HEALTHCARE MANAGEMENT ADVISORS

**DEPARTMENT OF HEALTH AND AGEING**

# EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

## BRISBANE NORTH 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 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 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 Brisbane North Division of General Practice in Brisbane, Queensland.

# 2

# Brisbane North Division case study summary

On Monday 8th February 2004 a site visit was undertaken to the Brisbane North Division of General Practice in Brisbane 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 Brisbane North Division 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:

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| Dr Carmel Simpson | General Practitioner; |
| Ms Alicia Reid | Team Leader, GP Clinical Program; and |
| Dr Anita Green | Chair of the Clinical Program and General Practitioner |

## 2.1 THE BRISBANE NORTH DIVISION OF GENERAL PRACTICE

The Brisbane North Division of General Practice covers the metropolitan area of Brisbane north of the Brisbane River, a population of approximately 552,765 and serving some 709 GPs in over 210 practices-with over half the GPs in the Division operating as solo practices. The region includes a major growth corridor and a diverse range of practices given the inclusion of established and developing areas within the region.

The Division employs over thirty personnel, though it was noted that operation of a co-ordinated care trial has contributed to staff numbers. There are five key areas of activity within the Division, namely:

- practice support;
- integration with other health care providers;
- GP health and wellbeing;
- information management and technology; and
- clinical programs.

The Division is currently participating in a coordinated care trial focused on providing care for people with chronic or complex care needs aged over 50 years of age (and over 30 years of age for Aboriginal people).

## 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 Brisbane North Division of GPs entered the EDQUM Program with no expectation that the program would result in income to the Division, viewing the Program as an approach to improving practice. Rather, the Program was seen as needing to be aligned with the core business of the Division. It was decided that any implementation of the Program should extend beyond the development and introduction of clinical guidelines.

An initial step in introducing the program was gaining expert advice and guidance from Dr Paul Glasziou, a leading figure in the development of clinical quality systems and evidence based practice, to undertake a series of presentations to GPs within the Division regarding evidence based medicine and the role of practise review and audit.

As a component of the coordinated care trial in which the Division is engaged, small peer groups have been established to support review and learning regarding the management of chronic diseases. Where possible, EDQUM messages and issues have been incorporated into these peer group sessions. The Division has, and continues to develop training modules for GPs used in small peer group sessions, with EDQUM issues embedded within these modules. As a complementary strategy, the Division has also invested in providing regular education sessions about the use and features of their practice management systems and the role of decision support in best practice.

The establishment of learning groups within the Division's zones has sought to provide a forum to include EDQUM material, but also to draw solo practitioners into a network that supports improved practice. The Division commenced activity related to Quality Use of Medicines in 1999 with the introduction of the NPS program. An objective within the peer group sessions has been for GPs to extract and use data from their practice management systems.

### *2.2.2 Personnel involved*

It was reported that a range of personnel within the Division have been involved in the development and implementation of EDQUM. The Program had been managed under the clinical and information management and technology programs of the Division, moving between programs as personnel changed. It was suggested that approximately 0.5 FTE had been used by the program, though a significantly greater time commitment was imbedded in other activities (such as developing training modules and operating training to utilise practice management packages).

### *2.2.3 Balance of approaches*

The Brisbane North Division has applied a balance of education and data management strategies in implementing EDQUM. Education strategies included:

- seminars by Paul Glasziou regarding evidence based medicine;
- inclusion of EDQUM into the Divisions regular training modules, particularly around the management of chronic diseases;

- training for GPs regarding the use and features of their practice management systems; and
- provision of a price list to GPs as part of regular QUM visiting in specific therapeutic areas.

The development of improved access to and use of data has focused on GPs accessing and utilising data relating to their own practises. In addition to training around the use of their practice management systems, the Divisions has:

- included the use of individual GP data as a component of training modules; and
- initiatied lobbying of the Health Communication Network to implement changes to Medical Director (which is used by about 80 percent of GPS in the Division).

### *2.2.4 Issues impacting on planned activities*

Discussions with the Division indicated that the operation of the coordinated care trial had provided a significant pool of resources to support activities related to improving GPs skills and management of chronic diseases and collection of data. This had allowed the Division to include activities designed to enhance prescribing of the three target drug groups.

However, it was emphasised that the approach being pursued by the Division was to establish a cluster of generic skills amongst GPs that could be applied in improving the quality of all aspects of practise, not only prescribing in the EDQUM drug classes.

### *2.2.5 Barriers to implementation*

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

- the need to establish EDQUM as a quality of care, rather than a cost saving initiative was viewed as paramount, as promotion of cost savings in isolation are poorly received by GPs within the Division;
- 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
- establishing a reason for GPs to access and utilise data, and gaining their interest in this area has proven a challenge for the Division.

## 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 managed within the GP Clinical Program team. This team also has responsibility for QUM. The development, operation and implementation of the Program is overseen by a committee with a broader focus, including local QUM initiatives, Domiciliary Medication Management Review and EDQUM.

### *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.

The recent data workshops were identified as very valuable, though it was noted that initiating these workshops earlier in the Program would have been beneficial.

(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 Brisbane North Division determined from the outset that it did not wish to duplicate the role of the NPS, which was identified as the development of high quality guidelines and education resources related to prescribing and quality use of medicines. It was noted that as a result of the enhanced focus on QUM as a result of EDQUM, the profile of the NPS Program being delivered in Brisbane North had been raised considerably.

When it was mentioned that other Divisions had experienced some frustration as a result of the detailed and structured process the NPS applies to the development and validation of guidelines and resources, informants from the Brisbane North Divisions suggested that this was required to develop high quality guidelines and a key reason that they were happy for the NPS to maintain its role.

(4) A key relationship identified in several of the discussions held during the site visit was collaboration between Divisions, across state and territory boundaries. It was reported that the network between Division had become a valuable resource for sharing experiences, getting ideas and finding solutions to problems related to EDQUM. It was also suggested that had the workshops been initiated at the commencement of the Program, the Divisions' network would have come to the fore.

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 indicated that Consumers had been relatively peripheral to EDQUM to date, with the Division's Consumer Panel aware of EDQUM. It was nevertheless reported during February 2004, the Division had become aware of strategies that could engage consumers around EDQUM as a result of attending the NPS data workshops and the opportunity to network with other Divisions, ideas on how the Consumer Panel could become engaged with the process gained some clarity.

## 2.5 INVOLVEMENT OF GPS

It was reported that approximately 50 percent of GPs in the Division had been involved in activities related to dislypodaemia (Statins) and antibiotics.
As mentioned noted previously the EDQUM Steering Committee has overseen the development of a project plan for EDQUM in the Division. This has since been mainstreamed into the Clinical Program Management Group, this group governs the clinical program at the Division.

### *2.5.1 Issues impacting on GP participation*

In the course of discussions it was suggested that GPs are not particularly interested in data per se, accordingly, imbedding EDQUM into other activities which are clearly focussed on supporting improved practice was identified as a strategy for increasing involvement. It was also noted that there were three broad groups of GPs, those that were involved in a wide range of Divisional activities, those who were less active but participated in activities of interest to them, and those who had little if any contact with the Division. Establishing contact with the latter group proved an ongoing challenge for the Division.

### *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. As EDQUM was not promoted independently to GPs, and activities related to EDQUM were imbedded in a range of education and training activities with a strong quality focus, it was believed that those GPs who had participated in these activities (approximately 35%) viewed them positively.

It was noted that the initial concern expressed about the potential incentives that EDQUM may establish had largely been overcome by adhering to a strong emphasis on quality and limiting the commercial risk that EDQUM represented for the Division.

## 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 Brisbane North Division is the development of a range of generic 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.

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.

### *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, in part as a result of the operation of its coordinated care trial. However, it was suggested that considerable development of current practice management systems would be required if the broad quality agenda developed by the Division is to be effectively implemented at the practice level.

### *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

Costs in the true sense are difficult to measure as every attempt has been made to mainstream EDQUM activity into the core business of the Division. Initially this involved deviation of resources away from planned core activity to mesh EDQUM, this has since been achieved and is less of a challenge in it's current format.

## 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 roll 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) It is important to invest time and effort promoting programs such as EDQUM to GPs and bringing them on board before attempting to roll the program out. This is enhanced by ensuring that the interests underpinning a program are aligned with the interests of GPs and the strategic direction and vision of the Division.

(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/quality prescribing activities, as well as to expand the range of areas in which they review and refine their practices.

(3) GPs can be drawn into working with their practice data provided that it can be easily accessed, interpreted and applied and that there are clinical guidelines or benchmarks

against which they can objectively compare their practice, though discussion of data in GP forums hosted by the Division is still a relatively sensitive area.

### *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. It was argued that 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. Further, it was suggested that Divisions had established a level of credibility with GPs and were viewed as largely independent of government and the pharmaceutical industry.

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 could be applied across the Division. Further, the delay in receiving funds generated through savings and the restriction on the use of those funds further limited the capacity of the Division to build on the quality and EDQUM agenda that had been established.

The involvement of the ADGP as the key link between the participating Divisions, the Department and the NPS was considered a strength. In particular the role of the ADGP in providing a forum for participating Divisions to interact, gain professional support and exchange experiences, knowledge and ideas was identified as a key component of the Program which had provided benefits to the Division. Further, it was noted that the ADGP is well placed to respond to issues raised by Divisions and pursue solutions with the Department.

It was noted that the involvement of the National Prescribing Service had become crucial as it ensured that there was ready support in the development of or access to high quality resources to support education and clinical audit activities. More recently, it was noted that the NPS had become a key resource in assisting Divisions to effectively use data from other sources to gain an understanding of prescribing within the Division.

### *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;
- undertake or summarise research regarding the relative benefits of individual and group based approaches to facilitating behavioural change amongst GPs, potentially developed as a manual for Divisions regarding approaches to promoting change;
- development and promulgation of reliable information regarding drug costs and the process by which drugs are listed on the PBS;

- 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
- acknowledgement of the significant time required to develop and implement initiatives effectively; and
- resources to support a systematic approach to engaging GPs who are not readily attracted to initiatives such as EDQUM.