2002/3 Service Coordination with General Practice – Small Grants

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Applicants:
Greater South East Division of General Practice
Whitehorse Division of General Practice
Central East Primary Care Partnership

Project:

Following discussions with Divisional staff, CE PCP members, and the evaluation of the paper-based referral trial (including participating GPs) a strategy has been developed to incrementally increase the number of GP practices involved in testing PCP products.

This staged strategy requires an incremental roll out. The next immediate step is to broaden the use of the PCP service directory from two practices to eight practices. A total of four practices from each Division. Practices will be chosen (who are high referrers to ACAS, HACC and community health services) and have the capacity to access the CE PCP service directory on line.

Both Divisions will identify a staff person who will be able to assist and promote the focus on improving service coordination across sectors. These appointments will allocate a certain amount of time and appear in the Divisions next business plan.

Applicants:
Central Victorian Health Alliance
Central Highlands Division of General Practice
Bendigo and District Division of General Practice

Project:
The Quality Feedback Between General Practice And Other Primary Care Providers – A Key Component Of A Coordinated Care System project is a process evaluation that will intensively pilot the Central Victorian Health Alliance Feedback form with Home Nursing (Palliative Care and HACC) Post Acute Care and Aged Care Assessment services from Mt Alexander Hospital and all willing general practices, both general practitioners and appropriate general practice staff within Mount Alexander Shire.

Applicants:
Mornington Peninsula Division of General Practice
Frankston/Mornington Peninsula Primary Care Partnership

Project:

A six month project to identify 5 best practice service coordination pathways between general practice and primary health care services. When these pathways have been agreed and documented they will be built into the Seamless Access System protocol for use with all participating agencies identified above.

The project will involve:

- the Mornington Peninsula Division of General Practice,
- up to 5 - 10 general practitioners who commonly refer to the Peninsula Health R.A.P.S (Rehabilitation, Aged & Palliative Care Service) Access Unit (PHRAPSAU). The Access Unit is operated by MEACAS (a participating member of the FMP PCP Seamless Access System).
- Up to 5 consumer representatives to provide feedback on the effectiveness and efficiency of the protocol that is developed from a consumer/carer perspective.

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

Project:
Using the GP reference group as a steering committee to guide development, a staged approach will be employed to undertake activity to meet the specified objectives (outlined below). The project will initially utilise the experience and knowledge base of the individual general practitioners in the reference group to pilot the tools and the directory with local agencies known to be utilising the tools. Through the involvement of the service coordination committees the PCP and division staff will collaborate to develop a training package specific to the general practitioner role in service coordination, to implement as part of this project. Additional activities as part of this proposal include: Implementation of this training package on a one on one or group approach; targeting not just general practitioners but practice nurses and other practice staff as appropriate. Follow up and monitoring (including a general troubleshooting component) of referral and feedback process. Finally, a report to the PCP that contains the key learnings of this small scale proposal, including the training package, that will detail lessons for other PCPs and divisions.

Applicants:
South Gippsland Division of General Practice
South Coast Health Services Consortium

Project:
The project involves reviewing protocols for the uptake of Chronic Disease Initiative (CDI) for diabetes. The protocols will be developed via small group learning activities and will look at how patients with diabetes can be recalled and have a consultation with a GP and relevant allied health staff. The project will also develop protocols for incorporating Active Script for patients with diabetes and for the use of Infoxchange Service Directory and the Initial Needs Identification Tool.

Applicants:
Dandenong District Division of General Practice
South East Primary Care Partnership

Project:
Interim evaluation activities in the Access to Allied Health pilot, and anecdotal reports from Division members participating in both projects, identify the detail required to complete the SCT-based referral process is time-consuming and onerous for GPs operating in busy practices. It is this Division's experience that many GPs under-utilise the practice management software, partly due to time limitations but more because they are unfamiliar with the potential capacity of completing the pro forma electronically. This proposal is to conduct 'in-house' training sessions in a number of key practices involved in the projects to promote the use of electronic templates. Training would be targeted at GPs and relevant practice staff (i.e. practice managers, practice nurses) to clarify the information required in patient records to complete the pro forma electronically and to demonstrate how to use the templates.

Applicants:
Inner Eastern Melbourne Division of General Practice
Boroondara Primary Care Partnership

Project:
The Division is in the process of selecting a 'demonstration' GP practice to pilot the SCTT. The practice will pilot the SCTT for a period of three months, which will allow all aspects of the referral process to be tested in the local community. GPs would be encouraged to test the SCTT with a series of real patients as they present to the practice.

On completion of the pilot, there would be considerable opportunity for the Division to influence the broader implementation of the SCTT in general practice. Of particular relevance is the capacity of the pilot to demonstrate the systemic issues inherent in any major change of clinical and organisational practice.

Applicants:

Western Melbourne Division of General Practice (WMDGP)
Brimbank-Melton Primary Care Partnership (PCP)

Project:
The project will promote capacity building and stronger working relationships between primary care services and GP practice. The aim is to achieve shared agreement about what defines or describes a quality referral pathway for patients/clients. This project predicts that through the use of service coordination tools electronically GPs will be able to refer quickly and consistently using the PCP patients/clients summary and referral information forms. They will receive immediate feedback from the primary care provider through a faxed acknowledgement form. The project will also provide professional development and education for the practice manager and GPs to engage in the use of e-referral processes.

Applicants (funded by regional DHS office):
Murray Plains Division of General Practice (MPDGP)
Campaspe Primary Care Partnership (CPCP)

Project:

To implement PKI in each Primary Care Agency in Campaspe to facilitate secure electronic connectivity and support integration within the health sector by 31/12/2003.

A Quarterly Information Management Session for general practice, conducted by MPDGP, (scheduled for September, 2003) will be developed to include education on the electronic INI tools and protocols for SC PPPS
This session to be replicated (most likely) in Echuca and Kyabram. Extra sessions at each location would be conducted, for example an afternoon session for allied health providers and an evening session for General Practitioners. Non-attending General Practitioners from the region will be contacted to receive a one-to-one practice visit or small group training following the event. Ongoing support to all Practices will be provided in an endeavor to ensure successful uptake of the tools by General Practice.

Prior to the Quarterly Information Management Session it is proposed that the Health Insurance Commission (HIC) & Health eSignatory Authority (HeSA) will be involved to assist with the certificate registration for PKI with the Primary Care Agencies (listed in the impacts).This can be a time intensive process which would be facilitated by this project within a timeline relevant to the information sessions for General Practitioners.

The PCP service coordination model would be the basis for the training of GPs and the Division will provide training in the INI tools, in particular, how they relate to General Practice and the electronic health records currently maintained by General Practitioners. The use of the tools contained in the Connecting Care service directory would be encouraged.

Applicants (funded by regional DHS office):
North West Melbourne Division of General Practice (NWMDGP)
Hume Moreland Primary Care Partnership (HMPCP)

In 2003, North West Division of General Practice and Hume Moreland PCP applied to the first round of DHS Service Coordination with General Practice small grants for funding for a project entitled “Bringing GPs into the Communication Loop”. Although this application was not successful, the PCP subsequently received a smaller $5000 grant from DHS Northern Region to implement the project on a more modest scale.

This project proposal was based on the findings of a previous GP project conducted by Carer Links North, in which GPs had indicated that they would like to be notified when their clients are referred between other agencies. The PCP project aimed to do this by building on existing Hume Moreland PCP protocols, which require participating agencies to acknowledge receipt of referrals – at this stage by faxing the Referral Acknowledgement form (and if requested

Assessment Outcome form) developed by the Northern Metropolitan Region PCPs. Under the original project proposal, five agencies were to trial copying the Referral Acknowledgement and/or Assessment Outcome form to 15 GPs (with client consent).

A sub group of the Hume Moreland PCP Service Coordination Working Group, made up of representatives of the major agencies implementing service coordination and GP Division and PCP staff, met to consider modification of the proposal. It was agreed that the project should be implemented in two stages. The first stage would involve only one primary care agency and a limited number of General Practices. Following evaluation of this trial, the project would be expanded to include a larger number of both agencies and Practices. The North West ACAS agreed to become the trial agency. It was chosen because it was well advanced in service coordination, had centralized referral intake procedures, and had already established good working relationships with many General Practices in the area.

The ACAS nominated ten General Practices which already referred a relatively large number of clients for assessment to be invited to participate. Five practices agreed to participate.