# SERVICE COORDINATION WITH GENERAL PRACTICE – SMALL GRANTS

## Dandenong District Division of General Practice

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

**Background**

Dandenong District Division of GP is currently implementing two projects that have the Service Coordination Tools (SCT) as a central component of the referral process from GPs to other service providers. The SEPCP Integrated Disease Management (Diabetes) project utilises the tools for patients to gain access to the Diabetes Coordination and Assessment Service. The Commonwealth-funded Access to Allied Health Services pilot project has developed a slightly more 'specialised' version of the tools to enable GPs to undertake 3-Step Mental Health plans with patients and make referrals to psychology/counselling services. The Division has developed templates for use in two commonly used practice management software systems (Medical Director and Medical Spectrum) which incorporate the 3-step mental health process into the Summary and Referral pro forma

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 was initiated 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.

**Project development**

Initially, the key objectives proposed for this project were:

1. To demonstrate the potential for using electronic service coordination pro forma.
2. To increase the skills of GPs and Practice staff in using the electronic tools.
3. To promote broader use of the service coordination tools.

While these objectives did not essentially change, the focus was shifted to training for use of the 'generic' Service Coordination Tools. This eventuated through the opportunity to collaborate with other Divisions in the Department of Human Services Southern Metropolitan Region, who were funded to conduct a similar project. This Division joined with the inter-Divisional group in developing the training package, but conducted the training independently.

**Key activities and results**

| Objective 1:<br>To demonstrate the potential for using electronic service coordination pro forma. | |
|---|---|
| Key activities | Key results |
| • Conduct training activities with GPs and other key practice staff in the use of the electronic service coordination proforma.<br>• Within the training activities, include demonstrations of how they are linked to | Nine GPs, representing 6 practices, were recruited to undertake SCT training. One practice nurse and one practice administrator also participated.<br>Discussion during the training identified |

| | |
|---|---|
| current initiatives (eg. Access to Allied Health project, Integrated Disease Management (Diabetes) project). | services that are currently utilising the tools, and a number of GPs are using the 'specialised' paper versions within the context of Division projects. In these instances followup will be undertaken to promote use of electronic referral formats for those specific activities. |
| Objective 2:<br>To increase the skills of GPs and Practice staff in using the electronic tools. | |
| • Provide in-practice training to use the electronic templates. | Training was carried out between late November and late January, with a total of 11 trainees. The original timeline for project rollout was delayed due to problems with accessing 'final' templates from DHS.<br>The training package developed by the Regional group was utilised, incorporating demonstration and practise in using the tools. In one instance, training including installation of the templates onto the practice server. In the majority of instances, trainees were familiar with Medical Director and use of the Letter Writer function, which expedited the training significantly. GPs unanimously reported high levels of satisfaction with the conduct and outcomes of training. |
| Objective 3:<br>To promote broader use of the service coordination tools. | |
| • Encourage wider uptake of the tools through newsletter items and further training and support. | Further training will be offered via the Division newsletter, as well as articles identifying service providers who will receive referrals via the SCT (information to be included in February 2004 newsletter).<br>This project has fostered closer links between Division personnel and the SEPCP Service Coordination working group, which will assist in future promotion and utilisation of the tools.<br>All participating GPs indicated their willingness to participate in future focus groups to discuss the electronic SCTs |

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

***REACH***

The original target for training was 12 practices. This was reviewed after further consideration of a range of factors, including time limitations for the project and responsiveness of practices using Medical Director. Six practices were willing to participate in the training, with 9 GPs and 2 other practice staff involved. Training was undertaken either as a one-to-one activity or, in three instances with two GPs together. One GP undertook her training while attending the Division office for other purposes.

Of the GPs, 5 were male and 4 female. The practices involved represented a geographic spread across the Division catchment and included large and smaller practices.

GPs were recruited by telephone invitation, drawn from a list of known Medical Director users and participants in the other related initiatives of the Division.

***EFFECTIVENESS***

Pre- and post-testing was conducted with all GPs. (At the time of writing two tests are to be returned). Of the seven available post-tests all GPs reported high levels of satisfaction with both the product and training.

Training objectives were to:

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 indicated that these objectives had been met "very well".

Six GPs reported that the demonstration, training materials and trainer presentation were "very useful", while one GP indicated they were "moderately useful". Six indicated they would use the tools for future referral, while the other one was "unsure".

One 'other comment' was recorded, relating to the GPs concern about a technical aspect of the templates (font size needs to be consistent). One GP had some initial concerns with the template and possible ramifications for patient privacy (ie patient details are recorded on the 'cover sheet') and about the need for manual editing out of unwanted information auto-populated into the proforma. These were addressed to her satisfaction following communication between the Project Coordinator at Dandenong and representatives from the other Divisions, DHS and GPDV.

***ADOPTION***

Six of the GPs indicated that they would use the electronic tools for future referrals. These GPs tend to be already using the paper version. One reluctant GP could be described as an 'older' GP with limited interest in adopting information technology. A small number of GPs were keen to consider the possibility of sending the referrals electronically.

Future adoption of the tools, in either paper or electronic format, is going to be significantly affected by the recent pronouncement of one Community Health Centre that they will ONLY accept referrals using the service coordination tools.

This Division will continue to promote and support the use of the tools with its membership

***IMPLEMENTATION***

This project was able to link with other Divisions in the Region and contributed to review and modification of the templates, development of a common training package and participated in a joint 'train-the-trainer' session. This assisted us in feeling that we were consistent with training implementation in other Divisions and could provide comparable results.

In terms of providing a consistent training program, some variations occurred due to time factors for GPs, access to and level of competency with computers, availability of the templates within Medical Director and familiarity with the paper versions of the tools.

Generally, the training took around 40 minutes. The shorter sessions were mainly due to higher levels of GP computer competence and prior knowledge of the paper versions, while longer sessions arose where there were computer glitches or difficult questions related to the broader PCP initiative or potential for electronic transfer of referrals.

***MAINTENANCE***

It is anticipated that continuing Division support and promotion of the tools will increase uptake of the 'generic' Statewide referral tools by GPs. However, this will be significantly influenced by the requirements of other service providers who will accept referrals on these forms.

The use of 'specialised' versions for specific Divisional initiatives has seen an improved recognition of the generic versions and would appear to have been a factor in promoting adoption by GPs trained in this project. The Access to Allied Health project and the IDM (Diabetes) project will continue to utilise their own versions of the tools, thereby providing a continuing platform to support the generic tools.

Through this training project Division personnel have been more closely involved with the SEPCP Service Coordination working group and will continue to foster this link as a basis for future promotion and support of the tools in general practice.

***CONCLUSION***

Overall, we believe that the original objectives of this project have been achieved although with some slight variations. Our association with other Divisions conducting similar activities altered the original premise for training (ie. to focus on specific tools being used in current projects) and slightly fewer GPs were recruited than originally anticipated.

However, a generally positive response from GPs suggests that there will be continuing value in Division staff providing support and promotion of the tools. The apparent movement by other service providers to only receive referrals using these tools will be the overriding force to drive GPs to using this referral format.

# Results: Base Line Questions

Questions to be asked when commencing training, by the trainer.

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

   Fax 7 Phone 4

   Email 1 Letter 7

   Other_____
   _____

2. How do you find out about services?

   Services directories 4

   Mailed materials 4

   Practice nurse 2

   Other_____
   _____

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

   Practice Nurse 3

   Practice Manager 3

   Reception 3

   Other_____Secretary_____
   _____

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

   Yes 6 No 1

5. Are you aware of the Victorian Statewide Referral Template currently in medical director?

   Yes 3 No 4

   5. a) Have you used these before? Yes 0 No 7

   5. b) If yes, how often?

   <5 times ☐ b/w 5-10 times ☐ >10 times ☐

# Post Intervention Questions - GP

Please complete the following questions and fax-back with the invoice to receive payment.

**Learning objectives:**

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 | 7 | | | |
| Objective Two | 7 | | | |
| Objective Three | 7 | | | |

**How useful did you find the following?**

| | Not Useful | Somewhat Useful | Moderately Useful | Very Useful |
|---|---|---|---|---|
| - Medical Director demonstration | 0 | 0 | 1 | 6 |
| - Training materials | 0 | 0 | 1 | 6 |
| - Trainers presentation/answers to questions | 0 | 0 | 1 | 6 |

**Will you use these tools when referring to agencies?**

**Yes** 6 **No** ☐ **Unsure** 1

Please comment?

_____

_____

**Do you have any suggestions for improving this training session?**

___MD needs to fix template eg font size

_____

_____

**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** 7 **No** ☐