VICTORIAN DIVISIONS FORUM

Learning from the Collaboratives: Implications for divisions

4/05

Report to Divisions

21 representatives of 14 divisions, four GPDV Board members and representatives from DHS and DoHA, attended GPDV's AGM and final Forum for 2005 to discuss the achievements of the Collaboratives Program and the implications for divisions. Separate Minutes are provided for the AGM. Tribute was paid to Dr George Golding with an obituary read by Dr Steve Fryman (Chair, GP Association of Geelong) and comments and memories from GP colleagues. Following the AGM, the Forum was structured into a plenary session of two speakers, followed by a discussion drawing on the experience of GP participants in collaboratives and finally a general discussion on the ways in which divisions would like to be involved in the future and the implications for funding and, consequently, advocacy to DoHA. Once again, Kris Honey facilitated the discussion.

BACKGROUND

The National Primary Care Collaborative Program is funded to establish change in general practice in diabetes, chronic heart disease (CHD) and access. The Program is based on the theory that if 15 to 20% of sites are supported to implement best practice, the process of change will acquire its own momentum and continue without further resources. At a cost of $15.6 million over three years it is a significant investment in quality improvement but the participants can demonstrate substantial achievements. The concern is that by the end of the funding period only 12% of practices will have been involved, thereby putting at risk the dissemination of improved practice. As divisions are an integral part of the strategy it is relevant for them to review the achievements and to consider a role in advocacy for future funding for part or all of the methodology.

PRESENTATIONS

Tasks for Forum

Mr Bill Newton (CEO – GPDV)

Bill Newton stated that the Forum's task was to review the value of Collaboratives, to suggest an appropriate role for divisions in furthering the Collaboratives Program and to agree on the next steps to take. He suggested that the discussion should focus on the value divisions place on the Collaboratives methodology, whether divisions wish to advocate for continuation of the full methodology or of selected components, and issues associated with resources to support division and GP participation.

National Primary Care Collaboratives - Achievements

Liz Farmer, Director Education, National Primary Care Collaboratives (NPCC)

Liz Farmer outlined the collaboratives methodology and reviewed the achievements of the Collaboratives following the first wave.

Achievements to date include (a) establishment of the infrastructure to identify baseline data and improvements and (b) actual improvements over baseline data in the three areas of CHD, Diabetes and Access. The data show that the greatest improvement has been made in CHD, explained by the fact that three of the four measures are pharmaceutical (use of aspirin & statins and, for patients who have had an MI in past 12 months, beta-blockers) and so are more responsive to GP intervention. Diabetes collaboratives have shown consistent but slower improvement, an expected result given that the measures are of disease control (HbA1c, blood pressure and cholesterol) and so involve self-management as well as GP intervention. Use of the SIP for diabetes has increased 50% over baseline showing substantial improved commitment to recommended practice. The Access Collaboratives showed an improvement of 22% in the percentage of patients seen on the same day of choice, 21% in GP third available appointment and 44% in the nurse third available appointment. There is only anecdotal evidence to date that practices benefit financially and the NPCC is planning financial modelling of selected practices in the next wave.

Spread Liz suggested that the 20% rule may not apply in Australia and that it is vital to address strategies to continue the spread. Investment in successful sites available to others as models is essential, as is the investment in division infrastructure. It is also critical to have a policy 'pull' from divisions & SBOs.

Conclusions Liz concluded that it would be possible (perhaps not ideal) to have a reduced model. If so, vital components would include the return of data to practices and the use of champions for the quality improvement process.

Collaboratives: Starting the Journey
Kerry Hollier, Collaboratives Program Manager, Central Bayside DGP

For Wave One, the division received expressions of interest from 24 practices but was only able to select five. The five selected practices employed 35 GPs, 10 nurses and 24 administrative staff.

Achievements include the provision of data that is patient-specific and relevant to practices; provision of a methodology that has a focus on high-quality outcomes for patients, staff and business; increased relevant peer support; evidence of improved patient outcomes through best-practice surrogate measures eg. HbA1c, Statins, BP targets. Outcomes for patients broadly reflected the national pattern.

For divisions the Program contributed to a culture of quality improvement; it offered a formal quality improvement model that is transferable to other areas; it assisted with the collection of better quality local data as a basis for assessing standards; the division's inclusion in the programs assists it with its general role as change agent in general practice.

Central Bayside values the program highly but recognises the cost: it is time and resource intensive, and funding for practices only covered GP time. Data entry & development of PDSAs is demanding, but these strategies also contribute significantly to improved outcomes. Lessons include the recognition that protected time for participation is vital; participation depends on adequate funding; involvement of all staff in a practice enhances commitment; it is essential to have a practice champion to drive the effort.

GENERAL DISCUSSION

The view from general practice

GP participants in collaboratives spoke very highly of the methodology. They differed in the individual components that they valued: components mentioned included national learning workshops, data to the practices, involvement of practice staff in the change process, and the systems approach to practice change. Strong concerns were expressed about the relevance of the access measures.

Key Discussion Points

The overall conclusion of the meeting was that divisions value the collaboratives and, while individual components are recognised as significant, there was a preference for advocating for continuation of the total methodology rather than for individual aspects such as data aggregation. Specific points included:

1. The fundamental issue is the under-resourcing of the total effort.
2. Vulnerability about sustainability. Further investment is required at division and practice level. There is a need greater depth before focusing on spread.
3. Need to revisit the 20% theory. What is the evidence of its applicability to Australia?
4. Software issues (appropriate software, practice capacity, communication) are major and need continuing investment.
5. Some interested practices would like to be involved but cannot due to lack of resources.
6. GPDV has a role in identifying opportunities for divisions to extend the methods learned in the Collaboratives. GPDV should also consider how to further promote the collaboratives initiative.
7. There should be greater linkage between collaborative work and other work (e.g. collaborative support groups on IT should be working with mainstream IT groups)
8. Access is an important component but needs a more relevant measure.
9. Need to explore the connection between demonstrated outcomes and financial rewards to GPs.

WHERE TO FROM HERE?

GPDV will write a paper to disseminate to other SBOs & ADGP to seek network agreement on the division advocacy for future funding.

HOT TOPIC

Pandemic flu

Participants discussed the planning for pandemic influenza in Victoria to date and expressed strong concerns about the level of DHS understanding of the issue and of the involvement of divisions. They emphasised the need to keep all divisions informed about the proposed plan. Bill Newton will meet Dudley McArdle, DHS Director of Emergency Management on 30 November and convey the concerns of divisions to him.

NEXT FORUM

Date to be announced

Further details, and this report are available at www.gpdv.com.au under "Events", "View Previous Events" and "GPDV Forums 2005".

November 2005