The role of general practice in population health – A Joint Consensus Statement of the General Practice Partnership Advisory Council and the National Public Health Partnership Group

Joint Advisory Group on General Practice and Population Health

Contents

	Acronyms	iv
1	Statement of purpose	1
2	Context	2
3	What is population health?	3
4	Opportunities for collaboration between general practice and population health agencies at all levels	4
5	Supporting arrangements	5
6	Principles	6
7	Next step—an Action Plan	7

Attachments

Attachment 1	Descriptions of the population health approach	9
Attachment 2	Opportunities for collaboration between general practice and population health at all levels	10
Attachment 3	General practice and population health—Framework for Action	11

Acronyms

ACIR	Australian Childhood Immunisation Register
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
DHAC	Department of Health and Aged Care
GP	general practitioner
GPII	General Practice Immunisation Incentive
GPPAC	General Practice Partnership Advisory Council
JAG	Joint Advisory Group on General Practice and Population Health
NPHP	National Public Health Partnership
RACGP	Royal Australian College of General Practice
SBOs	State Based Organisations of the Divisions of General Practice
SNAP	Smoking, Nutrition, Alcohol and Physical Activity
NACCHO	National Aboriginal Community Controlled Health Organisations

1 Statement of purpose

General practice has engaged in population health activities, to varying degrees, for a long time. In recent years the context for that activity has been changing and the value of an enhanced and more consistent evidence-based approach, supported at the national level, has been recognised.

To achieve this strengthened role for general practice in population health, to ensure the effective use of existing resources, to address inequalities in health status and to achieve better population health outcomes, it is essential to:

- clearly define and promote the general practice role in health protection activities such as notifiable conditions and legislation/regulation,
- strengthen opportunities for collaboration among general practice, other health professionals and agencies working in a population health context;
- ensure supporting organisational and other infrastructure arrangements are in place to enhance population health in general practice; and
- recognise that the general practice role in population health will evolve over time as the health system and general practice continues to develop and change.

This Consensus Statement describes population health and identifies roles and opportunities for collaboration and linkages between general practice and population health at all levels including the individual (consultation) level, the local or practice level, the regional or Division of General Practice level, the State and Territory level, and the national level. Supporting arrangements necessary for feasible and sustainable change are identified within this document.

This paper proposes principles to guide future development and ongoing collaborative arrangements.

This Consensus Statement will inform the development of an Action Plan designed to:

- achieve health outcomes for individuals and populations, based on current evidence about population health strategies relevant to general practice and its interface with other agencies;
- build on current experience, expertise and resources;
- acknowledge the legislated responsibilities of general practitioners (GPs) with regard to Population Health
- be implemented by GPs in their consultations with patients, within general practices and with Divisions of General Practice;
- encompass a range of roles for GPs in population health, from general practice preventive care

for individual patients to collaboration with public health agencies in developing public policy and program delivery in health;

- acknowledge the external arrangements necessary for developing and supporting the general practice role in population health; and
- develop a knowledge base to inform practice and policy in the future.

2 Context

In Australia and overseas general practice is responding to major pressures resulting from changes in the health care system as well as changes in practice and practice management, information technology, and community and consumer needs and expectations. The challenge facing general practice is to cope with this change while maintaining quality of practice and contributing to improved population health. Providing preventive care for practice populations and local communities, and developing collaborative partnerships to respond to local health needs have been identified as key issues to be addressed by general practice reform.

Two peak bodies in general practice and population health have sponsored the development of this Statement. The National Public Health Partnership (NPHP) provides a formal structure for Commonwealth, State and Territory Governments to develop a national intergovernmental public health agenda. Its role is to ensure that government responsibilities in public health are consistent (where needed) coordinated (where required) and collaborative (where pooling of expertise and resources is beneficial. The broad objectives of the Partnership are to: improve collaboration in the national public health effort, better coordinate and sustain public health strategies and strengthen public health infrastructure and capacity.

The General Practice Partnership Advisory Council (GPPAC) is an independent body with representatives from general practice, the Department of Health and Aged Care (DHAC), the National Aboriginal Community Controlled Health Organisation and consumers. It advises the Commonwealth Minister on issues pertaining to general practice in Australia.

The Minister for Health and Aged Care brought together the representatives of NPHP, GPPAC and DHAC in 1999, under an independent chair,[1] to form the Joint Advisory Group on General Practice and Population Health (JAG). Its role is to take forward a national approach to strengthen the population health role for general practice and to improve collaboration between population health and general practice.

[1] Professor Mark Harris, School of Community Medicine, University of New South Wales.

The development of this Consensus Statement is a key strategy in achieving this. To assist in the development of this Consensus Statement JAG undertook a substantial consultation process with general practice and population health professionals in 2000. This consultation process sought to identify opportunities for enhancing the role of general practice in population health and how to further develop the collaborative partnerships in the general practice and population health sectors. This Consensus Statement has also been progressed by a Consultation paper entitled the *JAG General Practice and Population Health June 2000*; the commissioned University of Melbourne report on the *Relative Effectiveness of Population Health Intervention in the General Practice Setting,*[2] and the outcomes from the National Symposium on General Practice and Population Health held in March 2001.[3]

Case example: Immunisation

The General Practice Immunisation Incentives (GPII) program seeks to actively engage GPs, practices and Divisions of General Practice to improve childhood immunisation rates.

Divisions work with GPs and practices to raise awareness of current schedules, gaps in services, the importance of opportunistic screening and practice-based recall and reminder systems, and the financial incentives scheme, and to ensure effective cold-chain vaccine management.

Divisions access immunisation databases to identify those not accessing services—often those in isolated communities or hard-to-reach groups experiencing multiple disadvantages. In some instances, Divisions have initiated special immunisation clinics in collaboration with local councils to reach these groups.

Public and community health providers work with Divisions and local councils to identify effective strategies to increase parents' awareness about the benefits of immunisation.

GPs and practices are increasingly engaging in opportunistic screening, introducing recall and reminder systems, introducing promotional material into waiting rooms, and in some instances participating in special clinics outside the practice.

Immunisation rates are improving.

Reference: *The National Directory for Divisions of General Practice, State Based Organisations and Rural Workforce Agencies.*

3 What is population health?

There is some confusion about the term 'population health'. From a general practice perspective it can be seen as an extension and systemisation of the general practice's existing role in preventive care for

[2] Joint Advisory Group on General Practice and Population Health. A Framework for Developing Integrated Approaches to Behavioural Risk Factor Management within General Practice. January 2001.

[3] Department of General Practice and Public Health, University of Melbourne. 'The Relative Effectiveness of Population Health Interventions in the General Practice Setting.' Final report to the Department of Health and Aged Care, February 2001.

individual patients. As well, it is the provision of more comprehensive preventive care that addresses the needs of the practice's patients and local communities, that is, including those not adequately accessing preventive care. It involves activities, such as immunisation, risk assessment and management, patient education and screening, in which GPs are already engaged within their practice, it also involves notification of diseases of public health importance to the relevant government agency. A population health approach means doing these more effectively and consistently across a whole population.

There are other population health activities, including those relating to the development of public policy on health, which are not core to general practice.

Population health in the broadest sense can be described in various ways and a recent useful comparison is presented in Attachment 1. JAG has developed a working definition of population health **in the context of general practice**. This definition is inclusive of the **principles of** 'health promotion', 'prevention' and 'public health' and is based on the World Health Organisation's definition.

Population health in the context of general practice is defined as:

The prevention of illness, injury and disability, reduction in the burden of illness and rehabilitation of those with a chronic disease. This recognises the social, cultural and political determinants of health. This is achieved through the organised and systematic responses to improve, protect and restore the health of populations and individuals. This includes both opportunistic and planned interventions in the general practice setting.

4 Opportunities for collaboration between general practice and population health agencies at all levels

Clarification of roles in population health[4] is a crucial step underpinning the development of more effective relationships between general practice and other health professionals working in population health to achieve better health outcomes. Such clarification provides a basis for identifying areas of mutual interest and joint engagement.

Clarifying roles at all levels (individual, local community, regional, State and Territory, and national) provides a framework from which to consider the interrelationships between the levels both inside and outside general practice. Understanding these relationships and developing the

[4] See Attachment 2 **Opportunities for collaboration between general practice and population health at all levels**.

interrelationships are crucial to achieving an extended role for general practice in population health that is both feasible and sustainable over time.

While the work of JAG has focussed on the role of general practice in population health to date, the roles and interaction of all sectors of the primary health care workforce also need to be taken into consideration when discussing prevention and health promotion within primary health care.

Population health represents an extension and expansion of existing clinical roles towards an emphasis on prevention and a focus on groups or populations rather than on individual patients. General Practice also has an important advocacy role around the structural issues that affect health status, especially for socially disadvantaged groups. This role will vary according to the setting and may be appropriate at Division or other levels.

Divisions of general practice have a key role in supporting general practitioners and practices with education, support, systems and linkages.

Case example: Type 2 Diabetes

Provision of optimal and systematic care by a GP for people with diabetes requires the establishment of a patient register with relevant risk factor and treatment details and a recall/reminder system to monitor progress, screen for complications and identify patients who have not attended for routine checks. Such a register provides a good basis for clinical audit of care.

The practitioner considers how best to help patients achieve adequate control of their diabetes and to set targets. This means ensuring they have a basic understanding of the problem, know how to control and monitor symptoms, and know how to manage risk factors such as diet, physical activity and foot care. The practitioner may provide written information to supplement a consultation and may refer patients to a diabetes educator, dietitian and/or podiatrist. Where appropriate, the practitioner may consider holding a multidisciplinary case conference and/or developing a care plan with the patient.

Divisions support general practice in establishing a patient register and recall/reminder system and in accessing appropriate clinical guidelines for screening, identification of high-risk groups and preventive action.

Population health agencies work with Divisions of General Practice to increase awareness about diabetes and its management and to facilitate access to nutrition and other support services.

Reference: University of New South Wales. *Population Health for Clinicians Project—Type 2 Diabetes*. RACGP Red Book. 2001.

5 Supporting arrangements

Strengthening and extending general practice involvement in population health requires active consideration of the environmental context that will enable, facilitate, support and reinforce this change. Collaboration and cooperation among general practice, population health agencies and all levels of government is crucial.

Some key areas for further development are:

- **Organisational structures and roles**—developing organisational and practice structures and systems to enable GPs to identify and undertake effective population health activities and interventions, and to facilitate collaboration with outside services and professionals.
- **Communication**—including community awareness, patient education and communication between population health and general practice agencies.
- **Information management/information technology**—developing population health data collection, dissemination and analysis, and relevant clinical tools and guidelines for information management and decision support.
- **Workforce planning, education and training**—including developing materials to improve access by general practice and Division staff to education, training and quality assurance programs; increase understanding and skills in relation to the population health role of general practice, patient risk assessment and effective interventions.
- **Financial systems**—implementing appropriate incentives and payment systems to support the engagement of GPs in effective population health activities both inside and outside the practice.
- **Partnership and referral mechanisms**—developing and implementing organisational supports to facilitate effective collaboration between general practice and others working in a population health context.
- **Evaluation and Research - Research and evaluate alternative models of general practice organisation, funding and integration.**

6 Principles

An agreed set of principles can usefully inform the way partners in general practice and population health work together. They provide a starting point for engagement at all levels, and a framework for strengthening and extending the population health role of general practice to:

- improve its quality and effectiveness;

- support more complete coverage of practice populations and communities;
- provide a comprehensive and accessible range of preventive health care; and
- provide opportunities for general practice to join with others working in a population health context to achieve healthier environments and healthy public policies.

These principles are:

- General practice engagement in population health activities can provide a valuable contribution to improving population health outcomes. General practice engagement builds upon existing experience and expertise including community value and trust in the professional competence of the GP, current clinical decision support tools and guidelines and population health training materials.
- General practice population health interventions, roles, decision support tools and practice system should be evidence-based and/or based on best practice, be systematic and sustainable.
- **Best outcomes from general practice population health activities result from:**
  - **better integration across disciplines within primary care; and**
  - **partnership between general practice and population health services and consumer and community organisations.**
- Population health activities in general practice should include, as a priority, activities that are designed to meet the specific needs of disadvantaged population groups.
- **Achieving change in general practice to increase population health activities needs to be supported by GPPAC and NPHP**
- Achieving a system wide increase in general practice activity in population health requires a national coordinated approach **that incorporates structural and other supporting mechanisms.**
- **Any additional activities must be supported by an increase in the multidisciplinary workforce at the practice level.**

7 Next steps —an Action Plan

The Consensus Statement provides a basis for the development of an Action Plan.

A framework for developing the Plan is outlined in Attachment 3.

The framework:

- outlines the basis for the Action Plan;
- identifies emerging priorities;
- identifies key players to be consulted;

- outlines a process for developing the Action Plan; and
- proposes a matrix for the Action Plan.

Case example: Supporting GPs in the management of patient risk factors

The development of integrated approaches to managing the behavioural risk factors of smoking, nutrition, alcohol and physical activity (SNAP) provides an opportunity for GPs to make better use of evidence-based interventions.

For example, information systems and systems to support patient education and information can be made more user-friendly for GPs through the development of integrated approaches which takes into account practices' needs and individual patients' needs relating to managing the four behavioural risk factors. An integrated risk factor approach can help improve the consistency and effectiveness of general practice interventions, as well as the provision of consistent information to patients and communities.

A Framework for Developing Integrated Approaches to Behavioural Risk Factor Management within General Practice (the SNAP Framework) is a major step forward in such endeavours. As an illustration of how such an approach fosters consistency in provision of information to patients and to the public, suggested activities or roles within the draft SNAP Framework include:

Individual GP consultation

- GPs use evidence-based patient information in consultations.

General practice

- General practices establish systems for distributing and rotating literature, posters etc. aimed at providing patients with evidence-based information to support their informed choices, and drawing on support from Divisions or other support structures.

Division and community

- Divisions develop partnerships with local providers for the development of locally relevant educational materials for patients.
- Divisions facilitate the development and distribution of locally relevant educational materials for patients.

State and Territory level

- Include consistent behavioural risk factor information on State and Territory Government and State-level non-government organisation web-sites and in printed information material for patients.

National level

- Develop an integrated suite of consumer information available for use in waiting rooms and GPs' consultations.
- Ensure that risk factor information is available and highlighted on HealthInsite.
- Facilitate incorporation of patient information into GPs' electronic decision support packages.
- Develop collaborative strategies to reach populations unable to access mainstream information sources, e.g. to overcome literacy, language and cultural barriers.

ATTACHMENT 1

Descriptions of the population health approach

Sainsbury (1999)

Attending to the health status and health needs of the whole population.

Defining health and illness as multifaceted and as a continuum ranging from positive health to imminent death.

Searching for recurring patterns in the occurrence of health and illness.

Recognising that health and illness result from complex interplay of many personal, local and global factors.

Understanding the impact that illness and illness care have on people's lives.

Promoting health and preventing illness through strategies involving individuals, communities and whole societies.

Providing a comprehensive range of high-quality integrated health and illness care services.

Striving to achieve equity of health status, resource allocation and health services access and utilisation across the population.

Recognising that resources are limited and hence choices must be made about which services can be offered to whom.

Encouraging decision making based on evidence and explicit values rather than anecdote, custom or prejudice.

Fry and Furler (2000)

Collective responsibility for health and a prime role for government in carrying this out.

A focus on whole populations.

An emphasis on preventions.

Concern for underlying social, economic and cultural determinants of health.

A multidisciplinary approach, that uses quantitative and qualitative methods.

Partnerships with the populations served.

ATTACHMENT 2

Opportunities for collaboration between general practice and population health at all levels

Individual consultation

Immunisation and participation in ACIR.

Screening and early detection through active case finding.

Diagnosis, treatment, contact tracing and notification of infectious diseases to facilitate disease control in the population.

Assessing and preventing complications in elderly patients and/or those with chronic diseases or complex conditions.

Assessing and supporting patients to manage physiological and behavioural risk factors.

Providing information and education to patients on preventive self-care.

Liaising with and referral to allied health services, practice nurses, general practice, community health services/nurses, Home and Community Care coordinators or other providers as required.

Local community or practice

Establishing, maintaining and ensuring utilisation of recall and other office systems.

Providing more accessible preventive care through special clinics or nurse/allied health education sessions, etc.

Facilitating GPs' access to clinical decision support tools.

Providing information materials for patients on behaviour risk factors, etc.

Ensuring availability of up-to-date referral information for practitioners.

Collecting and forwarding patient information relating to population health activities.

Participating in training and quality assurance programs.

Liaison between GP, allied health, community health, Indigenous health, local government or other agency as required.

Participating in evaluation and in general practice and population health evaluation and research projects.

Regional or Division of General Practice

Collecting data from GPs and other practitioners working in population health; providing quality assurance feedback; service development planning.

Providing easy-to-use population health data to general practices and others working in population health, including information on population health impact.

Liaising with regional health planning bodies, including Indigenous health planning.

Ensuring general practice and population health agency access to information on local providers, and community and consumer groups.

Facilitating development and implementation of risk assessment, practice decision support and other systems.

Facilitating GPs' access to population health education and training.

Participating in general practice and population health evaluation and research projects.

Facilitating collaboration among levels of general practice, NPHP, others working in population health and the community.

State and Territory

Facilitating provision of easy-to-use population health data at the regional level.

Facilitating collaboration between levels of general practice (including Divisions and SBOs), NPHP, others working in population health and the community.

Liaising with key health promotion agencies, including health promotion foundations.

Collating and analysing data on population health activities of GPs, practices, Divisions, and others working in population health, for quality assurance and service development.

Promoting and supporting population health evaluation and research on general practice and population health.

National

Endorsing the Consensus Statement.

Promoting implementation of the Framework for Action.

Ensuring ongoing development of evidence-based population health interventions.

Liaising with universities and colleges regarding future education needs.

Promoting collaboration between levels of general practice (including Divisions, SBOs, ADGP, RACGP and ACRRM), NPHP, others working in population health and the community.

Promoting appropriate policy and program development.

Promoting and supporting evaluation and research in general practice and population health.

Promoting population health policy development and coordination.

Collating and analysing data from Divisions and others working in population health for monitoring and evaluation of general practice, and population health programs and interventions.

ATTACHMENT 3

General practice and population health— Framework for Action

1 The Framework

The purpose of this Framework is to provide an outline of the process for achieving an Action Plan and to suggest a matrix model for the plan itself.

The Framework will:

- outline the basis for the Action Plan;
- identify emerging priorities;
- identify key players to be consulted;
- outline a process for developing the Action Plan; and
- provide a matrix for the Action Plan.

2 The Action Plan

The Action Plan will be an overview plan. That is, it will incorporate projects and activities in train as well as identifying new activities. It will include detailed project plans.

The Plan will:

- build on the Consensus Statement, particularly taking into account agreed principles, supporting arrangements required to enable, support and reinforce desired changes, and the five levels;
- be directly related to population health and general practice partners including NPHP and GPPAC, but also identify where action by other/external players in government, the Health Insurance Commission or other agencies, is essential in achieving change;
- identify priority outcomes, actions and responsibilities;
- provide short and longer term perspectives;
- gain the support of the key players who will be engaged in achieving change; and
- draw together the work of the Relative Effectiveness study, the SNAP Framework and the emerging work on life stages and priority setting in health.

3 Emerging priorities

Cardiovascular disease, diabetes, cancer, asthma, mental health, injury prevention and people with chronic and complex complex conditions have been identified as National Health Priority Areas in Australia because of the heavy burden such disease, injury and impairment places on society and on individuals. Recent work on life stages and health, and the cumulative negative impact of disadvantage in the early years of life suggests that child health be added to this list of priorities.

Indigenous and rural and remote populations are recognised as having poorer health status than other sectors of the population.

At the local and regional level other priorities may emerge because of particular socioeconomic, geographical, cultural and other circumstances, for example, homelessness.

Within this broad framework the recent JAG projects on The Relative Effectiveness of Population Health Interventions in the General Practice Setting and the developing SNAP Framework for addressing common risk factors in national health priority areas provide key resources which will assist in focusing on priorities for action in strengthening the population health role of general practice. The information provided in these documents will also be essential to the development of the detailed action plan.

The outcomes from the JAG National Symposium suggest some practical, sustainable and systematic approaches to population health that will improve the health of both individual patients and at risk populations using current clinical practices eg screening, and addressing Commonwealth national health priority areas.

The following activities were suggested by the participants at the National Symposium to further engage governments, general practice organisations, non-government organisations (NGOs), general practitioners (GPs) and other population health partners in population health at each level.

Organisational structures and roles

Develop more formal supporting networks between GPs and other health care providers at division level, as well as joint programs between divisions and Indigenous health services.

Development of models for population health/primary health coordinators and multi-disciplinary professionals.

Further development and implementation of the integrated risk factor framework for smoking, nutrition, alcohol misuse and poor nutrition (the SNAP Framework).

Financing systems

Governments and GPs to establish and maintain a continuing dialogue with general practice about investment in population health.

Development of funding options for practices to engage in population and indigenous health.

Development of funding options to support practices to engage practice nurses, allied health and indigenous health workers.

Establish population health coordinators and promote multi-disciplinary networks.

Workforce planning, education and training

Develop multidisciplinary training programs (undergraduate and post-graduate) to provide continuing education for GPs and staff on population health and cultural awareness issues. This training needs to be linked to expanded career options for GPs and enhanced training for other health professionals in population health.

Develop the capacity for practices to employ staff from a range of professional disciplines.

Develop ongoing capacity of divisions to provide continuing education for GPs and staff on population health cultural awareness within a multi-disciplinary team.

Information Management and Information Technology (IM/IT)

Maintain the divisions role in facilitating data collection processes at practice level (eg practice registers).

Development of a standardised IM/IT system architecture to support population based data collation and dissemination of information (eg for patient education).

Develop standardised IM/IT system architecture to allow data collation and analysis (eg practice registers).

Divisions to develop and distribute prevention audits.

Improve software, education and training for individual GPs in the use of IM/IT systems.

Maintain divisional support for IM/IT.

Divisions to provide a population health coordination role.

Division to continue to engage in continuing medical education (CME) activities.

Divisions to coordinate population health activities with NGOs.

Communication, including community awareness and patient education

Divisions in collaboration with practices to develop patient education resources that are integrated and accessible that also cover the issues of self-management and referral.

Division and State level to develop community awareness programs on the role of GPs in population health, smoking, nutrition, alcohol and physical activity (SNAP) and other specific issues.

Partnerships and referral mechanisms

Partnerships to be established to provide multi-disciplinary care within practices and between them and community health and other health care services.

Establish a mechanism to share programs between divisions, population health and indigenous health services.

Development of a network or mechanism to share current population health programs in rural areas.

States to set up GP/ population health advisory bodies and State population health coordinators with the State based organisations (SBOs) of the Divisions of General Practice.

Commonwealth to maintain the partnerships between NPHP-GPPAC, the SNAP strategy groups, NGOs and consumer groups and the National Aboriginal Community Controlled Health Organisations (NACCHO).

Evaluation and research

Research and evaluate alternative models of general practice organisation, funding and integration in the areas of salaried GPs and existing multi-disciplinary models (including Indigenous health).

4 Stakeholders

The stakeholders are those key players who must be engaged in order to achieve the desired change and actions. This is a wide group of agencies including the Australian Divisions of General Practice; SBOs; Divisions of General Practice; relevant Colleges; university departments of general practice, rural health and public health; health promotion foundations; other population health agencies; community and consumer organisations; and key individuals engaged in relevant major initiatives such as the Public Health Education for Clinicians program, development of the SNAP Framework, the Relative Effectiveness study, and the life stages approach.

5 The planning process

Step 1 Develop an Action Plan, in collaboration with key players from population health, general practice and other agencies, which draws on existing JAG material and the agreed planning matrix, and which:

- identifies evidence-based priorities for short and longer term action;
- identifies current initiatives supporting these priorities for action, including general practice-based initiatives suitable for systematic implementation and other opportunities, relating to key areas for action;
- identifies any major barriers to implementation of priority actions;
- delineates the potential roles of general practice and population health agencies in taking action to achieve change; and
- delineates the action required by population health and general practice agencies, governments, professional organisations, universities and others to accomplish change.

Step 2 Achieve JAG support (with reference back to NPHP and GPPAC) for an Action Plan for consultation.

Step 3 Consultation with stakeholders.

Step 4 Revise the Action Plan.

Step 5 Achieve JAG support for the final Action Plan.

Step 6 Monitor implementation of the Plan.

6 A planning model and matrix

In order to manage the complexity of this planning process a number of breakdown points are incorporated. In this instance these are around:

- agreed priority issues identified in part 3 Emerging priorities;
- developing short and longer term plans for each issue;[1]

[1] It is suggested that there are two components to the Action Plan, a short-term plan and a longer-term plan. The short-term plan will address priorities that require immediate attention and which are practical and achievable in the relatively short term. This plan is likely to include several projects currently under development and projects that have demonstrated support from all key players. The longer term plan will include those projects which require other projects to be completed before they become feasible, which face major barriers to implementation and which do not have the demonstrated support of key players. There may be high-priority projects that fall into this category.

- agreeing to key outcomes across a range of categories likely to be necessary to deliver the outcome, such as organisations and structures, education and training, and incentives and disincentives; and
- agreeing on implementation strategies—who will do what and by when.

The planning process will necessarily be an iterative one. As it develops it will be possible to see contingencies, synergies, barriers etc. that are not immediately evident.

It is suggested that the Action Plan be developed as a two-stage process. The first stage is to identify key outcomes for each priority area. There may be several outcomes relating to each priority. The second stage takes each key outcome and provides a framework for deciding who does what and by when.

Framework for Action—Suggested activities to support GPs role in population health

	Organisational structures and roles	Financing systems	Workforce planning, education and training	IM/IT – data collection, dissemination & analysis, guidelines, clinical support	Communication, including community awareness and patient education	Partnerships and referral mechanisms	Evaluation and Research
GP/ consultation		Time based items Expanded population health items and EPC	GP training in behaviour change techniques, consultation supports (such as IT systems, active scripts)	Population health data collection for improved preventive care and reach	Time for patient education and communication with population health professionals	Care plans, case conferencing Expanded and simplified referral and feedback systems	Access to evidence at point of care Surveillance of risk factors
Practice/ community	Patient linkage Practice networks Practice staff	Salaried GP staff, Expanded PIP for preventive care	Practice nurses shared across practices Practice prevention coordinators Clinical audit of preventive care activities	Clinical tools, recall and reminder systems Broad-band internet access Connectivity to community IT networks	Development of networks with other providers across the community Patient education resources	Increased practice nurse and other allied health staff with broadened role Information links	Practice involvement in audit, research and evaluation
Division/ region	Division needs assessment, Joint programs with population and Indigenous health services	Funding GP extra-clinical activities, practice nurses and allied health. Population health coordinator/ practice facilitator	Population health facilitator/ coordinator CME for GPs in population health Expand career options for GPs	Practice population health data collation, analysis, and dissemination IM/IT education, training, and support for general practice staff	Translation and management of population health information to and from general practices (information triage). Coordination of information about evidence	Regional structures, Population health coordinator (shared)	Involvement in research and evaluation on population health in general practice Analysis of data on population health in general practice Dissemination/ feedback to practices
	Organisational structures and roles	Financing systems	Workforce planning, education and training	IM/IT – data collection, dissemination & analysis, guidelines, clinical support	Communication, including community awareness and patient education	Partnerships and referral mechanisms	Evaluation and Research
State	State network / advisory body on General Practice and population health: SBO, NGO, State health, ACCHOs	Joint Commonwealth and State funding of programs and positions	Population health coordinators (SBO/State health shared responsibility)	Standards and systems to interface between public health services and general practice	Education of GPs with other health professionals	State population health coordinator (shared)	Evaluation of population health interventions across regions
National	Coordination across Commonwealth/ State	GP education and marketing Integrated set of financing (HIC, Division etc) to support GP involvement in population health Incentives for improved access by Indigenous and disadvantaged groups to preventive care	Population health training – GP & non GP staff at vocational and post graduate certificate, diploma or masters levels	"Report card" on medical software support of population health Evidence-based patient education, information, and guidelines for quality patient care and decision support Non-pharmaceutical/ preventive advice and non-pharmaceutical electronic prescription	Structural and financial systems supporting communication networks Consistent communication within and between Commonwealth	National strategies developed in partnership with states/Divisions/ NPHP-GPPAC.	RED supports research and evaluation on population health in general practice Data collation on GP preventive activities