Division & Practice Relationship:

our core business

KDGP Mission Statement

To support the diversity of General Practice models in delivery of quality health outcomes to the Knox community

Everything we do

All services provided by Knox Division are built upon the valued service we provide to our practices through our Business Improvement Program.

Without this relationship, our Division would be unable to contract to deliver or sell any outcomes to a funding body.

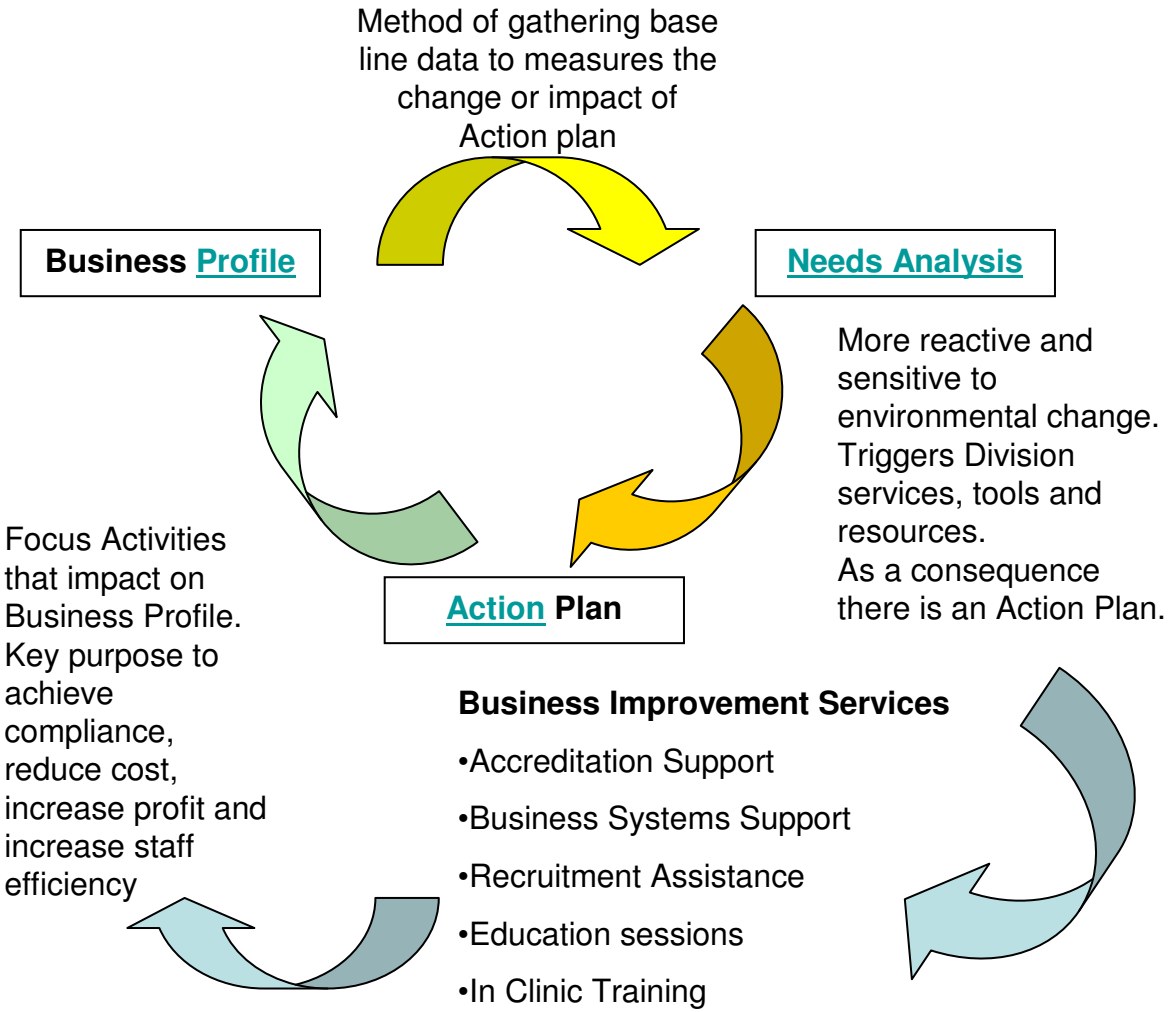
GPs and their continued business success is the foundation upon which Division-based primary care system improvements are possible.

Business Improvement Services

Knox Division Business Improvement program:

- Provides practice support in information management, practice workforce recruitment, business systems, and quality improvement
- Assists practices through a CQI process to improve practice capacity to adopt new government initiatives and achieve/maintain quality and legislative standards
- Is based on Division building and maintaining a relationship with GPs and clinic staff (Division staff seen as a trusted friend with whom sensitive information can be shared and who will give honest and reliable advice/assistance)

Method


Method of gathering base line data to measures the change or impact of Action plan
Business Profile
Needs Analysis
More reactive and sensitive to environmental change. Triggers Division services, tools and resources.
As a consequence there is an Action Plan.
Action Plan
Business Improvement Services
•Accreditation Support
•Business Systems Support
•Recruitment Assistance
•Education sessions
•In Clinic Training
Focus Activities that impact on Business Profile. Key purpose to achieve compliance, reduce cost, increase profit and increase staff efficiency

Best Practice and Compliance Audits

KDGP
Knox Division of General Practice

Vaccine Storage & Handling - RACGP Accreditation standards and NH&MRC best practice standard.

Infection Control - RACGP Accreditation standards, NH&MRC & Australian National Council on Aids, best practice standard.

Sterilisation - RACGP Accreditation standards & Australian Standard As4187.

Drug Storage & Handling - Victorian drug handling legislation and RACGP Accreditation standards.

Practice Equipment & Doctors Bag - RACGP Accreditation standards & Victorian drug handling legislation

Health Information Audit – Privacy Act

Information Management – Australian Standard HB 174 - 2003

Risk Management – MIA & MDAV Risk Management Audit and Protocols

What makes it work?

- Continually building trust with clinic GPs & staff
- CQI process identifies individual clinic's own needs and priorities for improvement
- Guaranteed confidentiality of clinic data and Division compliance with privacy legislation
- No financial detriment to clinics in disclosing "non-compliance" or unfavourable data to Division worker
- No identifiable information leaves the clinic – audits are coded and kept in locked cabinet

What have we built on this relationship?

- Over 90% of local GPs participate in clinical management and patient linkage programs
- Uptake of Division quality improvement initiatives within 95% of local practices
- DOHA core funding less than 45% of overall income
- 30% Division income not DOHA funding
- $300,000+ State government contracts to improve GP-primary care interface

What could jeopardise this relationship?

- Perception that Division is acting on self-interest above the interest of the clinic
- Fear of Division staff using practice data to “report” non-compliant clinics
- Division staff being seen in “policing’ role – ensuring clinics meet specific standards
- Fear of practice data being misused or accessed by third parties

Fund-holding?

YES:

- Allied health services (psychologist access thru BOMHC)
- State Government to improve GP-primary care interface (GP Liaison project based in Division not hospital)
- State Government to run allied health services within practices

NO:

- GP and Clinic $ (cashing out SIP, PIP or other MBS incentive payments)