Primary Care Collaboratives in Australia

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PUT TOGETHER?

- **Research and evaluation findings**
- **Quality improvement approaches: effective interventions to improve the ability of individuals and systems to deliver desired *change***

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Combining These Is The Collaborative Process

- An improvement method that relies on spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.
- Uses robust do-able change process
- "The Model for Improvement"

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Australian PCCP Initiative

- $14.95m over three years to help GPs and primary care providers work together as Collaboratives
- Rolled out through 25 Divisions in
- Six Waves
- Topics
  - Heart disease
  - Advanced access
  - Diabetes

1. THINKING PART

- **Fundamental Questions:**
  - **What are we trying to accomplish?**
  - **How will we know that a change is an improvement?**
  - **What changes can we make that will result in an improvement?**

Source: Langley J, Nolan K, Nolan T & Provost, L (1996) the Improvement Guide

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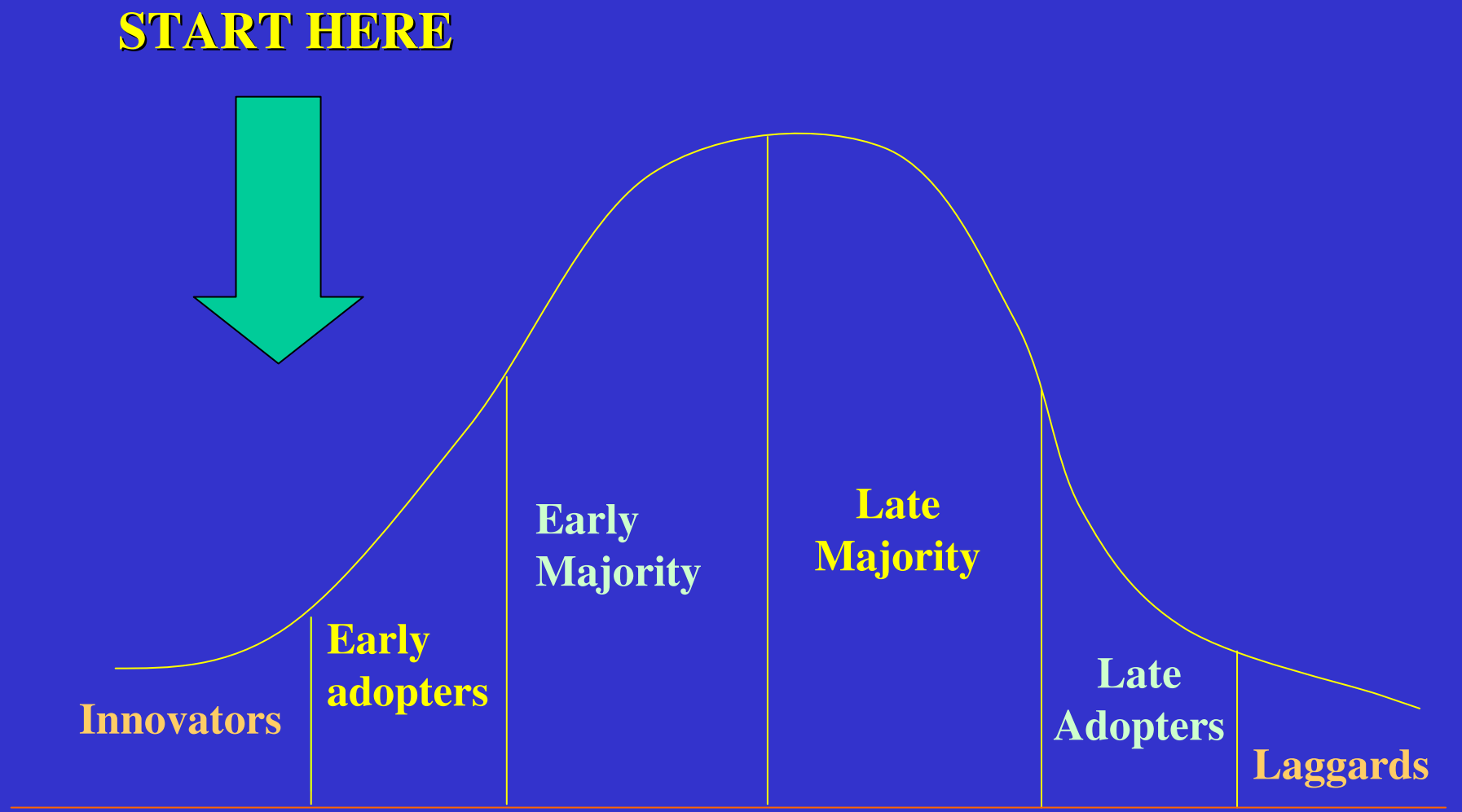
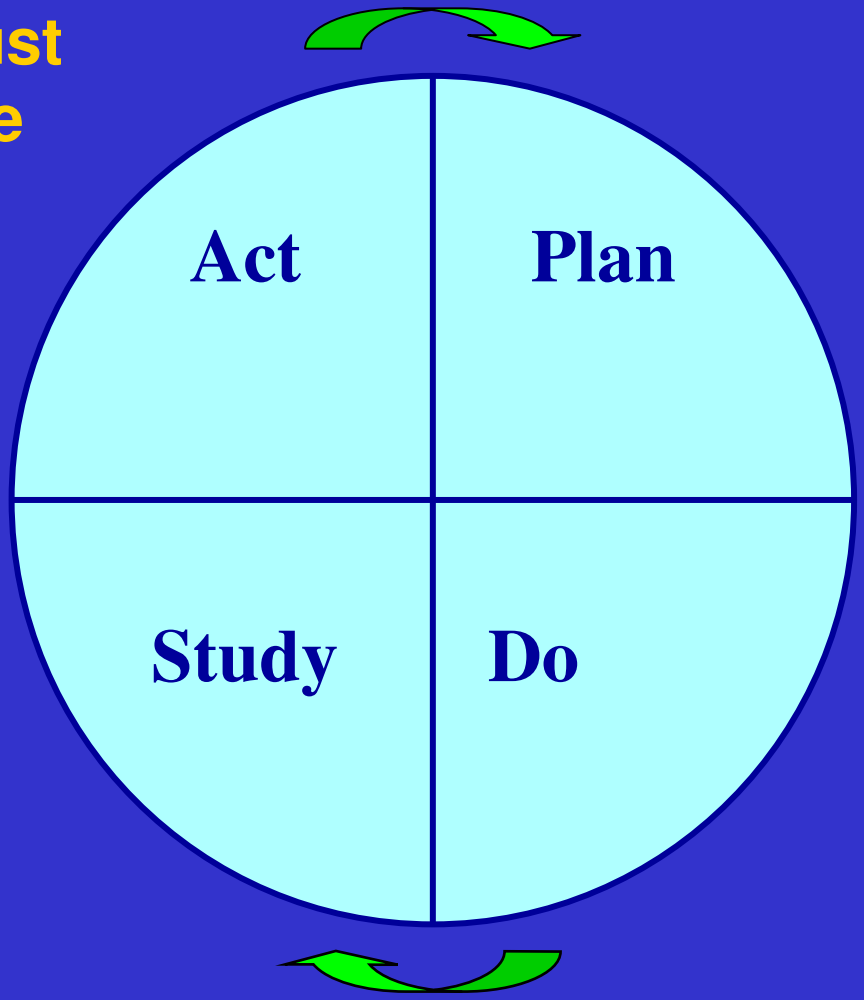
Rogers E,(1985),Diffusion of Innovation, The Free Press, New York



2. DOING PART

Act to adjust plan for the next cycle

Plan the change



Study the results

Do it and document results

Source: Langley J, Nolan K, Nolan T & Provost, L (1996)

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PDSA CYCLES

- Tried and tested over a long time
- Are similar to the audit cycles

'plan-do-check'

- Small in scope and builds incrementally
- Have methodological validity
- Used and developed by participants in the Collaborative

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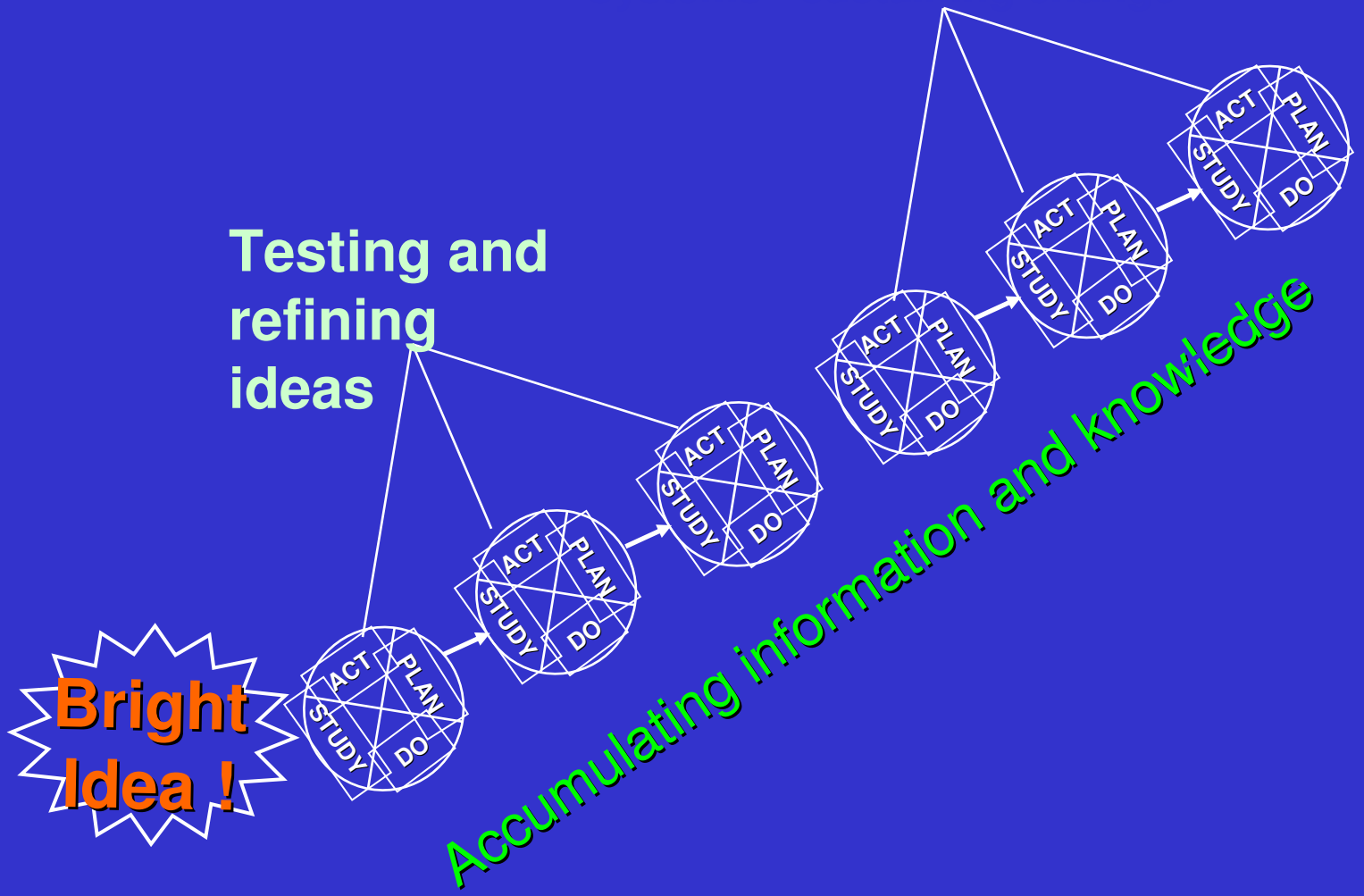
Developing Improvement With PDSAs

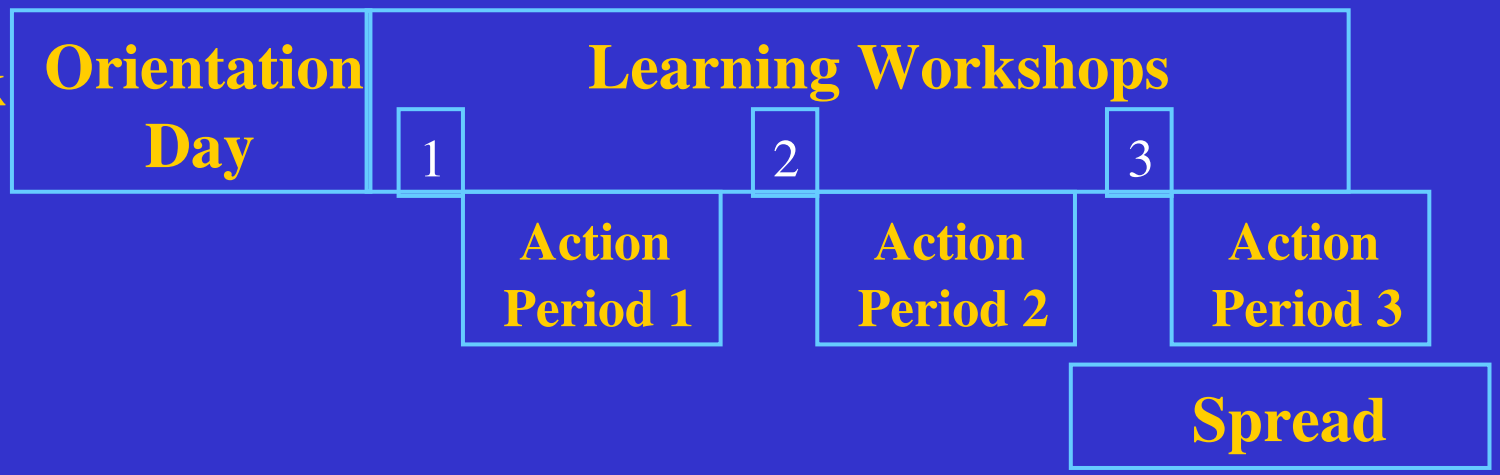


Source: Institute for Healthcare Improvement, USA

COLLABORATIVES

1 Day Expert Reference Panel

Handbook



Timeline

Zero

3/12

6/12

9/12

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NPCC SUPPORT

- Salary of CPM for 30 months $162,500
- Support network for CPM
- Website for Divs and practices
- Free 5-day CPM training course
- Free Orientation day
- Three workshops per wave incl. travel and accommodation

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WHAT'S IN IT FOR GPs?

- "Quality incomes for quality outcomes"
  - Increased income from better claiming
  - Better care for patients
- CME
- Time out to improve, useful general skills
- Better organised work time
- Increased professional satisfaction

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Since 2000: 6000 Family Practices Have Participated

- Covering 35 million patients
- Their patients have experienced:
- A 72% fall in appointment waiting time
- Four-fold reduction in deaths from existing coronary heart disease
- A 32% reduction in falls in elderly patients.
- Sir John Oldham, head of Britain's National Primary Care Development Team

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Scottish Borders CHD Project

- Rural community of 107,000
- 22 practices arranged in a ‘Division’

Aims of Scottish Borders Project

- To provide the highest standards of care and improve the health of patients with Coronary Heart Disease in the Scottish Borders”

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Change Ideas For Secondary Prevention

- Re-audit of practice activity
- Patient-held record card
- Resources pack
- Introduction and evaluation of Heartscore patient-interactive software
- NURSE TRAINING

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Change Idea: Nurse Training

- Behaviour change skills (2 Days)
- Smoking cessation
- Diet and statin drugs to lower cholesterol
- Physical activity and angina management
- Diabetes/ hypertension
- Clinic management

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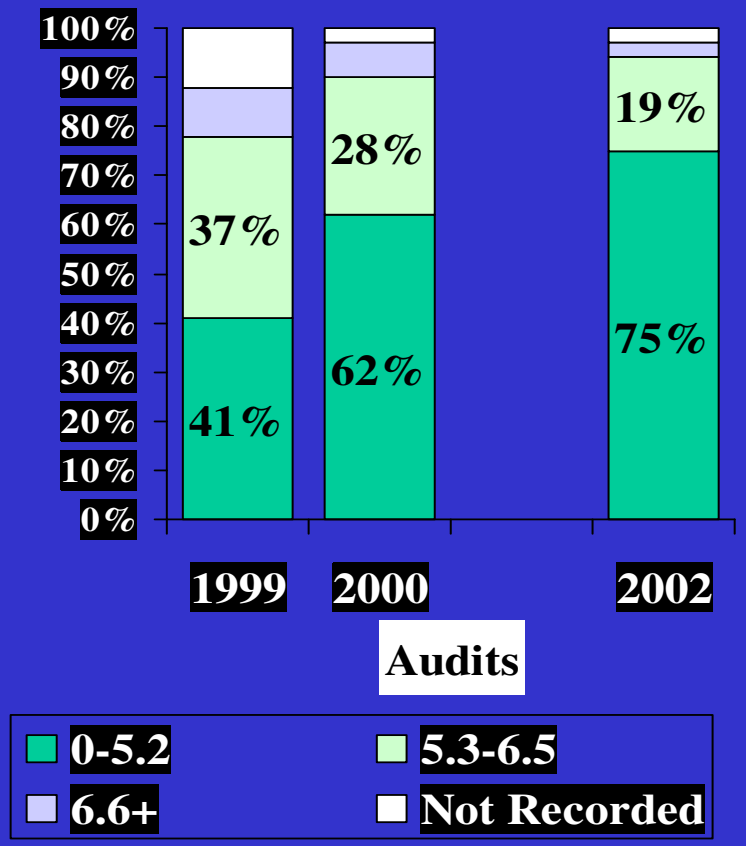
Total Cholesterol Result



- Patients within target Tc of 5.2mmol/l increased by 13%
- Patients above 5.2mmol/l decreased by 13%
- Not recorded remained at 3%
- Shows improved standard of care for this group

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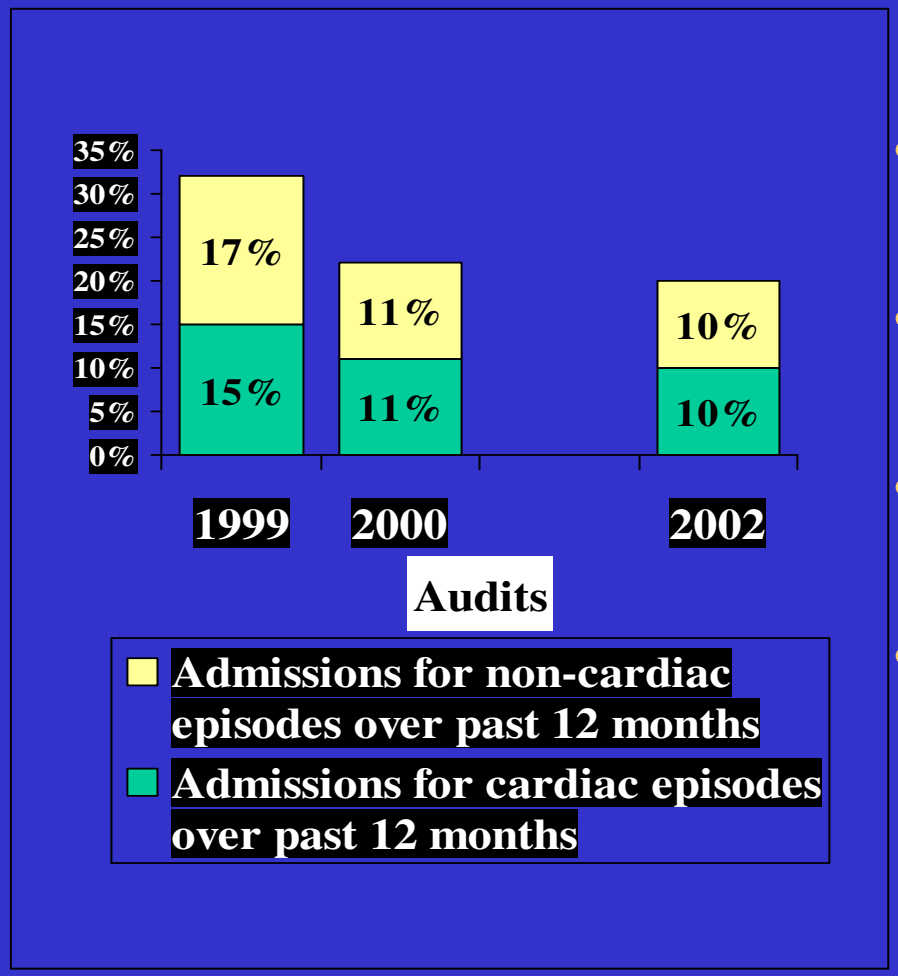
HOSPITAL ADMISSIONS



- Cardiac admissions reduced by 1%
- Non-cardiac admissions reduced by 1%
- Total admissions reduced by 2%
- Similar findings were demonstrated by Campbell N *et al*. BMJ 1998; 316:1434-1437

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Summary of Main Improvements

- Better case-finding
- Lower total cholesterol levels
- More “at risk” patients receiving statins
- More patients receiving lifestyle advice
- Fewer hospital admissions, both for cardiac & non-cardiac episodes

What Have We Achieved?

- The projects involves guideline implementation, audit, training and education.
- All 22 Borders practices have participated in 3 audits over the past 4 years
- Currently all information is held and analysed in a central CHD Disease Database using MS Access (next audit will be fully electronic using GPASS)

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Making It Happen In Oz

Strengths

- NPCC and Divisional support
- Learning from each other

Weaknesses

- Remuneration system
- Practice nursing
- IT
- Lack of integration