HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

OSBORNE DIVISION OF GENERAL PRACTICE CASE STUDY SUMMARY

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16th April, 2004

Table of Contents

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 Osborne Division of General Practice in Perth, Western Australia.

2

Osborne Division case study summary

On Tuesday, 30th of March and Friday, 2nd of April teleconferences were held with personnel of the Osborne Division of General Practice (ODGP) in Perth, Western Australia 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 Osborne 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 Cherylyn Vickory	EDQUM Project Manager;
Ms Deirdre Criddle;	Pharmacist; and
Dr David Olden	GP and former chair of the EDQUM reference group.

2.1 THE OSBORNE DIVISION OF GENERAL PRACTICE

The Osborne Division of General Practice is located in Perth, Western Australia serving a geographic are of approximately 829,000 square kilometres that includes a mix of metropolitan, urban and rural communities. The Division covers a population of 349,000 with 400 GPs, of which 281 are members of the Division, employed in 124 practices.

The Division employs approximately 15 FTE staff (25 individuals). Programs operated within the Division include:

- the Chronic Disease Initiative;
- Better Outcomes in Metal Health;
- Diabetes;
- population health;
- youth and indigenous health;
- GP and practice support;
- Information management and information technology;
- CALD health;
- National Prescribing Service and Home Medication Review; and
- research (in collaboration with the University of Western Australia).

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 Osborne Division established a contract with the NPS in 1999 governing the provision of a range of QUM activities. A reference group with three GP representatives, two pharmacists, two consumers, QUM and education staff from the Division oversee the range of QUM activities within the Division, including EDQUM.

Activities encompassed by EDQUM have been an extension of existing QUM activities and have included:

- subsidising supply of current prescribing tools (e.g. RACGP handbooks and Therapeutic Guidelines);
- newsletters related to QUM and current best practice prescribing;
- practice visiting programs; and
- small group learning modules..

The focus of the Osborne Division has been largely education based and part of the development of their ongoing interest in quality use of medicine. ODGP has focused on finding improvements to systems issues rather than targeting small groups of GPs or improving one area. To date, GPs have been provided educational materials and received practice visits regarding two of the three drug areas (Statins and antibiotics) and the Division was about to commence education activities related to Proton Pump Inhibitors (PPIs) and H_2 antagonists.

Development of an approach to the collection, analysis and application GP data is also being pursued.

2.2.2 Personnel involved

As mentioned in Section 2.1 the Reference Group for QUM activities included three GP representatives, two pharmacists, two consumers, QUM and education staff. The role of the pharmacists was to conduct in-practice visits to GPs.

2.2.3 Balance of approaches

The Osborne Division maintained a strong focus on education of GPs and methods of encouraging quality prescribing rather than data related activities, beyond review and presentation of HIC data. Stakeholders commented that they were not initially active in EDQUM as they were interested in clearer direction from the Department before the Division locked themselves into a particular approach for the EDQUM project.

2.2.4 Issues impacting on planned activities

In the course of discussions a number of issues were identified which had affected implementation of the Osborne Division's EDQUM project, namely:

- mis-understandings between NPS and the Division over roles in QUM and EDQUM and use of materials;
- allocation of GP time to activities on the agenda of practice visits;
- start-up period was too long and material for distribution to GPs relating to antibiotics was provided after Osborne had conducted its practice visits; and

- requiring sessions of not less than 20 minutes with GPs limits the number of GPs able to be contacted but maintains high standard of QUM message.

2.2.5 Barriers to implementation

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

(1) The perception of some participants that the EDQUM project established undesireable incentives, being based around cost savings rather than quality prescribing was initially difficult. The Division overcame this by advocating EDQUM as quality program and using the QUM banner to conduct EDQUM activities.

(2) During the course of the EDQUM project, although some project staff remained the responsibility for EDQUM and roles within the Division moved between personnel.

2.3 PROGRAM STRUCTURE AND RELATIONSHIPS

2.3.1 Program structure

A consistent theme across all informants was the limited operational definition and structure surrounding the EDQUM Program. It was indicated that throughout the project this was a source of frustration as the Osborne Division did not want to resource activities that were not in line with the EDQUM vision. It was felt that the objectives of the EDQUM project were good but difficult to operationalise without more detailed direction and resources.

The establishment of a forum for Divisions from across the country to engage around EDQUM was identified as a positive component of the program. The ability to utilise and share the information and work of other Divisions facilitated co-operation and promoted cross-boarder links between Divisions.

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 other twelve Divisions of General Practice.

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

(1) The Australian Divisions of General Practice 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. There had also been some early concern about whether NPS materials could be used for EDQUM activities as the interests were seen as

overlapping. The Division was also not permitted to fund GPs to attend NPS modules that related to EDQUM activities. These issues were resolved as both parties better understood the role and intent of the other.

(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 which provided insight into the broader context within which EDQUM had been established.

(4) A key relationship identified in several of the discussions held during discussions was collaboration between Divisions, across state and territory boundaries. It was reported that generally communication between Divisions had been at the CEO level however the CEO at Osborne Division had had minimal involvement (due to staff changes) and the EDQUM members did not feel entirely comfortable communicating with other Divisions at the CEO level, though development of the network had allowed communication between colleagues in other EDQUM Divisions.

It was suggested by informants that the role of the ADGP may have been improved with stronger funding base, emphasising the importance of the Program to Divisions. It was felt that stronger advocacy for EDQUM by ADGP would be of benefit to the project.

In terms of communication with other Divisions informants commented that they had formed stronger relationships with several Divisions, including Canning. Contact with Divisions was conducted formally through the ADGP led workshops, and meeting and sharing information with other Divisions promoted avenues for informal contact outside of the workshops.

2.4 INVOLVEMENT OF CONSUMERS

It was indicated there was limited scope for consumer involvement in EDQUM had benn limited to date. The Osborne Division Reference Group, as mentioned in Section 2.1, has consumer representation. It was suggested that consumers were of particular importance when issues for discussion revolved around rationing of resources, operationalisation of activities, and consumer education.

2.5 INVOLVEMENT OF GPS

The Osborne Division was able to reach just over 50% of its 281 GP members. Response to educational activities was observed by the informants to be positive. 50 GPs were subsidised for the purchase of Therapeutic Guidelines, 111 GPs were visited for information on statins, 135 for antibiotics in 2000 and a further 66 for repeat antibiotics visits in 2003.

2.5.1 Issues impacting on GP participation

The Osborne Division initially conducted a GP referendum to determine the level of interest among GPs in relation to quality prescribing. The results of the referendum showed a high level of interest by GPs for participation in EDQUM activities. 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.

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. Informants felt that the Division having established the trust of their GP members and an understanding of the needs of their local GPs, they were in an ideal position to impact on prescribing practises.

It was emphasised several times during the course of discussions that it was critical to GP participation that the EDQUM activities were presented as quality initiatives, and not seen as cost savings measures. The Division did not provided EDQUM services under the EDQUM banner and incorporated activities into other QUM projects.

2.5.2 Attitudes to EDQUM

Informants expressed a view that the attitude of GPs towards EDQUM was not positive. 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. It was suggested that badging EDQUM as QUM had removed the concerns expressed by the GPs about a focus on cost savings rather than quality.

Stakeholders felt that they were only reaching GPs interested in quality use of medicines which were traditionally the low prescribers. It was argued that it is the high prescribers that are not actively participating in QUM/EDQUM activities that require intervention.

2.6 DATA ASSESSMENT AND MANAGEMENT

Data assessment and management was not a large focus of the discussions with stakeholders, however some comment was provided regarding the data consultancy and future data requirements.

2.6.1 Data required

The Osborne Division did not have a data collection focus as part of its EDQUM activities in the past however stakeholders consulted voiced the intention to launch into data collection for their proton pump inhibitors activity phase.

2.6.2 Support for and capture of EDQUM data

Proton Pump Inhibitors were identified as the area in which prescribing practice could show the greatest improvement within the Osborne Division and it was suggested this area will be of most interest to all stakeholders for this reason. A component of the approach being developed within the Division involves teaching GPs how to interrogate their current databases, particularly those using Medical Director. A critical part of gaining GP participation was expected to be convincing GPs of the importance and value of entering, collecting and analysing good data to gain meaningful information. It was hoped that information collected from GPs would lead to point of prescribing interventions.

Informants noted that part of the role of the Division would be to determine what questions they needed to answer, those for which GPs may require answers, the data required to answer the questions and how best to collect the data. It was indicated this would require funding for and establishment of an IT position to assist with data extraction and data analysis.

2.6.3 Impact of the Data Consultancy

Informants noted that the information provided from the data consultancy was difficult to understand and that the intention of the consultancy was not clear. The Division found the consultancy useful to compare prescribing activity in their area with that at the national level. This information gave them insight as to where their interventions should be targeted. There was concern from the Osborne Division that there was no incentive for GPs or the Division to participate in good data collection and extraction.

2.7 COSTS AND RESOURCES

A specific number of man hours required was not provided although direct personnel on the project involved a 0.7 FTE pharmacist and a project manager. Informants reported that the Division had contributed $4,000 to maintain EDQUM activities and that this was supplemented by 15% of their NPS budget (approximately $7,000). It was noted that the Proton Pump Inhibitors activity phase would cost approximately $20,000. IT was noted that the Division was able to reinvest their savings into EDQUM activities such as teleconferences, training and education.

2.8 LEARNINGS AND SUCCESSES

This section summarises advice provided in the course of discussions regarding the range of lessons learned in implementing the EDQUM Program, successes 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 teleconferences, informants highlighted a range of lessons they had learned in implementing EDQUM, namely:

- development of the components of the EDQUM initiative within the Division required more time for planning and implementation than anticipated;
- as the project has evolved, a more comprehensive approach has also developed which it is anticipated will produce greater benefits;
- the approach provides enormous potential though allocation of sufficient resources to pursue a systematic approach will be required to achieve this potential; and
- the NPS provides a significant resource for Divisions, particularly given the access it provides to a wide range of expertise.

2.8.2 Strengths and weakness of EDQUM

There was considerable interest in discussing the relative strengths and weakness of the program.

The flexibility within the Program was identified as both a strength and weakness. On one hand the relatively limited degree of directiveness embodied in the Program's guidelines allowed Divisions to use their own creativity and their intimate knowledge of the Division and its GPs to advantage, and provided sufficient freedom to follow them to pursue their existing

interests within the EDQUM framework. 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, delaying implementation.

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. It was felt that the co-ordination of workshops via the ADGP gave the Divisions a feeling of ownership over the Program.

Similarly, the developing relation with NPS during the course of the EDQUM project has led to a more collaborative approach to the quality prescribing objectives. Although there was some confusion initially regarding the respective role of the organisations, once this was resolved the relationship developed and information transfer between organisations was identified as a strength of the Program.

The capacity of the Program to support GPs to identify their fiscal responsibility and the need to ensure PBS sustainability was noted as a strength of EDQUM.

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;
- clearly identified objectives and expectations;
- clearly identified timelines/milestones;
- clearly identified reward structure/funding formula;
- clear directions/guidelines;
- upfront funding to initiate activities, provide resources and appropriate personnel, and support GP involvement;
- clearly identified roles of all parties involved (including NPS, the Commonwealth, ADGP and Divisions);
- adequate funding for GPs to attend workshops and recognition of geographic difficulties in attending workshops.

It was emphasised that developing a better understanding of what does and doesn't work, and provision of adequate funding to support initiation of the Program in Divisions would be required if the Program were to be rolled out further.