Central Bayside
General Practice Association Ltd

Collaboratives : Starting the journey

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Centralbayside -Monash Collaborative

GPDV Quarterly Forum Sunday 20th November

Monash Division

How Collaboratives came to Centralbayside and Monash Divisions

- Original Collaborative
  - Central Bayside GPA
  - Monash DGP
  - Mornington DGP
  - Dandenong DGP
  - Original Expressions of Interest : 24
- **Practices participating in Wave One :5**
  - **GPs :35**
  - **Nurses :10**
  - **Admin Staff:24**

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Key Achievements of program

- Provision of data that is patient specific and relevant to practice
- Provision of a methodology that has a focus on quality outcomes for both patients staff and the and business
- Increased relevant peer support
- Opportunity to see at practice & pt level evidence of improved pt outcomes through Best practice surrogate measures e.g.. HbA1c, Statins, BP targets

Benefits to Practices

- Opportunity to adopt a collaborative methodology with other practices in the local area
- Theoretically sharing in 1000's of PDSAs
- Optimising staff morale through inclusion and involvement
- Increasing revenue through optimising systems and business processes
- Creating concept of protected time

Benefits to Patients

- Opportunity to be actively involved in planning the outcome and process for their care
- Supports them taking responsibility and ownership in the management of their care
- Reduces targets goals to small manageable sizes
- Maximise communication channels between all parties

Benefits to GPs

- Opportunity to be PROACTIVE rather than reactive
- Higher quality service delivery
- Better systems
- More informed patients
- Specific focus on individuals
- Timely responses
- Locally driven results
- Better Team dynamics

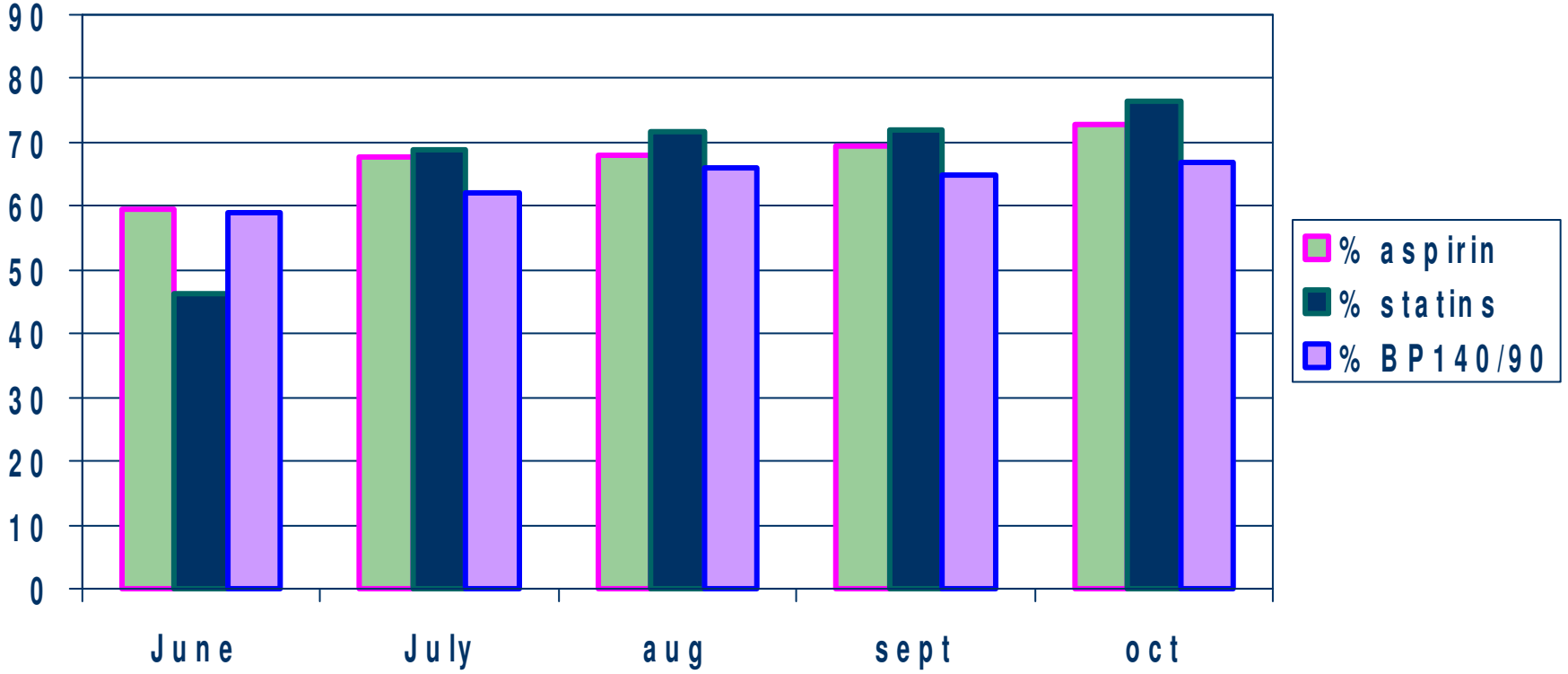
Benefits to Divisions

- Set up a culture of Building on Quality
- Provides a Formal Quality Improvement Model
- Easily adaptable for other program areas
- Better local data capture
- Model facilitates role as agents for change
- Increased knowledge and insight into individual practice issues

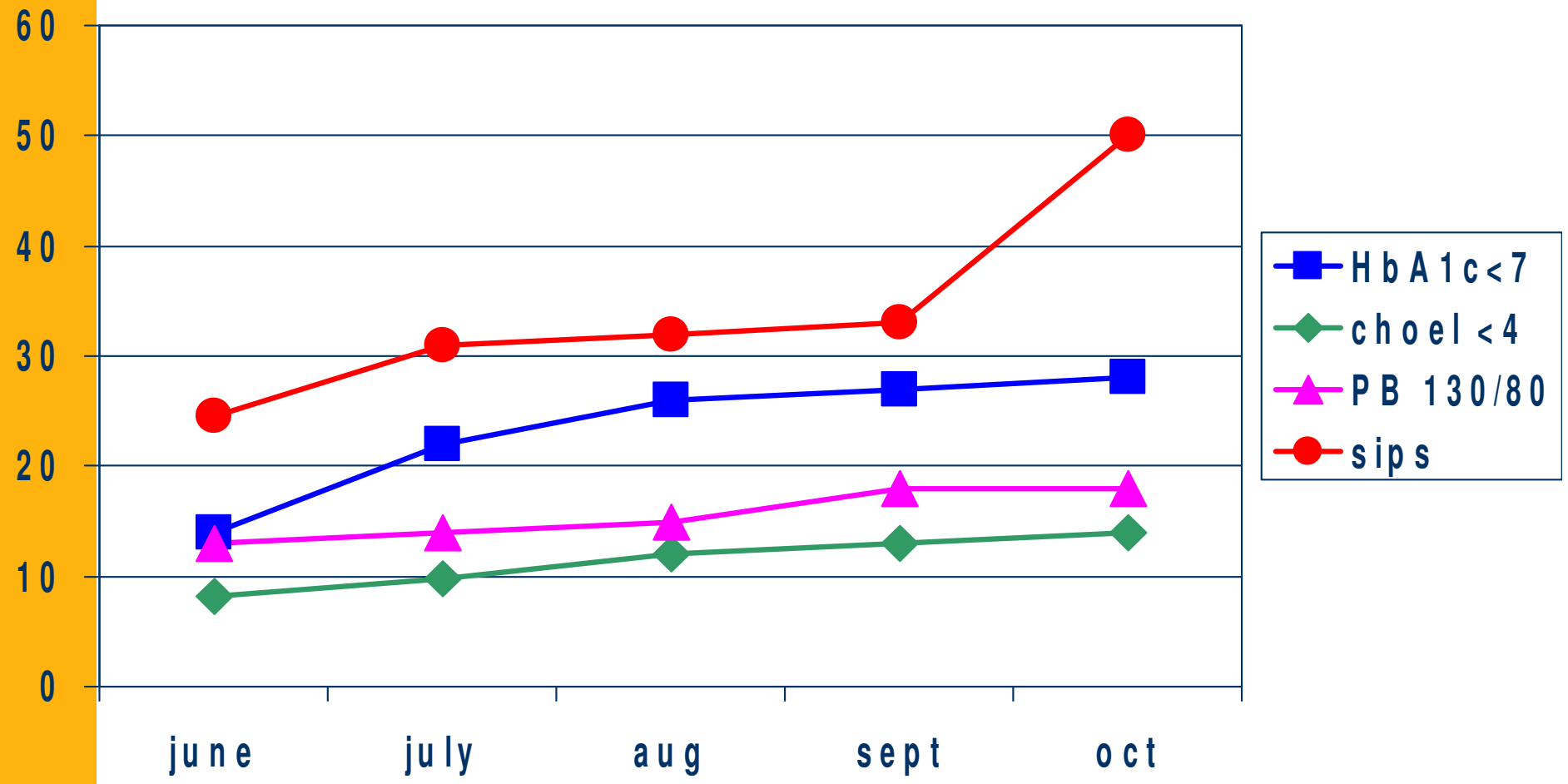
Collaborative involvement Issues

- Hours
  - PDSAs, Data Entry
  - Time & resource intensive
- Team work
  - How we got 'Buy in'
  - Commitment from all staff
- Funding
- Penetration & Spread

Collaborative CHD Data



Collaborative Diabetes Data



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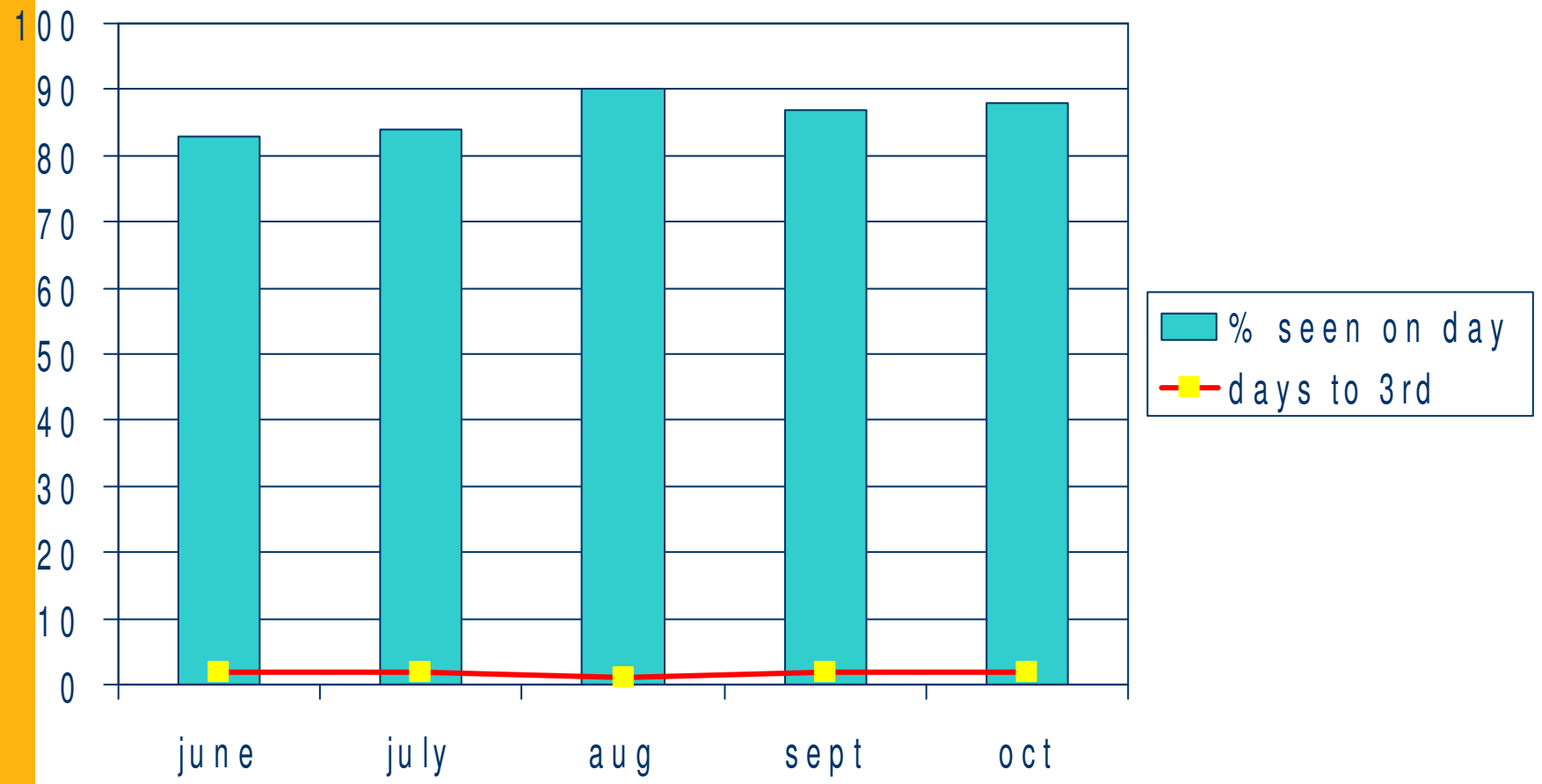
Collaborative Access data

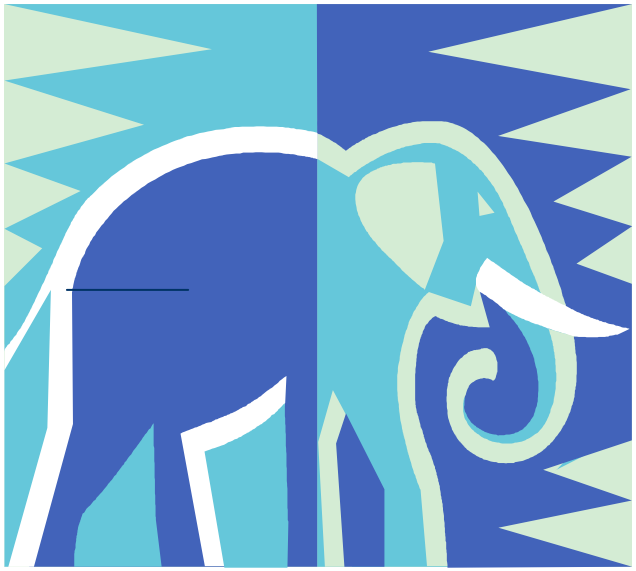


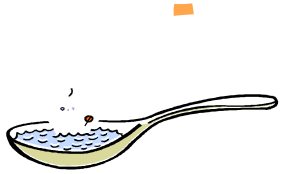
Support received & required

- Collaboratives Program Manager
- National Primary Care Collaborative Management
- Division resources
- Involvement as required of internal & external allied health professionals
- Expert advisory groups
- Local referral networks

Plan Do Study Act Cycles

Question: How do you eat an elephant ?





Answer: a spoonful at a time!

Where to from here for the CBGPA-Monash collaborative ?

- The 3 year mission is to go where no practice has gone before ……
- Spreading the word to other practices
  - The Penetration or Non core strategy
    - Deliberative and incidental
    - Use existing networks
  - Communication strategy
- Incorporating the methodology into most divisional programs
- Getting more DOHA Funding!

Greatest Benefits

- Local Health Outcomes
- More sustainable Systems Approach
- Improved Internal Dynamics
- Increased Peer Support
- Strong Communication networks
- Using Local Exemplars
- Seeing local evidence of Best Practice
- and incidentally ,,,, increasing Income

Resourcing the spread

The Collaboratives Check List

- Adequate funding for resources & support
- Effective Communication Strategy
- Timely & accessible Measurement options
- Clearly articulated Goals
- Expert support for other clinical applications as "next step"
- Continued use of local exemplars
- Articulating the business value of collaboration & cooperation

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Collaboratives : the journey continues……

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