘whole of practice approach’ and ‘single issue’ focus**
 - **‘whole of practice’ = Division engages with whole practice to address practice priorities**
 - **‘single issue’ = Division approaches practice to address single issue usually a disease/program**
 - **Ideal model is dynamic and interactive**

Key lessons emerging from workshop

- Diversity of approaches
 - **range of approaches need to be recognised and validated**
 - **approach may depend on factors such as location, practice characteristics and Division characteristics**

Key lessons emerging from workshop

- Sharing ideas and lessons
 - **need to bring together information on what works in different contexts**
 - **need to make accessible to Divisions, practices and policy makers**

Key lessons emerging from workshop

- Continuous quality improvement
 - **Central**
 - **Needs to be encouraged in both practices and Divisions**

Key lessons emerging from workshop

- Change management
 - **Divisions need to develop skills and ways of working to support practices undergoing change**
 - **Need recognition that this is not easy and change is slow**

Key lessons emerging from workshop

- Role of divisions
 - **Divisions need to review their role and ways of working to enable them to support practices**
 - **Change needs to be supported by Australian government and ADGP/SBOs**

Key lessons emerging from workshop

- Recognition of practice capacity development as a core element in policy and program development
 - **Needs to built into policy and programs and supported through appropriate policy funding and reporting arrangements**

Key lessons emerging from workshop

- Program sustainability
 - **need sustainable ongoing funding?!?!**

Particular strategies

- Division capacity and staff skills development
 - **Staff skill set, career path, retention and recruitment issues need to be addressed**
 - **? Look at NGOs for possible solutions**
 - **IM and data management issues**
 - **Governance - non-GP staff able to inform Division strategic direction**



Particular strategies



- Engaging GPs and practices
 - **Know your practices and GPs (relationship)**
 - **Marketing training**
 - **Change management tools including assessment tool for measuring organisational capacity**
 - **approaches for supporting practices to build viability, improve time management, business skills, communication and teamwork**

Particular strategies

- Rural and remote issues
 - usual issues around workforce and distance -
 - not specific strategies for rural/remote areas regarding practice capacity

Particular strategies



- Evaluation and dissemination
 - need a lot more evaluation as early stages
 - need to build evaluation into practice capacity programs
 - Comment that many divisions Plan and Do but often not Study or Act
 - greater engagement of PHCRED in “approaches”
 - ? More formal collation of division work in this area

So what?

- Link between organisational support and clinical care
- Practice capacity data (collation and analysis)
- Audit tools/frameworks
- Different approaches of practice support
- Generic vs specific programs
- Recruiting staff
- CQI/Collaboratives