Enhanced Primary Care

GP Education Support and Community Linkages Program

Quarterly SBO Report

1st April to 30th June 2001

Contents

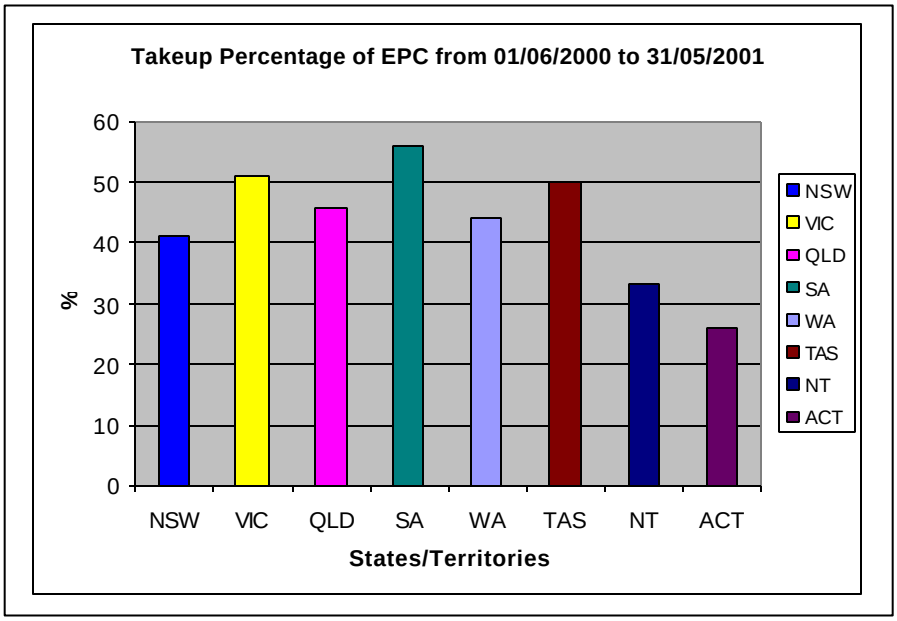
1. Progress to date

On average 51% of GPs by Division have used an EPC item over a 12-month period, in Victoria. This average division uptake has increased steadily over the roll out of the GP Education, support and community linkages program. An observation to note is that rural divisions appear to be having a greater uptake of the EPC items by GPs which could be attributed to the availability of service providers funded through the MAHS funding. It is noted that it could be expected that rural divisions would appear to be performing better than urban divisions over the next 12 months. GPDV is therefore separating urban and rural divisions in regard to key uptake indicators for planning, and support purposes.

Average GP uptake of EPC items by divisions	Jan - Dec 00	Feb – Jan 01	March – Feb 01	April – Mar 01	May – April 01	June – May 01
Rural Divisions	**52%**	**53%**	**55%**	**55%**	**56%**	**59%**
Urban Divisions	**41%**	**42%**	**42%**	**42%**	**42%**	**44%**

2. GPDV EPC Plan

GPDV is rolling out the EPC GPESCL program over a substantially longer period than other states. All other states are winding down their programs where GPDV has budgeted to provide a coordinating role until the end of the financial year. 95% of funding has been provided to Victorian Divisions and the final 5% payment is scheduled for January 2001. Average uptake by division in Victoria is amongst the highest nationally.



The EPC network was convened for the IM in Primary Care Workshop on the 15th of May 2001. 59 people registered and 70 people participated in this workshop. All Victorian Divisions were represented with a variety of program staff represented including IT and EPC program staff. The Northern Coordinated care trial was represented by the trial manager and IT manager. The 3 Tasmanian Divisions & TDGP were also represented in this workshop. Both the DH&AC & DHS were represented in this workshop.

The focus of the workshop was on IM in Primary Care which included a consultation & demonstration of the Eyre Peninsular Division EPC software. The afternoon focused on how to create an EPC friendly practice. Keynote speakers were;

- Mary Matthews from Monash Division reporting on the research undertaken to look at the role of the Practice Nurse in supporting GPs to undertake Annual Health Assessments,
- Graeme Fletcher from Dandenong Division presented the work undertaken with Central Bayside Division on the Care Plan readiness index and
- Helen Yaccoub from Whitehorse division spoke about her

The final session of this workshop began a process of exploring the relationship between the PCPs and EPC. Bruce Watson spoke from DHS perspective on the GP Engagement strategy. Rochelle Thomas and Sandra Beirs spoke to the network about the work that they were undertaking in the upper Hume PCP on tracking consumers through the service system and supporting GPs with the uptake of the EPC items. *See Attachment 1: Evaluation Report.*

4. Manual of EPC Resources developed by Victorian Divisions

GP Branch of the Department of Health & Aged Care in Canberra requested SBOs to collate resources developed by divisions. GPDV undertook this task and collated 165 pages of resources developed by 8 divisions. GPDV will convene a division reference group to identify the most useful resources. The Departments advise in identifying the most appropriate means for validation is welcomed. GPDV will make these resources available to Victorian Divisions. The manual of EPC Resources developed by Victorian Divisions for DH&AC has been included for your reference as *Attachment 2* to this report.

5. Statistics

GPDV continues to provide useful statistical information to divisions and stakeholders regarding the uptake of the EPC items by categories. This continues to be an excellent planning and evaluation tool as expressed by key stakeholders including the VACGP sub committee. The preparation of these statistics is a time consuming process due to the way in which the Commonwealth DH&AC groups the statistics. GPDV has been working with the HIC as an adviser around the data collection requirements of divisions. The statistical information provided by the HIC is being clearly targeted at divisions. It would be beneficial if this information could be aggregated up to SBOs. GPDV has written to the HIC requesting that the statistics that GPDV collate as per *Attachment 3* are prepared by the HIC. The letter sent to the HIC has been is included as *Attachment 4* for your records.

6. VACGP Sub Committee

A meeting of the VACGP Sub Committee was held on the 15th of May 2001. Minutes of this meeting have been sent to members and DH&AC. The minutes have been included in this report for your reference as *Attachment 5*.

7. Activities undertaken by EPC Coordinator

Division Support & Consultation

The Coordinator visited eight divisions in this quarter in a variety of capacities. A presentation was provided on EPC and diabetes management for Murray Plains Division. EPC induction was provided to Juliet Gavans at Geelong Division and Keryn McNaught at Ballarat Division. A follow up visit was provided to Donna Hill & Dr Vaughan Speck at Central West Gippsland. Knox Division requested support and opportunity for discussion around addressing issues of quality of Care Plans initiated by GPs. Whitehorse Division was seen with Andrew Kallaur to explore issues around the development of an Asthma clinic at Blackburn Clinic. Bendigo requested the Coordinator to meet with key GPs and practice staff around working through the logistics of care planning in the Bendigo area. The coordinator also met with GSE division to review the progress of the program.

State Evaluation

GPDV engaged Roy Batterham to prepare the Evaluation Brief for Victoria in this quarter. The brief has been prepared so to consider the role of the National Evaluators who were due to be appointed. It is envisaged that GPDV will approach the National Evaluators to undertake the tasks of component 2 of the Evaluation. The brief is attached to this report for your reference**.** *See Attachment 6.*

During this reporting period the Coordinator represented GPDV at both the Mental Health & EPC National Coordinators meeting held in Melbourne and the NACCHO meeting in Canberra. At both these meetings progress to date of EPC in Victoria were provided. The Coordinator participated in a panel of experts at the Psychiatric Aspects Shared Care Conference organised by GPDV, RACGP and the RANZGP.

Consultation

Ongoing consultation was undertaken to support the role of Cathy Sutherland at DHS who has been employed on a short term contract to develop and deliver EPC workshops to the PCPs. In addition continuing negotiations were undertaken regarding the progress and roll out of the Eyre Care Software.

8. Educational Activities Undertaken by divisions

Victorian divisions have reached 689 GP members in this period by offering 180 educational activities. 102 sessions of these educational activities were undertaken using academic detailing or practice visits one on one with the GP. Since the start of the program in April 2000, 587 educational EPC activities have been provided to the equivalent of 3,259 GP units (please note that more than one activity may have been provided to a GP).

187 practice nurses and 101 practice managers have been reached in this quarter bringing the overall total to 590 and 387 respectively. 1,407 other health providers have also been reached since the start of the program (529 in this quarter). The number of other health providers reached this quarter, namely 529, is a significant increase on last quarter when 203 other health providers were reached. GPDV has been kept informed regarding the progression of the DHS workshops to the State Health funded sector and will assist in consulting regarding the educational activities provided by divisions so far.

For a detailed list of specific EPC education undertaken in this quarter please refer to *Attachment 6* cumulative totals for; the number of educational activities, Number of GPs, practice nurses, practice managers and other health providers attended, please refer to attachment 2 EPC Educational Activities – Cumulative totals see *Attachments 7.*

9. Development of Community Linkages

GPDV requested that divisions report on the Community Linkages work undertaken in the specified quarter only. Attachment 8 provides a comprehensive statistical summary of a range of activities undertaken. Key organisations that divisions have worked with around EPC in this period are;

Hospitals (20 divisions) this includes 17 face to face meetings which may be accounted for the excellent response to (24) divisions submitting proposals for the hospital demonstration projects. In addition 12 divisions reported providing divisions provided EPC information sessions to Hospitals.

PCPs

20 divisions reported that discussions were undertaken with PCPs. The GP engagement strategy will rely heavily on division's capacity to provide advice around the potential use of EPC Items by GPs.

Mental Health Providers

16 divisions reported involvement in face to face meetings with mental health providers. The ongoing development of the Primary Mental Health Teams may attribute to the need for these discussions. Divisions are represented on steering committees of PMHTs and which are currently developing service proposals. The inclusion of expertise on the use of the EPC items has been identified as a tool for GP involvement.

Community Health Centres

16 divisions provided a variety of services to Community health Centres in this reporting period. These divisions provided; 12 help desk inquiry assistance, were involved in 12 face to face meetings, and provided 10 Information sessions.

10. Local barriers

Practice capacity

According to divisions, perceived lack of time by GPs and practices remains the major barrier to general practitioner uptake of the Items. Evidence suggests that GPs' perceived lack of relevance of the Items numbers to their current practice, coupled with a lack (actual or perceived) of capacity at a practice level to implement systems changes that would facilitate uptake of the Item numbers, are also significant barriers. Use of information management systems was identified as a related issue here. A perceived lack of evidence on the part of GPs, as to why utilizing the Item numbers will enhance management of patient care was also cited as a significant barrier, and is possibly related to the perceived lack of priority to engage with the EPC, that was also mentioned. Cost of implementation (staff hire, including practice nurses) and the difficulty of engaging small or solo doctor practices were mentioned several times as barriers. Others were:

- Varying quality of relationships and hence varying level of coordination with other health care providers. Also, a perceived 'burden' in integrating with others related to time and unclear 'role demarcation'. The requirement of the Items for *integration* that necessitates GPs moving out of their existing patterns of care may be at least partly responsible for this perception of 'burden'.

they might contribute

- Perceived lack of clarity regarding division of responsibility between GPs and specialists in relation to a care planning
- Practice nurses, or lack thereof, were specifically identified as enablers/ a barrier to uptake.
- Professional discomfort with 'marketing' (or, "soliciting") GP services offered by the Items. Perceived (or actual) lack of opportunity in relation to educational and training issues.
- Perceived inadequate remuneration, particularly for case conferencing.
- Cultural issues –uptake of Items by GPs in provision of care to people of cultural and linguistic diversity was cited as challenging in some ways. For example, some cultures may expect a 'solution' to their perceived health issues, rather than a 'plan'.
- Some care providers are unfamiliar with Care Planning and Case Conferencing Items and have shown some negativity as a result of a lack of understanding.
- Insufficient tools available to assist process, including examples of conducting Care Plans and Case Conferences.
- Lack of infrastructure for Care Plans and Case Conference in general practice. It is perceived as too hard, too complicated or too time consuming.

Regulatory and process issues

There is evidence of confusion and ignorance of the regulations of the Items' use on the part of many GPs. For example, in relation to gaining agreement to provide services and be a member of the Care Plan team. It has been suggested that this may be more of a perceptual problem on the part of the GPs as other GPs that are participating in care planning have apparently not found this an issue. Other issues specifically relating to the items numbers are:

- The perceived 'onerous paperwork' and 'regulatory complexity' required by the Health Insurance Commission,
- Lack of consumer education about the Items. It has been suggested that consumer (and hence, community) demand would improve the uptake of these Item numbers.
- GPs are reporting that the advice they are getting when they phone the Medicare Enquiry Line with Care Plan questions is often incorrect.
- Practices that submit their Medicare claims electronically (MedClaims) are reporting that when a consultation and Care Plan (for the one patient) have the same date, the Care Plan is automatically being rejected. The HIC has advised me that if the consultation is unrelated to the Care Plan, the GP is eligible to claim both on the same day. Although the GPs write "unrelated to Care Plan" on the

AUTOMATICALLY rejects Care Plans with the same date as a consultation.

- It is understood that the GP must resubmit the Care Plan in order to get paid. This is perceived as frustrating.
- GPs are reporting that if they submit a Health Assessment claim to the HIC within 12 months of the patient's last Health Assessment (usually within a few days due to their own inadequate record-keeping), the HIC is paying a long consultation rebate instead of just rejecting the Health Assessment. Previously the HIC just rejected the Health Assessment, enabling the GP to resubmit it at a later date. By paying a long consultation, which is worth less money than the Health Assessment, the GP is unable to resubmit and therefore loses money.
- The GPs who provide care at a particular rehabilitation hospital in Melbourne are experiencing problems in setting up Discharge Care Plan procedures. The rehabilitation physicians are cited as experiencing some concerns about encroachment on their area of responsibility. A need has also been identified for all the GPs who work at this hospital to adopt a uniform and consistent approach to Care Plans.

11. Local enablers

Several effective enablers have been explicitly identified in the responses by divisions. Other enablers are implied by the identification of barriers to Item number uptake.

It would seem that accessible, sustained and reinforced education and training that is tailored to individual practice needs is vital in increasing uptake of the EPC items, and has been identified as such by several respondents.

Evidence-based education and training, plus the provision of resources and information around the following areas seems to be required to promote uptake of the Item numbers:

- Contextualised education and information about the item numbers. For example, promoting the Item numbers within the context of CME around a particular chronic illness, such as COPD or Diabetes. Follow –up provision of information to practices, with divisional support as to its relevance, application and potential benefits to the practice (business) and the patient (care).
- Ready access to divisional support, such as 'whole of practice' visits by divisional staff or, GP 'champions'; telephone advice/information, provision of templates, resources for health assessments, care planning and case conferencing.
- A 'multi-layered', and reinforced educational and training approach by divisions, that supports the other 'layers' in sustainable ways, such as 'after CME' service to practices, including the GPs and practice staff, around particular diseases or item numbers. Inviting practice staff to CME, where

to locate various practice populations, such as all people with diabetes, and information about diabetes management is reported as helping with uptake. One 'focus' at a time has been cited as a useful approach to enable divisions to engage GPs and practice to engage patients. For example, a disease focus such as all people with diabetes in the practice, or, all people over 75.

- Support of existing networks by divisions. For example, of practice managers, practice nurses.
- The RACGP kit
- Focus on a common concern at a divisional level that is identified in their strategic plan for example; aged care. Working with existing network on identified areas is seen as an enabler.
- Systems for implementation at a practice level, including human resource, financial, facilities, patient and clinical services staffing and communication. Very practical 'how to' examples, tailored for individual practices has been identified as an enabler. Interestingly, this 'systems approach' is supported by the 'Systems thinking' module of General Practice Business Advantage.
- It is reported that many GPs are waiting for a computer version so that patient details etc can be transferred quickly and maybe the care plan can be electronically transferred.
- Many GPs have expressed reservation with raising the use of Items with patients, especially Health Assessments, as. The Division could potentially overcome this with a targeted community campaign which informs people (say 65+) of the aims of health assessments and to ask their GP for more information.
- New PIP incentives. Divisions reported an increased interest in the care planning items since the announcement of the PIP incentive.
- Possible implementation of the public hospital EPC demonstration project in the area/ use in PCPs.
- Generating interest from community providers to approach GPs now they know GPs can claim for involvement in care planning/case conferences
- Established local networks between GPs and other local health care providers around age-related chronic conditions facilitates care planning and case conferencing
- Interdivisional practice visits (including those conducted by GPs) by division – GPs and practice staff appreciate being able to ask specific questions in an informal setting, relevant to their own practice.
- Division integration with hospital networks re discharge planning e.g. protocol development (willingness of hospital network and division to do so.
- Interdivisional collaboration with hospital networks around discharge planning) and the prospect of state funding to facilitate further such integration with GPs.
- Utilising existing networks. For example, practice mangers, practice nurses, other health care providers

workers

- Interdivisional approach to negotiating with hospital networks around discharge planning
- GP 'ownership of EPC program – by provision of GP trainers who provide on-going peer support
- Interdivisional CME on EPC
- A targeted approach to care planning and case conferencing eg around mental health
- PCPs engaging GPs with other health and community care providers
- Practical demonstrations re possible systems with a focus in CME (respiratory disease)

12. What divisions said they want GPDV to address

Future Directions for EPC

A number of divisions have expressed concern regarding the ongoing program development of EPC. Divisions have reported that "momentum is just beginning". Divisions have recognised that the implementation of the MBS Items represents significant systems and cultural change. This change requires more time to be bedded in General Practice. This issue reported in the previous quarter is heightened in the April to June Quarter. Divisions asked, "apart from ensuring that it becomes a component of other existing programs, are there any other strategies or activities that could be developed not that will aid its continuation when funding ceases?" Support from DH&AC in planning for the final phase of the program and the provisions of consistent advice to CEOs is welcomed.

Care Planning

Strong recommendation from a division expressing concerns about a number of aspects of care planning. Firstly, the issue of evidence base is raised. The value of Care Planning is not well documented. This is a national issue and could be dealt with in the National Evaluation. The second issue raised is the Care Planning formats that are available. The divisions reported that there is currently no care-planning format on Medical Director. The RACGP format is perceived as cumbersome by GPs & the release of Eyre Care Software continues to be delayed.

GPDV is working with DHS through the Primary Care Consultant to ensure the needs of GPs are considered in the development of the Statewide Care Planning Tool Template. Significant developmental work is required in this area. The potential in Victoria will be to have a care planning template that fulfils GPs requirements.

The role of the Practice Nurse in Care Planning continues to be raised as an area, which requires exploration. We believe that there is great potential in the role of the Practice Nurse developing beyond

uptake of the Health Assessment Items. The proposal of Monash Division to extend the role of Practice Nurses in Health Assessment Research forward to Care planning remains strongly supported. GPDV would like to be kept informed as to the progress of this request.

13. Divisions comments on GPDV support

Comments on GPDV support continue to be positive by divisions. In particular divisions note, network meetings as valuable, monthly updates and link to EPC web page. Also noted is the support provided by the coordinator, in visiting division's in particular Whitehorse and Bendigo divisions.

It is noted that a national website based around strategies that have worked would be useful. This is compared to what has been provided in the Immunisation Program. I believe that this would be appropriate if an evaluation is undertaken at a project level.

14. GPDV Plan 2001

GPDV completed the Victorian Plan for April 2001/02 is this quarter. A progress report on the key outcome areas will be provided in the June to September Report.

Evaluation Form Results for Information Management in Primary Care
15th May 2001

1. Participants

Victorian Divisions Represented	29

Program Staff	53
GP Trainers	12
Coordinated Health Care Representatives	2
Tasmanian Divisions	3 + TDGP

2. ***About yourself (Respondents)***

27	Division Staff Member
8	Role at Division
7	Other Please Specify:

Division: EPC Coordinator
GP Educator
Program Coordinator
EPC Program Officer
Deputy Manager
GP Coordinator EPC
EPC Projects Officer
EPC, Mental Health Youth D+A. Shared care programs.
EPC Program Manager
IT/IM
Program Manager
EPC Consultant
IT officer
IT/IM Consultant
EPC/PCP Worker
IT & Education with broad knowledge of EPC.
ADGP

Other: GP
EPC
Practice Manager

And are you from a:

13	Rural and regional OR
22	Metropolitan division

2. Objectives.

1. *To provide divisions with the opportunity to investigate the use and application of the new EPC Eyre Care software.*

2. *To explore what is needed to create EPC friendly practices.*

relate to coordinated information management

How well do you think theses objectives were achieved? Please tick the rating you would give.

	Very well	Quite a lot	Somewhat	Not much	Not at all
Objective 1	7	21	9		
Objective 2	4	21	11		
Objective 3	2	3	21	4	2

Comments:

Objective 1

- Would have liked more time to 'play' with it hands on.
- More time needed – as brand new initiative.
- Opportunity for hands on use of the software very useful.
- Not ready

Objective 2

- Very informative, thought provoking – models of EPC/MBS very useful.
- Whitehorse division practical experience very practical oriented
- To technical in installation process (technical jargon)

Objective 3

- Don't know much about it. Still confused.
- The 'on the ground' work will inform us better – still fuzzy overall.
- NEUDGP & Border PCP program – great.
- Highlights duplication between PCP and EPC.

4. Rate each session on Relevance, Quality and format on a scale 1 – 5, where 1 is the lowest score and 5 is the highest in the following table

Session 1: Launch and demonstration of the Eyre Care software for EPC.

	1	2	3	4	5
Relevance		1	3	6	24
Quality		3	18	11	4
Format		7	14	12	3

Comments:

- Some of the presentations were confusing.
- The IT section was not helpful.
- Unfortunately the IT training component fell very short of useful.
- Somewhat disjointed and at time incomplete or tentative.
- Installation of EPC not so useful
- If divisions are expected to provide training to GPs. We might need something more in depth.
- Probably will not promote sue to poor core planning format.
- Need more practical training, maybe smaller sessions.
- Sounds great but needs another 6mnths before I will promote it to GPs.
- This is not ready to be rolled out yet.

- Should have split group so IT people could stay and investigate technical issues and other could have been lead through a hands on demonstration.

Session 2: Who can do what to develop an EPC friendly practice?

	1	2	3	4	5
Relevance		1	4	14	17
Quality		2	12	18	3
Format	1	1	10	18	5

Comments:

- Very Early days
- More on the needed, even as an EPC 'brainstorm' for divisions tackling the same issues.
- Care plan work at Blackburn interests.
- Very slow and known info.
- Role of practice nurse and Whitehorse division very practical
- Very useful.
- Great info to feedback to GPs
- Perhaps raised more questions and or conversation that gave answers.

Session 3: The linkages between PCPs and EPC

	1	2	3	4	5
Relevance	1	4	6	10	9
Quality		7	13	8	2
Format		9	11	7	4

Comments:

- Need more concrete info in this area. It is very relevant to what the divisions are doing.
- Value of PCP not established.
- Seems to be a good link but concerned that PCP will ruin the things already being done through EPC.
- Interesting
- Not Useful.
- Total waste of time.
- Disagree with diagram of engagement.

4. Which of the sessions in today's workshop did you find the most interesting? Why?

- They are all interesting but the Eyre care software was probably the best in terms of it being a product. Very interested in PCP aspect but did not feel I got a grasp of what was going on – probably because some of the speakers were not there.
- Many respondents Eyre package
- Lack of direction of PCP
- After Lunch. It was more practical and relevant to our divisions needs.
- Eyre care: good to know its status.
- EPC (promotion in divisions activity)
- Many respondents noted an interest in Helen Yaacoub's presentation
- 1st part session 1 was interesting, but 2nd part was discouraging. 2nd session was good but lots of issues could have been workshopped – some healthy discussion/debate on some of the issues raised would have been beneficial.

5. What are the main points you will take home from today's workshop?

need for them.

- The Eyre package is not ready to use with Medical Director and it needs much more development. I'm not sure how much patient history from MD can be used. We also cannot we it until it recognises the MD address book.
- Poor understanding of relevance of IT/IM to good clinic.
- Keep at it. Keep it simple. Encouraging practice nurse/coordinator role.
- Eyre care will not be introduced locally without more development and staff training.
- We are going pretty well.
- Helen's discussion – admin help in practices. Finding the gaps program – useful role for divisions and PCP that has immediate focus for GPs. ie. PCP can be practical.
- Benefits of employing a nurse for health visits.

6. Please rate the likelihood that you will you put some of your learning from today into practice on a scale of 1 (low) to 10 (high)?

1	2	3	4	5	6	7	8	9	10
		3		2	5	**10**	**12**	2	3

7. Please identify any barriers that might prevent this

- Need to develop clear models relevant to patients and GPs.
- Lack of funding in current budget for promoting these new things.
- Interest in GPs to be involved in PCP. GPs having difficulty using/understanding software program.
- GP interest levels.
- More support required promoting, educating and implementing Eyre care to interested GPs.
- Engaging practice managers time.
- GPs again being bombarded by academics and PCP. Make things useful for them then they will come to the party.
- Funding, acceptance by all parties.
- Delay at software release.
- GP members time constituent and then resource.

8. Please rate on a scale of 1 (low) and 10 (high):

	1	2	3	4	5	6	7	8	9	10
Your interest in the subject matter				2	1	2	3	**9**	**8**	**13**
The level at which participants could contribute	1	1	1	5	2	**9**	**6**	**10**	3	2
The relevance of the subject matter to your situation			1	1	1	2	**8**	**6**	**8**	**11**
The coverage of relevant issues		1		3	2	4	**10**	**6**	**6**	**4**
The quality of facilitation				1	**7**	**3**	**8**	**9**	**3**	**6**
The suitability of the venue			1	2	5	3	5	**8**	**5**	**9**
The size of the group (your level of satisfaction with this)			1	3	4	**7**	**6**	**5**	2	8

General Comments:

- Some of the speakers were better than others – with more interesting presentations. On the whole it was a good day and more updates like this would be appreciated.

- Need to discuss how EPC can be marketed, performed at a quality process.
- Bit large for some / Prefer smaller groups.
- An excellent day well worth attending.
- Excellent

10. What if any suggestions do you have for improving future sessions?

- More time for general discussion of the issues, which arise from the talks/sessions. If it were more interactive there would be lots of problems solved.
- Workshop and specific identifications.
- Generate more debates on critical issues.
- Keep venue out at the central location.
- More interactive.
- Keep it up.
- No more theory.
- Practical implementation of CP/CC/MA.
- Thank you for you support.
- Very long day – too much sitting and listening.
- Venues close to the railway station. Eg. Monash Conference Centre of Queen Vic Centre.

ATTACHMENTS 2& 3

A hardcopy of *Attachment 2 Manual of Resources Developed by Victorian Divisions & Attachment 3* May 2001 Statistics accompany this report

Helen Efthimou
HIC
460 Bourke Street,
Melbourne 3000
13th July 2001

Dear Ms Efthimou,

Request for addition to Statistics Products

Thank you for the work undertaken, to deliver high quality information products, to the divisions of general practice. The products that you are delivering are targeted at a divisional level and will assist in program planning and evaluation of the effectiveness of divisional programs.

As a state based organisation (SBO) there is a need to view the progress of divisions and have a Statewide perspective. In the area of Enhanced Primary Care the role of divisions has been to provide education and support to GP members around the utilisation of 28 EPC MBS Item numbers. Regular review by SBOs of EPC item number uptake statistics is critical in evaluating the effectiveness of the divisions education and support program.

As an SBO we have collated EPC uptake statistics in meaningful categories, which has assisted in evaluating the effectiveness of the support we are providing to divisions. The process of collating these statistics has been to manually derive the relevant groups of statistics. This process is time consuming and open to error. A copy of the statistics package that we produce is attached for your perusal. These statistics grouped in this way are used widely by divisions, to look at their progress compared with other divisions in the state. Also these statistics have been utilised in developing our strategic and business plan. In addition these statistics are used at various statewide planning forums including work with the Department of Human Services in the Primary Care Partnerships, Hospital Demonstration Projects and in planning around GP involvement with Residential Aged Care Facilities.

We are interested in whether it would be possible for HIC to aggregate MBS statistics by Divisions by state. For example an option could be to have a drill down option for the state and the reports to then list the divisions in the state. This is the level of aggregation, which appears to be a gap in HIC products. In addition tailoring reports on the 28 Enhanced Primary Care Item numbers as the GPDV statistics attached would be most useful. The infrastructure investment in allowing aggregation by division by state will be relevant to MBS based programs currently in development such as new counselling items, asthma 3 point plan, and the domiciliary medication review sets of items.

Please do not hesitate to contact me should you require further explanation of this request.
Yours sincerely,

Rosemary Fenech
Enhanced Primary Care Coordinator
Enc.

ATTACHMENT 5

VACGP Subcommittee on GP Education and Training for EPC

Tuesday 15 May 2001 at 4 pm
GPDV, 3rd Floor, 458 Swanston Street, Carlton

~ Minutes ~

Chairperson: Lenora Lippmann, GPDV

Present:

Rhonda Brown (DH&AC)
Lenora Lippmann (GPDV)
Rosemary Fenech (GPDV)
Andrew Kallaur (DH&AC)
Pier de Carlo (VHA)
Dr John Stanton (DHS)
Karen Large (DH&AC)
Dr Peter Waxman (Central Bayside Division)
Dr Rob Currie (North East Valley Division)
Sonya Tremellen (GPDV)
Derryn Wilson (MAV)

Apologies:

Catherine Elvins (VHA), Brian Joyce (DHS), Janine Cramond (RDNS)

In attendance:

Graham Clark (GPDV)

1. EPC workshops for DHS funded sector

John Stanton briefed the meeting on the status of the DHS funded EPC workshops:

- DHS have advertised for a Project Officer and interviews for the position took place on Friday 18 May
- The plan is to undertake 32 workshops ie one workshop for each Primary Care Partnership
- The workshops to be completed by end of year
- GPs to be present at each workshop
- Senior staff to be brought on board
- Primary Practitioners to be targeted

Pier raised that there are many practitioners at the PCP level. For example ISIS Primary care is one provider in the West Bay PCP and may have over 100 practitioners.

Peter Waxman pointed out that he does not believe the workshops alone will be effective, and reported on the Divisions work with agencies to engage GPs in their Care Planning activity.

Rob Curie reported that Northern Division, NE Valley & Northern Melbourne Divisions have come up with a common Allied Health presentation and they are doing joint planning around providing education to Community Health & RDNS is their region. It is seen as important to draw on the knowledge of the GP trainers in the divisions.

2. EPC Forum

It was decided that it was still too early to have a Statewide EPC Forum, as there is little to showcase right now.

3. Carelink

Rhonda Brown from the Department of Health & Aged Care, Aged Care Branch, reported on the National launch of the Commonwealth Care Link Centres and the 1800 number, by Minister Bronwyn Bishop. Rhonda distributed a document entitled "Commonwealth Carelink Centres - Victoria" and Commonwealth Carelink Centres brochures. Commonwealth Care Link Centres are an information and referral service only. Rhonda reported that a database has been set up which includes divisions and GPs as well as other aged care providers. The Care Link database is very similar to those being set up by the PCPs. The Commonwealth is aware of this overlap and will encourage a collaborative and integrated approach.

Derryn Wilson from MAV suggested that the information collected by the Care Link Centres would be useful to local government for planning purposes. Karen Large to follow up what information will be collected by the Care Link Centres.
See attachment for answer to queries raised.

4. National and State Evaluation

Lenora Lippmann reported on the progress of the State Evaluation. Roy Batterham is preparing an evaluation brief for GPDV. The National Evaluators have been appointed by the Commonwealth but are yet to be announced. The State evaluation will complement the National Evaluation, which will focus particularly on the "Train the Trainer" and document emerging models in the state.

John Stanton queried whether the items were making a difference to health outcomes. The National Evaluation will look at the impact of the items in addition to the evaluation of the GP Education, Support and Community Linkages component. Peter Waxman suggested patient satisfaction, as a measure of quality. This was discussed and seen as a difficult view to measure.

5. Demonstration Projects

Lenora Lippmann reported that GPDV, DHS & DH&AC have developed a Demonstration Project on the use of the EPC Items in the Acute Sector. Submissions are sought from hospitals and divisions. These submissions should go out within the next four weeks.

6. Uptake Statistics

Rosemary Fenech distributed EPC uptake statistics, which has been prepared by GPDV in relevant categories by divisions. These statistics were discussed.

7. GPDV EPC Plan for 2001-2002

The sub committee discussed the GPDV Plan for the EPC Program for 2001-2002. Copy of the plan can be provided on request.

Next Meeting

The VACGP Sub-committee meeting will be convened on a quarterly basis.
Meeting dates for 2001 are:
Tuesday 21st August 2001 & Tuesday 13 November 2001.

Attachment to Minutes from May 2001 VACGP Subcommittee Meeting

CARE LINK CENTRES

Answers to queries raised at VACGP sub committee meeting 15th May 2001

ACCESS

While Carelink Centres are being promoted primarily to the aged population, the program is available to all Australians to obtain information on community, health and aged care services.

DATA COLLECTION

Carelink Centres are required to collect a range of information, but at the moment there are system problems, which mean that the centres are unable to deliver the monthly activity reports required by the funding contract. We have arranged with the Aged and Community Care Program to discuss release of non-sensitive data once reports become available.

PROMOTION OF CARELINK CENTRES

Information kits will be sent to all GPs, pharmacies and local councils. We are waiting for brochures to be printed. Included in the kit will be a letter from the Minister outlining the program and encouraging patients and service providers to use the service, as well as directing them to their local Commonwealth Carelink Centre for further stocks of promotional materials such as the poster, brochure, fridge magnet, sticker, fact sheet, location of shopfronts. Each kit will contain a selection of each promotion item.

CONTACT

There is a statewide network of Carelink providers. The contact person for the network is:

Brett Eastwood
Coordinator
Commonwealth Carelink Centre
Loddon Mallee Region
Phone: 03 5444 6236
Mobile: 0418 510 030
E-mail: eastwood@bendigohealth.org.au

ATTACHMENT 6

A hardcopy of *Attachment 6: State Evaluation Brief accompanies this report.*

ATTACHMENT 7

Educational Activities Undertaken by Victorian Divisions

April 2001 to June 2001

	North West Melbourne	Western Melbourne	Westgate	Dandenong	Mornington	Melbourne	Northern Melbourne	Whitehorse	Geelong	North East Valley	Central Highlands	North East Victoria	Southcity GP Services	Otway	Greater South East	Inner Eastern Melbourne	Knox	West Vic	Central Bayside	Goulburn Valley	Monash	Central West Gippsland	Mallee	Ballarat	East Gippsland	Border	Murray Plains	South Gippsland	Yarra Valley	Bendigo	Sherbrooke/Pakenham	
Division Number	*307*	*306*	*305*	*315*	*316*	*301*	*308*	*310*	*317*	*302*	*318*	*319*	*304*	*324*	*311*	*303*	*314*	*330*	*313*	*327*	*312*	*323*	*332*	*325*	*328*	*329*	*331*	*322*	*320*	*326*	*321*	
Membership	*312*	*235*	*58*	*248*	*205*	*NA*	*312*	*309*	*160*	*379*	*91*	*110*	*257*	*107*	*162*	*287*	*163*	*62*	*255*	*54*	*163*	*96*	*55*	*92*	*59*	*84*	*92*	*52*	*140*	*82*	*64*	*42*
Eligible Membership (from GPDV database)	*406*	*221*	*150*	*260*	*220*	*NA*	*188*	*340*	*210*	*234*	*152*	*110*	*331*	*110*	*187*	*340*	*260*	*63*	*487*	*85*	*125*	*96*	*58*	*92*	*67*	*79*	*47*	*53*	*145*	*86*	*34*	*49*
Number of Educational Activities	*8 (2+6 AD)*	*14 (5+9 AD)*	*1*		*3*	*17 (9+8 AD)*	*2*	*16 (2+14 AD)*		*3 (2+1 AD)*	*2*	*0*	*12 (2+10 AD)*	*na*	*2*	*6 (2+4 AD)*		*14 (13+1 AD)*	*22 (4+18 AD)*	*7 (1+6 AD)*	*14 (5+9 AD)*	*3*	*10 (1+9 AD)*	*3*		*6*	*3*		*6 (4+2 AD)*	*15 (2+13 AD*	*6 (1+5 AD)*	***1***
Number of:																																
Consumers	-	-	-		-	-	-	-		-	-	-	*15*	-	-	-		-	-	-	-	-	-	-		-	-		-	-	-	***1***
Hospital Staff	-	-	-		-	*15*	-	-		-	-	-	-	-	-	-		-	-	-	-	-	-	-		-	-		-	-	-	***2***
Nurses	-	-	-		-	-	-	-		-	-	-	-	-	-	-		-	-	-	-	-	-	*1*		*10*	-		-	-	-	***1***
Optometrists	-	-	-		-	*1*	-	-		-	-	-	-	-	-	-		-	-	-	-	-	-	-		-	-		-	-	-	***1***
Pharmacists	-	-	-		-	-	-	-		-	-	-	-	-	-	-		*11*	-	-	-	-	-	-		-	-		-	-	-	***1***
Total Number of: Other Health Provider Participants	*0*	*45*	*0*		*0*	*49*	*0*	*c40*		*34*	*10*	*0*	*15*	*21*	*13*	*22*		*43*	*0*	*6*	*38*	*1*	*2*	*18*		*23*	*6*		*46*	*92*	*5*	***52***
Number of:																																
GPs	*54**	*49*	*5*		*8*	*c137*	*41*	*23*		*2*	*21*	*0*	*24*	*15*	*15*	*0*		*43*	*51*	*9*	*57*	*4*	*18*	*1*		*1*	*19*		*14*	*23*	*5*	***63***
Practice Managers	*0*	*10*	*0*		*0*	*13*	*0*	*4*		*0*	*0*	*0*	*14*	*20*	*0*	*0*		*18*	*1*	*3*	*0*	*1*	*0*	*0*		*0*	*3*		*1*	*5*	*8*	***10***
Practice Nurses	*0*	*17*	*0*		*30*	*13*	*1*	*1*		*2*	*8*	*0*	*5*	*0*	*2*	*0*		*12*	*42*	*1*	*24*	*10*	*0*	*0*		*1*	*8*		*6*	*2*	*2*	***18***
Practice Staff	*0*	*0*	*0*		*0*	*0*	*0*	*0*		*0*	*0*	*0*	*0*	*0*	*0*	*8*		*16*	*0*	*1*	*0*	*0*	*0*	*0*		*0*	*0*		*0*	*0*	*0*	***2***

	North West Melbourne	Western Melbourne	Westgate	Dandenong	Mornington	Melbourne	Northern Melbourne	Whitehorse	Geelong	North East Valley	Central Highlands	North East Victoria	South City GP Services	Otway	Greater South East	Inner Eastern Melbourne	Knox	West Vic	Central Bayside	Goulburn	Monash	Central West Gippsland	Mallee	Ballarat	East Gippsland	Border	Murray Plains	South Gippsland	Yarra Valley	Bendigo	Sherbrooke/Pakenham	
ivision Number	307	306	305	315	316	301	308	310	317	302	318	319	304	324	311	303	314	330	313	327	312	323	332	325	328	329	331	322	320	326	321	
ocus of Training:																																
All Items	✓	✓	✓			✓	✓	✓					✓	✓		✓		✓	✓	✓	✓	✓	✓	✓		✓			✓		✓	
Care Planning					✓					✓	✓				✓															✓		
Case Conferences										✓	✓																✓			✓		
Health Assessments					✓																											
ype of Educational ctivity Undertaken:																																
Academic Detailing	✓	✓	✓			✓	✓	✓										✓	✓	✓			✓							✓		✓	
Case Study	✓	✓	✓		✓	✓	✓				✓				✓			✓	✓		✓	✓		✓			✓		✓	✓		
Practice Manager's Meeting														✓																		
Practice Staff Training	✓	✓	✓		✓	✓										✓			✓			✓							✓		✓	
Presentation	✓	✓	✓		✓	✓	✓	✓		✓	✓		✓	✓	✓			✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	✓	
Residential Age Care Facility Staff Training										✓					✓						✓											
Small Group Discussion			✓		✓	✓	✓	✓		✓			✓	✓	✓	✓		✓	✓	✓	✓	✓		✓		✓	✓		✓	✓	✓	

	North West Melbourne	Western Melbourne	Westgate	Dandenong	Mornington	Melbourne	Northern Melbourne	Whitehorse	Geelong	North East Valley	Central Highlands	North East Victoria	South City GP Services	Otway	Greater South East	Inner Eastern Melbourne	Knox	West Vic	Central Bayside	Goulburn	Monash	Central West Gippsland	Mallee	Ballarat	East Gippsland	Border	Murray Plains	South Gippsland	Yarra Valley	Bendigo	Sherbrooke/Pakenham	
ivision Number	307	306	305	315	316	301	308	310	317	302	318	319	304	324	311	303	314	330	313	327	312	323	332	325	328	329	331	322	320	326	321	
this part of the Division's rogram area?																																
Aged Care										✓			✓		✓	✓				✓	✓			✓					✓			
Asthma														✓																		
Breast Cancer											✓																					
Clinical Audit Trial																							✓									
Consumer Liaison																																
Chronic Obstructive Pulmonary Disease	✓	✓																														
Cardiovascular Disease							✓				✓				✓														✓	✓		
Diabetes														✓								✓		✓			✓		✓	✓		
Drug and Alcohol																		✓														
EPC Items	✓	✓	✓		✓	✓	✓	✓		✓			✓	✓		✓		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	
Gambling						✓																										
GP/hospital		✓																		✓				✓					✓	✓		
GP Services																																
Information Technology										✓																			✓	✓		
Maternal & Child Health								✓																								
Mental Health								✓						✓				✓											✓	✓		
NECC																																
Pain Management											✓																					
Palliative Care																																
Pharmacy																		✓														
Practice Support			✓								✓							✓			✓	✓					✓		✓	✓	✓	
Primary Care Partnership																			✓				✓									
QUM																					✓											
Rehabilitation																				✓												
Other. Please detail																																

CIAL NOTES

Take care not to include the 13 GPs under Event 1 in North West in the information for Western and Westgate.

ATTACHMENT 8

EPC Educational Activities Cumulative Totals	North West	Western	Westgate	Dandenong	Mornington	Melbourne	Northern	Whitehorse	Geelong	North East Valley	Central Highlands	North East	Southcity GP	Otway	Greater South	Inner Eastern
Membership	312	235	58	248	205	322	312	309	160	379	91	110	257	107	162	287
Eligible Membership	406	221	150	260	220	635	188	340	210	234	152	110	331	110	187	340
Number of Educational Activities																
April to June 2000	1	1	0	1	0	6	1	3	36	3	0	1	1	3	0	1
July to September 2000	1	1	1	2	2	1	2	6	1	3	3	2	8	3	0	9
October to December 2000	2	3	2	2	1	21	1	4	4	2	3	4	5	5	2	2
January to March 2001	0	3	0	14	2	11	1	6	na	0	2	0	1	6	1	4
April to June 2001	***8***	***14***	***1***		***3***	***17***	***2***	***16***		***3***	***2***	***0***	***12***	***???***	***2***	***6***
Totals	***12***	***22***	***4***	***19***	***8***	***56***	***7***	***35***	***41***	***11***	***10***	***7***	***27***	***17***	***5***	***22***
Number of GPs																
April to June 2000	33	13	0	35	0	62	33	1	126	185	0	12	42	4	0	23
July to September 2000	22	8	15	27	24	150	53	37	4	87	21	17	48	7	0	57
October to December 2000	25	30	11	6	5	26	29	76	65	6	13	16	46	67	56	27
January to March 2001	29	18	9	46	5	11	18	20	na	0	0	0	13	10	2	3
April to June 2001	***54***	***49***	***5***		***8***	***137***	***41***	***23***		***2***	***21***	***0***	***24***	***15***	***15***	***0***
Totals	***163***	***118***	***40***	***114***	***42***	***386***	***174***	***157***	***195***	***280***	***55***	***45***	***173***	***103***	***73***	***110***
Number of Practice Nurses																
April to June 2000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
July to September 2000	0	0	0	0	4	0	0	12	0	0	5	0	3	5	0	2
October to December 2000	0	0	0	2	0	6	0	41	5	0	18	22	0	0	27	0
January to March 2001	0	0	0	1	0	2	0	5	na	0	0	0	0	0	0	1
April to June 2001	***0***	***17***	***0***		***30***	***13***	***1***	***1***		***2***	***8***	***0***	***5***	***0***	***2***	***0***
Totals	***0***	***17***	***0***	***3***	***34***	***21***	***1***	***59***	***5***	***2***	***31***	***22***	***8***	***5***	***29***	***3***
Number of Practice Managers																
April to June 2000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
July to September 2000	0	0	0	0	4	12	1	11	0	0	0	12	1	1	0	4
October to December 2000	0	0	0	2	0	3	0	4	3	0	1	0	27	0	29	2
January to March 2001	0	0	0	0	0	0	0	3	na	0	0	0	0	0	0	0
April to June 2001	***0***	***10***	***0***		***0***	***13***	***0***	***4***		***0***	***0***	***0***	***14***	***20***	***0***	***0***
Totals	***0***	***10***	***0***	***2***	***4***	***28***	***1***	***22***	***3***	***0***	***1***	***12***	***42***	***1***	***29***	***6***
Total Number of Other Health Providers																
April to June 2000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
July to September 2000	0	2	0	6	35	0	0	20	0	3	3	0	4	0	0	1
October to December 2000	0	3	3	19	0	0	0	43	28	10	2	29	0	0	6	7
January to March 2001	0	0	0	0	25	25	0	0	na	0	13	0	0	2	0	25
April to June 2001	***0***	***45***	***0***		***0***	***49***	***0***	***c40***		***34***	***10***	***0***	***15***	***21***	***13***	***22***
Totals	***0***	***50***	***3***	***25***	***60***	***74***	***0***	***c103***	***28***	***47***	***28***	***29***	***19***	***2***	***19***	***55***

EPC Educational Activities Cumulative Totals	Knox	West Vic	Central Bayside	Goulburn Valley	Monash	Central West Gippsland	Mallee	Ballarat	East Gippsland	Border	Murray Plains	South Gippsland	Yarra Valley	Bendigo	Sherbrooke/Pakenham	TOTAL
Membership	163	62	255	54	163	96	55	92	59	84	92	52	140	82	64	**4,271**
Eligible Membership	260	63	487	85	125	96	58	92	67	79	47	53	145	86	34	**4,947**
Number of Educational Activities																
April to June 2000	2	3	1	0	1	0	1	0	0	1	20	1	0	2	1	
July to September 2000	9	3	3	0	3	1	3	5	na	3	2	3	1	2	3	
October to December 2000	2	9	3	1	3	1	2	6	3	3	2	3	6	na	2	
January to March 2001	8	3	7	11	7	4	2	0	4	13	1	2	3	3	2	
April to June 2001		***14***	***22***	***7***	***14***	***3***	***10***	***3***		***6***	***3***		***6***	***15***	***6***	
Totals	***21***	***32***	***36***	***19***	***28***	***9***	***18***	***14***	***7***	***26***	***28***	***9***	***16***	***19***	***14***	***602***
Number of GPs																
April to June 2000	40	25	20	0	20	0	8	0	0	17	25	28	0	16	7	
July to September 2000	36	9	39	0	34	11	31	0	44	39	21	2	12	3	7	
October to December 2000	92	22	17	20	38	0	36	31	na	0	4	26	62	26	6	
January to March 2001	42	10	25	26	17	10	13	0	22	25	0	7	2	0	6	
April to June 2001		***43***	***51***	***9***	***57***	***4***	***18***	***1***		***1***	***19***		***14***	***23***	***5***	
Totals	***210***	***109***	***152***	***55***	***166***	***25***	***106***	***32***	***66***	***82***	***69***	***63***	***90***	***45***	***31***	***3,529***
Number of Practice Nurses																
April to June 2000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	
July to September 2000	0	0	21	0	3	0	0	0	0	1	23	1	0	0	1	
October to December 2000	19	10	47	1	0	0	0	0	0	0	4	9	0	0	3	
January to March 2001	5	1	20	3	27	1	4	0	0	20	0	1	1	14	2	
April to June 2001		***12***	***42***	***1***	***24***	***10***	***0***	***0***		***1***	***8***		***6***	***2***	***2***	
Totals	***24***	***23***	***130***	***5***	***54***	***11***	***4***	***0***	***0***	***22***	***35***	***11***	***7***	***16***	***8***	***590***
Number of Practice Managers																
April to June 2000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	
July to September 2000	0	2	0	0	1	0	11	0	12	1	20	1	0	0	2	
October to December 2000	19	4	5	0	0	0	28	0	0	0	2	3	11	0	3	
January to March 2001	2	1	0	4	0	1	10	0	19	0	22	0	1	0	1	
April to June 2001		***18***	***1***	***3***	***0***	***1***	***0***	***0***		***0***	***3***		***1***	***5***	***8***	
Totals	***21***	***25***	***6***	***7***	***1***	***2***	***49***	***0***	***31***	***1***	***47***	***4***	***13***	***5***	***14***	***387***
Total Number of Other Health Providers																
April to June 2000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	
July to September 2000	0	2	2	0	0	0	17	12	21	2	0	0	1	22	31	
October to December 2000	70	2	0	50	2	16	6	12	56	30	0	4	7	0	2	
January to March 2001	24	11	0	46	2	0	0	0	80	0	0	13	15	30	4	
April to June 2001		***41***	***0***	***6***	***38***	***1***	***2***	***16***		***20***	***6***		***46***	***92***	***5***	
Totals	***94***	***56***	***2***	***102***	***42***	***17***	***25***	***40***	***157***	***52***	***6***	***17***	***69***	***144***	***42***	***1,407***

ATTACHMENT 9

EPC Community Linkages

(April 2001 to June 2001)

	Aboriginal Health Services	Aged Care Assessment Team	Community Health Centres	Consumer Groups	Coordinated Care Trials	Local Government	Mental Health Providers	Linkages Services	Self Help Groups	Hospitals	Pharmacy	Primary Care Partnership	RDNS/Local Nursing	Other Services
Dissemination of RACGP Kit *If available please attach list*	7	4	8	2	1	3	6	3	1	11	4	9	8	4
Help Desk	4	4	12	4	0	5	7	2	1	7	1	6	4	3
Face to face meetings	8	3	12	7	3	5	13	3	1	17	7	16	10	9
Information Sessions	3	3	10	5	1	5	7	2	0	12	4	9	6	5
Involvement in CME activities	0	2	6	2	2	0	1	0	0	3	2	2	4	3
Development of Protocols	1	1	2	1	1	1	2	1	0	6	0	6	1	1
Other	1	2	3	4	0	1	2	0	0	2	0	1	2	0
COLUMN TOTALS	24	19	53	25	8	20	38	11	3	58	18	49	35	25
Number of Divisions	10	6	16	10	6	8	16	6	1	20	8	20	13	10