

Draft Position Statement

General Practice Engagement

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Purpose

The purpose of this position statement is to describe general practice engagement¹ (GPE), its strategies and structures to enhance its effectiveness for the Dandenong District Division of General Practice (the Division).

'Engagement is about bring general practice on board with programs of change.' Division staff member's statement.

Definition

GPE is the process of working collaboratively with GPs and practice staff to enhance the quality of general practice, for improved clients' health and / or improved health system efficiency. It may involve informing, consulting, collaborating and empowering general practice to change procedures, policies and programs.

A whole-of-practice approach to GPE entails working with both GPs and practice staff. Practice staff are important as practice managers and nurses share the workload and decision-making of a practice. They are also a conduit for reaching GPs.

The Division's opportunities for GPE include:

- a. Division leadership
 - GP participation in the Committee of Management
 - GP program managers
 - GP and practice staff participation in sub-committees and reference groups such as the Division Accreditation Advisory Group and Community Reference Group.
- b. General practice support

Practice visits, phone support, networks, written materials (web and paper), educational meetings (continuing professional development) and other strategies (see table 1) to support general practice regarding:

- Accreditation
- Aged care
- Asthma
- Business development
- Cardiovascular disease
- Diabetes
- Health promotion
- Immunisation
- Medicare changes
- Mental health
- Practice management
- Quality use of medicines.

¹ General practice engagement (GPE) includes , and is broader than general **practitioner** engagement.

Table 1 General practice engagement strategies (based on Bero et al, 1998²)

<ul style="list-style-type: none">• Practice visits ★ (educational visits, academic detailing) are face-to-face meetings with trained personnel and the GP/GPs in their practice• Decision-support systems and reminders ★ such as reminders about screening, stickers on charts, follow-up appointment systems• Interactive educational meetings ★ such as workshops and small group discussions• Mass media ★ such as providing information to a journalist for an article or advertising• Audit and feedback such as summarising clinical performance over time and data fed back to the GP	<ul style="list-style-type: none">• Local opinion leaders such as trusted colleagues evaluating new medical information• Patient-mediated interventions such as direct mailing to clients that aims to change clinical behaviours• Educational materials such as journal articles and audiovisual materials• Didactic educational sessions such as lectures• Incentives such as financial or professional incentives• Administrative interventions such as barriers including having to get approval for a drug
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Multifaceted interventions, combining strategies with a consistent message are more effective than individual strategies.
★ = strategies shown to be consistently effective. (This is a guide based on imperfect literature.)

The Division supports general practices locally.³ It also collectively represents its members and establishes partnerships with institutions wanting to consult with general practice, such as state government, Southern Health and the South East Primary Care Partnership. These type of partnerships ensure that general practice is represented at policy and planning levels.

Rationale

The Australian Government⁴ funds Divisions of General Practice to support GPs with changing environments (information management, medicine, health system), stating that 'Divisions have a core role in working with GPs and their practices'.

The Division is committed to quality GPE. With an accomplished history of involving members in its management and its activities, the Division has earned an admirable reputation for achievements⁵ in this area. This demonstrates that the Division's existing strategies and structures for supporting general practice are effective. Experienced personnel, dedicated GPs and practice staff, and an organisational awareness of the culture of general practice⁶ contribute to this success.

The Division is seeking to further enhance its efforts through:

- Building an evidence-base for GPE strategies
- Establishing an organisational approach to GPE.

² Bero, L.A., Grilli, R., Grimshaw, J.M., Harvey, E., Oxman, A.D. & Thomson, M.A. (1998) Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ*, 317, 465-468. In NHMRC (2000). *How to put the evidence into practice: implementation and dissemination strategy*. Canberra: Commonwealth of Australia.

³ The Division's catchment area is the City of Casey and the majority of the City of Greater Dandenong.

⁴ Australian Government, 2004, Divisions of General Practice: Future Directions, Department of Health and Ageing.

⁵ For example: having engaged more than 200 GPs in the Diabetes Cardiovascular Risk Management Program; ability to retain GP involvement in special issues such as refugee health and youth health; and the wide uptake of the generic practice and policy procedure manual.

⁶ Acknowledging that general practice is small business, concerned with the health needs of their clients and providing better care for them.

Evidence enables informed decision making for communicating with GPs and practice staff. A strategic approach focuses time and energy on activities that are most likely to achieve goals. It enables GPE to be planned and evaluated. Other possible effects are listed in table 2.

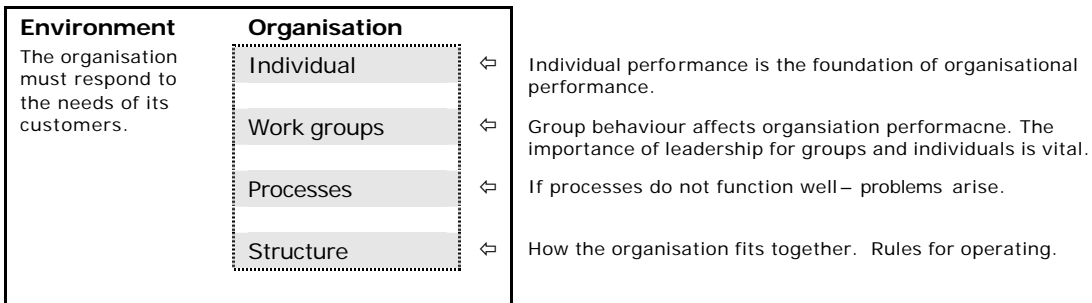
Table 2 Benefits of an organisational approach to GPE

<ul style="list-style-type: none"> • Greater knowledge sharing • Enhanced communication • Improved capacity and productivity • Enhanced Division credibility and profile 	<ul style="list-style-type: none"> • Defined priorities and accountability • Team work and peer support • Improved documentation and reporting • Better integration
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This position statement is a starting-point to bring together the knowledge regarding effective GPE. It formalises the Division’s core business of engaging general practice and summarises ‘good practice’.

This position statement is based on an organisational and management framework⁷ (see table 3) so that the working arrangements for GPE can be considered in the Division’s existing context.

Table 3 Organisational and management framework



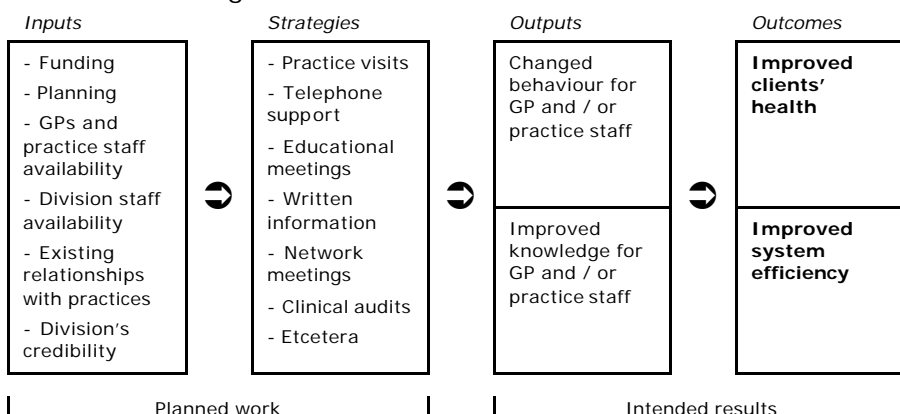
⁷ Ivancevich, Olekalns and Matteson, 2000, Organisational behaviour and management, The McGraw-Hill Companies Inc, New York.

Guiding principles

The key directions⁸ for the Division in engaging general practice at the local level are 'to provide business development and practice management support to member GPs, practice managers and nurses for continuing professional development activities and networking opportunities'. The delivery of GPE is guided by organisational knowledge and experience, including that:

- GPE is an essential on-going function of the Division, at organisational and project levels. GPs and practice staff understand the Division's role in supporting general practice.
- GPs and practice staff are the Division's customers. Their time is valuable as is their involvement in planning.⁹ Their questions, feedback and concerns are acted upon.
- The relationship between GPs/practice staff and their clients is paramount. This is acknowledged and supported by GPE.
- GPE must only endorse quality products¹⁰ to maintain the memberships' trust in the Division.
- GPE involves communicating with its membership and stakeholders. Communication must be succinct and informative. It must be worthwhile with obvious benefits for general practice. (The outputs and outcomes are mapped in table 4.)

Table 4 GPE logic



Environment

The Division must respond to the needs of its customers, primarily GPs and practice staff. As practices are structured differently and GPs serve unique population groups—the demands placed upon the Division vary.

In the broader authorizing environment, the Division must achieve its strategic directions, as mandated by the Commonwealth Department of Health and Ageing.

⁸ Dandenong District Division of General Practice, 2005, Agreement plan for the funding period annual plan 05/06, Dandenong.

⁹ Change is more likely to be successful when the people it affects are involved in it.

¹⁰ Such as sustainable services, not short-term initiatives that frustrate GPs. The Division's role in filtering information is vital.

Organisational structure and design

The Division's structure shapes the performance of GPE, allowing strategies to be designed, developed, delivered and evaluated. The Continuing Professional Development Sub-committee and the role of Practice Enhancement Coordinator are examples of existing organisational structures that enable GPE. The Division Information System (DIS) and forms for conducting evening CPD meetings are examples of processes for GPE.

At an organizational level, tips for effective GPE are:

- A policy clarifies GPE strategies, roles and responsibilities.
- Use multiple integrated strategies for GPE.
- The intended outputs of GPE will influence the strategies needed to bring about change.
- Value the relationships that staff have with GPs and practice staff.
- Seek senior (executive and board) support and leadership. Recognise that change will come from the bottom up.
- Define the Division's corporate image through GPE. Use the Division's logo wisely.
- Consider the unintended consequences of GPE.
- Coordinate the timing of communication. It is best when the practice can relate it to a specific client event. Do not overload practices.
- Establish measures and evaluate GPE.
- Allocate resources for GPE.
- Invest in workforce development for GPE.
- Manage partnerships and coalitions. See table 5.

Table 5 Principles for general practice engagement in coalitions¹¹

<ul style="list-style-type: none"> • Understanding that general practice is a small business • Be clear about why GP representation is required • Consult early in the process • Recognize partners' differences • Be clear about purpose and role 	<ul style="list-style-type: none"> • Be clear about responsibilities and expectations • Be clear about whether the GP is to be paid • Try to arrange meetings in 'GP friendly' times • Be organized • Be mindful of the roles of other GP organizations
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¹¹ Department of Health and Human Services & Tasmanian General Practice Divisions Limited (2005). Principles for General Practice Engagement.

Work groups

Work is a group-based activity and if an organisation is to function effectively it requires good team work. When staff have a common objective, their effectiveness may be improved through a formal group. For example, staff who undertake GPE could come together about:

- Coordination of GPE strategies
- Key messages for general practice
- Workforce development
- Mentoring
- Working together and information sharing
- DIS and other GPE processes.

The issues may involve staff who contribute to the newsletter, network meetings (practice managers and nurses), educational meetings, practice visits and the Continuing Professional Development Sub-committee.

A GPE working group would benefit from visionary leadership and facilitation.

Individuals

Organisations consist of people working together. Individuals who will conform to organisational goals, yet offer valuable individuality is a key to an organisation's effectiveness.

At the level of the individual, tips for effective GPE are related to the staff and the strategies they conduct:

Generally

- Be aware of the other activities of Division staff.
- Develop a plan for GPE strategies. See table 6.
- Consider relations with GPs and practice staff as ongoing and long term.
- Trust is developed by managing expectations and doing what you say you will do.
- Respond to GPs and practice staffs phone calls promptly.
- Be professional. Be courteous. Be trustworthy. Be honest.
- Multiple contacts with GPs and practice staff assist GPE.
- Consider the evidence of effectiveness of GPE. See table 1.
- Involve GPs and practice staff in the planning of GPE strategies.
- Understand what motivates GPs and practice staff and offer incentives (financial and professional) accordingly. Consider their decision making processes.
- Develop performance measures.
- Written materials should display key messages in a succinct format.

- Undertake professional development.
- GPE must add to or expand GPs and practice staffs' knowledge.
- Be aware of the different rate of uptake of change. See table 7.

Dandenong District Division staff who conduct practice visits generally have a dedicated single program area, such as specializing in immunisation. They serve all of the Division members. (Compared to other Divisions, whose representatives serve a defined Division sub-region regarding many programs.)

Table 6 Plan for a GPE strategy

1. Aim.
2. Objectives.
3. Product / service.
4. Audience. GPs and or practice staff.
5. Resources required. Budget.
6. Clinics with the greatest capacity to respond.
7. Communication strategy. What is the mix of activities: practice visits, newsletter, direct mail, fax, educational meetings, etc.
8. SWOT analysis. Competitive advantage, what value is created?
9. Role and responsibilities.
10. Timeline and targets.
11. Documentation and evaluation.

Table 7 Innovation adoption curve¹²

Innovators 2.5%	Early adopters 13.5%	Early majority 34%	Late majority 34%	Laggards 16%
● Crave change and innovation. Seen as slightly radical. Cope well with uncertainty.	Gatekeepers of new ideas into a system. The 'opinion leaders'.	Will adopt new ideas after deliberation.	Might adopt as a result of increased pressure from peers. Skeptical of change.	Isolated from social networks. Will be the last to change, suspicious of change agents.

A theoretical model to explain how individuals respond to change.

Table 8 Plan for a practice visit

1. The visit is with:
2. Time: Date: Location:
3. Other Division service that the clinic accesses:
4. The aim of the visit:
5. The objectives of the visit: (what do you want the GP or practice staff to do differently?)
6. Practice details: size of the clinic, population it services, notes in DIS
7. My 1 minute message is:
8. My 5 minute message is:
9. My 20 minute message is:
10. Have you pre-called to confirm your visit?
11. What outcomes do you want as a result of the visit? How will you know if it was successful?
12. What actions did you agree to undertake? How will you follow up the visit?

¹² Roger EM. Effecting and leading change in health care organisations, The Joint Commisiion Journal on Quality Improvement, July 2000, 388-398.

Practice visits

- Use DIS when planning visits.
- Be knowledgeable and up-to-date in the area of expertise.
- Be a resource to the practice, without being imposing.
- Make visits three to eight weeks apart.
- Establish professional rapport. It takes time!
- Target high potential practices, those with the greatest capacity to respond.
- One-to-one visits are more effective than group.
- Tailor content to GPs and practice staffs' needs and interests. Make visits 'practice appropriate'.
- Materials used during the visit need to be authoritative, succinct and designed with an understanding of local issues.
- Establish aims and content for the visit. See table 8.
- Effectively deliver quality content (with key messages) in the time available.
- Be prepared for brief encounters (less than 60 seconds).
- Plan to follow up visits.
- Have dedicated time available for visits.
- Anticipate that the time allocated for a practice visit will be cut short due to GPs and practice staffs' other commitments.
- Refine your listening skills and be able to manage resistance.

Conclusion

The Division has an accomplished history of engaging general practitioners and practice staff. The effectiveness of GPE may be further enhanced by supporting the planning processes and communication methods of staff responsible for supporting general practice. Although difficult to define, the development of performance indicators will boost the documentation and evaluation of GPE.

This position statement is based on findings of three evaluation processes: a **literature review** of the evidence of effective GPE strategies; a **focus group** involving seven Division staff who were actively involved in GP; and four in-**depth interviews** with Division stakeholders.

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