

SERVICE COORDINATION WITH GENERAL PRACTICE - SMALL GRANTS

Case Study for the collaborative project undertaken by:

- Inner South East Partnership in Community Health
- Kingston Bayside Primary Care Partnership
- Monash Division of General Practice
- Central Bayside Division of General Practice
- Southcity GP Services

1. Description of project – key activities undertaken in the project & key results of those activities.

Background to project:

The southern regional General Practice/PCP reference group was established in November 2002 to address the need to engage local General Practitioners in the primary care partnership, to provide advice and support to all levels of the PCP regarding GP engagement issues. The group consists of six GPs (2 GP representatives from each Division), PCP and Division staff, and currently involves the organisations listed above.

The initial focus of the group on the PCP service coordination tools and statewide services directory, led to the development of this project.

Objective 1: To capitalise on the skills and knowledge of the GPs on the existing GP Reference Group, both as peer leaders and advocates.	
<i>Key activities related to objective 1</i>	<i>Key results</i>
• Utilise existing GP reference group to oversee project, meet with group frequently.	The GP/PCP reference group met three times during the project, and met with or provided feedback to division project staff on an individual basis as needed.
• GP reference group to review the service coordination GP training package prior to pilot.	As a group, the GPs viewed a demonstration of the service coordination tools in Medical Director and provided advice on content of the training package to be used for individual one-on-one practice-based GP training.
• GPs in the reference group to trial the service coordination tools on Medical Director and the services directory in their individual practices.	None of the reference group GPs trialed the service coordination tools in their own practice prior to the training.
Objective 2: To increase general practice awareness and use of both the service coordination tool templates on Medical Director and the online Statewide Services Directory.	
<i>Activity related to objective 2</i>	<i>Key results of activities</i>
• Promotion of project, including calls for expressions of interest to participate, via division newsletters and other usual communication channels.	General information articles about the service coordination tools, templates and services directory have been published in Division newsletters, but not as a mechanism for recruiting GPs to the project. It was decided to target GPs who are already identified as frequent referrers to primary care services for the initial pilot phase. These GPs were approached directly, by phone, fax or email) and invited to participate.
• Recruit 5 practices per division (total of 15) to pilot and evaluate training tools via practice-based training of GPs, Practice Nurses and/or Practice Managers.	Fifteen GPs / 5 per division were recruited, with 14 undertaking practice-based training. This included the Reference Group GPs. None of the GPs took up the offer to include other practice staff in the training session. All 14 completed pre and post training evaluations (Summary evaluation attached)
• Through the Division, promote use of service coordination tools, templates and directory through the newsletter and the e-newsletter (including project findings and case studies)	As above – project findings are yet to be reported. A focus group of project participants is planned for late February or early March, which will inform the decision re offering similar training to other interested GPs in the Divisions (or trying an alternative approach).

	Also, a training session/demonstration for Practice Nurses will be held on February 24 th at a combined Practice Nurse Network meeting. Invitations have been sent to nurses in all three Divisions.
Objective 3: To pilot and monitor referral and feedback processes, as per locally developed protocols, between General Practice and other primary care providers, using the service coordination tool templates on Medical Director.	
<i>Activity related to objective 3</i>	<i>Key results of activities</i>
- Data collection, via regular follow up with participating practices, to monitor and document: - utility of tools - satisfaction with referral/feedback processes - problems experienced - positive outcomes	As the initial training was delayed until December, follow up visits are yet to occur. A monitoring mechanism has been installed with the template, allowing us to collect data on actual number of referrals made. The focus group discussion will also provide information on the topics listed.
Regular communication between PCP Service Coordination staff and Division staff re progress of project and GPs experience of referral and feedback processes	PCP Service Coordination staff attend the GP reference group meetings, and have been involved in the Division staff training sessions and project planning meetings. Conversely, Division staff also attend the PCP Service Coordination meetings, so there have been frequent opportunities to monitor and discuss project progress.
Dissemination of progress reports to participating PCPs and primary care agencies, and consultation on recommendations for revision of protocols if applicable.	Primary care agencies involved in the PCP Service Coordination committees have been given regular verbal progress reports on the project. One message from the project has been that GPs value access to well trained intake workers, especially in the larger primary care agencies. Again, the focus group findings will be reported to the participating PCPs.
Objective 4: To increase divisional capacity to support and promote service coordination through division staff training and the development of a GP training package for use in one-to-one practice-based training sessions (for GPs, Practice Nurses and/or Practice Managers)	
<i>Activity related to objective 4</i>	<i>Key results of activities</i>
Development of training package for use in one-to-one training in practices (as above), which can be used beyond the project.	Development of the training package was delayed by the changes that occurred to the MD template during this period. Terry Murphy, Informatics Manager, South City GP Services developed the first draft. Leslie Stanger, IMIT Program Coordinator at Monash Division, produced the final package, patiently amending each draft based on the changes and other feedback.
Training provided to other relevant division program staff (e.g., those responsible for Chronic Disease Management, Enhanced Primary Care, etc.) in SCoTTs on Medical Director	Ten Division staff, and one PCP representative, attended the train-the-trainer session, held on October 8 th , 2003. The aim was to ensure that the pilot was conducted in a consistent way across all three divisions. Dandenong Division also attended the training and used the same protocols and training materials.
Objective 5: To describe GPs' experience re using the service coordination tool templates in Medical Director and the Statewide Services Directory, including barriers and enablers, and to disseminate project findings and resources to other PCPs and Divisions.	
<i>Activity related to objective 5</i>	<i>Key results of activities</i>
Collaborative final project report produced.	Final report will be produced after completion of GP focus groups and follow up visits.
Seek opportunities (through DHS/GPDV) to disseminate findings of project via websites, presentations at workshops etc.	Presentation to be given at workshop on February 18 th 2004
Training package promoted and made available to other Divisions and PCPs.	Requests for training package deferred until after completion of pilot phase. Training package is now available for use by other Divisions/PCPs and will be made available at the workshop in February 18 th 2004.

2. Using the RE-AIM framework to guide your reflection, please describe the successes and lessons of your project.

REACH - Definition: *The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative.*

Number of GPs:

Given the limitations of the grant funding, the project aimed to provide one-on-one or group training within 5 practices per Division, i.e., a total of 15 practices. Fifteen practices were recruited, with one subsequently withdrawing soon after the training session had commenced. Initially, we felt that this was an ambitious target, so were pleased with the positive response of the GPs contacted and ease of recruitment. At Central Bayside Division, additional GPs who expressed interest were provided with hardcopies of the training materials, without the direct training. One GP was unable to participate as he did not use Medical Director.

In all cases the training was conducted on a 1:1 basis with a GP, as they considered themselves to be the key person who initiated and followed up referrals. When questioned whether they would like others within the practice to participate in the training, some GPs indicated they would pass on the information to their staff. On one occasion only did the trainer demonstrate the statewide services directory to a practice manager.

Characteristics of participant GPs:

- Our main aim was to obtain feedback on the training package in the first instance and the utility of the tools once the GPs had a chance to trial them. Therefore, in all three Divisions, GPs who were known to be frequent referrers to primary care agencies were targeted. This information was provided by either the Community Health Services or RDNS, via the PCP.
- A range of practice types were represented, from solo GP to large group practices with more than 10 doctors. Both male and female GPs participated.
- The participant GPs may not be particularly representative of the broader GP population as they self-selected to participate, displayed a willingness to learn about the program and were known to be regular users of community primary care services with a collaborative attitude to working with other service providers.

EFFECTIVENESS – Definition: *The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes. Within the RE-AIM framework, efficacy or effectiveness is measured at the level of the individual and is reflective of the success of an intervention when implemented as per intervention guidelines under optimal conditions or in real-world situations, respectively.*

The learning objectives for the training session were:

1. Understand the broad context of PCPs and general expectations regarding new referral and feedback processes.
2. Be familiar with the Letter Writer function of Medical Director, with particular reference to finding and completing the Victorian Statewide Referral Template.
3. Feel confident to make referrals utilising the Victorian Statewide Referral Template.

All GPs considered that the learning objectives of the training session had been either very well or adequately met. Only one indicated that they still had insufficient understanding of the broad PCP context.

Prior to the training, 3 of the 11 participant GPs were aware of the service coordination tools in Medical Director, but none had used them. Post training, when asked, "Will you use these tools when referring to agencies?", responses were: Yes – 10, No – 2, Unsure – 1.

- The two GPs who did not intend to use the template were happy with their current referral arrangements and thought that the tools presented were more cumbersome and too lengthy. They considered they could still provide quality referral without the use of the template.

Other comments about the template included: 'Seems very lengthy, will try to use it', 'Look to use it in new year', 'Keen to use on next patient'.

In terms of improvements to the training session, the only suggestion was that follow up would be useful. This could include further training on setting up the address book in Medical Director, and use of the Statewide Services Directory. All trainers felt that to include these topics in the initial session would have been information overload, and too time consuming.

ADOPTION - Definition: *The absolute number, proportion, and representativeness of settings and intervention agents who are willing to initiate a program.*

Characteristics of practices/GPs likely to adopt and use the Victorian Statewide Referral Form template in MD:

- Practices where Medical Director is used effectively to maintain medical records (not just for writing prescriptions). This makes completion of the service coordination template a more streamlined process, and therefore more likely to be used, as relevant data is readily available to populate template fields.
- GPs who have an interest in working with the broader community health sector and appreciate that other agencies have information needs which GPs could help to fulfill, and which would in turn directly benefit patients.
- Having a GP 'champion' within the practice to enthuse others.
- At this stage, having a practice manager or nurse is not a significant factor, as GPs do not appear to involve them routinely in the referral process.

Factors that will facilitate adoption:

- Willingness to comply with new forms, even where there is no dissatisfaction with current method of communication.
- Pressure from agencies requiring GPs to use the forms.
- Useful feedback from agencies to GPs using the forms, so that GPs see some real value.
- GP willingness to delegate some information management processes to others within the practice.
- Individual GPs are able to use the VSRF template, regardless of uptake by others within a group practice.

Barriers to adoption:

- GP attitude – general practice seeing itself as isolated from the rest of the primary care sector, only considering GPs needs when making referrals, not willing to be 'dictated to' by DHS.
- Referrals to other agencies represent a small proportion of the GP's work, which limits opportunities to become familiar and proficient with new practices/processes.
- The length of the form and the cost of printing is an issue.
- Lack of basic computer skills among GPs.

IMPLEMENTATION - Definition: *At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's protocol. This includes consistency of delivery as intended and the time and cost of the intervention.*

Division staff training:

The Division staff involved in providing the practice-based training met initially to brainstorm issues related to recruitment and implementation and discuss in some detail the problems with the template. Feedback was given to DHS/GPDV which resulted in significant changes to the template. Once the 'final' version was released the training materials were amended, with extensive explanatory notes to ensure that they could be used independently without the need for a trainer present.

A joint train-the-trainer session was then held to ensure that the project was implemented in a consistent manner across all three Divisions and from practice to practice. Dandenong Division attended both these meetings, and as their project was similar, agreed to follow the same implementation plan. The learning objectives for the training session were:

- Understand the broader PCP context in which the Victorian Statewide Referral Form is used.
- Be able to navigate through Medical Director to access and complete the VSRF.

- Be familiar with the training package, the *process* for GP recruitment and the data collection requirements of the project.
- Feel confident to demonstrate the VSRF in Medical Director to GPs and other practice staff.

According to the evaluations completed after the training these objectives were met, with the exception of two participants who still didn't get the PCP context!

A Training Session Outline was developed at this time (attached) and this was adhered to by all trainers. There were a few variations in delivery, which did not affect our ability to evaluate the training package:

- one trainer did not mention the GP payments until the end of the visits
- on one occasion the Integration Index was completed during, instead of prior to, the training session
- some GPs wanted a quick demonstration, which meant the trainer had to rush through the material
- because we had chosen to target individual GPs, and they did not want to involve other staff at this stage, we were unable to evaluate use of the package for a group training session.

MAINTENANCE - Definition: *The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact.*

It is beyond the scope of this project to report on the long-term effects of the training intervention. We will be following up with participant GPs both with practice visits and through a focus group to collect data on change in practice, utility of the tools and change in quality of referral/feedback to primary care agencies.

CONCLUSION

We believe we have produced and tested a training package which will be of value to all Victorian Divisions in promoting the use of the Victorian Statewide Referral Form template in Medical Director.

One-on-one practice-based training has been well received by GPs; the challenge now is to continue to work with these GPs, to encourage them to use the tools and help to address any barriers they encounter as they do. It remains a crucial role for Divisions to provide this feedback to PCP agencies and work constructively with them in finding feasible solutions.

Greater use within agencies in terms of feedback to GPs would add impetus to the program, GPs would become familiar with the 'look & feel' of the tools and begin to recognise their 'universal' use.

As one Division trainer puts it:

"The critical factor will be the extent to which the community agencies request referrals into their agencies to be in the statewide referral template format. Ultimately it won't matter whether the referrals are electronic or faxed hard copy because those GPs who can't (or won't) recognise the benefits of a statewide referral format will only be influenced by their inability to refer patients without that referral format."

Where to from here?

- Continue to promote in practices either 1:1 or as a practice program
- Need to utilise existing networks more effectively and perhaps in a more cohesive comprehensive way that lends itself to the 'whole of practice' approach
- Ongoing follow up and promotion
- Collect positive testimonial stories from both agencies and GPs of the benefits for them in this referral process, as well as the benefits for patients

Report prepared by Mary Mathews, Program Manager, Monash Division of GP. February 4th 2004.

SUMMARY OF PRE AND POST INTERVENTION GP SURVEY RESPONSES

A total of 15 GPs (5 per Division) made appointments with one of three Division staff members for a training session in their practice during November and December 2003. The trainers were: Megan Buick, Central Bayside Division; Leslie Stanger, Monash Division; and Terry Murphy, South City GP Services.

Questionnaire responses = 13. One GP did not return the post questionnaire and one did not progress with the training - once he saw that the template was more than one page he stated that the practice would not use it.

PRE INTERVENTION SURVEY

1. How do you currently refer to services? (eg: community health)

(Multiple responses allowed)

Fax – 12

Letter – 3

Email – 0

Other: Phone x 2

(The above responses were indicative of what method GPs usually use.)

2. How do you find out about services?

Mailed materials – 5

Services directories – 1

Practice nurse – 0

Other:

- GPs indicated that they 'just knew' about services; experience and knowledge gained over a period of time.
- Most GPs did not use directories (for community agency referrals) as a matter of course. Two GPs stated that they used directories for specialists.
- Word of mouth x 2
- Own database x 1
- Ringing around x 1

3. Is there someone else in the practice involved in obtaining this information?

No -10

Practice Manager - 2

Practice Nurse - 1

Reception -1

4. Would it be of benefit to include them in the training for either the tools or the service directory?

Yes - 1 No - 12

(One GP did not have a PM or a PN.)

5. Are you aware of the service coordination tools currently in medical director?

Yes – 3

No – 11

5. a) Have you used these before?

Yes – 0

No – 14

5. b) If yes, how often? - N/A

POST INTERVENTION SURVEY

Learning objectives for training session

GPs and/or practice staff will:

1. Understand the broad context of PCPs and general expectations regarding new referral and feedback processes.
2. Be familiar with the Letter Writer function of Medical Director, with particular reference to finding and completing the Victorian Statewide Referral Template.
3. Feel confident to make referrals utilising the Victorian Statewide Referral Template.

To what extent were the above learning objectives met?

	Very well	Adequately	Insufficiently	Not at all
Objective One	1	7	1	-
Objective Two	5	7	-	-
Objective Three	5	7	-	-

How useful did you find the following?

	Not Useful	Somewhat Useful	Moderately Useful	Very Useful
- Medical Director demonstration	-	2	5	6
- Training materials	-	3	6	4
- Trainers presentation/answers to questions	-	1	4	8

Will you use these tools when referring to agencies?

Yes – 10

No – 2

Unsure – 1

Please comment:

- Seems very lengthy, will try to use it
- Look to use it in New Year
- Keen to use on next patient
- One GP was happy with his current referral arrangements and thought that the tools presented were more cumbersome than his current process and he would not be utilising the tools. His main criticism was the length of the tool & he felt he could still provide quality referral without the use of the template

Do you have any suggestions for improving this training session?

- Follow up would be good
- Fill in the questionnaire (Integration Index) prior to the visit to shorten time needed for the session

Would you be prepared to attend a Focus Group (payment provided) within the next two months with other GPs who have trialled the Vic Statewide Referral Template in Medical Director?

Yes – 12

No – 1

(Indicated they would be happy to be invited to attend a focus group; would depend on availability)

STATEWIDE SERVICE COORDINATION TOOLS - MEDICAL DIRECTOR GENERAL PRACTICE TRAINING SESSION OUTLINE

Learning Objectives:

GPs and/or practice staff will:

4. Understand the broad context of PCPs and general expectations regarding new referral and feedback processes.
5. Be familiar with the Letter Writer function of Medical Director, with particular reference to finding and completing the Victorian Statewide Referral Template.
6. Be competent in making referrals utilising the Victorian Statewide Referral Template (also referred to as the Service Coordination template – SCT)

Resources required:

- In-practice training sessions require the Service Coordination templates to be installed in Medical Director - generally on the practice server rather than a free standing PC.
- Handouts
 - Summary/Overview of PCP strategy and SCT
 - Hard copy of MD version of SCT

Pre-training preparation:

- Baseline data to be completed prior to training, ideally on first contact when making the appointment, to ascertain whether other staff should attend the training session.
- GP Integration Index also to be completed *prior to training*. Advise that there is payment for this. As this takes 10-20 minutes to complete, it may be best to send it to the GP in advance, to be collected on the training day.

Training activity	Duration
1. Introduction: (see training notes) ▪ Explanation of PCP strategy ▪ Purpose of SCT ▪ Description of benefits to GP and patients ▪ Overview of SCT (refer to hard copy)	5 min
2. Discussion - determine participant familiarity with Medical Director - Letter Writer function	2 min
3. Demonstration: Proceed through a complete cycle of the SCT, using a test patient. (This will reinforce the relative simplicity of the process and provide an example of a completed referral)	15 min
4. Trainee practice: Guide the trainee through the step-by-step process, following the training notes, i.e., trainee enters the data. ie: - From patient record, go to Letter Writer - Statewide Referral Form - Select Addressee * - Add Progress Notes (edit as required) - Add Investigations - Additional Information (user defined fields) - Editing referral form as required * Refer to Appendix A re: adding addresses	30 min
5. Review and respond to questions	10 min

Total : approx 1hr