HEALTHCARE MANAGEMENT ADVISORS

## DEPARTMENT OF HEALTH AND AGEING

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

## CENTRAL BAYSIDE DIVISION OF GENERAL PRACTICE 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**
**8th April, 2004**

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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 Central Bayside Division of General Practice in Sandringham, Victoria.

# 2

# Central Bayside Division case study summary

On Wednesday, 31st March a teleconference was held with personnel of the Central Bayside Division of General Practice in Sandringham, 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:

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|---|---|
| Mr Steve Sant | Chief Executive Officer |
| Ms Reitai Minogue | Manager, Practice Capability |

## 2.1 THE CENTRAL BAYSIDE DIVISION OF GENERAL PRACTICE

The Central Bayside Division of General Practice covers an area of 92 square kilometres along the eastern foreshore of Port Phillip Bay, serves a population of approximately 175,000 people, 285 GPs and 53 practices. It was reported that 10% of GPs work as solo practitioners. The population enjoys a relatively high socioeconomic status and has a lower than average population in the 20-35 year age groups.

The Division has a budget of between $1.1 million and $1.4 million annually, though only $400,000 of this is drawn from OBF. The remaining funds relate to specific grants and project funding. It was reported that the operation of a wide range of projects drew on the Divisions resources and that this left little capacity to administer further programs without funding. The Division organises projects within five program areas, identified in its strategic plan as:

- Quality Practice;
- Practice Capability;
- Health information systems in General Practice;
- Practice Population Health; and
- Division management

The range of projects operated through the Division included:

- after hour information technology/information management project
- After Hours Primary Care;
- Home Medicine Review (HMR);
- Better Outcomes in Mental Health;
- a falls prevent collaboration project;

- and integrated care project focusing on Asthma; and
- Quality Use of Medicines through the NPS.

A key focus for the Division's EDQUM project is related to enhancing the analysis and utilisation of practice level data. Accordingly, the program is located within the Practice Capability Program. The Division has been working closely with the HIC and has an observer present at meetings of the EDQUM Data Reference Group.

## 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*

A strong focus of the Central Bayside Division over the last few years has been the promotion of data collection by GPs and its extraction and compilation at the Divisional level. EDQUM activities undertaken by Central Bayside were designed to build into these existing strategies. As an extension of the data collection processes Central Bayside is seeking academic input to enhance the extent to which available data is analysed and support improved application of the available data. During the first year of EDQUM Central Bayside sought to establish and test the data management, extraction and utilisation strategies it had developed, though there was a strong focus on education.

GPs were also involved in peer (small group learning) and individual comparison of prescribing behaviours through small group feedback sessions and practice visits. Initially data drawn from national collections such as the Health Insurance Commission (HIC) though it was accepted that this only represented scripts that had been filled and was not viewed as useful at the individual GP level.

Following changes in the management of the Division, there was concentrated effort on improving the accuracy and completeness of data GPs record on their practice management systems to enhance the potential for this data to be used to review and discuss current practice in small group learning and academic detailing. The focus moved beyond enabling GPs to develop skills in recording, extracting and analysing data in areas of particular interest to them to the development of a capacity to extract and analyse data for GPs and conduct analyses that focussed on the whole Division.

The Division is currently in the process of providing analysing the first feedback major extractions and providing feedback to GPs.

The focus of existing NPS activities (practice visits and clinical audit) was changed to encompass the three drug groups identified within EDQUM. These activities included audits, case studies, and academic detailing. The division marketed its QUM activities in order to maximise GP contact and raise awareness of quality prescribing issues. Bulletins were generated to promote best practice and quality use of medicines. Pharmaceutical specific interventions relating to the three drug groups were targeted with cost of drugs being a minor focus of the intervention.

Finally the Central Bayside Division reported that it also sought international collaboration and linkages to assist in establishing best practice standards at a local level.

### *2.2.2 Personnel involved*

Central Bayside established their own Data Reference Group which included several GPs. These GPs were interested in their own data and analysing prescribing patterns. Personnel within the Division, including the project officer overseeing EDQUM, the CEO and IM&T officer undertook additional training expand the range of relevant skills within the Division to undertake the desired EDQUM activities.

The Pharmacist involved in providing NPS practice visits also participated in providing EDQUM related education and audit.

### *2.2.3 Balance of approaches*

Although the Central Bayside proposal originally included an significant element of educational activities whilst focussing mainly on data management the educational components of the program, particularly supporting the establishment and operation of small group learning with an EDUM focus proved too difficult to establish in the short term. The revised approach involved working with GPs to identification their needed and their requirements in terms of information on their practice, collection of data and analysis, as well as the feedback of they required about their data.

The Division was interested in encouraging a whole – of – practice approach rather than focussing strictly on quality prescribing and behaviours. The informants stressed the importance of 'building a foundation in information' for both the GPs and the Division. EDQUM was seen as contributing to the development of this base and providing a relatively limited focus to develop the approach.

### *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 Central Bayside Division's EDQUM project, namely:

- the need to develop expertise to develop the IM&T infrastructure to support the range of activities planned;
- achieving sufficient critical mass and direction in small learning groups identified in the Division's proposal had critical impact on projected timelines and roll out of planned activities;
- time taken to develop the skills base within the Division to enable sophisticated data processing techniques;
- privacy and confidentiality of GP data were considerations during EDQUM activities;
- limited staff resources available to do the work required; and
- negotiating the GP software management systems to extract data.

### *2.2.5 Barriers to implementation*

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

(1) Implementation of key activities required either new staff or re-skilling of current staff (chosen approach by Central Bayside) for the Division to achieve their objectives. Although this was seen as a barrier, there were several staff at the Division with an adequate skills base that was built on to support the Program. While this had allowed the Program to progress, it was noted that as the system was established a new set of skills and expertise would be required.

(2) The time taken to establish processes was considered a barrier by Central Bayside. Informants felt that establishing EDQUM activities was time consuming and that the Division did not have the resources to support efforts taken away from other projects. The progress of EDQUM was slowed to allow its management within the resources that could be made available.

## 2.3 PROGRAM STRUCTURE AND RELATIONSHIPS

### *2.3.1 Program structure*

Informants noted that the flexibility provided by the EDQUM project was attractive and allowed the Division to choose (and change when necessary) its approach to the Program. It was also noted that participating Divisions had pursued a wide range of initiatives, some of which were fruitful, while others were not. It was argued that a more co-ordinated and strategic approach to the Program would be beneficial, although it was emphasised this did not mean set activity guidelines.

The establishment of a forum for Divisions from across the country to engage around EDQUM was identified as a positive component 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) Although the Australian Divisions of General Practice was not considered to have a prominent role in the Program it had key task as a conduit for communication between EDQUM Divisions, and between Divisions and the Department. Informants considered this role to be valuable to the Divisions, promoting information sharing and drawing the thirteen Divisions together.

(2) The relationship between the Divisions and NPS initially was not strong however as the EDQUM Program progressed this relationship improved. Informants within the Division indicated that the National Prescribing Service had not had a major role to date however it was intended that consultation with the NPS would increase in the near future to align EDQUM activities with the broader QUM agenda.

(3) It was reported that the involvement of the Commonwealth (at least at the Division level) was limited and informants felt that their views and concerns were not readily addressed by the Department.

(4) Central Bayside developed relationships with at least two other Divisions (Mackay and Ballarat) that informants felt were beneficial to their EDQUM activities. Communication with other Divisions was valued particularly in highlighting the range of approaches that had been taken to EDQUM.

## 2.4 INVOLVEMENT OF CONSUMERS

It was indicated that the need to include informants in the Divisions activities had been limited to date as privacy issues were being resolved through legal advice and the approach had focused largely on work with GPs. Consumers may be sought for input in the near future once the Division has established the data systems and analyses proposed, and moves to developing strategies to respond to issues raised through the analyses.

## 2.5 INVOLVEMENT OF GPS

It was reported that 17 practices encompassing 67 GPs (34% of GPs in the Division) were involved in the EDQUM project to some extent.

### *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 Data Reference Group and providing input as to what information would be useful and meaningful to them.

A GP survey conducted by Central Bayside found that GPs generally did not use data provided through the HIC. This prompted the Division to look for avenues of gaining GP interest in data and information systems. The survey indicated that data relating to the whole of practice (eg demographics, epidemiology, etc) would gain the interest of GPs and encourage participation in the project.

### *2.5.2 Attitudes to EDQUM*

The Central Bayside Division did not provide EDQUM activities under the EDQUM banner. Informants indicated that there would have not been as many GPs participating if the Division had labelled activities as EDQUM. Instead, EDQUM activities were presented as a component the Divisions broader strategic development and a basis to support benchmarking. The activities incorporated into EDQUM had been identified prior to the Divisions involvement with EDQUM.

A key insight was that GPs were interested primarily in patient care and disease management. QUM and EDQUM were only perceived as relevant within this context. This understanding guided the development of Central Bayside Division's approach.

## 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 Central Bayside extracted data or that GPs performed the extraction themselves and forwarded the data through to the Division. As the focus of the data analysis was on whole of practice, required data included patient demographics, diagnosis, health and treatment, rather than only information regarding prescriptions. It was suggested that it was important for the Division and GPs to have a good understanding their local population to provide a context for EDQUM and other quality improvement activities. Once this data extraction is operating smoothly the Division will start to explore with GPs other data which may be of interest.

It was reported that most practices within the Division used Medical Director for their practice management requirements. However, it was also noted that the capacity to utilise these systems to generate useable information varied on the basis of both the system used and the sophistication of individual GPs.

### *2.6.2 Support for and capture of EDQUM data*

Informants reported that the extraction of data required either Division personnel to visit practices and extract data, or individual GPs to extract the data and forward it to the Division. All data extracted is held in a central repository (data warehouse). The Division holds the extracts in a data warehouse and is currently in the process analysing the data and providing reports back to participating GPs.

As mentioned in Section 2.5.1 the Division employed several strategies to gain GP support and involvement in data capturing. These strategies included:

- examination of practice profiles;
- development of desktop data queries and searches;
- maintaining a disease focus rather than a organising presentations around particular drugs or drug groups;
- promotion of a quality focus rather than cost or savings; and
- GP involvement as part of the Reference Group overseeing the initiative.

### *2.6.3 Impact of the Data Consultancy*

Whilst it was suggested the Data Consultancy process was valuable, in particular the discussion sessions, informants indicated that the results of had not been useful or relevant to the Division. Several reasons were suggested, namely:

- the data consultancy may have initiated to early and produced results that were ahead of the level of development across Divisions;
- there was a limited understanding of the range and quality of data actually entered by GPs; and
- it appeared there may have been a misunderstanding of what was required and what was eventually provided.

Informants also noted that the level of expertise of those conducting the data consultancy will be essential for future activities.

## 2.7 COSTS AND RESOURCES

It was reported that at present the Division utilises approximately 0.5 FTE to operate EDQUM activities. The Division indicated that it had spent over $60,000 on EDQUM. The Division had been cautious in funding the project and noted that to adequately operate the project it would take three to four FTE personnel and at minimum, a skilled data analyst.

## 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.

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 which did not require large resource investment. 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 current quality on practice management systems is relatively poor at present. Addressing this requires Divisions to ensure that guidelines and quality assurance checks are performed to develop a complete data set. Providing information developed from data extracted from GPS practice management systems GPs highlights the potential benefits of the data and the importance of entering accurate data.

Informants also felt that GPs were more interested in information extracted form their practice management systems than was thought. Gaining GP interest in the activity was considered the biggest challenge for the project initially. However, the Division found that even their non-active members showed an interest in the EDQUM project. Informants also identified peer learning as the most successful approach for transferring knowledge to GPs.

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;
- demonstrate use and application of their data;
- overcome reservations amongst GPs regarding their capacity to effectively utilise their data and develop performance indicators to assess their own practice;

- provide a level of support to GPs that reflected their sophistication in the use of practice management systems; and
- provide local data to complement HIC data and allow assessment of the appropriateness of individual clinical practice.

### *2.8.2 Strengths and weakness of EDQUM*

Although Central Bayside had previously identified the lack of resources and direction as a barrier to implementing the full range of strategies originally envisaged, it was argued that the flexibility provided the Division with the opportunities to respond and evolve their approach within the EDQUM framework. This, along with the involvement of the ADGP, the low key role of the Commonwealth and the camaraderie evident in workshops promoted a sense of ownership over the Program.

### *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 some resources at the outset to seed activity;
- a more co-ordinated approach and strategic direction from the Commonwealth, clearly establishing outcomes to be achieved but which is adaptable within the Divisions local environment;
- a collaborative model where Divisions interested in similar objectives or applying similar approaches work collaboratively;
- advice in advance regarding the range of organisations with an interest in QUM (e.g. PBPA);
- support for a whole of system (focussed beyond prescribing) approach with acknowledgement that some gains will only be seen in the long term or from other areas of the health system;
- provision of support to bring all Divisions up to a similar baseline in terms of IM&T capacity and understanding of QUM;
- expanding the program to a limited number of additional Divisions before applying current EDQUM Program structure to all Divisions.