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GPDV Response to Consultation on National Research Priorities in General Practice

Introduction

GPDV is the peak body for the thirty divisions of general practice in Victoria.

Whilst Victorian divisions of general practice are able to identify many research questions of merit in general practice, we have decided to concentrate on one area of crucial importance – the relationship between systems of a general practice, and health outcomes for patients diagnosed with Type 1 diabetes.

DIABETES

THE RELATIONSHIP BETWEEN PRACTICE SYSTEMS AND HEALTH OUTCOMES FOR PATIENTS WITH TYPE 2 DIABETES MELLITIS

- Are patients diagnosed with Type 2 diabetes mellitis likely to receive best practice care by general practitioners (according to clinical management guidelines) when the GP is supported by a practice nurse?
- Do patients with Type 2 diabetes who are receiving health promotion advice from practice nurses who are trained diabetes educators have better health outcomes than those managed by GPs alone?

Rationale

Background – Diabetes and General Practice

In recognition of the impact that diabetes has on the Australian community, and the potential for improved health outcomes, the Australian Health Ministers agreed in 1996 to make diabetes mellitus one of the National Health Priority Areas. Since that time, there has been an increasing focus within health on helping practitioners to better detect and manage patients with diabetes, including incentives and support for general practitioners. The extent of the problems facing practitioners was further revealed by the Australian Diabetes, Obesity and Lifestyle (AusDiab) study, released in 2000, which found that

- One in every 13 Australian adults has diabetes
- Risk factors that lead to diabetes are highly prevalent in the Australian population, with 60% of the population being overweight or obese, and almost half not exercising enough[1].

In 2001, the National Integrated Diabetes Program was launched. It included funding for general practice through the Practice Incentives Program (PIP) to improve prevention, earlier diagnosis, and management of people with diabetes.

General practitioners play a pivotal role in our health system. In Australia in 2001/02, 75.9% of the population saw a general practitioner (77.2% in Victoria), and on average each person sees a GP five times during a year[2]. The frequency of GP consultations in Australia, and the

[1] Dunstan, D.W. et al. 2001. *Australian Diabetes, Obesity and Lifestyle Study (AusDiab)*. International Diabetes Institute.

[2] Health Insurance Commission. 2003. *Annual Report*. Commonwealth of Australia.

generalist nature of most consultation explain why general practice has been identified as one of the major sites that the better management of diabetes can be promoted through the adoption of clinical management guidelines within practices.

Background – Nurses in General Practice ("Practice Nurses")

Nurses working in general practice can enhance the provision of primary care services, and provide valuable support to the GP. Their role can include triage, home assessments, women's health checks, asthma and diabetes education plus a wide range of other clinical, educational, and health promotion services.

In recognition of this, and to help address workforce shortages within general practice, the 2001-2002 Federal Budget provided funding of $104.3 million over four years for incentives to encourage general practices in rural areas and other areas of high workforce needs to employ more nurses. This has recently been augmented by the MedicarePlus announcements, which include funding for GPs in outer urban areas of workforce shortage to support the employment of another 457 nurses in general practice.

A recent national study of the practice nursing workforce[3] shows that there were 2,349 practice nurses employed in the 53% of practices respondent to the survey. (Extrapolating, it is estimated that there are approximately 3,500 to 4,000 nurses working in the general practice setting[4]). The study also showed that 32% of those nurses have been employed in general practice in just the last two years, and 3% of practice nurses have post-formal qualifications in diabetes education.

Evidence of the Need for Research

GPDV believes that GPs are better able to consistently manage people with diabetes as per clinical management guidelines (CMG) if they practice in an environment that has a systems approach to chronic disease management and are supported by a practice nurse and/or a multidisciplinary team. However, this contention is difficult to prove to policy makers and difficult to promote to practices without sufficient evidence (other than anecdotal) in support of such a claim.

The concept of shared or integrated diabetes care has arisen out of a recognition of the problems with care when provided solely by a diabetes service or a GP. The rapid increase in the number of nurses working in general practice over the last two years now provides an opportunity for new models of diabetes management to be evaluated in the general practice setting. New models of care are already in place. Some practices have structured diabetes care provided by a GP and practice nurse team, some have formal diabetes clinics that are run by a diabetes educator, and some have effective GP only systems. In many practices, there is no system at all.

Despite the structural differences between practices, there is a paucity of research about how shared care between GPs and practice nurses (whether diabetes educators or not), as opposed to GP care alone, affects health outcomes for those with diabetes. There is evidence

[3] Porritt, Julie. 2004. *National Practice Nurse Workforce Survey 2003*. Australian Divisions of General Practice. http://www.adgp.com.au/client_images/12143.pdf

[4] Private conversation with Julie Porritt, Principal Policy Advisor for Nursing in General Practice, Australian Divisions of General Practice.

supporting the efficacy of structured care as opposed to episodic care[5], but none that could be found in relation to shared GP-practice nurse care.

Potential Impact of research findings to consumers, clinicians and policy makers

Consumers

The results of the study would be highly likely to influence the work of divisions of general practice in reforming systems within general practices. Such systemic reform would be likely to have a direct influence on health outcomes for consumers of general practice services.

GPs and Practice Nurses

General practice systems are often established haphazardly, and nurses employed with little guidance from research as to how they could best contribute to improving patient health outcomes. This study would provide evidence for GPs and practice nurses about how best to structure diabetes care within the practice in order to adhere to clinical management guidelines through a systemic approach to care.

Policy Makers

The results of this study would provide important information around the development of a couple of national initiatives – support for nurses in general practice (funding for education and networking), and enhanced care for diabetics in the general practice context. With $273 million spent on subsidising the employment of practice nurses and enhancing their roles, it is important for policy makers to understand how practice nurse roles could best be structured in practices to enhance diabetes care. Better diabetes care would also be likely to lead to reduced health system costs due to a drop in presentations to acute facilities.

The complexity of the interaction between general practice and consumers

Consumers often have limited information about what constitutes best practice diabetes care, and often rely on their general practitioner to ensure that they receive adequate treatment and advice on management. However, consumers often do not receive care according to best practice guidelines. They are also often passive recipients of GP care, not wanting to "bother" the busy GP by asking a lot of questions about how best they can manage their condition. However, consumers do feel that nurses in general practice have more time to talk with them[6]. What is not clear is whether shared GP-nursing models of diabetes management lead to superior health outcomes for patients, and how shared GP-nurse care should be structured.

Feasibility of answering the question within the given funding and timeframe

For this study, health outcomes for diabetes management could use results collected through the CARDIAB (Cardiovascular and Diabetes) database, in ways similar to recent studies conducted by the Centre for General Practice Integration Studies at the University of New South Wales[7]. Data would need to be collected for a minimum of one year, and another year would be needed for planning and reporting. A study of several practices could be completed within the budget of $500,000.

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[5] Integration Support and Evaluation Resource Unit (iSeru). 2000. *Diabetes Care in General Practice: Developments in Australia and Perspectives from the Literature*. National Divisions Diabetes Program: Department of Health and Aged Care.

[6] Cheek, J. et al. 2002. *Consumer Perceptions of Nurses and Nursing in General Practice.* Centre for Research into Nursing and Health Care, University of South Australia.

[7] For example, see National Divisions Diabetes Program. 2000. *NDDP Data Collation Project: Quality of Care and Health Outcomes – Collated CARDIAB Data*. Volume 5. Centre for GP Integration Studies, University of New South Wales.

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