Liz Farmer Director Education

GPDV FORUM November 2005

Presentation Outline

- Overview of Collaboratives
- Australian Program
  - Methodology
  - Vision and aims
  - Measures and Early Outcomes
- Spread issues

Overview of Collaboratives

National Primary Care Collaboratives

WHAT IS A COLLABORATIVE?

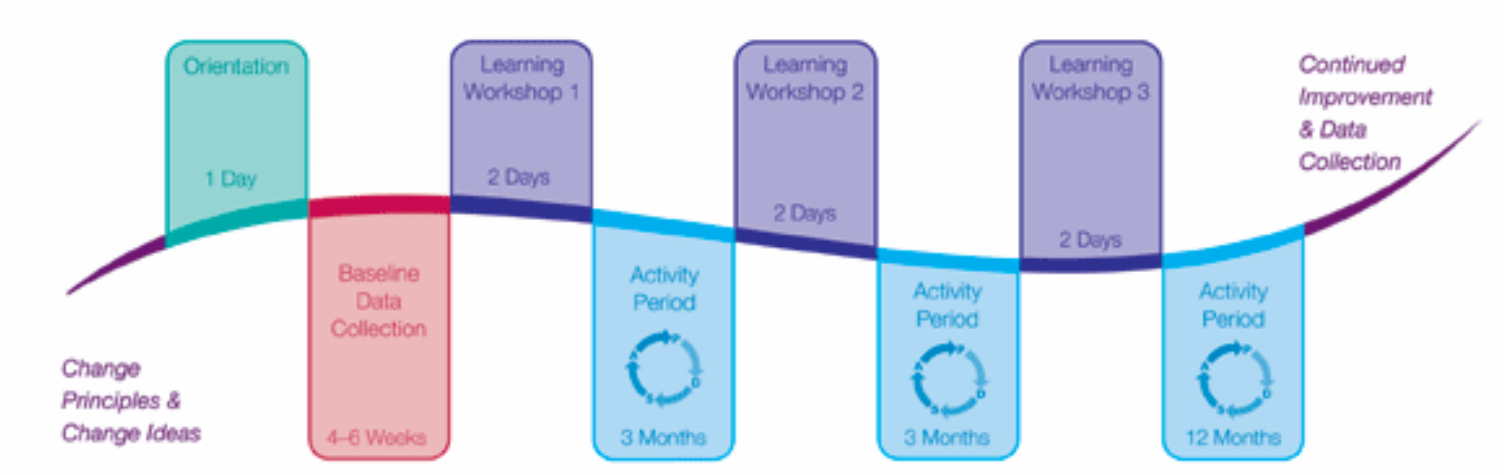
- Improvement method
- Systems change
- Gap evidence and practice
- Clear vision
- Proven change methodology
- Rapid change with tracked outcomes (measures)
- Time limited
- Sustainable change capacity

COLLABORATIVE PROCESS 1

Expert Reference Panels

Handbook

Learning Workshops



Improvement Model


ABSOLUTE RISK REDN.: CHD
NPCC
WOSCOPS
ARCAPE
ASCOT-LLA
CARE
LIPID
PROSPER

COLLABORATIVE PROCESS 1

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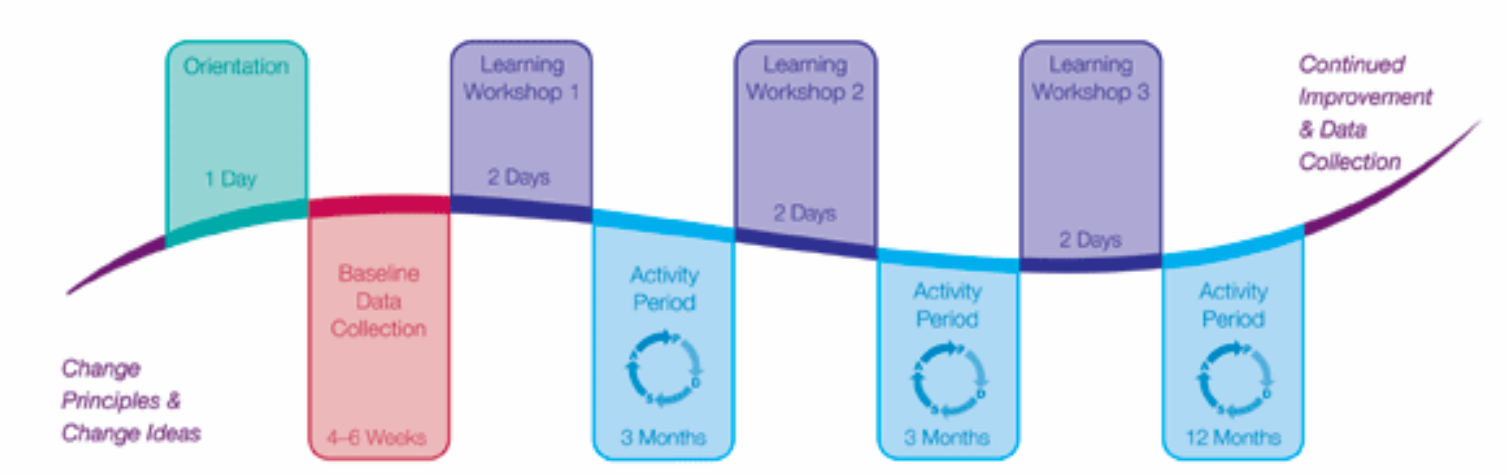
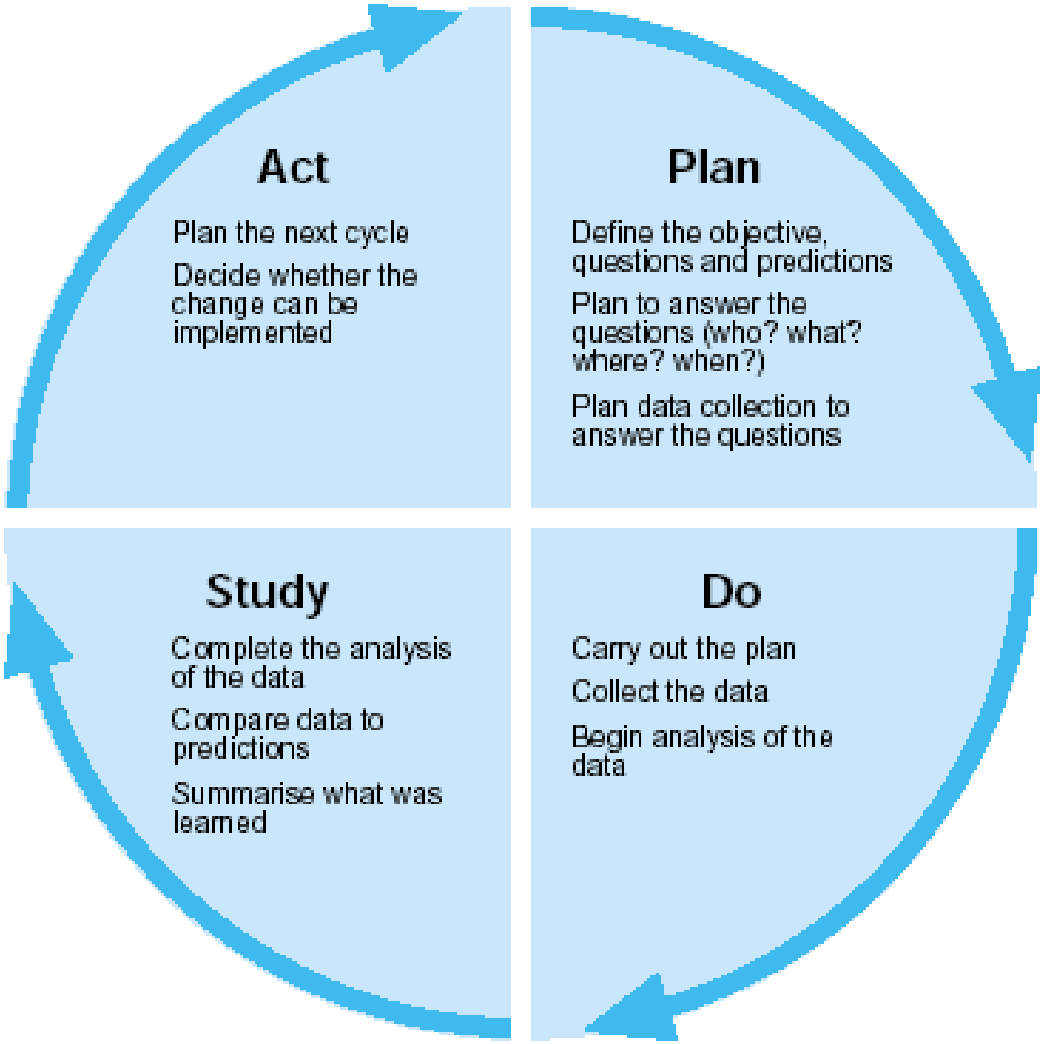
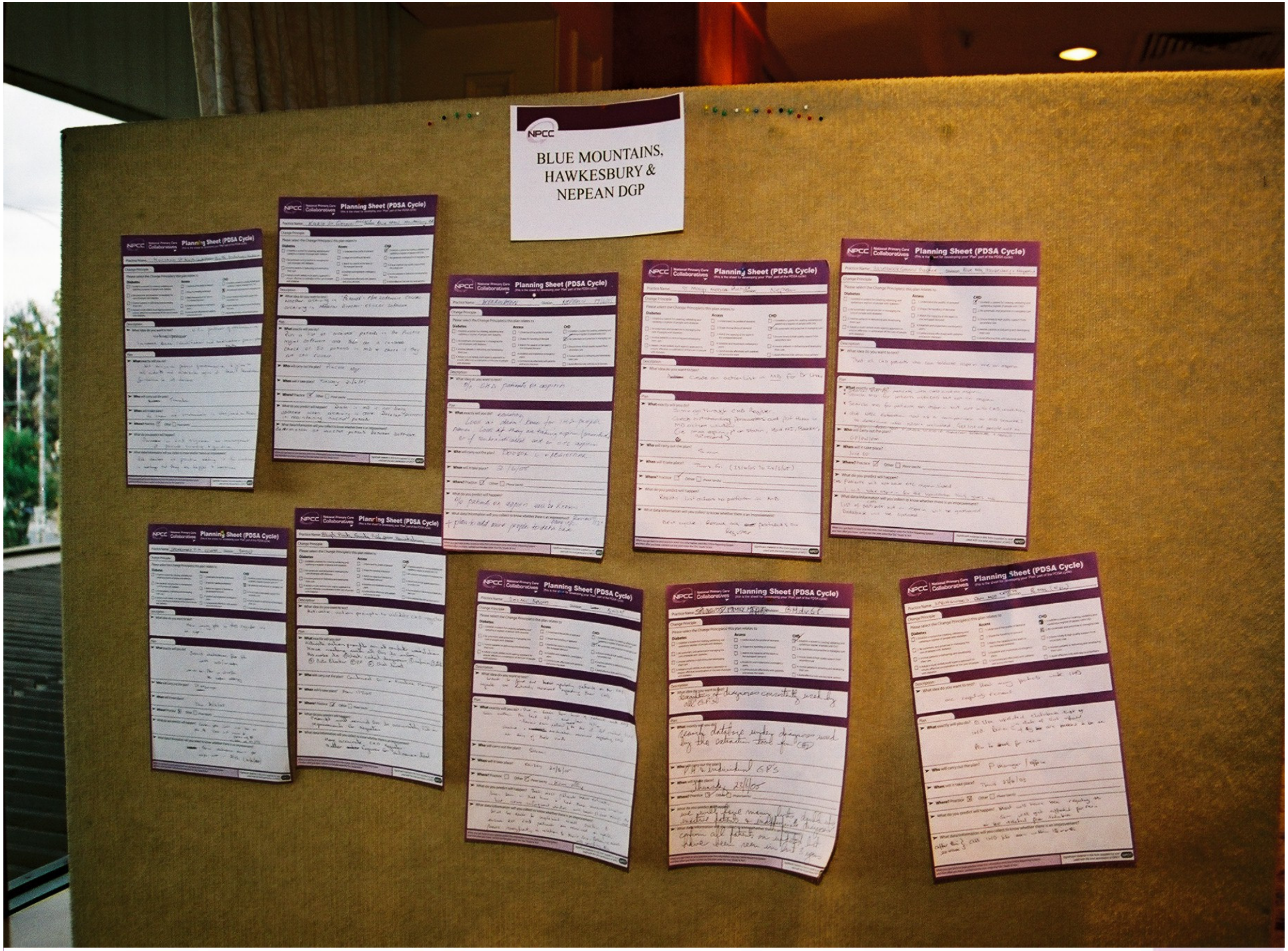
Learning Workshops



Improvement Model


Act
Plan the next cycle
Decide whether the change can be implemented
Plan
Define the objective, questions and predictions
Plan to answer the questions (who? what? where? when?)
Plan data collection to answer the questions
Study
Complete the analysis of the data
Compare data to predictions
Summarise what was learned
Do
Carry out the plan
Collect the data
Begin analysis of the data


NPCC
BLUE MOUNTAINS, HAWKESBURY & NEPEAN DGP
Planning Sheet (PDSA Cycle)

The Australian Program

NPCC | National Primary Care Collaboratives

Australian program

- Improve chronic disease care in Australian primary care
- $15.6m program funded by DoHA
- Adapt UK Collaborative Program to Australia
- 600 practices in three “waves” (2004 – 7)

Program objectives

- Involve 600 individual general practices in sustained improvements to their prevention, management, and underpinning clinical and business systems relating to diabetes, cardiovascular disease, and patient waiting times, and
- Spread and sustain the agreed changes other practices within the geographical location of the original 600 practices.

Vision and Aims

Advanced Access

- 90% of patients should be able to access their health care professional routinely the next working day.

Diabetes

- 50% of patients with diabetes type 1 or diabetes type 2 within participating practices have a HbA1c of 7.0 or less.

CHD

- A reduction in the mortality of patients with coronary heart disease by 30% in three years.

First Wave

157 practices in 22 Divisions/Divisional Consortia

Number of FTE GPs:

- *direct measure* 643 FTE

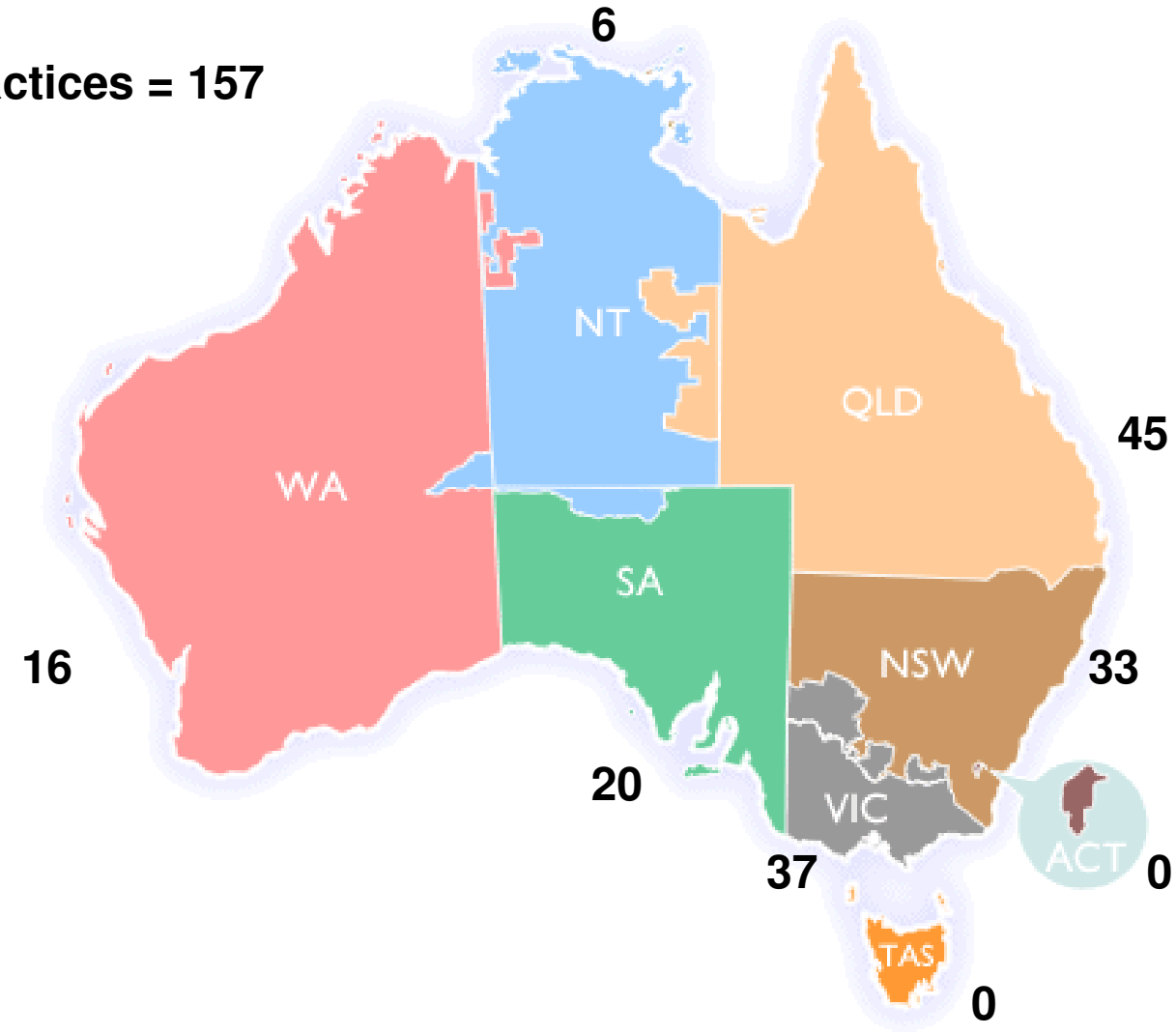
Approx population covered in Wave 1

- 630,000

The Program

- 600 practices = 2.4m approx

Wave 1 practices = 157



Source: www.adgp.com.au

Measures and progress of the wave one practices

THE NPCC MEASURES

CHD

- %Patients with CHD on aspirin
- %Patients with CHD who are on a statin
- %Patients who have had an MI in past 12 months and who are on beta-blockers
- %Patients with CHD whose last recorded BP within the last 12 months <140/90 mmHg

THE NPCC MEASURES

Patients with Diabetes

- With a last recorded HbA1c of ≤ 7.0% within the previous 12 months
- With a last measured total cholesterol of <4 mmol/l within the previous 12 months
- With a last recorded BP reading of <130/80 mm Hg within the previous 12 months
- that have had diabetes Service Incentive Payments claimed for them within the last 12 months

THE NPCC MEASURES

Better Access

- **% of patients seen by the practice on the day of their choice**
- **The number of days until the GP 3rd available appointment**
- **The number of days until the practice nurse 3rd available appointment (where there is not a practice nurse or the practice nurse does not have appointments this measure is not required)**


lustich.de
boeri
it's your head

MEASUREMENT

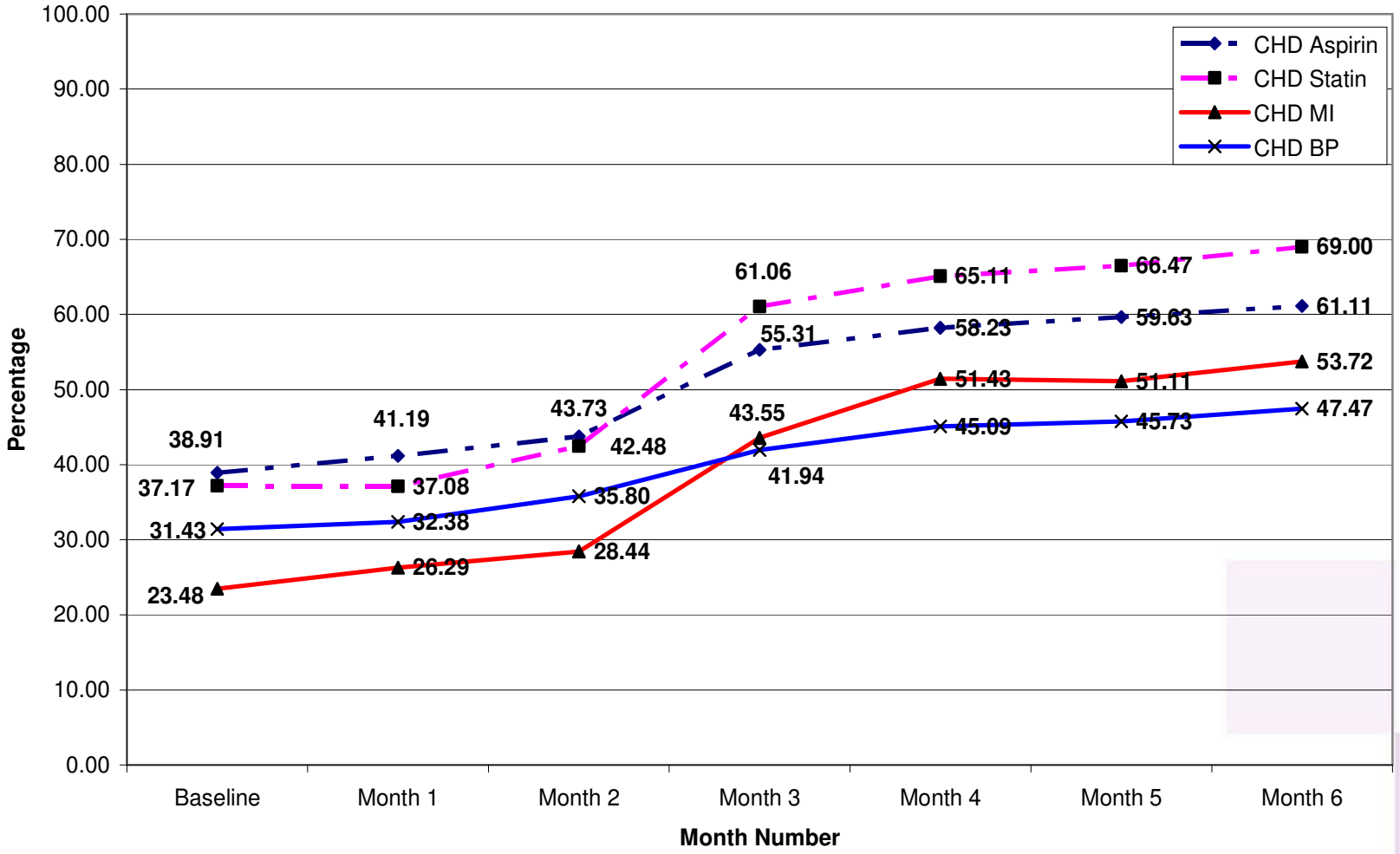
“Data are the nutrition of the Collaboratives”

WHY MEASURE?

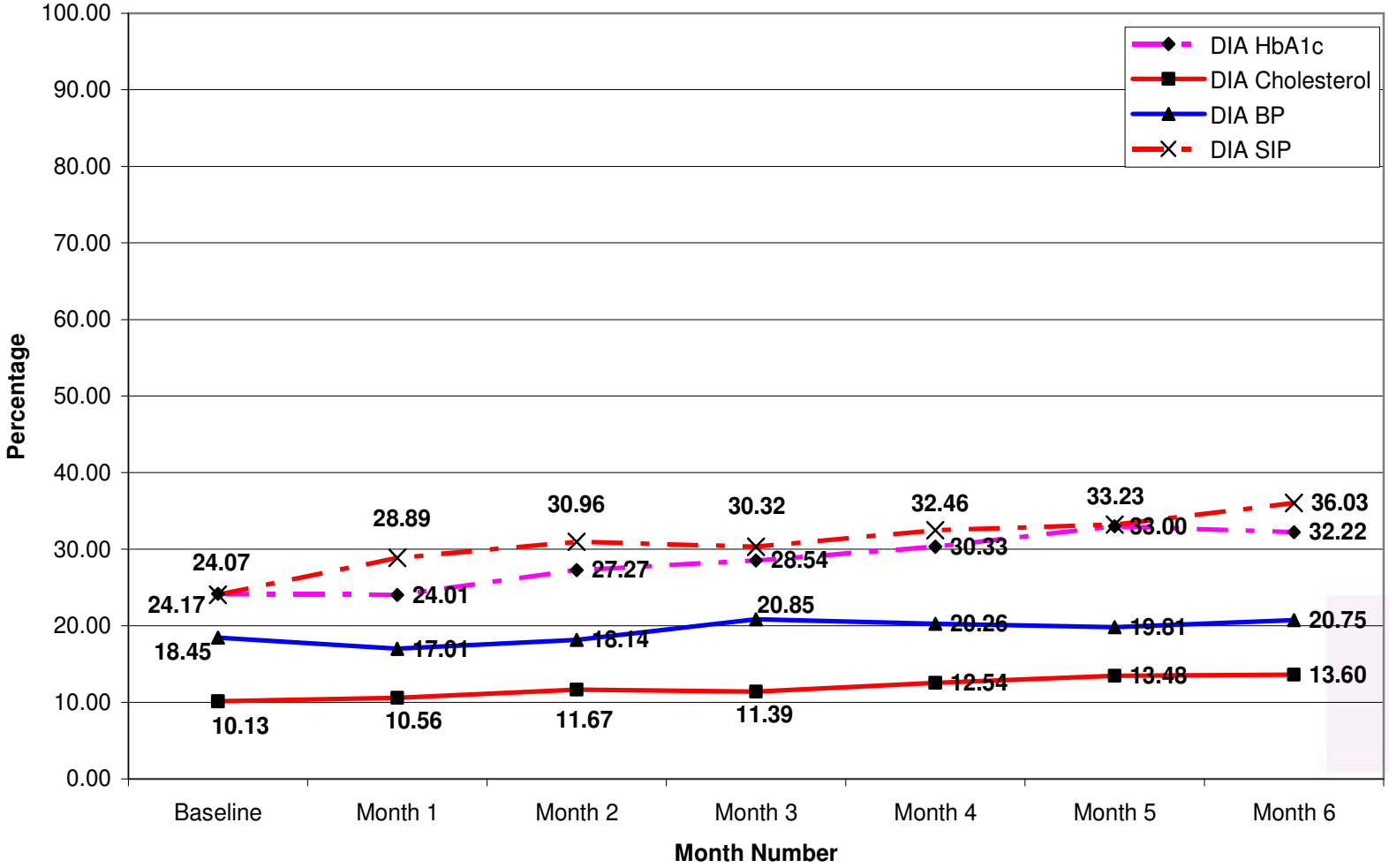
Provides an essential feedback loop….
giving power to *steer* system change

Provides power to make comparisons and to demonstrate improvement

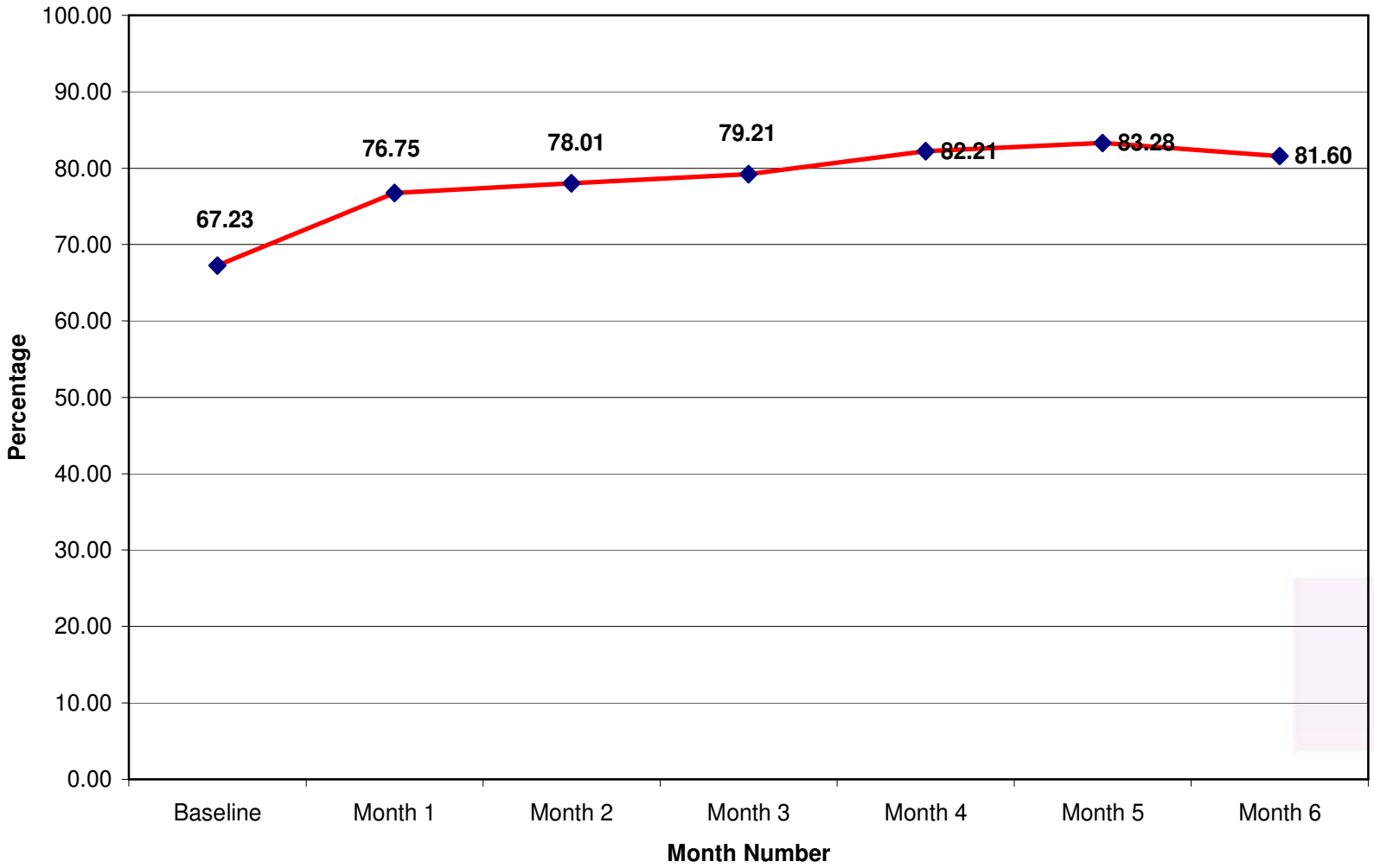
CHD Percentage Measures: Trend of Mean Percentage by Month Number
Wave One Month Six (2005)



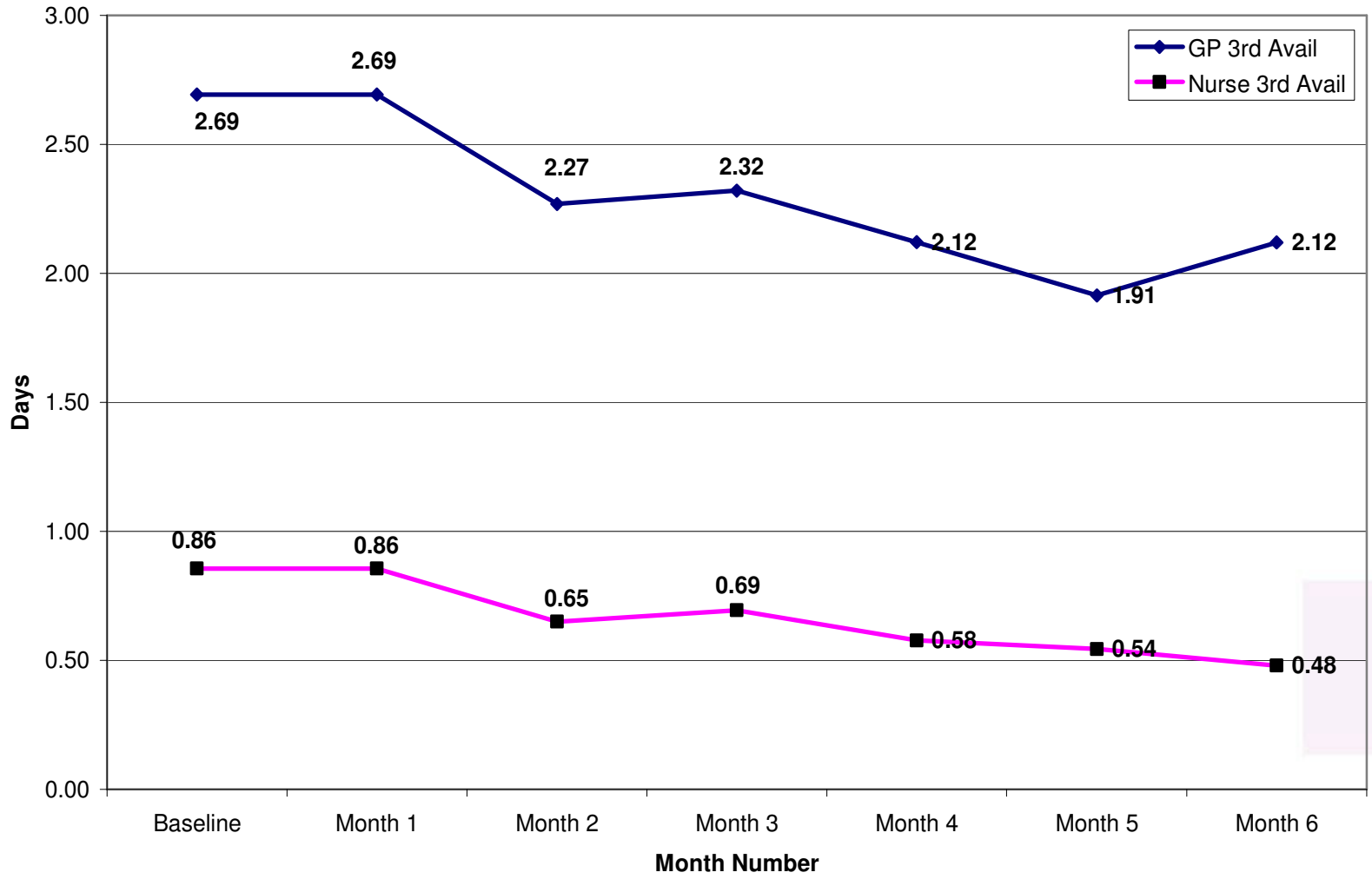
Diabetes Percentage Measures: Trend of Mean Percentage by Month Number
Wave One Month Six (2005)



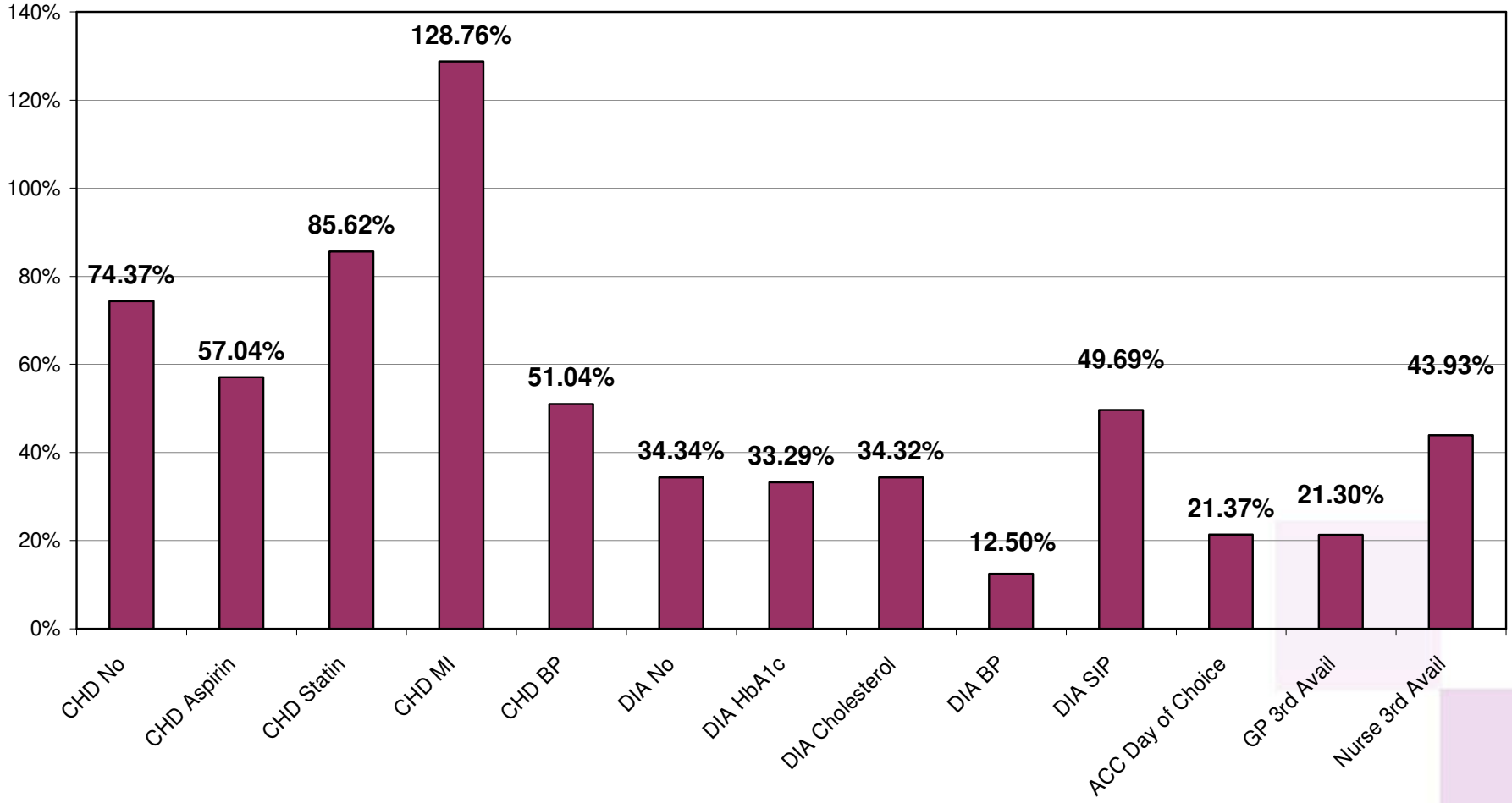
Better Access: % Patients Seen on the Day of their Choice: Trend of Mean Percentage Wave One Month Six (2005)



Better Access: 3rd Available Appointment Measure: Trend of Days to 3rd Available Appointment Wave One Month Six (2005)



Wave One % Improvement
Baseline to Month Six (2005)



Financial benefits

- 0 – 20K per doctor has been reported
- SIP up over 50% from baseline (24% - 36%)
- Use of practice nurses
- GPMP TCA
- Reduced DNAs
- Financial modelling request in to DOHA

spread

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20% rule

A minimum of 20% sites in the geographic area fully trained:

Readiness for spread

- Presence of successful sites ~ internal or external
- Inclusion in the organizations' strategic plan
- Someone in leadership (responsibility)
- Absence or minimization of obstacles adverse goals, major distractions

Spreading from the initial site(s)

Availability of resources and infrastructure

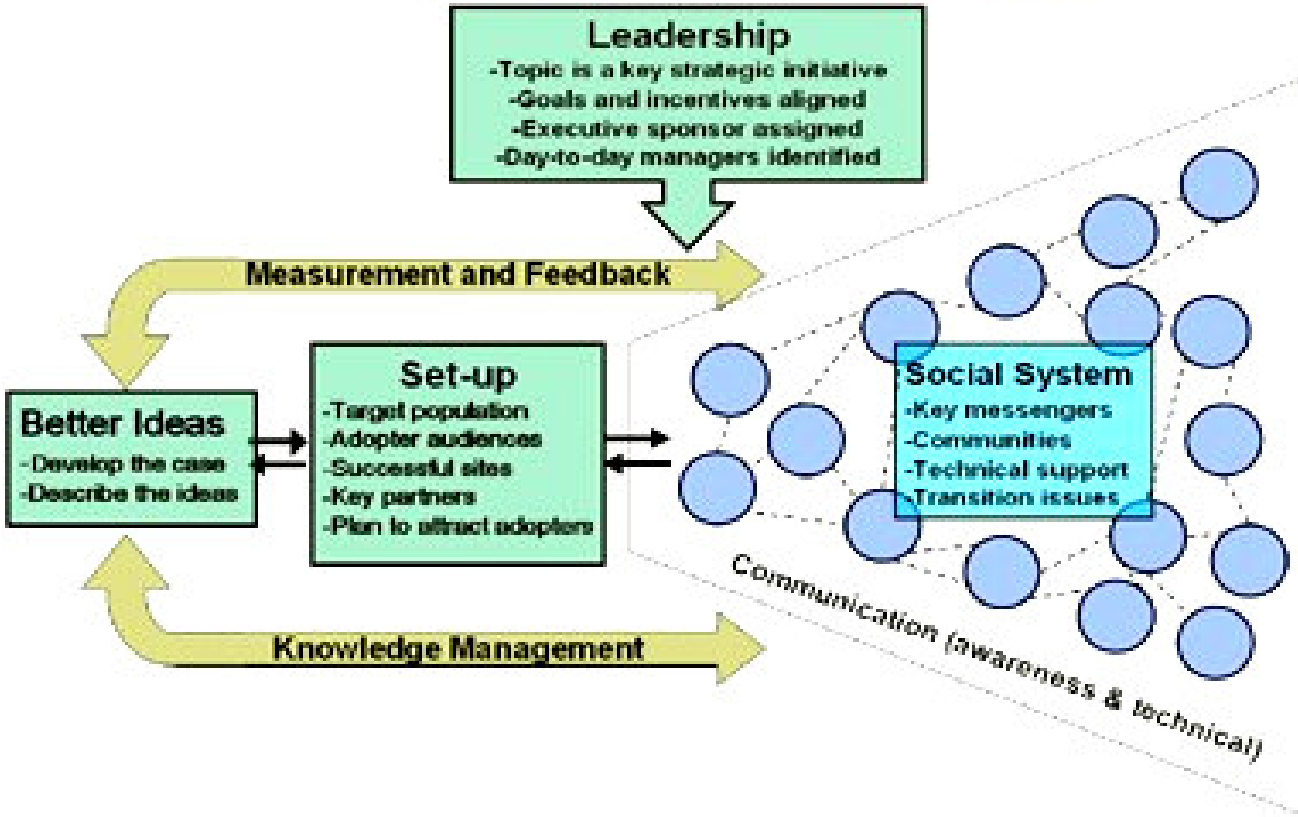
Initial

- Push system ie set up and infrastructure are needed

Long term

- Pull system ie matching needs and interests; policy

A Framework for Spread



www,ihi.org

Transition Issues for spread and sustainability

Rolls Royce model?

“Lite” model? (only some components)

Method vs. measures

Method:

- as true as possible (scale, vision, evidence, rationale, ideas (CP); champions, improvement methodology (LWs + PDSA), regular feedback of measures)

Measures:

- may be reduced or process measures used

Sampling:

- vs. all practices

?Questions

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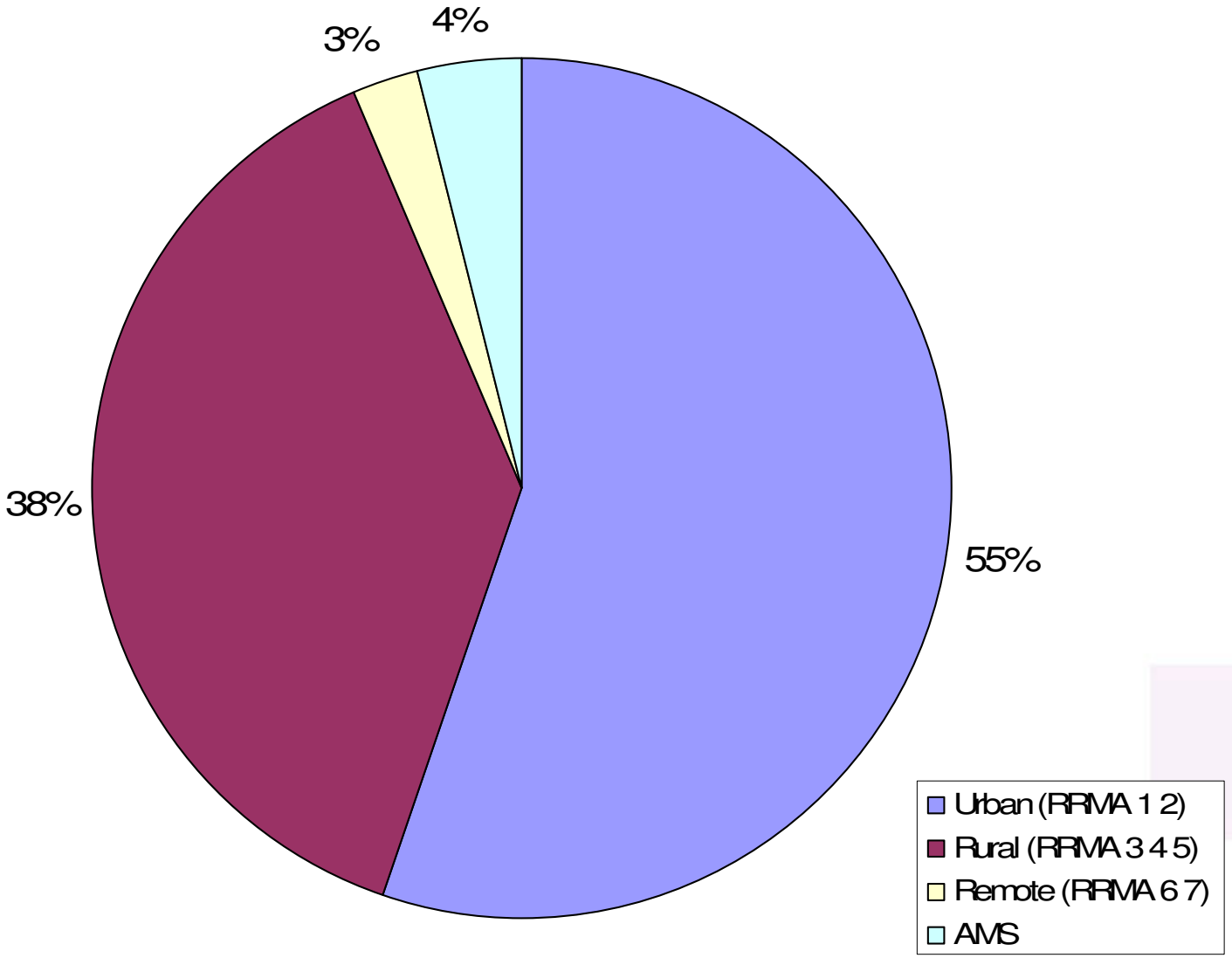
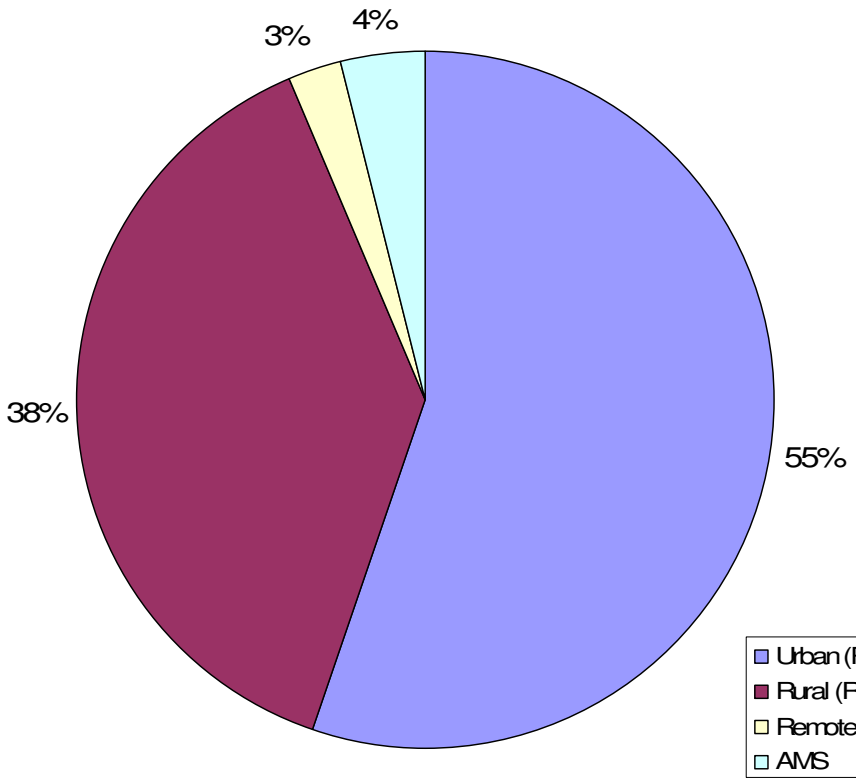
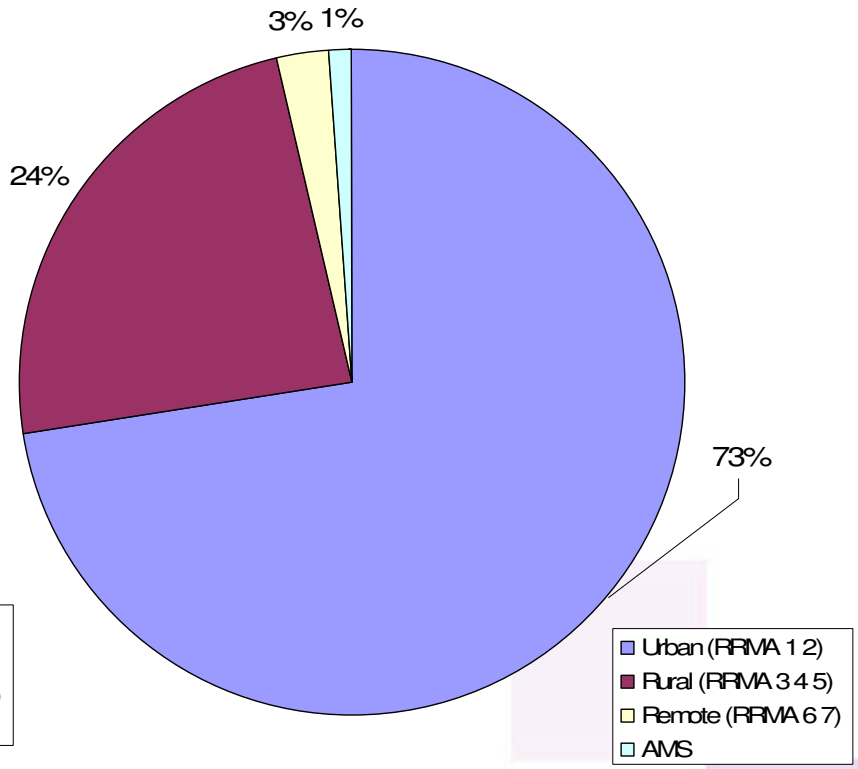
Wave 1


3%
4%
38%
55%
Urban (RRMA 1 2)
Rural (RRMA 3 4 5)
Remote (RRMA 6 7)
AMS

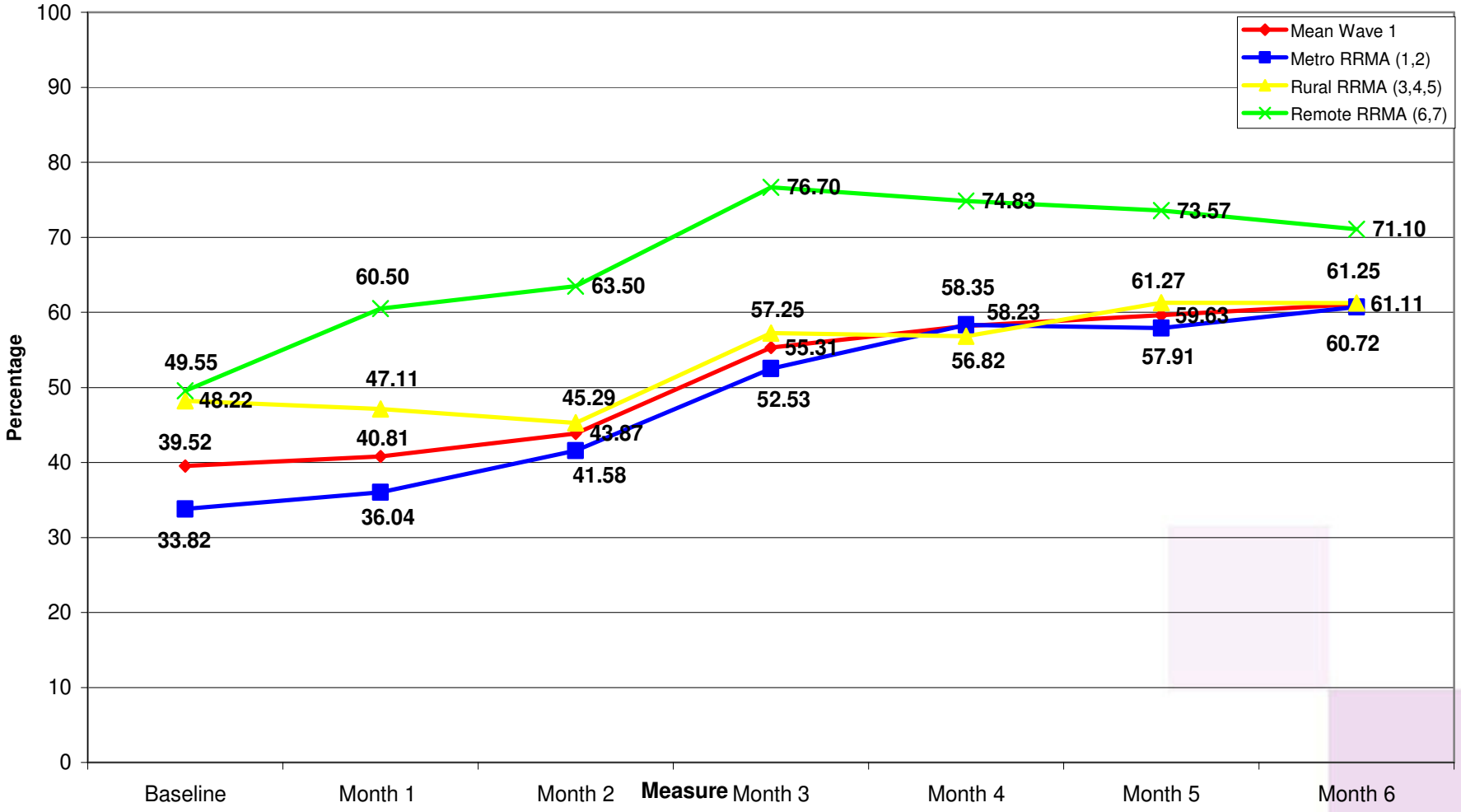
Wave 1



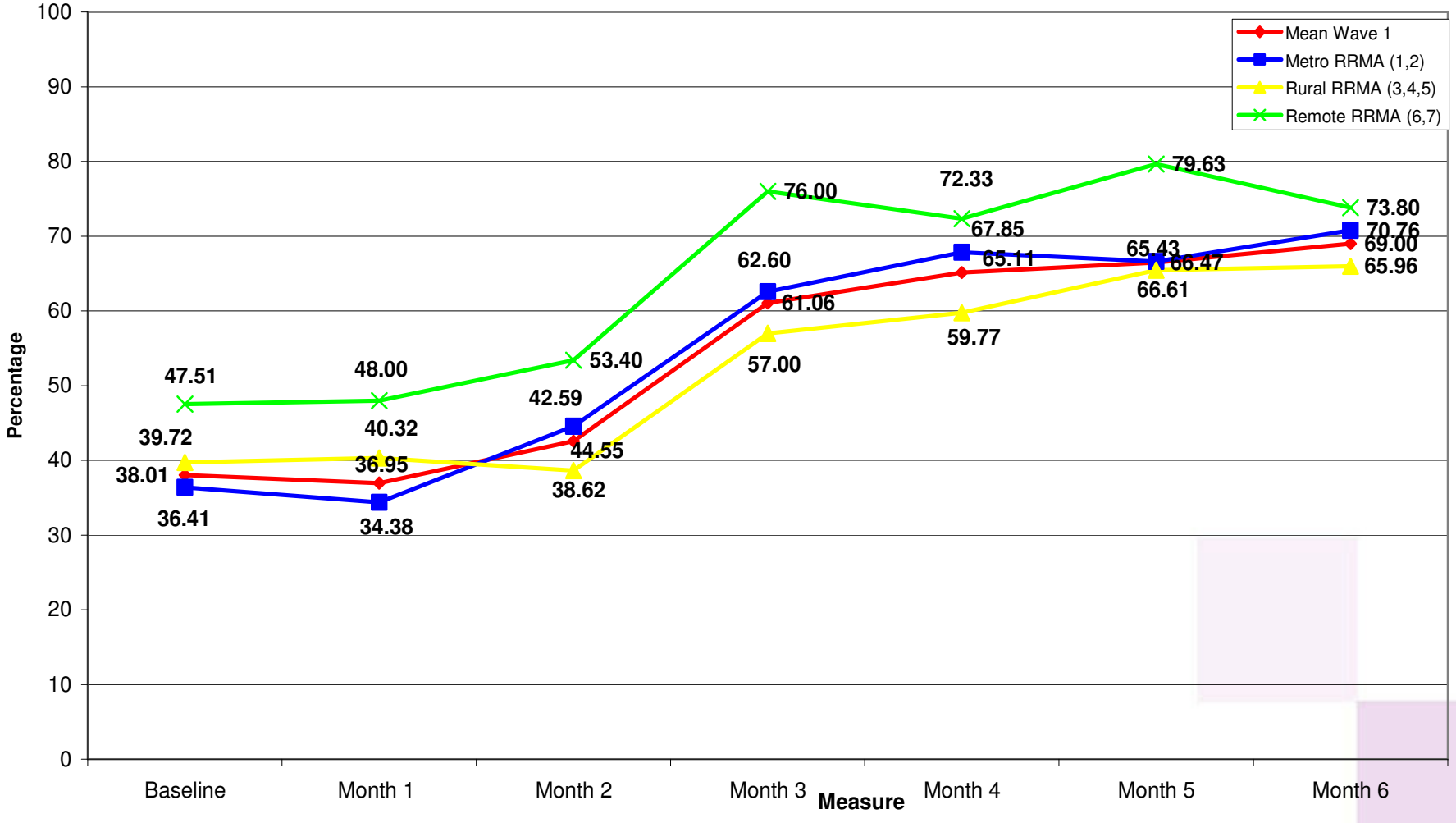
Australian Distribution



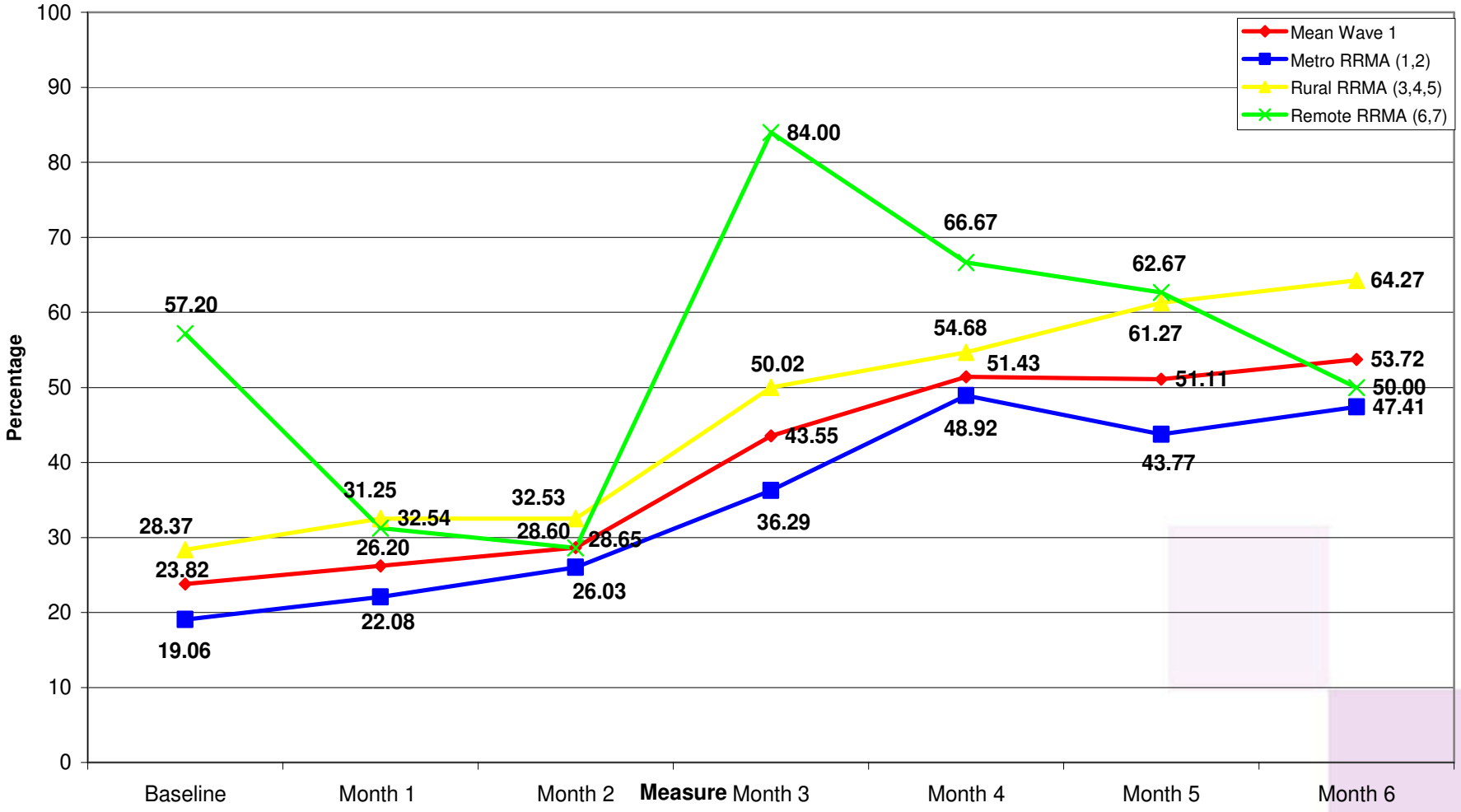
Percentage of Patients with CHD on Aspirin: Mean Practice Scores by RRMA Category
Wave One Month Six (2005)



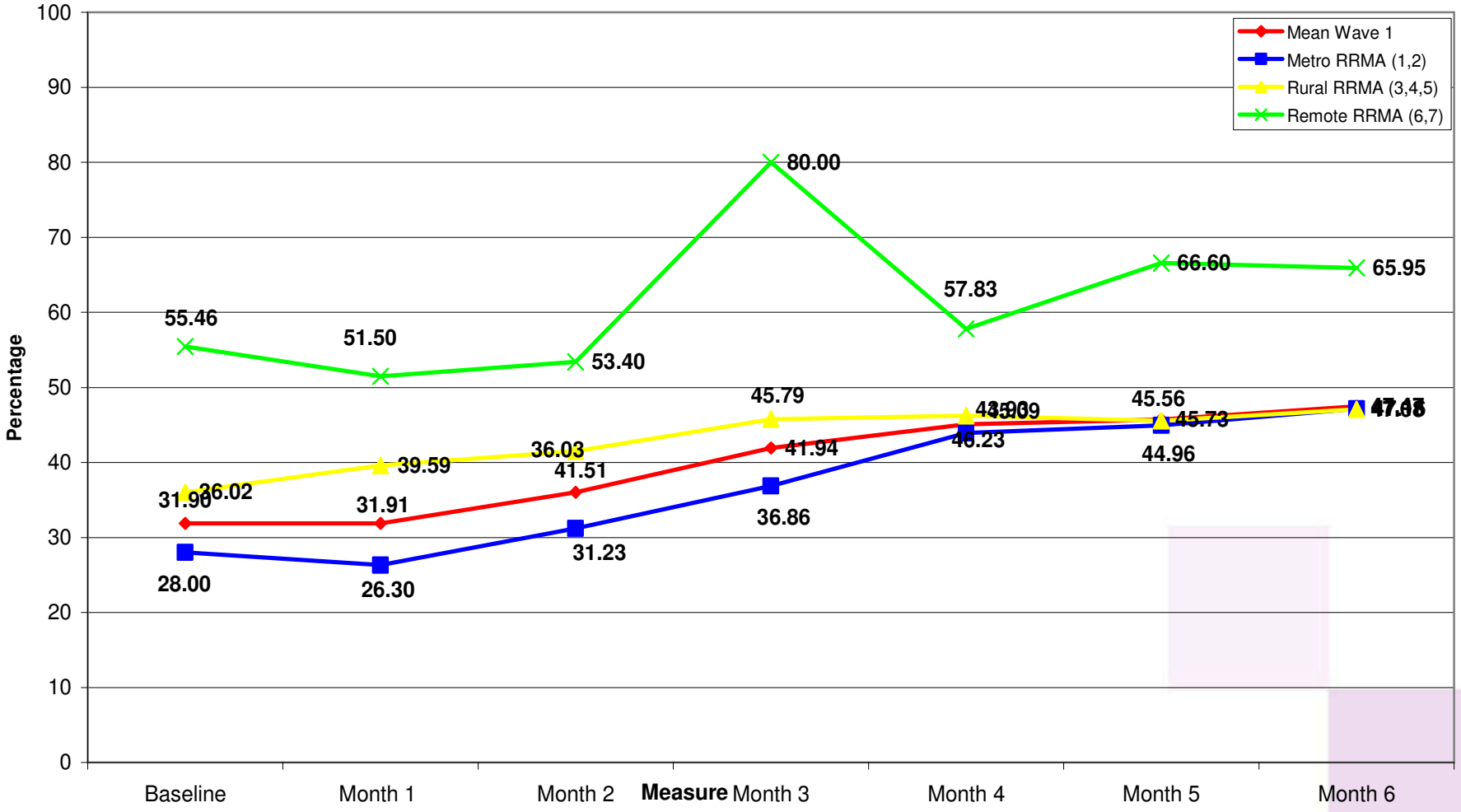
Percentage of Patients with CHD on a Statin: Mean Practice Scores by RRMA Category
Wave One Month Six (2005)



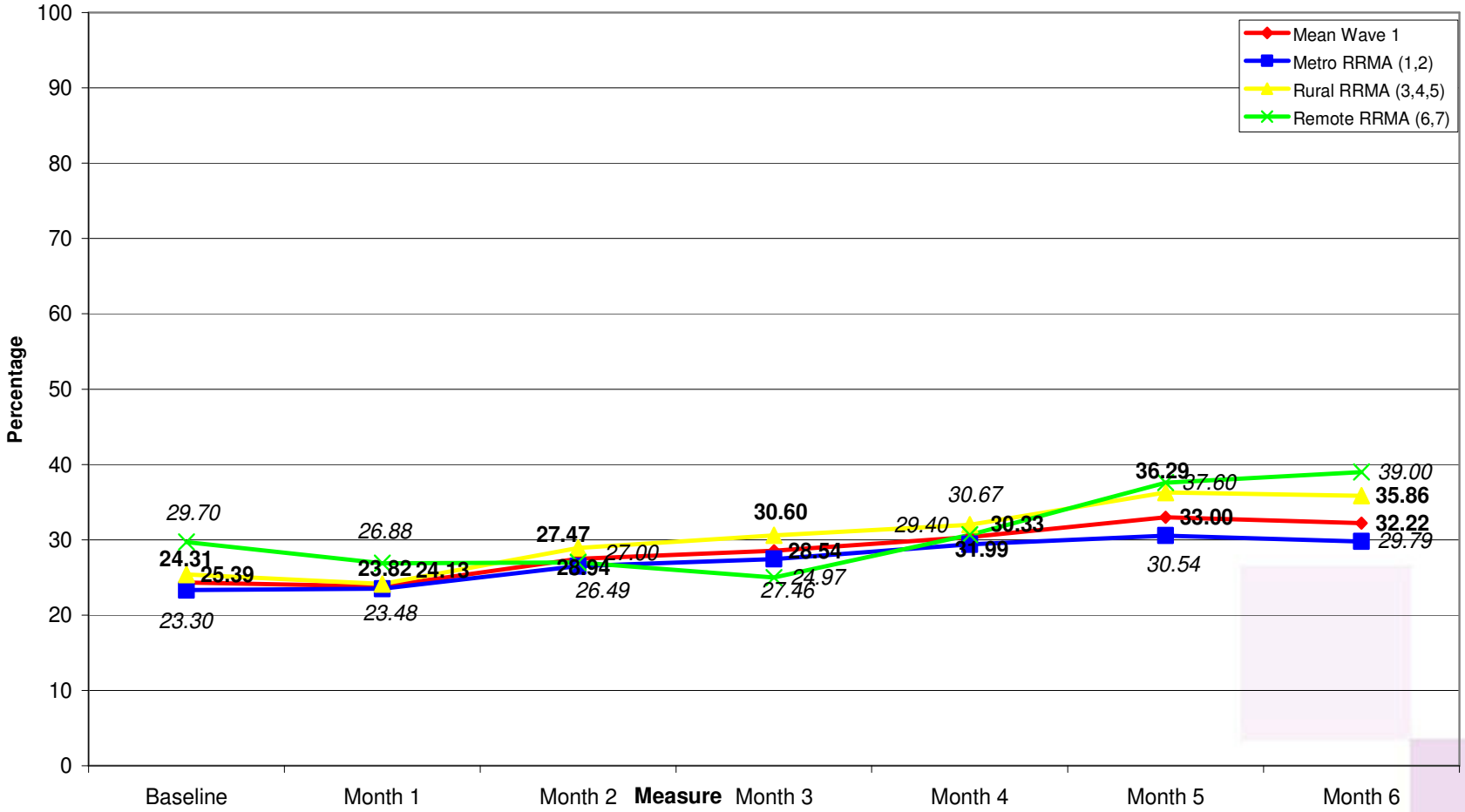
Percentage of Patients that have had an MI in the past 12 Months and are on a Beta Blocker : Mean Practice Scores by RRMA Category
Wave One Month Six (2005)



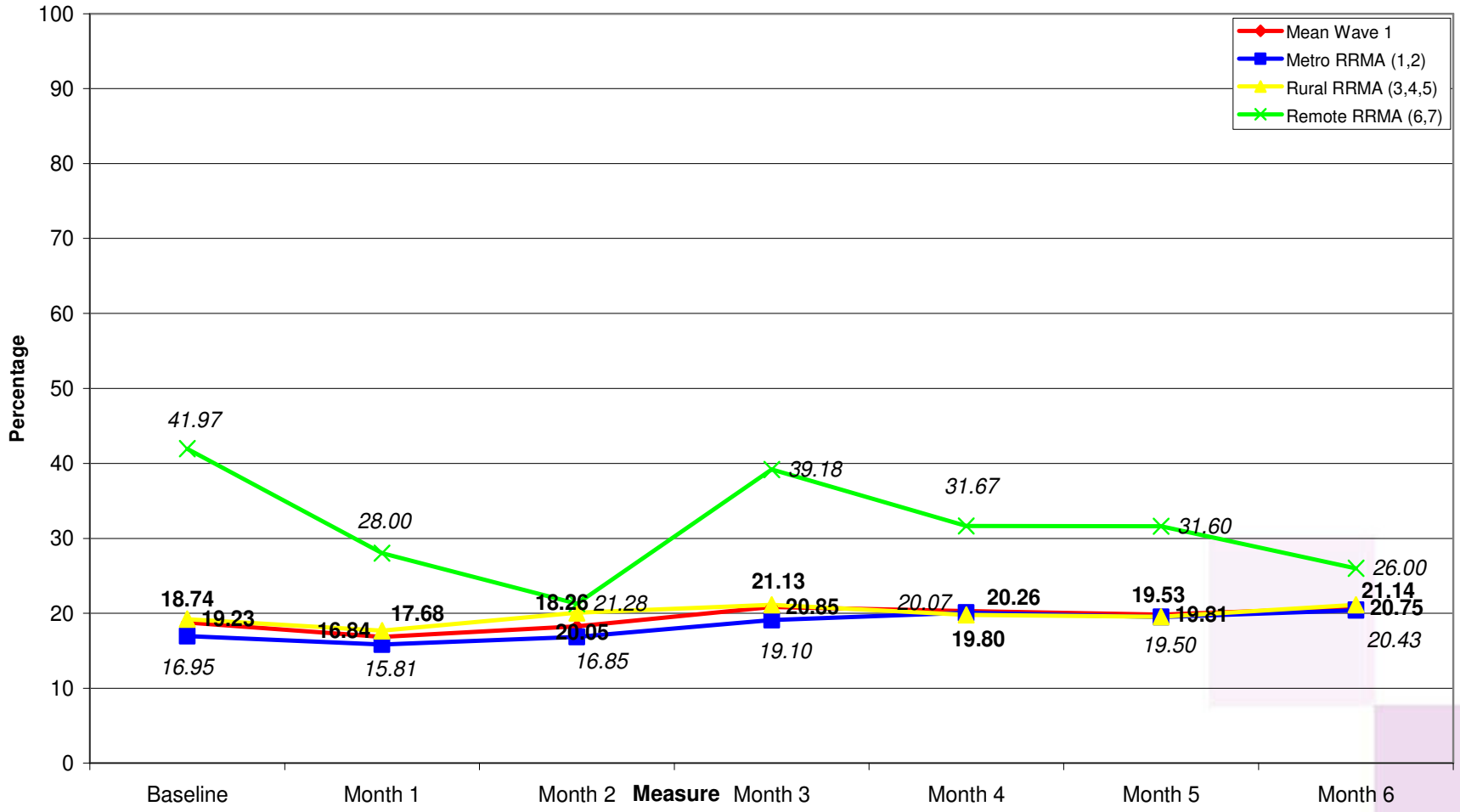
Percentage of patients with CHD whose last recorded BP within the last 12 months < 140/90 mm Hg.
Mean Practice Scores by RRMA Category. Wave One Month Six (2005)



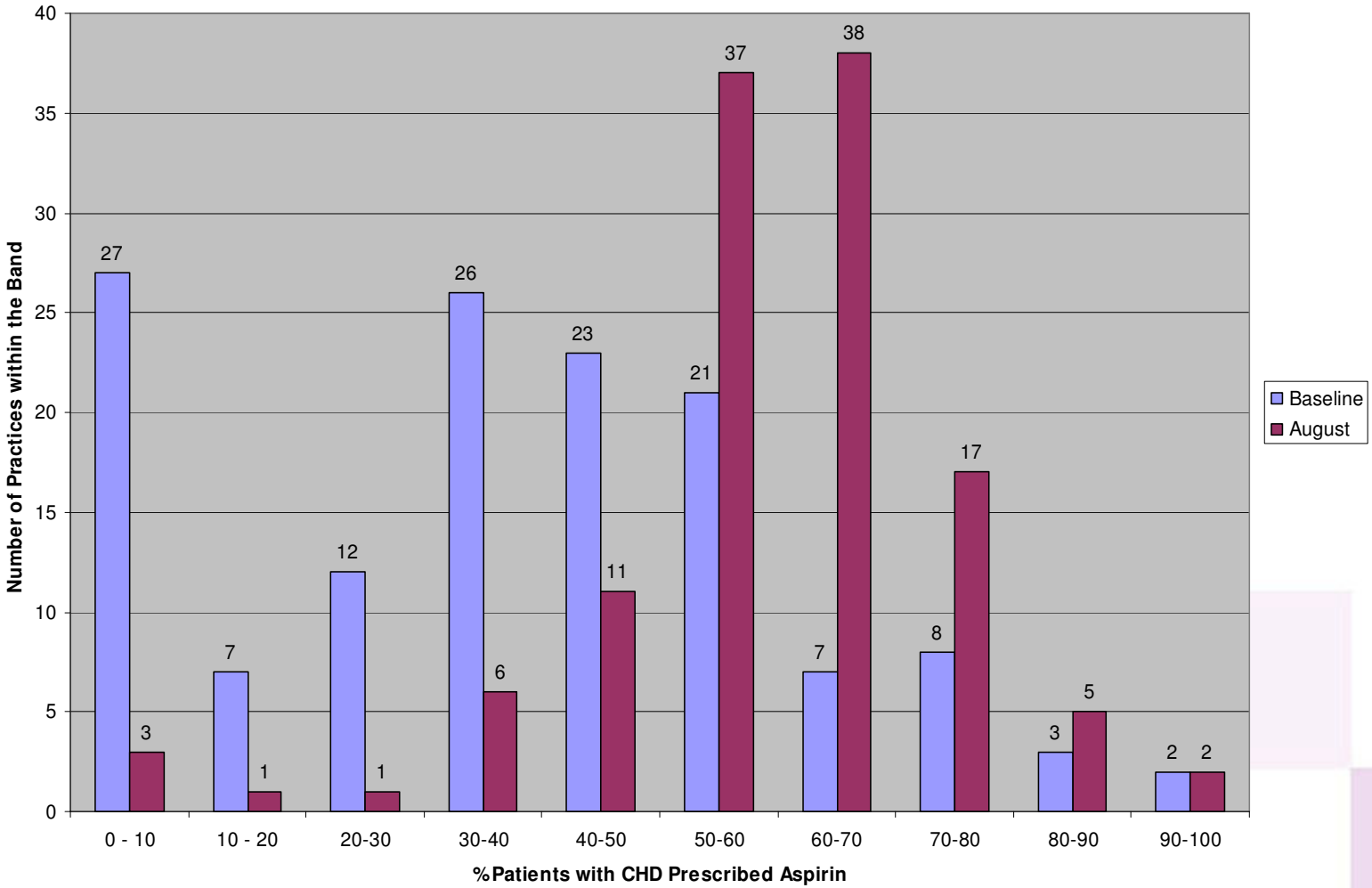
The Percentage of Patients with Diabetes with a last recorded HbA1c of <=7.0% within the previous 12 months: Mean Practice Scores by RRMA Category.
Wave One Month Six (2005)



The Percentage of Patients with Diabetes with a Last Recorded BP Reading of <130/80 mm Hg within the previous 12 months: Mean Practice Scores by RRMA Category.
Wave One Month Six (2005)



Wave One - Banded Aspirin results at Practice Level - Baseline Vs Month 5 (August 05)



		CHD No	CHD Aspirin	CHD Statin	CHD MI	CHD BP	DIA No	DIA HbA1c	DIA Cholesterol	DIA BP	DIA SIP
Baseline	**Baseline**	104.89	38.91	37.17	23.48	31.43	170.34	24.17	10.13	18.45	24.07
April	**Month 1**	105.06	41.19	37.08	26.29	32.38	165.24	24.01	10.56	17.01	28.89
May	**Month 2**	114.70	43.73	42.48	28.44	35.80	169.91	27.27	11.67	18.14	30.96
June	**Month 3**	149.27	55.31	61.06	43.55	41.94	217.74	28.54	11.39	20.85	30.32
July	**Month 4**	167.49	58.23	65.11	51.43	45.09	214.96	30.33	12.54	20.26	32.46
August	**Month 5**	172.56	59.63	66.47	51.11	45.73	231.74	33.00	13.48	19.81	33.23
Sept	**Month 6**	182.89	61.11	69.00	53.72	47.47	228.84	32.22	13.60	20.75	36.03
% Imp		**74.37%**	**57.04%**	**85.62%**	**128.76%**	**51.04%**	**34.34%**	**33.29%**	**34.32%**	**12.50%**	**49.69%**

Note that April is now has the Baseline for the Third Available Ap