Enhanced Primary Care

GP Education Support and Community Linkages Program

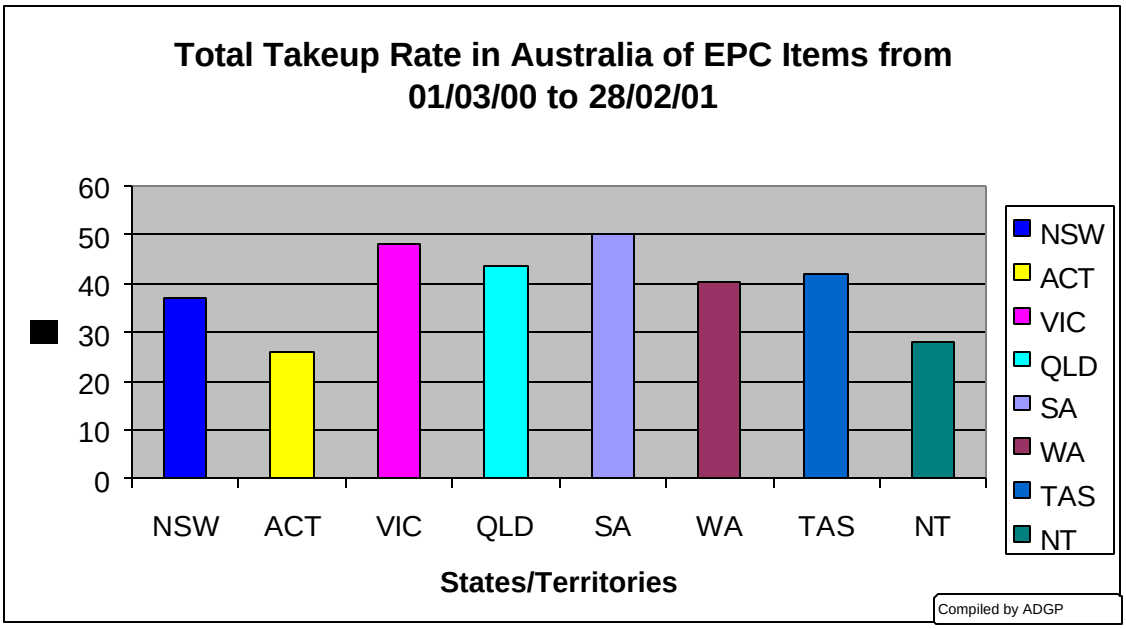
Quarterly SBO Report

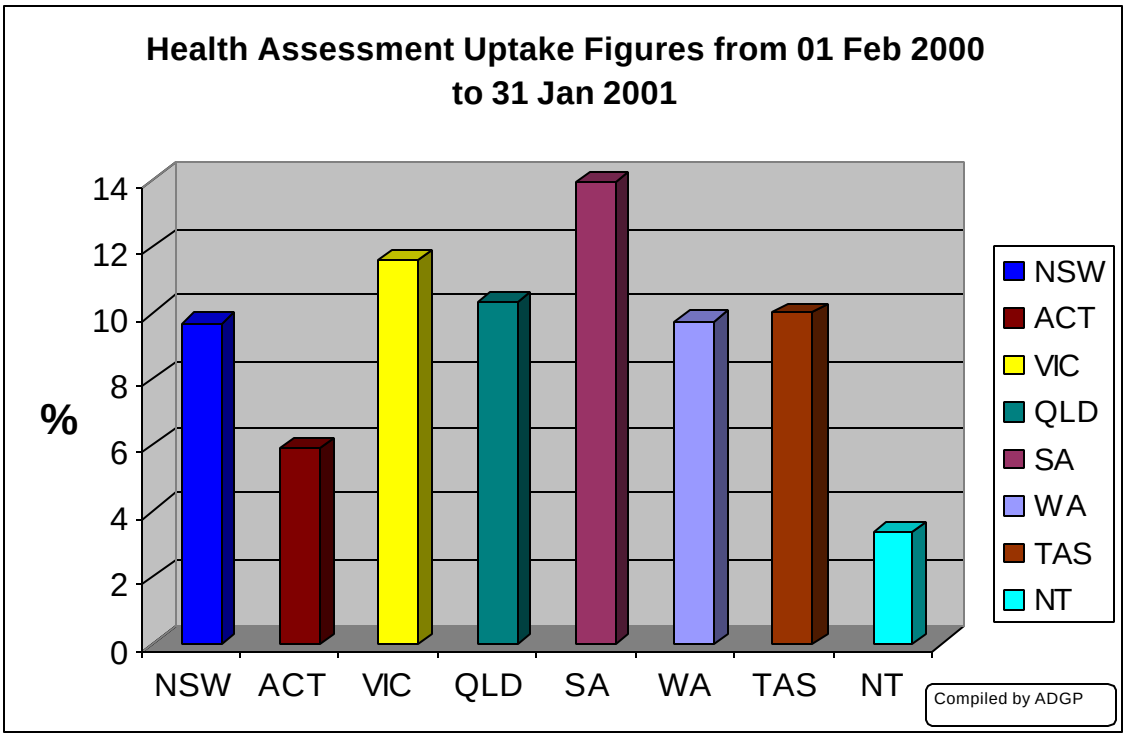
1st January to 31st March 2001

Contents

1. Progress to date

Interest in the EPC MBS Item numbers continues to increase in Victoria over a 12-month period. 48% of GPs in Victoria have used the EPC items in the last 12 months. The uptake of Health Assessments by over 75s population in Victoria is amongst the highest with about 11.5% of over 75s receiving a Health assessment for a twelve month period up to the 31st of January 2001. The state office of the DH&AC are assisting GPDV in obtaining information regarding the population of over 75s who are residents of Residential Aged Care Facilities as this population is not eligible for a Health Assessment. This will assist to obtain a more accurate picture of the true eligible population. The absence of Veterans statistics also needs to be considered when reviewing the uptake statistics as the Department has omitted these figures.





2. Workshops

GPDV offered divisions the opportunity to participate in three Training Skills Workshops in the first quarter of the year. GPDV worked closely with David Ellis from Response Training and consulting in developing the workshops. The workshops targeted both the GP trainer and the EPC division worker (trainer) in promoting a partnership approach to EPC training. In total 26 divisions were represented by 24 program staff and 20 GP trainers. As they were skills development workshops three sessions were offered. One of the sessions was held in Dandenong and two in the city. Initially one of the sessions was offered in Ballarat but there was poor response from members.

The objectives of the training were to:

- To review and debrief about the training activities you have undertaken.
- To develop methods for designing effective training sessions, suitable for your audience.
- To identify training strategies that effectively engage the audience, increase their active participation and manage any challenging behaviour.
- To experience a range of training strategies relevant to Care Planning and Case Conferencing.
- To investigate and apply a range of presentation techniques and approaches.

On the whole participants felt that GPDV met these planned objectives.

Further detail of the evaluation can be found in attachment 1.

3. Information Management

GPDV has prepared Statistics for Divisions and other stakeholders. A package of statistics has been included for your reference as attachment 5 to this report. The topics covered in this range are as follows:

- GP uptake of Items (12 month period)
- GP Uptake of Items – monthly Estimated Uptake
- Percentage of Over 75s who have had a health assessment
- Uptake Statistics for Items relating to Residential Aged Care Facilities
- EPC Uptake Statistics for Community Sector related items
- EPC Uptake Statistics for Hospital Related MBS Items
- EPC Uptake Statistics for Items relating to Aboriginal and Torres Strait Islanders

The statistics are being represented in this way in order to identify trends for example, divisions

population. These statistics help to inform possible good models, which are emerging, and also assists in targeting educational activities both for GPDV and for divisions. In addition the statistics assist divisions to benchmark their performance in relation to other like division around possible program areas for example Aged Care and Hospital integration. A package of these statistics has been provided to divisions, and stakeholder members of the VACGP sub committee. They can also be viewed on the GPDV EPC website.

GPDV would like the Commonwealth to address the exclusion of Department of Veteran's Affairs in the statistics. North East Valley division has asked GPDV to follow up the inaccurate uptake statistics in the Care Planning Items which has been reported by board members. A possible reason for this inaccuracy could be the exclusion of Veterans.

4. VACGP Sub Committee

The VACGP Sub Committee did not meet in the January to March 2001 Quarter. A meeting is scheduled for the 15th of May 2001.

5. Activities undertaken by EPC Coordinator

The first quarter of 2001 represented a challenging month for the EPC Coordinator. The main projects undertaken were the development and delivery of 3 training skill workshops, working closely with other team members and the facilitator David Ellis. The main challenge was to continue to work whilst recovering from an accident where a shoulder injury inhibited the ability to drive for at least one month. Necessary appointments were kept by using of alternative transport. Significant assistance was provided to East Gippsland division in this period in developing and presenting at regional EPC Care Planning workshops in Sale and Bairnsdale. Approximately 60 participants attended each session with about 20 GPs and 40 allied health providers from various community agencies. Assistance was also provided to Goulburn Valley division in providing a presentation to a regional workshop and to Murray Plains Division in addressing a practice manager's forum. The coordinator provided significant assistance to Mallee division and facilitated the provision of a GP trainer Philip Hegarty to provide EPC education at both Mildura and Swan Hill.

The GPDV conference was held in the first quarter with significant work delegated to consultants in convening a concurrent session and preparing speakers. Work began on the State Evaluation of EPC by commissioning Roy Batterham to prepare an evaluation brief. Attendance and contribution was given to the practice nurse project advisory committee. A combined visit to Geelong Division was undertaken with the division's consultant and mental health consultant.

6. Educational Activities Undertaken by divisions

Victorian divisions have reached 389 GP members in this period by offering 121 educational activities. 61 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, 407 educational EPC activities have been provided to the equivalent of 2913 GP units (please note that more than one activity may have been provided to a GP).

108 practice nurses and 69 practice managers have been reached in this quarter bringing the overall total to 403 and 306 respectively. 906 other health providers have also been reached since the start of the program (203 in this quarter). 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 1. 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.

7. Development of Community Linkages

The organisations that divisions are building relationships with remain fairly consistent for this period compared with the September to December 2000 quarter. Key organisations remain to be Community Health Centres, Mental Health Services, Hospitals, Primary Care Partnerships and RDNS.

Yarra Valley report stated that “Most agencies have more than welcomed the development of the new items and are overjoyed at GP involvement. Training and information activities have been warmly and enthusiastically received by these agencies.”

Central Bayside has stated that “issues of trust and influence will always be present. The EPC items strengthen the GPs role in this area, some agencies really wonder if GPs will make good care planners. There is however mutual benefit for GPs around the contribution to a care plan. The GP gets paid for work that is usually unpaid and the agency receives relevant information from the GP to assist with developing an Individual service plan.

Detailed lists of the contacts divisions have had are available in attachment 3 EPC Community Linkages document.

8. Local barriers

Practice Capacity

The issue of time remains a constant barrier to uptake, particularly for solo practices. Divisions report the availability of a Practice Nurse dedicated to assisting the GP use the items as a critical barrier. The use of all of items requires significant change to General Practice. Divisions recognise that providing an education session is insufficient to creating an EPC friendly environment. GPDV will continue to address what divisions can do to address Practice issues and in particular will dedicate a session in the IM in primary care workshop on the 5th of May to "creating an EPC friendly practice". Speakers who have been identified who will show case their work in this area are Mary Matthews regarding the Practice Nurse Research, Graeme Fletcher around the Readiness for Care Planning Index, and Helen Yaacoub on her work at Blackburn Clinic.

how to set up practices to do health assessments systematically.

Item Detail

There are still details about the rules of the use of the items, which remain, unclear and logistically difficult to address. GPDV would like to undertake member consultation as part of the next post implementation review regarding changes to guidelines, which may overcome some of these barriers. Divisions have reported a lack of clarity around who can be involved in a care plan, as the RACGP guidelines provide a list of providers that, 'include those listed'.

Bendigo division have reported struggles they have had with the HIC around seeking clarification regarding GPs seeking 'agreement to provide a service' when the service is currently being provided (as in the case of preparing a care plan for an ongoing patient)". Also when they are referring to a specialist and they know that the specialist will provide the service or in the case of referral to a team when the individual providing the service is not known. GPDV is aware that this issue has gone to GP Branch for clarification and that the response may not be adequate. This issue will be investigated further with the division.

9. Local enablers

Good Health Outcomes/ Financial Benefits to GPs

Divisions report that financial benefits alone is not such a good motivator for GPs. Coupled with reports of good health outcomes for patients, is however reported as well received. The introduction of PIP payments has been reported as "definitely aroused interest in the new item numbers."

Linkages

The development of close links with service providers particularly with RDNS and ACAS is seen as important particularity for divisions with a high aged population. Other protocol development with specific services is an enabler. Examples of these are Eastern Palliative Care, Box Hill and Maroondah Hospitals in discharge case conferencing. Divisions have reported however that uptake of items remains low. This work is at early stages. A division reported that "many local area allied health teams especially those associated with Government funded agencies have welcomed the changes in GP practice and facilitated this process."

Practice Capacity

The building of capacity within the practice is seen as an enabler. Training offered to practice nurse to undertake health assessments and to practice managers demonstrating financial benefits for the practice is seen as a good complimentary approach.

GPDV has identified Practice Systems as an area to address in the next twelve months and has been included as a key area in their 2 plan. The proposed action is to develop a training module, train the trainer for divisions, and kit for divisions to run for practice staff, including practice nurses on

10. What divisions said they want GPDV to address

Issues of Quality

Knox division has expressed concern regarding complaints from the Diabetes Clinic managed by the division around the quality of care plans. The division had examples of Care Plans prepared by GPs, which had very little content and one example of a care plan, which included only one goal. GPDV will address this issue at a network meeting on the 10th of August, which will address issues of program indicators and program quality. Knox representatives discussed with the coordinator possible strategies for addressing this issue with the GP including a letter of reply requesting additional information. Other forums for this issue to be addressed will be with Fiona McCormack program worker at RACGP, working on the EPC clinical audit, as well as giving recommendations

advocate for a divisional voice in the next EPC Item Review. Consultation with SBOs and divisions was not undertaken for the November 2000 MBS review.

PCPs & EPC

A number of Divisions stated that they are unclear about the relationship between PCP and the EPC items. They want GPDV to give direction and guidance as to how GPs will be engaged by the primary care sector. GPDV will invite DHS GP Branch to the IM in Primary Care workshop on the 4th of May. Also, Sandra Biers & Rochelle Thomas from NE Vic division and Border divisions are invited to speak about the Hume PCP project. These division staff has been contracted by the PCP to provide a service coordination role, and to research the barriers for GPs in accessing services. GPDV is working closely with DHS around ensuring programs are complementary in Victoria.

Regional Network Meetings

GPDV has developed a regional north Western EPC network that meets quarterly. Monash division has expressed the need to be part of a regional network also. GPDV will further identify the need to establish regional networks in other areas. Regional networks are valuable as they provide a forum to look at strategically planning activities such as education sessions and work with hospitals, which may involve a number of divisions.

Eyre Care software

A number of Divisions have expressed interest in finding out more about the Eyre Care software. GPDV is liaising with ADGP regarding software development and will provide divisions with the opportunity to view software when it becomes available. *Software was launched in Victoria on the 5th of May at the IM in Primary Care Workshop*

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.

11. Divisions comments on GPDV support

Division's comments of GPDV support continue to be positive in both the standard activity reports and feedback in the workshop evaluation. Particular areas to note are;

Information Management

Many Divisions noted that they valued the statistics that GPDV prepares. One noted that uptake statistics of GPs using items is not particularly useful, suggestion of usage over time would be more

update is noted as valuable in particular with link to website.

Networking Opportunities

NorthWestern Divisions value the opportunity to meet as a regional network. Convening a network in the eastern suburbs is requested and will be addressed in the next quarter.

Training Skills Workshops

Were noted by a number of divisions as valuable in this quarter. One division stated that "the recent training skills for care planning and case conferencing has assisted to better plan the divisions activities in these areas.

Help Desk

Help desk provided by GPDV is noted by many divisions as highly valued.

Provision of GP trainer

Mallee Division reported that the presentations by Philip Hegarty were so well accepted it would be beneficial to follow up on these given that this division does not have a GP peer educator.

What is still needed?

Dissemination of information on initiatives Divisions have found effective in promoting uptake of items; information on development of protocols/how they are being implemented.

Request for GPDV to keep Divisions informed about any discussions occurring between GPDV and relevant peak bodies, as this may have implications at the local liaison level.

Support for the evaluation of programs (ie financial support was noted). A division stated that the information gained trough this process would contribute to the development of best-practice models within EPC.

Continued updates on the interpretation of the MBS are still needed.

12. GPDV Plan 2001

GPDV has met with DH&AC representatives to discuss the GPDV Implementation Plan for GP Education and support regarding Enhanced Primary Care MBS Items Year 2: April 2001 – April 2001. The plan was well received by DH&AC and will be implemented. See attachment 5.

EPC GP Trainer Workshops

Evaluation Report for January 2001 to March 2001

Workshop 1
Saville on Russell, 222 Russell Street, Melbourne
Saturday 24 February 2001

Workshop 2
Pastel's Sandown Regency, 477 Princes Highway, Noble Park
Saturday 3 March 2001

Workshop 3
Saville on Russell, 222 Russell Street, Melbourne
Saturday 24 March 2001

1. Attendance

Altogether a total of 44 people attended the 3 workshops.

A total of 44 evaluation forms have been returned.

Participants

Number of Divisions Represented	26
Number of EPC Program Workers	24
Number of GP Trainers	20

Facilitator

24 March 2001	David Ellis and Rosemary Fenech
24 February 2001	David Ellis, Rosemary Fenech and Lenora Lippman
3 March 2001	David Ellis and Gail Roberts

2. Objectives

How well do you think the objectives of the workshops were achieved? Please circle the rating you would give.

Options for responses are:
'Very well', 'Quite a lot', 'Somewhat', 'Not much', 'Not at all'.

Objective 1: To review and debrief about the training activities you have undertaken.

The average response to this question was 'Quite a lot'.

Objective 2: To develop methods for designing effective training sessions, suitable for your audience.

The average response to this question was 'Quite a lot'.

Objective 3: To identify training strategies that effectively engage the audience, increase their active participation and manage any challenging behaviour.

The average response to this question was 'Very well'.

Objective 4: To experience a range of training strategies relevant to Care Planning and Case Conferencing.

The average response to this question was 'Quite a lot'.

Objective 5: To investigate and apply a range of presentation techniques and approaches.

The average response to this question was 'Quite a lot'.

session on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest in the following table.

Session		Mean
Current Trends and Experience in EPC Training	Relevance	4.0 ✓
	Quality	3.7 ✓
	Format	3.7 ✓
Training Adult Learners	Relevance	4.3 ✓
	Quality	4.0 ✓
	Format	4.1 ✓
Presentation Skills with Groups	Relevance	4.2 ✓
	Quality	4.0
	Format	4.1
Planning and Designing Effective Training Sessions	Relevance	4.5
	Quality	4.0
	Format	4.0
Participation and Engagement Skills - Strategies for Managing	Relevance	4.5
	Quality	4.2
	Format	4.1
Training Strategies for Care Planning and Case Conferencing	Relevance	4.6
	Quality	4.0
	Format	4.0
Evaluating Training	Relevance	4.3
	Quality	4.0
	Format	3.9

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

Scale	6	7	8	9	10
Number of responses	1	2	12	10	18

Please specify some of the changes you intend to make to your training practice

Develop an EPC plan

Hopefully we can organise some training sessions for care planning using role plays

More prepared, know the audience, identify allies in audience

More time planning

Target practice staff too

More small group work

Different presentation styles

Use wider range of teaching tools

More learn by doing. Maybe do case studies during practice visits or help the GP draft a care plan for one of their real patients.

More time working with division staff in preparing session

Review equipment to ensure it works well and bring back up

Continue attention to detail and good planning

We had not planned a big CME event but now will – also investigate the possibility of a division nurse to assist

Introduce variety to presentation

To manage peoples involvement better

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

Different models suit different divisions

More self confidence to act as trainer

Be more positive in presenting information

Role play, dealing with difficult people. Excellent forum to exchange information

Need to do more practical type training

Need to integrate with current activities ie. diabetes and mental health programs

Need for proper structure and system to support the product

Validate participants

Tackle manageable issues ie. one EPC item at a time

Reinforced knowledge about EPC

Information about other divisions programs

Different presentation techniques

Variety of techniques to engage participants

How to deal with difficult participants

Interpersonal skills are very important to keep participants interest

Value in networking and talking with other trainers

Variety is important

Tools for engaging participants

I feel more confident to deal with disruptive participants

Good presentation skills are critical in delivering good education

Good preparation is essential

Be organised, be prepared for difficult participants

Reinforcement of presentation skills

Role-plays only work well if you have interested participants

Keep message simple and clear

There is a great deal of support and common experience

6. Please identify barriers that might prevent this

GP focus group member wishing it to go their path. Some GPs think all others should practice the same. This of course is not the reality.

GP barrier to new training methodology. Time is needed to get GPs used to new things

Time, fatigue

GP resistance to change in delivery

Motivating GPs

GPs not being interested in new teaching styles

GP trainers comfort and confidence in trying new approaches

The time consuming nature of the items

Confidence of trainer

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

Number of responses for each category

	5	6	7	8	9	10
Your interest in the subject matter	-	3	6	8	7	20
The level at which participants could contribute	1	2	4	6	13	16
The relevance of the subject matter to your situation	-	-	4	9	8	20
The coverage of relevant issues	3	1	5	10	13	13
Quality of facilitation	-	-	1	4	8	29
Suitability of the venue	1	-	2	4	8	28
The size of the group (your level of satisfaction with this)	-	-	-	2	13	29

Great day. Excellent presenter/facilitator. Good knowledge of EPC relevance

Excellent. No GP s from my division attended. Should have invited the new GP facilitator

Excellent forum

Very well organised, comfortable venue

A good day

Very helpful and motivating

I was hoping for more info about other kinds of activities eg. Time to explore the training issues involved in role-playing and discussion case studies. What makes a good case study? What makes a good role-play? Are their advantages in having a GP to present a real life case study? What about hypothetical?

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

More audiovisual training eg. with video taping of individual presenters.

Keeping the sessions small

More feedback maybe about our responses to the activities

Not too keen on Saturday sessions

Keep using David Ellis

More explanation on using case studies and other interaction strategies

Simpler case studies

Look forward to receiving the write up of the sessions

I don't think the role-play worked

9. What support resources would you like to see provided by GPDV in relation to this topic in the future?

Sharing of resources used by others

More information on other divisions work in EPC area - especially the successful ones

Tool kit of icebreakers

More case studies

More time on practical EPC information

Small group skill resource packs

Organising case conference

Training modules

Written information on results of today

A library of sample care plans for different disease states

Role-plays to use in the divisions CME

Some case studies, role-plays of how divisions are providing direct practical support to GPs re care planning

Full set of notes from today

Kits for role plays step by step instructions for the trainer

Providing a forum for allied health major organisations to express their experiences with GPs utilising these items

ATTACHMENT 2

ducational Activities undertaken by Victorian divisions

anuary 2001 to March 2001

	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 Valley	Monash	Central West Gippsland	Mallee	Ballarat	East Gippsland	Border	Murray Plains	South Gippsland	Yarra Valley	Bendigo	Sherbrooke/Pakenham	PRELIMINARY TOTAL
vision 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	
embership	312	280	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	51	140	82	50	
igible Membership	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	52	145	86	55	
ercentage of GPs in the vision who have rticipated in EPC aining?	45	34	13	31	30	18	34	45		42	27	29	16	75	15	31	44	79	38	50	30	22	66	40	25	50	60	60	100	95	22	
ercentage of Practices epresented	70	65	30	43	45	12	50	93		37	60	93	31	100	28	55	66	84	41	52	60	36	89	32	36	70	80	92	80	85	58	
umber of educational tivities	3			14 (1+13 AD)	2	11 (5+6 AD)	1	6AD		0	2	0	1	6AD	1	4	8	3	7 (1+6 AD)	11 (4+7 AD)	7 (2+5 AD)	4	2	0	4	13 (1+12 AD)	1	2	3	3	2	12
umber of:																																
GPs	29	18	9	46	5	11	18	20		0	0	0	13	10	2	3	42	10	25	26	17	10	13	0	22	25	0	7	2	0	6	38
Practice Nurses	0	0	0	1	0	2	0	5		0	0	0	0	0	0	1	5	1	20	3	27	1	4	0	0	20	0	1	1	14	2	10
Practice Managers	5	0	0	0	0	0	0	3		0	0	0	0	0	0	0	2	1	0	4	0	1	10	0	19	0	22	0	1	0	1	6
Practice Staff	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Staff	0	0	0	0	0	4	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Specialists	0	0	0	0	0	4	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Consumers	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	0	0	14
GP Registrars	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	3
Medical Students	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	4	0	0	0	0	0	0	5
Pharmacists	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Drug & Alcohol Service	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	15
Other	0	0	0	0	0	1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	9
umber of:																																
Occupational Therapists	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Physiotherapists	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	13

ase note: GPDV will forward Geelong division's statistics when they become available.

	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	TOTAL
vision 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	
umber of allied and other ealth provider participants	0	0	0	0	25	16	0	0		0	13	0	0	2	0	25	24	0	0	44	2	0	0	0	80	0	0	13	15	30	4	29
ype of Educational ctivity Undertaken:																																
Presentation	✓	✓	✓	✓	✓	✓	✓	✓		-	✓	-	✓				✓			✓		✓	✓	-			✓	✓	✓	✓	✓	
Small Group Discussion	✓	✓	✓	✓	✓	✓				-	✓	-		✓	✓		✓					✓		-				✓	✓	✓	✓	
Case Study	✓	✓	✓	✓	✓	✓				-		-												-					✓	✓	✓	
Practice Staff Training										-		-												-					✓	✓		
Academic Detailing				✓	✓	✓				-		-		✓			✓			✓				-		✓			✓			
Case Conference										-		-												-								
ocus of Training:																																
All Items	✓	✓	✓	✓	✓	✓	✓	✓		-	✓	-	✓			✓		✓		✓		✓		-		✓	✓		✓	✓	✓	
Health Assessments										-		-			✓									-								
Case Conferences										-		-		✓										-								
Care Planning										-		-		✓										-								
this part of the Division's ogram area?																																
EPC Items	✓	✓	✓	✓	✓	✓	✓	✓		-	✓	-	✓		✓	✓	✓	✓	-	✓	✓	✓		-	✓	✓	✓	✓	✓	-	-	
GP/hospital						✓	✓			-		-							-					-						-	-	
Diabetes										-		-					✓		-			✓		-	✓						-	-	
Mental Health										-		-		✓					-					-	✓						-	-	
Practice Support										-		-					✓		-					-					✓		-	-	
Aged Care					✓		✓			-	✓	-							-		✓			-	✓						-	-	
Consumer Liaison										-		-							-					-							-	-	
GP Services										-		-							-					-							-	-	
Palliative Care	✓	✓	✓							-		-							-					-	✓						-	-	
Pharmacy										-		-						✓	-					-							-	-	
NECC							✓			-		-							-					-							-	-	
Primary Care Partnership												-												-				✓			-		
Asthma												-													✓						-		
Information Technology												-					✓																
Drug and Alcohol						✓				-		-		✓					-					-								-	

ATTACHMENT 3

EPC Educational Activities – Cumulative Totals	North West	Western	Westgate	Dandenong	Mornington	Melbourne	Northern	Whitehorse	Geelong
nber of GP members from catchment	275	263	58	260	220	637	315	299	218
al number of GP Members	343	263	150	248	212	467	315	351	218
nber of Educational activities									
il to June 2000	1	1	0	1	0	6	1	3	36
to September 2000	1	1	1	2	2	1	2	6	1
ober to December 2000	2	3	2	2	1	21	1	4	4
uary to March 2001	0	3	0	14	2	11	1	6	na
als	***4***	***8***	***3***	***19***	***5***	***39***	***5***	***19***	***41***
nber of GPs									
il to June 2000	33	13	0	35	0	62	33	1	126
to September 2000	22	8	15	27	24	150	53	37	4
ober to December 2000	25	30	11	6	5	26	29	76	65
uary to March 2001	29	18	9	46	5	11	18	20	na
als	**109**	**69**	**35**	**114**	**34**	**249**	**133**	**134**	**195**
nber of Practice Nurses									
il to June 2000	na	na	na	na	na	na	na	na	na
to September 2000	0	0	0	0	4	0	0	12	0
ober to December 2000	0	0	0	2	0	6	0	41	5
uary to March 2001	0	0	0	1	0	2	0	5	na
als	***0***	***0***	***0***	***3***	***4***	***8***	***0***	***58***	***5***
nber of Practice Managers									
il to June 2000	na	na	na	na	na	na	na	na	na
to September 2000	0	0	0	0	4	12	1	11	0
ober to December 2000	0	0	0	2	0	3	0	4	3
uary to March 2001	0	0	0	0	0	0	0	3	na
als	***0***	***0***	***0***	***2***	***4***	***15***	***1***	***18***	***3***
al Number of other health Providers									
il to June 2000	na	na	na	na	na	na	na	na	na
to September 2000	0	2	0	6	35	0	0	20	0
ober to December 2000	0	3	3	19	0	0	0	43	28
uary to March 2001	0	0	0	0	25	25	0	0	na
als	***0***	***5***	***3***	***25***	***60***	***25***	***0***	***63***	***28***

Valley	C Highlands	NE Vic	South City	Otway	GSE	I E Melb	Knox	West Vic	Cent Bayside	Goulburn	Monash
260	152	110	399	114	129	221	181	62	181	80	134
360	152	110	399	108	194	371	235	61	245	80	262
3	0	1	1	3	0	1	2	3	1	0	1
3	3	2	8	3	0	9	9	3	3	0	3
2	3	4	5	5	2	2	2	9	3	1	3
0	2	0	1	6	1	4	8	3	7	11	7
8	***8***	***7***	***15***	***17***	***3***	***16***	***21***	***18***	***14***	***12***	***14***
185	0	12	42	4	0	23	40	25	20	0	20
87	21	17	48	7	0	57	36	9	39	0	34
6	13	16	46	67	56	27	92	22	17	20	38
0	0	0	13	10	2	3	42	10	25	26	17
278	**34**	**45**	**149**	**88**	**58**	**110**	**210**	**66**	**101**	**46**	**109**
na	na	na	na	na	na	na	na	na	na	na	
0	5	0	3	5	0	2	0	0	21	0	3
0	18	22	0	0	27	0	19	10	47	1	0
0	0	0	0	0	0	1	5	1	20	3	27
0	***23***	***22***	***3***	***5***	***27***	***3***	***24***	***11***	***88***	***4***	***30***
na	na	na	na	na	na	na	na	na	na	na	
0	0	12	1	1	0	4	0	2	0	0	1
0	1	0	27	0	29	2	19	4	5	0	0
0	0	0	0	0	0	0	2	1	0	4	0
0	***1***	***12***	***28***	***1***	***29***	***6***	***21***	***7***	***5***	***4***	***1***
na	na	na	na	na	na	na	na	na	na	na	
3	3	0	4	0	0	1	0	2	2	0	0
10	2	29	0	0	6	7	70	2	0	50	2
0	13	0	0	2	0	25	24	11	0	46	2
13	***18***	***29***	***4***	***2***	***6***	***33***	***94***	***15***	***2***	***96***	***4***

Mallee	Ballarat	E Gippsland	Border	M Plains	S Gippsland	Yarra Valley	Bendigo	Sherbrooke /Pakenham	TOTAL
87	57	96	59	85	59	50	126	79	72	**4271**
99	55	96	67	85	70	52	126	80	72	**4947**
0	1	0	0	1	20	1	0	2	1	
1	3	5	na	3	2	3	1	2	3	
1	2	6	3	3	2	3	6	na	2	
4	2	0	4	13	1	2	3	3	2	
6	***8***	***11***	***7***	***20***	***25***	***9***	***10***	***7***	***8***	***407***
0	8	0	0	17	25	28	0	16	7	
11	31	0	44	39	21	2	12	3	7	
0	36	31	na	0	4	26	62	26	6	
10	13	0	22	25	0	7	2	0	6	
21	**88**	**31**	**66**	**81**	**50**	**63**	**76**	**45**	**26**	**2913**
na	na	na	na	na	na	na	na	na		
0	0	0	0	1	23	1	0	0	1	
0	0	0	0	0	4	9	0	0	3	
1	4	0	0	20	0	1	1	14	2	
1	***4***	***0***	***0***	***21***	***27***	***11***	***1***	***14***	***6***	***403***
na	na	na	na	na	na	na	na	na		
0	11	0	12	1	20	1	0	0	2	
0	28	0	0	0	2	3	11	0	3	
1	10	0	19	0	22	0	1	0	1	
1	***49***	***0***	***31***	***1***	***44***	***4***	***12***	***0***	***6***	***306***
na	na	na	na	na	na	na	na	na		
0	17	12	21	2	0	0	1	22	31	
16	6	12	56	30	0	4	7	0	2	
0	0	0	80	0	0	13	15	30	4	
16	***23***	***24***	***157***	***32***	***0***	***17***	***23***	***52***	***37***	***906***

ATTACHMENT 3

EPC Community Linkages

(January 2001 to March 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	11	14	4	2	6	13	7	1	16	7	11	12	6
Help Desk	4	10	14	5	2	3	7	6	2	13	3	8	5	4
Face to face meetings	6	9	15	8	3	7	14	5	1	17	6	16	12	5
Information Sessions	4	10	14	5	2	6	9	7	1	10	3	5	7	5
Involvement in CME activities	1	7	6	1	0	0	3	0	0	4	2	4	4	3
Development of Protocols	0	1	3	1	2	1	4	0	0	7	1	1	2	1
Other	1	2	6	0	0	3	0	2	0	0	0	0	2	0
COLUMN TOTALS	16	39	58	20	9	20	37	20	4	51	15	34	32	18
Number of Divisions	10	19	27	13	5	11	22	14	4	22	12	21	12	9

GPDV Implementation Plan for GP education and support regarding Enhanced Primary Care MBS items
Year 2: April 2001- April 2002
Person for Contact: Lenora Lippmann
Introduction:

At the time of the development of the Victorian plan for the education and support of GPs regarding the EPC MBS items substantial consultation was undertaken to determine GP needs and division views on the best way to undertake the education. The uptake of the items in Victoria and the divisions' levels of activity around the new items suggest that the approach taken was appropriate and effective. In particular the local GP trainer model has proved very useful both for GP education and the education of other service providers. Only one division chose to use an outside GP trainer rather than a local person. Thus GPDV will continue with the general direction of the agreed plan in this second year of implementation.

However two main budget variations are proposed.

1. The planned budget allocation for the evaluation proved to be high given the expanded scope of the national evaluation. Therefore it is proposed that a smaller allocation (from $150,000 to $70,000) be made for evaluation. The details are below.
2. The planned budget allocation for the rural satellite production proved to be too low to achieve a quality production and not sufficiently required warranting a larger allocation. Rural divisions have generally found means to deliver the information to their GP members but the barriers of time still remain. Therefore it is proposed that this allocation for the rural satellite be reallocated to other activities as suggested below.

The core GPDV activities will continue to be as follows:

Training and support:
Eighteen months after the introduction of the new MBS items GPs still need

Information regarding the MBS items and how they are meant to work;

Understanding of what the items offer to GPs and their patients, both financially and in terms of health benefits; **and**

Easy methods of effectively using the items, including ready response from other agencies.

To meet these needs and in line with the original Education & Support Program for the Enhanced Primary Care Package Plan for Victoria GPDV will continue to

- Assess the training needs of the divisional EPC trainers
- Train and support the EPC trainers in each division to conduct education and training on the EPC items in their local area
- Support division program workers in their efforts to develop linkages between GPs and other services to promote the effective use of the EPC items.
- Support GPs and division workers in their efforts to integrate the use of the items into the range of division programs for GPs and practice staff.
- Focus GPDV divisional support activities particularly on those divisions where the take-up of items is lowest.
- Conduct regular workshops for divisions to learn from each other
- Field questions arising re EPC items
- Digest and disseminate HIC statistics regarding item uptake
- Maintain and develop the website materials for general access to resource materials

Promoting community linkages:
GPDV will also continue to

- work with DHS to facilitate the regional EPC workshops for DHS funded services
- work with allied health peak bodies and consumer groups on the best means for ensuring accurate information about the EPC items is disseminated
- Work with DHS to ensure that their funding arrangements facilitate multi-disciplinary careplanning and case conferencing.
- Convene and resource the VACGP EPC sub-committee.

Research:

Expert advice has been sought to develop a plan for the State evaluation. It is proposed that the successful tenderer for the national evaluation is approached to assess their capacity to take on some of the evaluation tasks outlined below. This would prevent duplication of time for respondents as well as interviewers.

The State evaluation will include three components as follows:

1. Supplementing the number of GPs, consumers, carers, and service providers interviewed in Victoria for the national evaluation so that we can clearly discern the issues for all concerned within the State.
2. Evaluating the training model to assess its effect on confidence, uptake, and divisional activities.
3. Identifying what is effective in creating linkages between GPs and other service providers in using the EPC items.

Additional activities proposed using surplus of approximately $125,000 created by variations in the Victorian plan:

Further GP needs have emerged over the past 12 months, which GPDV proposes to address as follows:

1. Incentives and/or assistance to undertake Aboriginal assessments.

- The HIC statistics show that the take-up of the Aboriginal EPC items in Victoria is very low. Our discussions with VACCHO indicate that the number of medical vacancies in Aboriginal Medical Services is an issue. One of the difficulties in recruitment is the pressure placed on AMS doctors. Use of Aboriginal health workers with existing AMS doctors and private doctors in undertaking these assessments and careplans might be more culturally appropriate and assist in retention of GPs in AMSs.

  Proposed action: Fund VACCHO to work with Aboriginal Medical Services and Divisions to promote the use of the EPC items.

- ***2. Assistance to GPs to set up their practices to undertake assessments systematically***
- While the take-up of the assessment items is relatively good in some areas it is variable across the State and the proportion of 75+ who have had assessments is still modest. Feedback from divisions suggests that a major barrier to take-up is the perceived time needed and the lack of practice systems for recall and staff delegation.
- ***Proposed Action:*** Develop training module, train the trainer for divisions, and kit for divisions to run for practice staff, including practice nurses, on how to set-up practices to do health assessments systematically.

- ***3. GP education regarding the seven residential care items introduced in November 2000, and education of residential care facilities to understand the items so they invite the GPs to participate.***

Therefore they have received very little attention to date. These items provide an opportunity for divisions to work more closely with the aged care sector, and to identify how GPs, divisions, and residential care facilities can work more effectively together.

- ***Proposed action:*** Convene a task group of VAHEC, DHAC, ANHECA, DHS, GPDV to work with a consultant to determine the needs and issues for the residential care sector and GPs in taking up these EPC items, and the strategies needed to address these issues. Implement strategies affordable within budget and work with task group to determine means for implementing further strategies.

- ***4. Assistance to GPs so they can identify who a careplan is appropriate for and how they can work with others to facilitate the process.***
- There has been a relatively low uptake of the careplanning items in the community. This is partly because the divisions have given priority to the assessment items in their education sessions, partly because the DHS EPC workshops for the DHS funded sector have been slower to eventuate than was hoped. However GP feedback also indicates that they do not know which patients might need a careplan and how to go about doing one, given the difficulties in locating and contacting other service providers, let alone the logistics of patient consent.
- ***Proposed action:*** Work with DHS to see if community based careplanning demonstration projects are feasible to determine methods to overcome knowledge, cultural, and logistical barriers to careplanning in the community and to contribute to understanding of how the items might assist in service co-ordination.

- ***5. Translated patient information about the EPC items***
- GPs dealing with patients from non-English speaking backgrounds are finding that the lack of information to the NESB communities is a major barrier to take-up of the items and fear of assessments in particular.
- ***Proposed action:*** Raise the issue again with the Commonwealth, ADGP and the Task Force.

- ***6. Evaluation of the health benefits associated with use of the items***
- Many GP are not convinced that use of the EPC items is of any benefit to their patients. An evaluation of the benefits with results widely disseminated would make a difference to their attitude. In an era of evidence-based medicine it would be valuable to have some evidence.
- ***Proposed action:*** Promote and support the national evaluation.