HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

CANNING CASE STUDY SUMMARY

Healthcare Management Advisors Pty Ltd
ACN 081 895 507
PO Box 10086 Gouger Street, Adelaide SA 5000
1st Floor, 65 Henley Beach Road, Mile End SA 5031
Phone (08) 8150-5555 Fax (08) 8150-5599
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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 in the course of a site visit and series of discussions with personnel at the Canning Division of General Practice in Perth, Western Australia.

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Canning Division case study summary

On Monday 25th February 2004 a series of meetings were held at the Canning Division of General Practice in Perth 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 Canning 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:

- Ms Carolyn Lawrence - CEO;
- Ms Karin Orlemann – Research & Development Officer;
- Mr John Newman – Systems Manager;
- Dr Brian Meyercort;
- Ms Lyn Todd - Pharmacist;
- Mr Eric Miles – Marketing Practice Liaison Officer
- Dr Shiong Tan;
- Ms Lara Quintela – NPS Program Officer/Coordinator
- Dr Ted Collison;
- Dr Teong Khoo;
- Ms Lisa Karabin – past NPS Program Officer/Coordinator ; and

2.1 THE CANNING DIVISION OF GENERAL PRACTICE

The Canning Division of General Practice is located in Perth, Western Australia and encompasses a corridor running south west from Perth. The Division serves a population of over 280,000 people and 266 GPs across 83 practices. The region includes outer metropolitan areas with low socioeconomic status where attracting sufficient numbers of GPs has presented an ongoing challenge.

The Division employs approximately 30 FTE (40 individuals) and receives approximately $750,000 per annum through Outcomes Based Funding (OBF). Additional grants operated through the Division include:

- re-engineering warfarin management in general practice using a collaborative approach ;
- Diagnostic Imaging Pathways;
- HealthPartners;
- Commonwealth Carelink ;
- After Hours Armadale Quality Improvement Grant;
- Aboriginal Primary Health Care Diabetes Improvement project;
- ATSI GP Community Links;
- NPS Quality Use of Medicines;
- DMMR;
- HeartBeat;

- Hospital Liaison GP; and
- Nursing in General Practice.

The Division has established a continuous quality improvement (CQI) approach to all its activities. Discussions with a number of informants indicated that the range of activities in which the Division had been involved, and particularly implementation of the Quality Use of Medicines Program, form a key component of the Divisions overall program.

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

It was reported that the Project Team established to oversee EDQUM within the Division identified the Program as a primarily strategic activity as there were no dedicated resources and that it would be necessary to target areas and strategies that would have an impact using existing staff who were already committed to other programs.

The Project Team indicated that there was limited knowledge of prescribing patterns in the region or how this compared to other areas. The first step in developing initiatives was to access relevant data on the three EDQUM drug groups and analyse it as a basis for strategy formulation. In addition the Division developed a greater understanding of the PBS and the various mechanisms and groups associated with it.

Discussions with the range of stakeholders indicated that the profile of the Division's existing QUM program with GPs was positive, with a high participation rate in QUM activities. The Division's QUM program was partly funded by the National Prescribing Service (NPS), facilitating to access independent evidence based resources. Rather than promote EDQUM to GPs as another initiative it was decided to integrate EDQUM under the existing known QUM brand.

The eventual focus of the EDQUM initiative within the Division was determined on the basis potential to achieve maximum impact and for which some current education materials existed. It was reported that prior to the initiation of EDQUM, the Division had placed considerable emphasis on antibiotic prescribing. Promotion of best practice for antibiotic prescribing to GPs continued but it was considered that as small group learning sessions had already been offered twice that no sessions in this topic would be held in the short term.

The Project Team believed that maximum impact (i.e. decrease in PBS cost by improving the quality use of medicine) could be achieved in peptic ulcer drugs and thus wanted to initially focus on this topic. However, as the existing NPS materials for this topic were out of date this was delayed. As Dyslipidaemia was the identified as the next NPS drug topic, the Project Team decided to initially focus on Statins. It was noted that there was also an opportunity to link activity in cardiovascular drugs with the Division's existing HeartBeat program.

The Division was interested in what information or tools would support GPs in their decision making for prescribing and a focus group was held. The GPs reported that advice from

medical specialists was considered the most authoritative, followed by the literature and resources produced by the NPS. It was argued that an easy to use checklist and flow chart that provided GPs with all information necessary to effectively utilise statins would be useful and an essential accompaniment to education sessions. Information would need to be packaged succinctly, be based on evidence and include cost effectiveness data. In the course of developing the statin card, the Division's pharmacist tested drafts with GPs in during other QUM visits. A key issue GPs raised in these discussions was understanding the cost of various drugs, dosages and their relative benefit.

The Canning Division commenced development of a double sided card related to the management of Dyslipidaemia and prescribing of statins. On becoming aware that the Queensland Rural Medical Workforce Support Agency (QRMSA) was also working in this direction, a collaboration was established.

In the course of discussions it was reported that the development of the statin resource proved to be considerably more involved than had been anticipated. Three areas of complexity were identified, namely:

- the need to take into account the range of other QUM resources being developed nationally to ensure consistency;
- developing a resource that was practical for GPs (short and to the point) while also addressing technical issues raised by experts in the field; and
- the barriers to including information regarding relative cost and approach to pricing some pharmaceuticals which the Divisions were not aware of until the development of the resource was near completion necessitated a major change in direction of the resource.

It was emphasised that limited understanding of the activities of the Pharmaceutical Benefits Pricing Authority or the impact of applying the Weighted Average Monthly Treatment Cost (WAMTC) methodology to pricing pharmaceuticals was a major barrier. This information was not in the public domain and the Division believed the Department should have alerted the EDQUM Divisions to this information. Nevertheless, it was reported that overall, the exercise of developing the statin resource was beneficial as it extended the Division's exposure to the role of various groups involved with listing pharmaceuticals on the PBS and developed the Division's understanding of a number of initiatives that were already in place that may impact on the ability to generate savings.

It was noted that Canning Division & QRMSA worked closely with the NPS to refine the statin resource and provided useful feedback to NPS about the type of resources that would be useful 'in the field' with GPs. At the time of the site visit preparations were underway for the introduction of the Proton Pump Inhibitor (PPI) drug topic. It was noted that the NPS had consulted with a number of the EDQUM Divisions regarding appropriate resources for PPIs.

The Division recognised the need to reiterate QUM messages over time and to develop broader chronic disease management modules that incorporated the QUM message. At the end of the Dyslipidaemia small group sessions GPs were asked regarding their interest in a follow-on session involving a multi-disciplinary team (i.e. cardiologist, exercise physiologist and pharmacist. The response was very positive and GPs were asked to complete a checklist identifying the aspects they wanted covered in the session, hence the module that was developed reflected GP needs.

The major thrust of the QUM program was practice-based, small group learning sessions based on the nominated NPS drug topic. These sessions continued with the Division pharmacist continuing to build GP interest in QUM and to obtain GP perspectives to aid developmental work on EDQUM strategies. Between 1st July 2002 and 30th June 2003, the EDQUM program included visits to 23 individual practices, 15 group meetings involving case studies and involved 52 GPs. An additional 23 GPs participated in individual sessions.

2.2.2 Personnel involved

Steering Committee

As resources were limited Canning Division decided to utilise the Steering Committee that had been established to provide direction to the QUM Program and DMMR (Domiciliary Medications Management Review) Program.

Project Team

In addition a Project Team was set up to meet weekly initially and then fortnightly to develop strategies for EDQUM. Membership consisted of the QUM Program Coordinator, GP Consultant for QUM, QUM Project Officer, Division Pharmacist, Systems Manager, Research & Development Officer, HeartBeat Project Officer and the CEO. This group were a Think Tank for EDQUM and incorporated a range of skills from amongst existing staff. No additional staff were employed and those involved had to prioritise their time across their existing program responsibilities.

In addition to Division personnel, a specialist cardiologist, an exercise physiologist, a GP Educator and the Division pharmacist developed a multidisciplinary small group learning module for GPs, based on the needs of GPs, referred to above (2.2.1).

2.2.3 Consumer involvement

Discussions with the range of stakeholders indicated that although consumer representation occurred within the Steering Committee, the focus of the EDQUM initiative had been on supporting GPs in their prescribing decisions and more recently enhancing GPs' capacity to review their utilisation of the target drug groups. This limited the extent to which consumer involvement had been considered. Further, it was argued that the initial 18 months of the Program was developmental, with the Division gaining an understanding of strategies that impact on GPs' prescribing patterns and developing its approach, limiting the extent to which broader consumer input would have been beneficial

It was argued that GPs were the primary consumer for EDQUM, limiting consumer involvement.

2.2.4 Balance of approaches

The Canning Divisions' proposal and discussions with stakeholders emphasised that the major focus of the project was initially to gain an understanding of the PBS and prescribing within the Division, and to explore strategies beyond existing education activities that support GP prescribing according to the latest evidence and cost effectiveness data. There was an emerging focus on the utilisation of data within GPs prescribing software to review their own clinical practice.

It was emphasised that the Division had sought to work with individual GPs and practices to develop useful but readily accessible performance indicators, rather that seeking to take on a role as a clearing house for the analysis and reporting of data from GP practices. In a small number of discussions in the course of the case studies (three of the seven meetings during the site visit), it was argued that working with individual practices was essential as there were four different practice management systems operating across the Division and that GPs had requested a means of gaining feedback that was relevant and relatively straight forward.

2.2.5 Issues impacting on planned activities

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

- complexity of developing the statin resource resulted in considerable delays in implementing the program as planned;
- HIC data was of limited benefit in providing GPs with feedback regarding their prescribing that was of value (and Internet access to data was removed at one point early in the project);
- identifying useful, up to date data required more time than initially anticipated;
- operation of four different practice management systems across the Division and variable computer literacy amongst GPs; and
- lack of transparency and dissemination of information about the Pharmaceutical Benefits Scheme and sensitivity around pricing.

2.2.6 Barriers to implementation

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

(1) Definition of the three drug groups was considered a restriction, particularly where groups of GPs viewed other drug groups as a higher priority. The Division continued to work with GPs on issues they viewed as a priority while promoting participation in the EDQUM initiative.

(2) A level of scepticism relating to EDQUM amongst GPs was reported. Accordingly, in working with GPs EDQUM was identified as a Quality Use of Medicines project. This had the added advantage of being identified with the work of the National Prescribing Service. All informants indicated that this branding had a positive impact on acceptance amongst GPs.

(3) It was noted that the perception of research was often viewed as beyond the capacity of GPs as they immediately consider the establishment of randomised controlled trials. The Division had worked with GPs to identify relatively straight forward, easily generated performance indicators, promoting a continuous quality improvement framework, rather than research.

(4) It was argued that perceived poor communication and collaboration between components of the Department made development of the statin resource more difficult, particularly in terms of identifying issues related to the cost of treatment. It was

nevertheless reported that the process of working with the range of organisations involved had been a positive learning experience and that removal of references to cost in the final version of the resource had overcome the difficulties but had weakened the impact.

2.3 PROGRAM STRUCTURE AND RELATIONSHIPS

2.3.1 Program structure

A consistent theme across all informants was the relative lack of definition surrounding the EDQUM Program. This was seen as a benefit in that it allowed Divisions to develop an approach which reflected their environment and the views of GPs involved, but also as a challenge as it required the development of an approach within the Division. The importance of developing an effective approach was highlighted by the need to invest resources in operating the program with any financial benefits being predicated on an external outcome measure.

A number of views were expressed in the course of discussions regarding the structure of the EDQUM Program. On one hand, the absence of resources and potential gains through savings were identified as a key factor in motivating a response to the Program, with Division personnel reportedly displaying a high level of commitment to the Program. On the other hand, a more frequent response was that the lack of up front resources limited the potential benefits from the Program.

The establishment of a forum for participating Divisions from across the country to engage around EDQUM was consistently identified as a positive component of the program. It was emphasised that the developmental nature of the program and contact with other Divisions had allowed problems to be discussed and solutions shared.

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

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

(1) The Australian Divisions of General Practice have provided the framework to allow Divisions to collaborate and share information regarding the development and implementation of the EDQUM Program. This role had been effective in drawing the thirteen Divisions together.

(2) Informants within the Division indicated that initially the National Prescribing Service had a peripheral involvement. However this changed significantly as the development of the statin resource progressed and following the completion of the Data Consultancy. It was reported that NPS had become closely involved in supporting Divisions to discuss

and resolve issues related to improving the access to and use for practice level data by GPs.

(3) The involvement of the Commonwealth (at least at the Division level) was perceived as limited, though it was noted that there was Commonwealth participation at meetings organised through ADGP. It was noted that broader representation from the Department may have been beneficial as there was no direct liaison with the Pharmaceutical Benefits Advisory Committee (PBAC), which it was argued the Division learnt to be essential after the WAMTC incident.

(4) A key relationship identified in several of the discussions held during the site visit was collaboration between Divisions, across state and territory boundaries. The development of the statin resource saw a close working relationship develop between the Canning Division and the Queensland Rural Medical Support Agency (QRMSA).

(5) Lack of cost effectiveness data and drug pricing at the point of prescribing was seen as a significant barrier as sourcing the evidence and the development of resources was labour intensive.

All informants suggested that relationships between the parties to EDQUM had been positive. It was stated that in resolving issues around the statin resource, there was some dissatisfaction with the perceived ambivalence of the PBPA toward the Program and Divisions and the apparent lack of common purpose between the two arms of the Department.

An area identified by several informants was the potential benefit of Department Officers being more closely involved, as it was argued this would improve understanding of the activities and role of Divisions and increase the opportunities for programs to benefit from Divisions' local knowledge and networks.

2.4 INVOLVEMENT OF CONSUMERS

Beyond representation on the Steering Committee, it was reported that the focus of EDQUM within the Division was primarily related to education and support for practice review, rather than strategies in which consumers would have a role. The broader QUM program conducts regular community education and obtains feedback from consumers about issues related to QUM. Although consumers have not participated in the Program it was considered appropriate to obtain a consumer perspective to the development of strategies in the future. It was suggested that should EDQUM incorporate a community QUM component consumer involvement would become central.

2.5 INVOLVEMENT OF GPS

As noted above (2.2.1) 75 of the 266 GPs (28%) participated in EDQUM activities in the July 2002 and June 2003 period. Discussions with four GPs in the course of the site visit identified a range of attitudes to EDQUM and issues which impact on participation.

2.5.1 Issues impacting on GP participation

Most informants, including GPs, indicated that the perceived relevance of education or review activities were a key factor influencing participation in programs operated through the Division. In responding to this, the Division sought input from GPs regarding the aspects of

statin prescribing that were of interest to them, and then structured delivery to address these areas of interest. The development of the statin resource was also designed to provide a relevant, readily applied tool for GPs to utilise information provided in the course of education and discussion sessions.

Another issue consistently identified was the credibility and impartiality of the source of information. The Division took care to promote EDQUM activities within the broader range of QUM activities, allowing the high regard amongst GPs for the NPS to benefit the program. Further, the use of information that had been reviewed by NPS, and provision of advice in case studies using a local specialist were also identified as enhancing acceptance and participation in the Program.

The development of an effective working relationship with GPs in the Division, and establishing credibility were identified as prerequisites to effectively initiating a program like EDQUM. Further, it was reported that those involved in delivering EDQUM had established a reputation with GPs for reliability, responsiveness to their needs and credible sources of information.

2.5.2 Attitudes to EDQUM

It was emphasised that GPs in the Division would be largely unaware of EDQUM, as the initiative had been presented within the broader quality use of medicines agenda. Nevertheless, a number of discussions with GPs emphasised concern regarding providing quality care and also managing the cost of care provided. The inclusion of costing information on the original versions of the statin resource was a response to this concern.

A number of informants indicated that the Division and NPS were not seen as running a cost saving agenda, with the focus on enhancing the quality of care provided. Accordingly, those interviewed presented a positive attitude to the range of activities that constituted EDQUM.

It was suggested that badging EDQUM as QUM had removed the concerns expressed by the GP fraternity regarding the Incentives for Appropriate Prescribing initiative.

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

A range of views were expressed regarding the data required for EDQUM, and depended to a large extent on the aspect of the program being discussed.

In terms of ultimate outcome or savings, there was some scepticism regarding the validity of the current formula for calculating savings. It was suggested that modelling against project PBS expenditure was relatively arbitrary and failed to take account of local variations (such as socioeconomic status), the costs incurred elsewhere in the health systems (e.g. reduce hospitalisation due to improved prescribing), or directly reward the level of effort. In addition, such modelling based on past PBS expenditure rewards historically high levels of spending and penalises any past efforts in the prescribing areas (eg. Previous focus on

antibiotic prescribing). Nevertheless, it was acknowledged that the data required for this type of analysis would not be feasible.

It was reported that the Canning Division had not sought to establish a wider ranging data collection and to act as a clearing house for GPs. Rather, the Division worked with interested practices to develop performance or outcome indicators that were considered relevant by the individual practices and could be generated with the local data system.

A project targeting improved management of Warfarin was identified as an example. GPs participating in the project report the number of blood tests taken to monitor blood clotting and the number of these tests that fall within the required range. The proportion of tests falling within the required range is used as the indicator to determine whether prescription of warfarin and management of patients prescribed this drug is improving.

It was reported that the majority of practices within the Division used one of four practice management systems. However, it was also noted that the capacity to utilise these systems to generate useable data varied on the basis of both the system and the sophistication of individual GPs. Anecdotal evidence indicated that the extent to which the minimum dataset is collected also varies. GPs involved in the national collection operated through Health Communications Network were required to enter a diagnosis in order to utilise the prescription module of medical director, while others rarely entered diagnosis.

2.6.2 Support for and capture of EDQUM data

It was reported that the Systems Manager in conjunction with the IMIT staff and GP Consultant critically appraised the capability of the Prescribing Software currently in use in general practice to determine the functionality for data capture and interrogation. The Division had developed an extraction mechanism that could extract data from any database and deposit into any other database. This technique was adapted and modelled for application for EDQUM. The Project Team considered that GP review of their own and practice data was a key strategy to improving GP prescribing practice

Discussions with Division personnel as well as GPs indicated that practice management systems were increasingly being utilised, however the range of data entered remained dependent on its utility. Sophisticated users had apparently increased the data they sought to draw from their systems, while less sophisticated users were dependent upon solutions being developed for them in areas that were of interest. The activity to reduce the perception of research from randomised controlled trials to objective scrutiny of practice was reported to have increased the range of data used and interest of GPs.

The Canning Division employs a small team to support GPs to more effectively utilise their practice management systems and the data held within these systems. As noted previously, this is couched in terms of developing quality practice rather than the collection of data to support or assess activity at the broader system level. Knowledge of the various systems and the development of relevant performance indicators are key skills to support GPs in this area. Accordingly the Division plays a support role in relation to data collection and analysis, rather than acting as a clearing house for GP data.

It was argued that practice data does not provide an indication of whether the patient takes the drug, PBS data was not complete and pharmacy data was not available.

2.6.3 Impact of the Data Consultancy

Discussions with the range of informants who were aware of the Data Consultancy indicated that while it had served to focus thinking about data issues it failed to take account of the reality of data collection and analysis in the general practice setting and was aimed at a higher level in the health care system than the individual GP. It was suggested that the outcome may be of relevance in the future when data collection and utilisation at the local level caught up.

The data consultancy highlighted the difficulties associated with trawling the vast quantity of HIC data and demonstrated the need for data analysis close to the point of prescribing to provide GPs with relevant and timely data to reflect on.

2.7 COSTS AND RESOURCES

It was reported that specific resources were not allocated to EDQUM, rather, a range of personnel with skills relevant to the program contributed in addition to their normal duties. For instance, the pharmacist involved in the QUM program provided input into the development of the statin resource, promotion of participation by GPs and contribution to education sessions. Division personnel worked with the Department and NPS in development of the statin resource and IM&IT personnel provide support and input into the development of approaches to supporting GPs to more effectively utilise the data held on their practice management systems.

While a comprehensive record of man-hours contributed to EDQUM was not maintained, it was estimated that the program had required between one and a half and two Full-Time Equivalent (FTE) positions over the first twelve months.

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

While there was some debate about the need for resources to be allocated to support implementation of the program, it was also emphasised that the absence of initial funding required the Division to focus on strategies for which the likelihood of success was high. Further, the potential to gain a share of the measured savings was identified as a key factor in maintaining motivation and enthusiasm for the Program.

The development of the statin resource was consistently identified as a source of learning regarding the range of organisations involved in the PBS and quality use of medicines. Although identified as a source of frustration, all those involved in the development of the resource indicated that their knowledge of the health system had improved. It was indicated

that inclusion of information about costs, and the most cost effective medications would be valuable for development of future resources.

The relative advantage held by Divisions in understanding the realities of general practice was emphasised as a potential learning that other organisations may have achieved as a result of the Program. This was highlighted through the survey conducted by the Division which identified that medical specialists were identified by GPs as the most credible source of information regarding current practice.

Collection, analyses and reporting data at the practice level was consistently reported as an area in which considerable learning had been achieved. It was noted that in order to effectively engage GPs in the collection and subsequent use of data it was necessary to:

- align activity with GPs interests;
- overcome reservations amongst GPs regarding their capacity to effectively utilise their data and develop performance indicators to assess their own practice;
- the level of support provided to GPs needed to reflect their sophistication in the use and management of practice management systems;
- the application of a quality improvement framework supported GPs participation in the development of relevant and appropriate performance indicators was crucial; and
- HIC data is not sufficiently refined or localised to impact on, or assess the appropriateness of individual clinical practice.

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 consistently identified as a strength of the Program. It was argued that the local knowledge within Divisions and the prior establishment of relationships between Divisions and GPs in the area contributed to EDQUM being potentially better targeted to the needs and interests of local GPs. EDQUM had taken the QUM program from beyond an 'off the shelf, NPS-led program' to a critically determined, Division-led initiative that utilised a strategic approach to influence GPs in their prescribing decisions using the latest evidence and their own data.

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. The capacity of Divisions to build on earlier activity (such as quality improvement and QUM) provided examples of the advantage attributable to operating the Program through Divisions.

The flexibility within the Program was identified as both a strength and weakness. On one hand the relatively limited degree of definition to the program allowed Divisions to tailor their approach to local needs and to draw on their experience of working with GPs. However, it was also noted that the lack of definition required a significant period of time to agree on priorities, develop an approach and implement that approach, which resulted in the timeframe for the project being substantially longer than initially envisaged within the Program. Nevertheless the freedom to develop the program locally was identified as a key factor in motivating Division personnel.

The opportunity for Divisions to collaborate across state and territory boundaries, and the ADGP role in supporting this interaction, were identified as key strengths of the Program. Interaction between Divisions confirmed issues that needed to be addressed and contributed to the collaborative development of solutions.

The high level of credibility of the National Prescribing Service within the GP community is partly attributable to the role played by Divisions in conducting QUM programs that utilise NPS resources. Treating EDQUM simply as another component of the broader QUM program coordinated by Canning Division enhanced acceptance of the program by GPs.

The collection of uniform detailed data from GPs, while a potentially useful long term strategy, is not a prerequisite for the effective implementation of EDQUM. It was suggested by a number of informants that the initial interest in a more substantial collection of data may have distracted effort from the development of practical performance indicators that GPs would support and could use in the early stages of the Program. Further, it was noted that experience with application of performance indicators increased GP interest in data quality, as what they entered into practice management systems determined the value of the data they drew upon.

The lack of funding for the program was unrealistic and placed considerable pressure on staff with the potential to draw them away from their other commitments and responsibilities. Valuable time was lost as there was limited capacity to take the strategies and identified interventions forward rendering the EDQUM program impotent in achieving program objectives.

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:

- provision of 'up front' funding at the outset to seed activity to the depth and frequency of intervention to impact on prescribing patterns;
- advice in advance regarding the range of organisations with an interest in QUM (e.g. PBPA) and involving these organizations from the start;
- increased involvement of NPS with Divisions in developing resources (such as the statin resource) prior to attempting to implement components of the program would enhance efficiency and allow a concentrated effort over a shorter period of time; e.g. the concurrent development of resources with NPS regarding proton pump inhibitors was identified as a useful approach for the future;
- closer collaboration between relevant branches within the Department could reduce the frustration experienced by Divisions (it was noted that access to PBS data was ceased for a period and that information regarding WAMTC was unavailable until considerable effort had been expended);
- department officers have an opportunity to gain a better understanding of GPs and general practice through closer involvement with Divisions in the implementation of programs such as EDQUM; and broadening EDQUM to allow greater participation by GPs in defining the drugs or drug groups targeted may increase engagement.