HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

BALLARAT AND DIRTICT DIVISION OF GENERAL PRACTICE CASE STUDY SUMMARY

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1 Introduction

The Department of Health and Ageing (the Department) has engaged Healthcare Management Advisors (HMA) to undertake:

> ***"an evaluation of the first year (2002-03 Financial Year) of a two-year pilot of the Enhanced Divisional Quality Use of Medicines (EDQUM) program."***

The prescription of medicine to treat health problems represents a major area of activity for medical practitioners. A key concern for health authorities internationally is ensuring that medicines are used appropriately. The National Medicines Policy (DHA, 1999) emphasises that the focus of activity should be first on peoples needs, aiming to ensure:

- timely access to medicines that Australians need, at a cost individuals and the community can afford;
- medicines meet appropriate standards of quality, safety and efficacy;
- quality use of medicines; and
- maintenance of a responsible and viable medicines industry.

The current National Strategy for Quality Use of Medicines (DoHA, 2002) builds on the direction established in earlier iterations of the Strategy and provides the framework against which the Quality Use of Medicines Strategic Action Plan is developed every two years. IN this context, Quality Use of Medicines is characterised in terms of three areas of clinical decision making, namely:

- selecting management options wisely (considering the place of medicines);
- choosing suitable medicines if a medicine is considered necessary; and
- using medicine safely and effectively to get the best result.

The development of the Enhanced Divisional Quality Use of Medicine Program (EDQUM) highlights the importance of maintaining a focus on the quality agenda embodied within the National Strategy for the Quality Use of Medicines (DHAC, 2002). The EDQUM Program, which commenced operation in January 2003, was established with the requirement that an evaluation be undertaken after the first twelve months. Healthcare Management Advisors (HMA) was contracted to undertake the evaluation in January 2004 with a requirement to complete the evaluation in April 2004.

1.1 OBJECTIVES

The objectives for the evaluation were identified in the Terms of Reference as being to:

- provide a description of the programs or initiatives implemented by Divisions under the EDQUM program;
- assess the extent to which activities centred on education and or data;

- assess the appropriateness, effectiveness and efficiency of the Program in achieving its objectives;
- assess the role out and support mechanisms for Divisions in implementing the program;
- identify successes of the program;
- identify barriers to, enablers and drivers for the EDQUM program;
- develop strategies to overcome identified barriers;
- provide recommendations that will contribute to ongoing Program development; and
- identify a methodology to be developed to assist in undertaking a future impact evaluation.

1.2 PROJECT METHODOLOGY

The agreed methodology for the project incorporated seven stages, namely:

(1) Detailed project planning**.**
(2) Situation analysis.
(3) Development of an evaluation framework.
(4) Quantitative and qualitative data collection and analysis.
(5) Stakeholder consultation.
(6) Preparation of a discussion paper.
(7) Preparation of the final report.

1.3 PURPOSE OF THIS DOCUMENT

This document provides a summary of the information gained via teleconference with personnel at the Ballarat and District Division of General Practice in Victoria.

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Ballarat and District Division case study summary

On Friday 23rd April 2004 a teleconference was held with personnel of the Ballarat and District Division of General Practice in Victoria to gain an understanding of:

- the implementation and operation of EDQUM within the Division;
- assess the role out and support mechanisms for the Division in implementing the program;
- identify successes achieved in Central Bayside through implementation of the program;
- gain an understanding of barriers to, enablers and drivers for the EDQUM program; and
- identify strategies to overcome identified barriers.

Participants in discussions included:

- Mr Andrew Howard Chief Executive Officer; and
- Ms Rosalie Calvert Manager, Information Management and Technology.

2.1 BALLARAT AND DISTRICT DIVISION OF GENERAL PRACTICE

The Ballarat Division of General Practice is centred on Ballarat, approximately 120 kilometres west of Melbourne. The Division encompasses a region of approximately 7,300 square kilometres and serves a population of 116,000 people and 96 GPs across 27 practices.

The Division has a strong focus on supporting ongoing quality improvement and population health within General Practice across the Division. The Strategic plan identified five program areas, namely:

- Population Health;
- GP and Practice Support;
- e-Health;
- Federal/State Primary Health Care initiatives; and
- Organisational capacity.

The Division has been involved in the NPS QUM program since 1999 and EDQUM provided an opportunity to focus more specifically on capturing and generating data at the local practice level to support education and enhanced prescribing at that level.

The Division sought to extend gains achieved through building on quality programs, and particularly to support enhanced collection and utilisation of practice information. The collapse of the company providing practice management software to a significant proportion of GPs within the Division provided an opportunity for the Division to cost effectively develop data tools. A New Zealand system developed for Independent Practice Associations (IPAs) is being established in partnership with the Divisions. The system, Medtech 32, includes a module to support the collation, analysis and reporting of data by the Division that is drawn from individual practices.

2.2 PROJECT IMPLEMENTATION

Review of documentation and discussions with key stakeholders focussed on a number of areas related to the planning and implementation of EDQUM. Each of these areas is summarised below.

2.2.1 Activities undertaken

The primary focus of EDQUM activities within the Ballarat and District Division of GPs has been the inclusion of EDQUM related indicators into a broader information system development program. The Division had initiated a relationship with a New Zealand based software manufacture when a local practice management system supplier ceased operating, leaving a number of practices without a system.

A steering committee was established to develop an approach to providing GPs with detailed information about their practice population and quality indicators, including the use of medicines in line with accepted, current guidelines. Members of the Steering Committee included:

- representatives of the software manufacturer (Medtech 32), a consumer representative;
- a GP representative from each of the two practices participating in the development program; and
- Division personnel.

The system under development provides for GPs to enter data into Medtech 32 at the practice level, with a sister product, Linktech operating through the Division to extract data from practices, facilitate analysis of the data and provide reports back to GPs.

Software development has been an ongoing process which required:

- receipt of ethics committee approval;
- development of a process for de-identifying patient data to meet privacy requirements; and
- development of a medication classification system within the software that was consistent with the Australian environment

It was noted in the course of discussions that the process had taken longer than initially expected but that two months worth of data had been collected at the time of the discussions and reporting was being developed to allow the initiation of small group learning. It was also noted that GPs involved in the initiative requested that small group learning be delayed until data was available to support the establishment of priorities for the groups. Data is to be provided in a form which is consistent with the NPS clinical audit process.

It was emphasised that the project is treated as separate from other QUM activities within the Division, including the NPS program and Home Medicines Review. Although the NPS program has addressed Antibiotics and Statins, and is about to address PPIs, it was reported that the education component of EDQUM from the Division's perspective will commence in the near future following testing of the data system.

2.2.2 Personnel involved

The personnel involved in the EDQUM Program were the Division CEO and the Information Management and Technology Officer appointed to support the project.

2.2.3 Balance of approaches

As noted above, the Division has focussed heavily on data management activities in response to GPs views that th education component would be more useful once data is available. It was also suggested that the opportunity to apply practice level data would increase the impact of educational activities and promote changes in practice.

2.2.4 Issues impacting on planned activities

In the course of discussions a number of issues were identified which impacted on implementation of the Ballarat and District Division's EDQUM project, namely:

- the complexity of developing a software system;
- the need to develop expertise to develop the IM&T infrastructure to support the range of activities planned; and
- the time taken to address privacy and ethical issues associated with the collection and analysis of patient level data.

2.2.5 Barriers to implementation

Discussion with stakeholders identified a number of potential barriers to the implementation and success of EDQUM within the Division, namely:

(1) The time requirements to gain ethics committee approval for the collection and utilisation of patient data, along with the complexity of issues related to privacy legislation were identified as a barrier to the Division achieving outcomes more quickly.

(2) Considerable effort has been invested in discussions and testing between Medtech and GPs to ensure that the system is well designed to meet the needs of GPs in terms of practice management and provision of a data tool to support practise improvement. It was noted that while requiring a significant amount of time from both parties, the development of the system was in line with performance expectations.

(3) The original software had been developed in New Zealand which required that the medication classification system within the package required complete revision to align with Australian conditions and the PBS.

2.3 PROGRAM STRUCTURE AND RELATIONSHIPS

2.3.1 Program structure

Informants noted that the flexibility provided by the EDQUM project was attractive, as was the potential to access potential funds to further develop the direction being pursued by the Division. It was argued that initially the structure of the Program contributed to some frustration, particularly as the Data Consultancy did not deliver in areas the Division considered important and the role of the NPS in the Program took time to develop.

It was noted that the broad guidelines for the Program provided moderate direct and the variation that evolved between Divisions stimulated the development of the Program.

2.3.2 Relationships between organisations

In the course of discussions during the teleconference, it was noted that the key organisations involved in the EDQUM program were:

- the Department of Health and Ageing;
- the Australian Divisions of General Practice;
- the National Prescribing Service; and
- the other twelve Divisions of General Practice.

It was reported that the primary relationships for the Division had been:

(1) The ADGP was identified as playing a key role in maintaining communication and coordination between Divisions, which in turn was identified as supporting the relationships between Divisions. It was indicated that each Division was approach EDQUM differently and the interaction supported by ADGP contributed to learning across Divisions.

(2) The relationship between the Divisions and NPS initially was not strong however this relationship developed with the Program. Informants within the Division indicated that the National Prescribing Service had not had a major role initially but in conjunction with the ADGP the development of data workshops had been positive and supported a better understanding of activities in other Divisions.

(3) It was reported that the primary involvement of the Department wa through the ADGP, as it was considered the Department had placed the broad guidelines for the Program with Divisions to allow the Program to develop.

(4) Ballart and District indicated that while the primary interaction with other Divisions had been through the ADGP facilitated workshops.

2.4 INVOLVEMENT OF CONSUMERS

Consumer involvement in the steering committee overseeing the project was identified as positive, with consumers interested in the collection of data. The representative on the committee was drawn from the Division's Consumer Advisory Group and report to the Group regarding progress and to gain feedback on issues as they arose.

2.5 INVOLVEMENT OF GPS

It was reported that five practices were utilising Medtech 32 as their practice management system, though two practices encompassing seven GPs were closely involved in the developmental work related to the EDQUM project.

2.5.1 Issues impacting on GP participation

It was reported that information that is relevant to GPs may differ from information of interest to the Division. Accordingly, a critical aspect of gaining GP participation was to have GPs represented on the committee overseeing the project and developing a close working relationship between the software developer and GPs.

It was also noted that the development of a system that was closely aligned with the broader emphasis on public health which is supported by the Division's membership was crucial to gaining ongoing support for the project, and acceptance of the extended timeframe for development.

2.5.2 Attitudes to EDQUM

Participating GPs' attitude to EDQUM was identified as largely positive, as the emphasis on improving the quality of prescribing, and hence patient care. It was also noted that the opportunity to participate in a process that would define the operation of a practice management system to better meet GPs' needs was also seen as attractive.

The decision to wait for comprehensive, practice level data to be available to support the development of small group learning was reported as an attractive outcome of the flexibility within the Program. Further, it was noted that the approach being developed minimised demands on GPs with extraction being undertaken in liaison with practice managers, effectively releasing GPs to focus on clinical activities with reports being provided to them.

2.6 DATA ASSESSMENT AND MANAGEMENT

A focus for discussion with the whole range of stakeholders during the teleconference was the need for data and the extent to which required data was available.

2.6.1 Data required

It was reported that the Ballarat and District Division worked through practice managers to extract data from GPs' systems. As the focus of the data analysis was on whole of practice, required data included patient demographics, diagnosis (including classification) and drug prescribed. At present data collection is focussed on PPIs to provide a link to the education activities of the NPS and to ensure there is a broader context for the soon to commence small group learning.

It was argued that the data needs at the practice and Division levels differed and that a key consideration was ensuring flexibility within the developing system to meet both needs. It was also noted that most GPs use the prescribing modules of their software but there was limited use of diagnosis fields. It was expected that the development of a practical system for entering diagnosis, and provision of regular reports which included this field would see GPs increasingly include this data.

2.6.2 Support for and capture of EDQUM data

Informants reported that the extraction of data required close collaboration with practice managers, as well as provision of technical support for the process. It was noted that in order to effectively pursue the approach taken by the Division it was essential that:

- the demands placed on GPs were minimised;

- the Division retained adequate expertise in information management and technology;
- an effective relationship was established with the software supplier(s); and
- in the longer term that expertise in research and evaluation was developed to support the small group learning process.
- part of the Reference Group overseeing the initiative.

2.6.3 Impact of the Data Consultancy

It was indicated that the Data Consultancy had contributed little to the EDQUM Program and its development.

2.7 COSTS AND RESOURCES

It was reported that at present the Division utilises approximately 1.5 FTE to operate EDQUM activities. The Division indicated that it had allocated $42,000 to EDQUM.

2.8 LEARNINGS AND SUCCESSES

This section summarises advice provided in the course of the teleconference regarding the range of lessons learned in implementing the EDQUM program, success achieved as a result of the implementation and advice regarding means by which the program could be improved for role out to a broader population of Divisions.

2.8.1 Lessons learned

In the course of the case studied, informants highlighted a range of lessons they had learned in implementing EDQUM.

It was reported that the management of processes related to addressing privacy and consent issues, and gaining ethics committee approval had provided an avenue for the Division to learn a great deal about issues that need to be considered in the collection, storage and analysis of patient data. Further, consumer interest in data collection was unexpected, with consumer advice indicating that the primary concern was that a benefit in terms of improved care resulted.

The original estimate of the time required to develop the data system was identified as optimistic with the Division likely to double the time allocated to future projects in this area. It was nevertheless noted that the time invested in the project to date had been worthwhile.

The development of the data system was identified as a means of stimulating and supporting changes in clinical practise, as well as providing an avenue for providing GPs with feedback regarding change. It was noted that GPs had been positive and active in providing feedback as the system has developed.

2.8.2 Strengths and weakness of EDQUM

Discussions with the Division identified three strengths of the EDQUM Program, namely:

- the Program and the approach taken had potential to provide long-term benefits to GPs, their patients and the Division;

- the focus of the Program and flexibility provided ensure that participation contributes to the broader quality and population health agenda of the Division; and
- the Program has an innovative flavour which represents a challenge and engenders a degree of excitement amongst those involved.

It was noted that a potential weakness of the Program was that achieving the full potential of the approach would require a long-term commitment.

2.8.3 Opportunities for improving the Program

Informants believed there were benefits available from the broader application of EDQUM and provided several insights into factors or directions which would enhance this, including:

- consolidation of developments to date and a systematic evaluation of those components of the Program that were thought to have contributed to positive results;
- Divisions contemplating participation in an approach such as that developed at Ballarat should ensure that there was commitment and readiness amongst GPs to pursue the direction; and
- provision of up-front funding to allow development of initiatives more quickly`.