# Divisions...

## Murray Plains Division achieves highest rate of practice accreditation in Victoria

*"Tell me and I forget;*
*Show me and I remember;*
*Involve me and I understand"*

Kerry Parry and Brenda Fehring, Area Managers with the Division, credit their philosophical approach, described above, as a vital ingredient for the success of the division in achieving the highest rate of General Practice accreditation in Victoria.

Their other key strategies for empowering practices through education and information sharing include

- ★ Area Managers visiting each practice on a monthly basis to provide support across a variety of practice systems such as IT/IM, policy and procedure development and implementation and mock survey visits
- ★ Regular practice staff network meetings in two key locations including an annual practice staff weekend (currently in its 8th year). These network meetings address issues such as infection control updates, CPR training and dealing with difficult patients.

Their newest approach has been to add a practice staff group email network to increase the timeliness of communication with the division and encourage strong networking between practices to be maintained

The Royal Australian College of General Practice (RACGP) describes standards and practice accreditation as one of the five key quality initiatives that exist in Australia to support and ensure general practices are able to support the provision of quality health care. Other initiatives include

- Standards for medical deputising services
- The role of general practice nurses
- The role of practice managers
- Information management and information technology.

The annual survey of divisions conducted nationally by the Primary Health Care Research and Information Service (PHCRIS) reports(1) that 93% of divisions around Australia provide accreditation advice and support to general practice. Despite this widespread support

- the median rate of reported accreditation was 75% of practices accredited per division
- the total number of accredited practices was 4656 or 62% of reported practices(2)

Updated data in the GPDV Statistics Package(3) compares current rates of reported accreditation against the number of practices reported per division in Victoria. This data, which is from AGPAL and GPA, shows that

- accreditation rates vary between 29.37% of practices per division and 100%
- the median rate of accreditation as a proportion of practices in Victorian urban divisions is 57.56% and in rural divisions is 78.24%

Practice accreditation is voluntary but, according to the RACGP, it provides a number of benefits to the practice including

1. A practice system driven by efficiencies, risk minimisation and gearing towards best practice
2. Access to the Commonwealth's Practice Incentives Program (PIP)
3. Recognition by the RACGP QA & CPD Program

(1) Hordacre AL., Keane, M., Kalucy, E.,.Moretti,C. (2006) Making the connections. Report of the 2004-2005 Annual Survey of Divisions of General Practice. Adelaide: Primary Health Care Research & Information Service, Department of General Practice, Flinders University. This report is available on www.phcris.org.au

(2) Ibid p.84

(3) The GPDV Statistics Package can be downloaded from www.gpdv.com.au

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***Mission Statement***

*GPDV works at the state level to support Victorian divisions of general practice. Divisions build capacity in general practice, working at the local level towards a skilled, viable and effective general practice sector to improve the health and well-being of Victorian communities.*

## *From the CEO*

At the recent quarterly meeting of Australian Divisions of General practice (ADGP) and the State-based organisations of divisions (SBOs) the agenda covered a range of national issues, among them COAG, mental health, aged care, pandemic flu, primary care collaboratives, workforce and IMIT. The meeting also covered national issues specific to the Divisions Network, such as the Research Study by the Melbourne Institute into the Value of the Divisions Network, the Divisions Digest benchmarking survey, and the National Quality and Performance System.

As would be expected, the discussion at the meeting showed that all the work of the Divisions Network on the national issues has implications at the state level where the health system operates. For example, divisions are included in the commonwealth's planning for a possible influenza pandemic and are also an essential link in the states' planned responses. In a quite different way the National Primary Care collaborative has rolled out its program through divisions and has focussed on changes in general practice, but all the practices that have benefitted from the program are functioning within a state health system and the methodology will be as effective for other primary care services as it has for general practice.

Divisions are in an unusual position: they receive core and program funding as part of a commonwealth program but they, and the GPs who are their members, operate within the state health system. Many divisions and all SBOs also receive funding from state health departments for specific programs of importance to the state. All divisions have local and regional relationships with health services and community-based organisations. In fact, the greater involvement of GPs in the development of policies and programs at the state level and in collaboration with local services has been one of the main achievements of the Divisions Program.

If the implementation of this year's COAG initiatives is to be as successful as we all want it to be all parts of the primary care sector must be fully involved. In the past private general practice has tended to be left out, or to have chosen to stay out, of programs for change and development in the health system. The fact that the Divisions Program is itself a change program suggests that, as a network receives funds from commonwealth and states, divisions can play a role in bringing together programs to create a strong and effective primary health care sector.

GPDV has been working for some time with the Victorian Primary & Community Health Network to help create a more inclusive primary health care sector that engages all components, not only the DHS-funded agencies, which we see as essential if governments are to be persuaded to put adequate resources into primary care.

**- Bill Newton, CEO**



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***GPDV Privacy Statement***

GPDV is committed to a Privacy Policy which outlines existing legal and ethical obligations consistent with current State and Federal Privacy legislation and addresses the National Privacy Principles determined by the Privacy Commissioner.

The policy sets out how GPDV collects, uses, keeps secure and discloses information. It also acknowledges that individuals have the right to know what information is held about them, and to correct that information should that be necessary.

Further details are available on the GPDV website: www.gpdv.com.au
If you do not wish to continue receiving this newsletter please contact Linda McKenzie on 9341 5200 or l.mckenzie@gpdv.com.au

# Statewide...

## Trusted Advisers on General Practice:
### Empowering divisions in partnership and collaborative work

**Background**

GPDV received Department of Human Services (DHS) funding to provide workshops (one per region) for divisions that enhance their capacity to participate in Primary Care Partnerships in ways that are effective, productive, and empowering. The broad aims were to:

- Develop skills and strategies for division staff to engage with DHS initiatives such as service coordination & integrated health promotion;
- Strengthen the role of division staff as trusted advisers to primary care partners in how to achieve effective referral and feedback and quality care planning with general practice.

The 'Story" of division involvement in PCPs can be summarised as:

- High level of participation by divisions in PCP governance – in 2005 more than three quarters of PCPs report being advanced or at the sustained routine activity phase of implementation in engaging divisions formally in the PCP
- Majority of divisions believe that the benefits of being involved in PCPs outweigh any associated costs, but a few are not fully convinced
- Most divisions report limited/some or little/no capacity to support GPs in the introduction of service coordination. DHS Small Grants have been the key source of funds enabling divisions to stay connected with the service coordination protocols, and problem-solve issues in GP participation in them.

It is often the case that divisions either have to convince local PCPs to allocate GP engagement dollars, or the division role in the partnership activity has to be so well aligned to what the division is doing with their DoHA funded programs that participation can be supported from core funds.

**Being a trusted adviser to partner agencies, and having a strong relationship with them is a way forward in this context.**

**The Trusted Adviser workshops:**

Division work in 'integration' means that the division functions as:

- key point for contact with general practice
- advocate and broker on behalf of general practice
- point of influence with general practice

The key intention was ***empowering division staff for partnership work*** with practices and with PCPs and member agencies. The project targeted the following change management skills of division program staff:

- Practical, proven consultative models
- Collaborative tactics that work
- Creating clear change outcomes
- Constructing mutually acceptable meanings
- Resolving conflicting interests.

Taken together, these skills will enable participants to go out and re-engage stakeholders; even where earlier discussions had stalled.

To achieve this, the project involved 122 representatives of 30 Divisions participating in one of nine regional workshops and then using a set of four tailored change management tools in their interactions with primary care stakeholders.

**Participant Feedback**

Psychologist and organisational consultant, Andrew Hollo, proved to be an exceptional presenter, with an average rating of 9.4 out of 10 for the quality of his facilitation. Feedback from participants showed that they judged themselves to have gained knowledge and skills in using tools in each of the four key areas – average rating was 8.5 out of 10.

Division program staff were asked which partner agencies were their highest priority for implementing the Trusted Adviser framework and tools. The most common response was GPs and Practices, and the next most common response was PCPs and member agencies, particularly Community Health and acute services. This highlights the complex role of division staff in collaboration and partnership work – they must be trusted by general practice in order to effectively advise partner agencies about how best to work with general practice to get better referral or other desired outcome.

The average rating for likelihood that participants would put some learning from the day into practice was 8.7 out of 10. This rating is higher than expected. GPDVs experience is that participants average response to this question is 7 out of 10, particularly for topics related to integration. Typical responses to the following question were:

***What were the most useful messages that you can go out and apply in the real world?***

- As a young woman how I can increase my credibility. The 5 mindsets in establishing trust. The 6 steps toward earning trust.
- Understand what it is partner agencies want which may be different from my perception.
- Take time to research organisations & personalities so that the language used is the most influential & appropriate
- Try to adapt messages to the needs/values of those I'm partnering; identify intentions
- Look at things from other persons way. Do things how they will know, see

This workshop was enthusiastically received. GPDV will also attend the workshop as a staff group and this will enable us to consider strategies for continuing to use the tools in our ongoing workshops program. The opportunity for a shared language and approach to partnership work is clear, both across the divisions and also across PCPs in Victoria.

And finally, an email from a participant a few weeks after the workshop:
In particular I used the strategies from the Trusted Advisers session to completely turn around my relationship with (local PCP). I now feel confident to build on our partnership effectively.

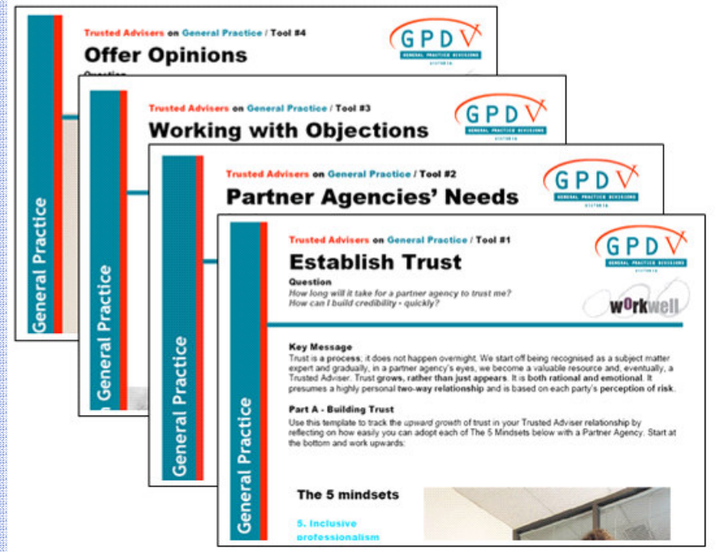
## Trusted Advisers on General Practice:
### What we did

We held a consultation workshop with divisions' CEOs in April 2006 to introduce the key change management concepts and collaboration skills proposed for inclusion in regional workshops for division staff. Through a parallel process, CEOs were consulted on the relevance and targeting of the content of the regional workshops. CEOs provided information about the current state of partnership work with PCPs/member agencies, and priorities for 'desired states', or outcomes, of this critical area of division activity.

Key feedback from CEOs was to broaden the focus to include division program areas such as aged care, immunisation and mental health. Adopting a broad, or at least de-siloed view of the work that divisions do in 'integration' was important.

Eight regional workshops were held between May and July with a maximum of 16 participants. All divisions were represented by at least one program staff member, and a few divisions sent their program staff team. Participants explored four key areas:

- Establish trust and build credibility
- Understand partner agencies needs
- Handle objections
- Offer opinions




*The handouts and tools or worksheets for each of these change management areas are available on the GPDV website (www.gpdv.com.au).*

# National Programs...

## Information Management

GPDV has recently appointed two Regional Health Information Management Officers (RHIMO), Chris Hayward and Paul Macdonald, and a Broadband for Health Officer, Brendon Wickham, to support divisions' information management activities. The new positions will enable GPDV to provide support to divisions to improve information management, data aggregation and the transfer of patient information to and from general practice through divisions.

The context for this work is the Commonwealth's Health*Connect,* Broadband Connect agenda, the Victorian Government's Health*SMART* program, and the introduction of the national quality performance indicators for divisions of general practice.

The RHIMO positions are funded to:

- undertake a consultation process with divisions to assess their areas of strength in Information Management & Information Communication Technology (IM&ICT), particularly in relation to data collection for the performance indicators and to identify areas where assistance is required
- provide training and support and coordination for divisions in improving clinical data quality, data collection and analysis for the performance indicators based on the findings of the consultation process
- identify opportunities for divisions to work cooperatively with the implementation of DHS IM&ICT initiatives and facilitate cooperative arrangements where possible
- facilitate the linkage to Commonwealth and State IM&ICT initiatives where that linkage might assist cooperative information exchange between general practice and other health service providers.

The aim of the Broadband For Health Program is to build capacity in the health sector for secure functional and equitable participation in eHealth. Broadly, this position is required to work with divisions to support the uptake of Broadband services and eHealth implementation to ensure key messages reach the general practice sector. Brendon is responsible for providing support to individual general practices with any issues regarding the Broadband subsidy that cannot be addressed locally.

Over the next few months GPDV will be undertaking a consultation process and would like to visit all Victorian divisions to discuss their IM&ICT needs and to identify ways that GPDV and the RHIMO network nationally can assist divisions and general practice. This work will inform the development of education, training and support activities in 2007.