VICTORIAN DIVISIONS FORUM

DHS Draft Position Statement on Working with General Practice

August 2007

Report to Divisions

Representatives of 17 of the 30 Victorian Divisions (8 rural, 9 urban) attended GPDV's Forum on 19 August to discuss DHS' draft position statement on working with general practice. Other participants included representatives from Burgell Consulting, the AMA, DoHA and DHS' Primary Health Branch. Kris Honey of KNH Consulting facilitated the discussion.

BACKGROUND

The DHS position statement on working with general practice builds on work that has been taking place between divisions and the state health department over a number of years. The purpose of this meeting was to identify the key proposals of the draft position statement, to provide feedback to DHS on the draft GP position statement and to identify areas where general practice might demonstrate an impact on health outcomes that could interest DHS policy makers and support an argument for DHS investment.

PRESENTATIONS

Introduction – Bill Newton
CEO, GPDV

- This document aims to improve health outcomes for Victorians through strengthened collaboration between DHS, State funded services and general practice and builds on the valuable work of the late Dr Peter Waxman, GP adviser to DHS.
- The importance of this draft for GPDV is that it formally acknowledges for the first time, the importance of general practice to the health sector as a whole (regardless of funding source), and the valuable role played by the Divisions' in aligning State/Commonwealth strategies.
- This position statement will apply to the entire state health department and its funded agencies.

Key questions for consideration:

- Is this document how you want to see general practice described?
- Are there any other messages which should be included in this document?

Presentation: Janet Laverick
Director, DHS Primary Health Branch

- Janet acknowledged DHS's GP adviser, Peter Waxman's tireless work to improve the interface between general practice and the state-funded health sector.
- Victoria needs a systematic model of DHS and GP engagement based on a community focus and agreement between all parties involved. The 'Checklist' of GP engagement (*Part 2: Resource Guide* p. 9) is a vital part of the statement, as it emphasises these aims.
- The current State and Commonwealth health reform agendas present timely opportunities for improved collaboration.
- This statement should increase awareness within DHS of how general practice operates and of divisions' priorities.
- There are already case examples of improved patient outcomes through collaborative activities, proving the advantages of an integrated approach.
- The statement has already been agreed to by DHS Executive Directors and it will be communicated to all branches of the department.
- Feedback on the document is due 10 September. See http://www.health.vic.gov.au/communityhealth/gps/position_statement.htm

SMALL GROUP DISCUSSION:
Feedback for DHS

The discussion revolved around three sections of the position statement and feedback provided will be used by DHS to further develop the document. There was general agreement with the overall content of the position statement, the guiding statements and the key messages. Key points and questions raised are listed below.

- Implementation mechanisms need to be clarified in the document. How do you get old practices to change?
- "Round table" discussions should take place on a regular basis between the DHS Regional Director, area health/mental health services, and Divisions to ensure the aims of this document are fulfilled. Janet Laverick offered to instigate these meetings as common practice. She will raise this with all Regional Directors at their next meeting.
- The GP is more than the initial entry point to the health system; they are also the central and ongoing point for health care services.
- There should be emphasis placed on the Divisions' diversity.
- It should be made clear to DHS staff which GP Organisation will be the most useful point of contact for them.
- It needs to be made clear that GPDV and Divisions are *primarily* (but not only) funded by DoHA, and operate independently of the Commonwealth.
- While DHS provides funding for some Community Health Services, it does not fund all of these services across the state, so when collaboration is being planned, privately or independently run services need to be brought to the table.
- 'Background' information on general practice in section 7.2 is essential reading for staff of DHS and funded agencies; suggest promoting it to foreground.

SMALL GROUP AND PLENARY DISCUSSION:
Putting Policy into Practice.

Participants were asked to identify specific areas where general practice, statewide, might contribute to improved health, identify how it would be measured, and give persuasive arguments to support each case. Five project proposals were identified which presented sound arguments for DHS support statewide.

Discussants were asked to:

1. Identify their objectives
2. Provide arguments for DHS funding and division adoption
3. Indicate measures of success.

Hospital Interface

- *Rationale:* avoid duplication of tests and improve referral processes, ensuring consistent communication between GPs and hospitals.
- Dedicated resources need to be allocated statewide by DHS.
- Current GPLO initiative should result in better communication back to GPs. The next stage will be to place GPLOs in large rural hospitals.
- Communication between boards of hospitals and boards of divisions needs to be ongoing.
- Incentives to support improved GP referrals into hospitals.
- GPs to be included early in planning so that so that new IM systems are compatible.
- Need to ensure that all GPs are ready for secure email, and set up standard templates for GPs and hospitals to use.
- Regional alliances of IMIT should be made more useful to general practice.
- GP integration strategies are 5 years down the track in the new DHS IT system. This needs to be fast-tracked/made a priority.

Measures

- Improved record-keeping systems.
- Less duplication in the system.

Mental Health Collaboration

- *Rationale:* to spread the successful North East Vic model for integrated mental health widely across the State, with Divisions to hold pooled funds from State and Commonwealth sources, and to involve Primary Mental Health Team/Mental Health nurses in these co-ordinated efforts.
- Arguments for this plan include that it has the benefit of a great working model already in place (NE Vic); reduces duplication
- Acute mental health would be the area most positively affected by this strategy, but there would be flow on positive effects into continuing care, etc.

Measures

- Fewer patients admitted into hospitals.
- Improved mental health outcomes for consumers.

Diabetes

- *Rationale:* shift the management of diabetes to primary care, to achieve best practice care for all diabetes patients. GPs to co-ordinate care for diabetes patients in Victoria. Philosophy of shared care.
- Divisions to manage referral services, possibly partnered with CHS (e.g. dietician, podiatrists, diabetes educator).
- DHS does not currently explicitly acknowledge that the basis for Diabetes management should be shared care.
- More diabetes testing should be done within general practice
- Could reduce complications and increase early intervention; improve self-management; improve access to allied health services for GPs' diabetes patients
- Liaison and referral is done best by Divisions. Currently, many patients referred 'out' do not return to their GPs, but stay under the care of the Hospitals. A collaborative shared-care system would both save government money and ensure continuity of care in general practice.

Measures

- More appropriate referrals.
- Reduce hospital demand (inpatient and outpatient)
- Maintain a central record: data on diabetes management could be collected by Divisions and presented to State/Commonwealth departments. Division-level indicators: HBA1C; lipids; blood pressure (measures set by Collaboratives)
- Number of team care arrangements; number of diabetes management plans

Population Health

- *Rationale:* Divisions to examine patient population, aggregate de-identified data, then to provide DHS with vital information, to inform regional and state planning, priority setting and to identify specific developments.
- Can utilise Practice Health Atlas

Measures

- Information could be used for strategic planning purposes by GPDV/State and Federal governments
- This would help to identify the areas in most need of service improvement.

Practice Nurses

- Nurses are always a good addition to general practice, and allow general practices to do better preventive and population health care.
- Could explore the existing South Australia model, of subsidising payments for a nurse attached to a practice for three month period. If the PN is a successful addition, the practice can keep the nurse on staff.

Measures/results

- An opportunity for upskilling
- Better patient and business management

DISCUSSION AND CONCLUSIONS

Discussion indicated support for further exploration of all these topics. The areas participants were most interested in was the general practice/hospital interface. This information will be used in future planning sessions.

HOT TOPIC
Clinical Placements for Undergraduates in Victorian General Practices

Presentation: Bob Burgell *(Burgell Consulting)* Mapping Project

- The project aim is to identify the issues involving building practice (training) capacity in Victoria over the next ten years, in light of the dramatic increase in placements required from 2008 on.
- There will be a 40% increase in the number of places required (from 520 to over 700) from 2008, but due also to a longer internship of over 12 months in rural pathway placements, the overall demand on the general practice system will increase by 100% by 2010.
- There is generally goodwill towards education placements by GPs. The training providers and other invested parties need to support, not abuse, this goodwill.
- The advantages to having a student placement in a practice are numerous, including the possibility of future recruitment, mental stimulation and exposure to current teaching and learning materials.

- Barriers to increasing placements were identified, including accommodation, financial and time constraints, need for educational provider support.
- There are currently different arrangements for the placement of registrars and undergraduates, and we need to address the needs for both types of placements.

Feedback from divisions

- Infrastructure is a major issue in the current system and for future capacity building, particularly regarding accommodation and IT capacity.
- Placements are only halfway to finding a solution to the current workforce issues in Victoria
- Financial incentives are worth exploring. Currently, the time investment in having a trainee far outweighs the incentives offered.
- The national move towards corporatisation in healthcare will reduce the number of available placements significantly.
- Question: why is Notre Dame (Sydney) not involved in this project? Their current incentive program includes a 0.1 Senior Lectureship, GPs on internal training committees, and additional infrastructure and support, including access to University facilities and teacher training. Bob responded that they have chosen not to be involved, but the mapping project will explore their incentive program.
- PIP goes to the practice owner under the current scheme; the drawback to this is that this individual may not be the person who invests their time in training students.
- Question: how are metropolitan practices being calculated into this project? There will be a flow-on effect from rural placements. Bob responded that metropolitan figures will play a significant role in estimating the expenditure to be allowed for each placement.

Bob will conduct interviews, surveys and focus groups to identify the current key issues in undergraduate placements across Victoria, and will continue to consult GPDV and divisions through this process.

Presentations will be available on GPDV website at www.gpdv.com.au.

NEXT FORUM – AGM and Planning Day

The next Forum for the Chairs of Victorian divisions will be held on the afternoon of Friday 26 October 2007 and will be the annual strategic planning forum combined with the AGM.