HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

BENDIGO AND DISTRICT DIVISION OF GENERAL PRACTICE CASE STUDY SUMMARY

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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 nee, 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 of 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 in the course of a site visit and series of discussions with personnel at the Bendigo and District Division of General Practice in Victoria.

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Bendigo and District Division case study summary

On Wednesday 17th March 2004 a site visit was undertaken to the Bendigo and District Division of General Practice to gain an understanding of:

- gain a detailed 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 Bendigo 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 the case study were:

Ms Namanita Patterson	Chief Executive Officer
Ms Emily Roberts	Pharmacist
Dr Ray Moore	EDQUM GP Advisor and Board Member
Dr Jan Sheringham	QUM Portfolio Advisor
Mr Bruce Farnell	IT Manager

2.1 THE BENDIGO AND DISTRICT DIVISION OF GENERAL PRACTICE

The Bendigo and District Division of General Practice is located in Bendigo, approximately 150 kilometres North West of Melbourne. The Division covers surrounding districts and encompasses communities categorised as level 3 to 5 in the Rural Remote Metropolitan index. There are 88 GPs, in 18 practices servicing a population of approximately 92,000.

Bendigo also hosts a rural clinical school out of Monash University which provides undergraduate medical students with training in psychiatry and rural health. La Trobe University also operates a pharmacy school in Bendigo, including a program for third year students to work with GPs.

The Division employs eighteen staff and operates a range of programs including More Allied Health Services, Better Outcomes in Mental Health and a drug and alcohol initiative sponsored by the Victorian government. Home Medication Review and the NPS QUM program are also operated through the Division. Outcome Based Funding represents approximately 20% of the Divisions total budget, with a range of specific grants contributing the remaining operating budget of the Division.

It was noted in the course of discussions that the Division received the lowest level of Outcome Based Funding in Victoria.

2.2.1 Activities undertaken

The focus of EDQUM initiatives within the Bendigo Division is to allow GPs to use the data held on their practice management systems flexibly. As 97% of GPs within the Division utilise Medical Director as a practice management system, the Division has sought to develop the tools necessary for GPs to interrogate and analyse data held within the data tables underpinning Medical Director. The development of data tools was designed to link with the eight small group learning hubs established within the Division.

The QUM Advisor and Pharmacists reviewed the top 100 drugs prescribed within the Division for each of the three drug groups targeted by EDQUM to identify priorities for EDQUM. These areas were then promoted as a potential focus to educational hubs.

The educational hubs are geographically based, drawing GPs from practices within an area together. It was noted that GPs identify the areas in which change is required as it is expected that this will increase the interest in, and likelihood of change occurring. Adult learning principles are applied to education within the hubs.

In developing its approach, the Division identified the relatively poor acceptance of HIC data as a useful measure of prescribing at the individual GP level and the need to develop a method for providing GPs with relatively straightforward indicators upon which they could review and discuss their individual practices. The Division developed the application referred to above.

The software was developed and refined with one GP practice and, as the system has evolved, it has now been taken up by three of the larger practices within the Division, accounting for 20 GPs. It was noted that using GPs' own data overcomes the low credibility given to HIC data in its current form.

2.2.2 Personnel involved

Personnel involved in the development of the Bendigo Division's EDQUM initiatives were:

- the Divisions Chief Executive Officer allocates approximately 2 hours per week to EDQU related activities;
- a pharmacist engaged to support the Home Medication Review program provides two hours per week to EDQUM related activities;
- the IT Manager provides approximately four hours per week; and
- the QUM Portfolio Adviser (a GP) provides input as required.

2.2.3 Balance of approaches

In the course of discussions it was evident that although a mix of education and data management approaches were being developed, emphasis had been placed on developing data management tools to support educational strategies in the longer term. It was argued that the objective for EDQUM is to change practice, rather than to simply educate GPs and that facilitating GPs' to access data related specifically to their own practices would increase the capacity of educational activities to contribute to changes in practise.

2.2.4 Issues impacting on planned activities

Three issues were identified as impacting on the implementation of planned activities for EDQUM.

The first was the structure of data held within Medical Director. It was reported that Medical Director does not link patients to individual GPs providing care on an occasion, nor to a primary GP. This presented a significant challenge in developing an approach to extracting data related to individual GPs and saw the Division focus at the practice level.

Secondly, the query language contained within Medical Director was identified as inadequate, with the data extracted as a result of queries being significantly different to what was expected. In order to overcome this the Division developed an alternative approach to the interrogation of data, using the Medical Director data tables but developing a program using Access to allow GPs to more effectively and easily generate a range of indicators to monitor or assess practises within their practice.

Finally, although educational activities commenced following review of the top 100 drugs prescribed in each of the drug groups targeted, the difficulties experienced in gaining access to adequate data reduced the intended impact as only generic HIC data was available to support learning and discussion. Education resources regarding drug effectiveness and cost are drawn from NPS material

2.2.5 Barriers to implementation

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

- the limited resources available to support activities and the cost of developing the infrastructure to support the program, which was managed by implementing the Program in stages;
- the operation of current practice management software limits the ease and extent to which GPs can readily review information about their practice and practises; and
- concerns regarding privacy and use of patient data were identified as a potential barrier, however the query tool developed extracts de-identified data.

2.3 PROGRAM STRUCTURE AND RELATIONSHIPS

This section provides an overview of advice obtained regarding the current structure of the EDQUM Program and the effectiveness of relationships between the key stakeholder groups.

2.3.1 Program structure

The EDQUM Program is operated under the broader QUM structures established within the Division, however specific GP Advisors were appointed to support development of activities. The QUM reference group within the Division includes GPs, medical specialists, the Royal District Nursing Service, representatives from the local hospitals and a range of allied health professionals.

Discussion highlighted some concern regarding the flexibility provided within the EDQUM as it was suggested that there was some uncertainty regarding the Department's expectations.

2.3.2 Relationships between organisations

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

- the Australian Divisions of General Practice;
- the Department of Health and Ageing;
- 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 role of the ADGP was identified as beneficial, particularly in the support for communication between Divisions. It was noted that the role of ADGP had grown with the EDQUM Program. Although understanding activities being undertaken by other Divisions was considered useful it was also suggested that there was limited sharing regarding data management tools that were being developed ostensibly due to ownership of intellectual property.

In addition, it was noted that the ADGP provided an avenue for the identification and resolution of issues related to the Program as a whole and enaging the Department in discussions.

(2) There was a view expressed during interviews that the Department had been relatively absent, or uninvolved in the program at least from the perspective of the Division. It was also indicated that the detailed process for determining achievement of savings was not particularly transparent

(3) The Bendigo identified the NPS as the primary point for the development of high quality guidelines and education resources related to prescribing and quality use of medicines. Resources developed by the NPS, or in collaboration with the NPS (e.g. the Statin Resource) were utilised by the Division for EDQUM.

(4) It was reported that although interaction with other Divisions was informative the Bendigo Division had not established close collaborative relationships with other Divisions.

All informants suggested that relationships between the parties to EDQUM had been positive and were evolving as the Program had developed.

2.4 INVOLVEMENT OF CONSUMERS

It was reported that the Division operates a consumer reference group but consumer input into the EDQUM Program had been limited as the focus had largely been on education for GPs and facilitating improved clinical review and audit. Nevertheless, it was noted that consumers play a key role in QUM but that this area was primarily being pursued through the NPS.

2.5 INVOLVEMENT OF GPS

At the time of the site visit 20 GPs (22% of members) were involved in data activities related to EDQUM, as well as the educational activities associated with the extraction and review of practise information. All eight education hubs had also participated in some activities related to the three drug groups identified within the Program.

2.5.1 Issues impacting on GP participation

It was reported that GPs within the Division were interested in improving the quality of care provided to their patients and that the development of the education hubs had been embraced by GPs. In relation to EDQUM, it was noted that cost savings or efficiencies were at best a secondary consideration for GPs after quality of patient care.

No resistance amongst GPs to participation in EDQUM activities was reported in the course of discussions.

2.5.2 Attitudes to EDQUM

It was reported that GPs were interested in improving their clinical practice to achieve better outcomes for their patients. EDQUM was promoted as a separate stream within the Division's overall QUM program with an emphasis on the use of locally produced data to support improved prescribing practises within the Division. It was reported that those GPs participating in EDQUM determined the direction to be pursued in their education hubs and that participating practices were increasingly utilising the data tool developed.

2.6 DATA ASSESSMENT AND MANAGEMENT

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

2.6.1 Data required

It was emphasised that the approach being taken by the Bendigo Division is the development of a range of generic tools and skills that will contribute to GPs' capacity to constantly improve the care they provide. Accordingly the primary source of data required relates to accessing and effectively utilising the information held in GPs' practice management systems.

Rather than development of a wide range of indicators for GPs to apply, the system developed by the Division is focussed on a limited range of indicators developed in consultation with local GPs to be applied in education programs within each of the eight education hubs.

The data available through the HIC was identified as useful for providing advice to GPs regarding national or Division wide trends but was not viewed with a great deal of credibility at the individual GP or practice level, in part due to the fact that it only reflects prescriptions that have been filled.

2.6.2 Support for and capture of EDQUM data

Discussions with Division personnel indicated that as a result of ongoing education, practice management systems were increasingly being utilised, however the range of data entered remained dependent on its utility.

The Division maintained a significant investment in information management and technology, as it was considered a core requirement for the ongoing improvement of the care provided by GPs. While only three practices are actively utilising the data system developed by the Division at this stage, it was reported that there was growing interest in the system, particularly as it has now developed to a point where GPs can readily apply it themselves.

It was noted that without the Division's existing expertise regarding information technology and Medical Director, it would not have been possible to develop the data system being utilised within the Division.

2.6.3 Impact of the Data Consultancy

The general view of the Data Consultancy undertaken by the University of Adelaide was that it had taken a rather academic rather than a practical approach, resulting in little immediate or current benefit to the Division. It was originally anticipated that the consultancy would have included some work with software vendors to improve the collection of basic data.

2.7 COSTS AND RESOURCES

It was reported that the Division had absorbed the cost of developing and operating EDQUM into its overall operations, rather than establishing a specific budget for the Program.. Nevertheless, the information provided suggest that approximately 0.2 FTE has been allocated to the project.

2.8 LEARNINGS AND SUCCESSES

This section summarises advice provided in the course of the site visit 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 discussions, the following were identified as lessons learned in implementing EDQUM:

(1) Although not the primary focus of EDQUM it was noted that the capacity to provide GPs with accurate and readily understood information about costs was an important consideration for the Program.

(2) In order for the impact of a program such as EDQUM to be sustained it is crucial that GPs be provided with generic skills to allow them to maintain a focus on EDQUM activities, as well as to expand the range of areas in which they review and refine their practices.

(3) Development of tools to allow GPs to include consideration of data relating to their own practises provides an opportunity to increase the impact of education provided through education hubs.

(4) It was reported that the data system developed for EDQUM was also being used to support a range of other activities within the Division where access to de-identified, practice level data was required.

2.8.2 Strengths and weakness of EDQUM

There was considerable interest in discussing the relative strengths and weakness of the program and there was a high level of consistency in the views expressed across the whole range of informants.

Locating the Program within Divisions was identified as a strength as it provided GPs with an avenue for determining the direction pursued through EDQUM. Further, the local knowledge within Divisions and the prior establishment of relationships between Divisions, the participating pharmacist and GPs in the area contributed to EDQUM being potentially better targeted to the needs and interests of local GPs.

Absence of resources to support the development of EDQUM initiatives, and the limited capacity to divert resources from other programs significantly constrained the pace and extent to which EDQUM activities were developed, as work was undertaken when there was capacity to do so, rather than as a component of core activities within the Division.

The program was identified as reflecting collaboration with Divisions, rather than the Department establishing a range of prescribed activities to be implemented by Divisions. It was suggested that this contributed to increased commitment within the Division to pursuing the Program. The flexibility this had allowed had also contributing to the Division and GPs gaining a better understanding of the Pharmaceutical Benefits Scheme.

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:

- establishment of a formal approach to funding the implementation of EDQUM in Divisions, at least initially to seed activities and to subsequently support application of savings to further developing EDQUM related initiatives;
- it was argued that medical specialist could also benefit from a process similar to EDQUM and that their input into the Division's activities would be valued;
- increased involvement of consumers in QUM to determine what they need to support better decisions about medicines;
- development of clear guidelines for Divisions defining the parameters within which EDQUM initiatives should operate and the Departments expectation's regarding outcomes; and
- reintroduction of funding to support IT positions in Divisions.