HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

QUEENSLAND RURAL CONSORTIUM CASE STUDY SUMMARY

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Introduction

The Department of Health and Ageing (the Department) has engaged Healthcare Management Advisors (HMA) to undertake:

> ***"an evaluation of the first year (2002-03 Financial Year) of a two-year pilot of the Enhanced Divisional Quality Use of Medicines (EDQUM) program."***

The prescription of medicine to treat health problems represents a major area of activity for medical practitioners. A key concern for health authorities internationally is ensuring that medicines are used appropriately. The National Medicines Policy (DHA, 1999) emphasises that the focus of activity should be first on peoples needs, aiming to ensure:

- timely access to medicines that Australians nee, at a cost individuals and the community can afford;
- medicines meet appropriate standards of quality, safety and efficacy;
- quality use of medicines; and
- maintenance of a responsible and viable medicines industry.

The current National Strategy for Quality Use of Medicines (DoHA, 2002) builds on the direction established in earlier iterations of the Strategy and provides the framework against which the Quality Use of Medicines Strategic Action Plan is developed every two years. IN this context, Quality Use of Medicines is characterised in terms of three areas of clinical decision making, namely:

- selecting management options wisely (considering the place of medicines);
- choosing suitable medicines if a medicine is considered necessary; and
- using medicine safely and effectively to get the best result.

The development of the Enhanced Divisional Quality Use of Medicine Program (EDQUM) highlights the importance of maintaining a focus on the quality agenda embodied within the National Strategy for the Quality Use of Medicines (DHAC, 2002). The EDQUM Program, which commenced operation in January 2003, was established with the requirement that an evaluation of be undertaken after the first twelve months. Healthcare Management Advisors (HMA) was contracted to undertake the evaluation in January 2004 with a requirement to complete the evaluation in April 2004.

1.1 OBJECTIVES

The objectives for the evaluation were identified in the Terms of Reference as being to:

- provide a description of the programs or initiatives implemented by Divisions under the EDQUM program;
- assess the extent to which activities centred on education and or data;

- assess the appropriateness, effectiveness and efficiency of the Program in achieving its objectives;
- assess the role out and support mechanisms for Divisions in implementing the program;
- identify successes of the program;
- identify barriers to, enablers and drivers for the EDQUM program;
- develop strategies to overcome identified barriers;
- provide recommendations that will contribute to ongoing Program development; and
- identify a methodology to be developed to assist in undertaking a future impact evaluation.

1.2 PROJECT METHODOLOGY

The agreed methodology for the project incorporated seven stages, namely:

(1) Detailed project planning**.**
(2) Situation analysis.
(3) Development of an evaluation framework.
(4) Quantitative and qualitative data collection and analysis.
(5) Stakeholder consultation.
(6) Preparation of a discussion paper.
(7) Preparation of the final report.

1.3 PURPOSE OF THIS DOCUMENT

This document provides a summary of the information gained in the course of a site visit and series of discussions with personnel involved in the Queensland Rural Consortium.

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Queensland Rural Consortium case study summary

The case study for the Queensland Rural Consortium involved both site visits and telephone interviews. On Monday 8th March 2004 a meeting was held at Queensland Rural Medical Support Agency's (QRMSA) offices in Brisbane, with Dr Evan Ackerman in Warwick and with the South Queensland Division of General Practice in Towoomba on Tuesday 9th March. In addition telephone interviews were held with representatives of North Western Queensland Division of GPs on Wednesday 31st March 2004 and Central Queensland Division on 1st April 2004. It was not possible to hold a telephone interview with the Far North Queensland Rural Division. The purpose of site visits and telephone interviews was to gain an understanding of:

- gain a detailed understanding of the implementation and operation of EDQUM within the Consortium;
- assess the role out and support mechanisms for the Consortium in implementing the program;
- identify successes achieved by the Consortium 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 studies and telephone interviews were:

Mr Chris Mitchell	Chief Executive Officer, QRMSA
Mr Adam LaCaze	Pharmacist, QRMSA
Dr Evan Ackerman	General Practitioner, Warwick (SQDGP)
Ms Trish Nichols	Program Officer, South Queensland Rural Division of GPs)
Mr Kelly McTaggart	North and West Primary Health Care
Mr Warren Middleton	Chief Executive Officer Central Queensland Rural Division of GPs
Dr Ross Woodward	Chair (CQRDGP)

2.1 THE QUEENSLAND RURAL CONSORTIUM

The Queensland Rural Medical Support Agency (QRMSA) is a rural workforce support agency that is also supporting the EDQUM initiative. The introduction of the National Prescribing Service Program for GPs in Queensland saw rural Divisions acknowledge that within available resources they were unable to effectively implement the program. As a result, QRMSA developed a collaborative role, providing NPS programs across rural Divisions in Queensland. Four Divisions are participants in the consortium, namely:

- Southern Queensland Rural Division of General Practice;
- Central Queensland Rural Division of General Practice;
- North and West Queensland Primary Health Care; and
- Far North Queensland Rural Division of General Practice.

The participating Divisions and NPS viewed the arrangement as an effective response to the challenges presented in providing services across a large, sparsely populated region. This consortium structure was therefore applied to the development of EDQUM.

2.2.1 Activities undertaken

At the commencement of the Program, a reference group with representation from each of the participating Divisions and the QRMSA. The implementation strategy for the program included:

- development of a structured QUM Peer Group Teleconference groups with an education and drug utilisation emphasis;
- incorporated EDQUM components into practice visits undertaken by QRMSA pharmacists;
- developed information regarding choice of Antibiotics and Statins;
- coordination and undertook EDQUM training within each Divisions which was accredited for Continuing Medical Education with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine.

QRMSA prepared a resource to support GPs understanding of the relative merits of utilising Antibiotics for acute Bronchitis, acute Sinusitis and acute Otitis Media. Material was also developed which provided information regarding the comparative costs of first line and second line Antibiotics commonly prescribed for these conditions. IN addition, QRMSA had commenced development of Statin resource when it became aware that Canning Division was also working on a similar resource. The two groups collaborated with the National Prescribing Service o prepare a single resources.

A clinical audit and feedback tool, based on the Gastroenterological Society of Australia (GESA) tool, was refined and utilised to support strategies related to PPIs.

Discussions with Divisions participating in the Consortium indicated that all activities were arrange and undertaken by QRMSA, with Divisions providing input through the Steering Committee for the Consortium.

2.2.2 Personnel involved

The Queensland Rural Consortium utilised an academic pharmacist employed by the QRMSA (0.8 FTE) and the network of pharmacy advisor established for the NPS QUM Program. In addition, it was noted that the Chief Executive Officer from each Division participated in the committee overseeing the operation of the Consortium and that a member of each Division's staff took responsibility for loose oversight of the program and liaison with QRMSA.

2.2.3 Balance of approaches

The approach taken within the Queensland Rural Consortium was singularly focussed on education based approaches including education sessions, peer group teleconferences, clinical audit, practice visits and academic detailing. HIC data was used to provide a context to education and peer group teleconferences.

It was noted by some informants within Divisions that the approach may have benefited from a greater focus on using GPs' data to support the need for and monitor change, otherwise the Program could be viewed as simply an extension of the program already operated by the NPS.

2.2.4 Issues impacting on planned activities

The initial focus of the EDQUM Program within the Consortium was Statins. It was noted that although GPs were primarily interested in the quality of care provided to patients, there was also interest in ensuring that this was achieved cost effectively. Efforts to develop information for GPs regarding the relative cost of various drugs and treatment regimes proved frustrating. It was suggested that WAMTC arrangements and complexities associated with establishing the cost of some drugs under the Pharmaceutical Benefits Scheme, along with perceived reluctance within government to endorse cost-benefit material resulted in a significant component of the resources allocated to EDQUM lost in this activity.

It was reported that no serious planning around EDQUM occurred until the first meeting of Divisions convened by the ADGP. On this basis it was suggested that an earlier meeting or more detailed directions would have contributed to the Program moving more quickly.

2.2.5 Barriers to implementation

A diversity of views was expressed regarding the barriers to implementation of the Program. In some cases it was suggested that there were no significant barriers encountered (excluding those experienced providing services in rural and remote areas), beyond difficulties developing and gaining approval of resource materials.

Other informants indicated that limited focus on data activities reduced the potential role of individual Divisions and that a perceived absence of a strong driver at the Commonwealth level contributed to delays in the programs development.

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

Discussions with informants from across the Consortium identified the four major stakeholders to the EDQUM Program, namely the Department, the ADGP, the NPS and the range of Divisions participating. It was suggested that the Department, although overseeing the Program had a less active role than the ADGP and NPS.

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 and brought Divisions together around EDQUM. A key benefit of this role had been the regular meeting of Divisions every six months or so to discuss issues arising from EDQUM, outline activity and achievements. The HIC information packages provided in the data workshops in October 2003 and March 2004 were identified as particularly valuable.

(2) It was reported that the relationship with the Department had been effective, particularly in terms of the reporting and contracting arrangements for the Program, though it was also noted that the Department had not sought to provide direction. For some informants this limited direction was seen as a potential deficit, while for others it was seen as positive.

(3) The NPS was uniformly identified as a key player in EDQUM, particularly as the approach within the consortium was built on the NPS. This role extended to support in the development and review of education resources, as well as increasing involvement in support related to the analysis and presentation of HIC data for Divisions.

(4) Interaction between Divisions was consistently identified as a positive component of the EDQUM Program, particularly as the network drew Divisions form a number of states and a variety of environments. The collaboration between the Consortium and Canning Division were identified as an example of the benefits of these relationships.

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

2.4 INVOLVEMENT OF CONSUMERS

It was reported that in the initial stages of developing the Program saw consideration of consumer involvement with the Consortium Steering Committee. However this had not occurred and it was anticipated that as the Program developed, this may occur in the future.

2.5 INVOLVEMENT OF GPS

It was noted that 70% of the 891 GPs within the Consortium were involved. Reports relating to the operation of the Consortium indicated that 58% of GPs across participating Divisions participated in academic detailing related to Dyslipidaemia or Antibiotics. Peer Group Teleconferences involved between 22 and 12 GPs and 40 GPs participated in clinical audit activities.

2.5.1 Issues impacting on GP participation

It was reported that initially there was some scepticism within Divisions and tensions associated with the capacity of the Consortium to effectively address local priorities. Discussions with Divisions suggested that the extent to which Divisions promoted or oversaw operation of the Consortium locally varied. It was also noted that EDQUM were not specifically promoted as separate from the range of activities within the NPS programs.

Discussions with GPs indicated that although initial concerns regarding undue scrutiny or assessment by the Department was involved, as GPs became aware that the Program could support GPs working together on issues of importance to them related to the quality of care they provided , reduced this area of concern.

2.5.2 Attitudes to EDQUM

It was reported across Divisions that the majority of GPs are interested in and supportive of QUM activities but are largely disinterested in the achievement of savings as a primary focus for their practise. It was suggested that involvement of GPs in selection of the three drugs to be targeted at the Consortium level had been well received.

It was noted that discussion about the costs and benefits of particular approaches to treatment had been viewed positively, in part as it was seen as a means of reducing potential pressure from other government programs with a singular focus on savings. GP informants indicated that although not a primary consideration in clinical decision making, it was often frustrating that concise, objective information regarding the relative cost of individual drugs and particular treatment regimes was not readily available.

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

Although not specifically incorporated into the Consortiums initiative initially, discussions with GPs indicated there was significant potential for inclusion of GP desktop data as a key component of the approach. An example related to identifying women under 45 years of age who were receiving Statins. It was noted that this was a relatively simple and useful approach to identifying a practise that did not comply with current best practise and having identified the issues, it was a simple matter for GPs to review their data intermittently to determine improvements.

At the national level it was emphasised that data needed to be credible. The recent developments supported through the NPS were identified as an example of improved use of national data, presented in a form which had clinical relevance and acknowledged potential shortcomings in the data.

Finally, it was argued that there is a consistent call for GPs to support efficient use of available resources but there is little objective and concise information available to allow GPs to consider the relative cost of individual drugs or treatment regimes.

2.6.2 Support for and capture of EDQUM data

Discussions with GPs suggested that although simple indicators could be drawn from practice management systems, support was required to advise GPs on how to quickly and easily access the necessary data. It was argued that while there are significant deficiencies in data quality, this was unlikely to improve if the data were not being used and there was an absence of support for GPs to access data.

Accordingly it was emphasised that in developing data management strategies it would be crucial to ensure there was capacity to provide GPs and their practice managers with training to more effectively utilise their systems.

2.6.3 Impact of the Data Consultancy

The general view of the Data Consultancy undertaken by the University of Adelaide was of limited value as it failed to address the needs of GPs and Divisions. It was suggested that had the Consultancy been ideal, on one hand more strategic advice regarding pharmaco-economics and measurement of impact would have been useful, while on the other hand it was suggested more practical advice around utilising GP desktop would have been helpful.

2.7 COSTS AND RESOURCES

Divisions participating in the Consortium contributed between $19,800 and $3,900 per annum to participate in the consortium, with a commitment for two years contribution. The total cost of operating the Consortium over two years $104,500.

2.8 LEARNINGS AND SUCCESSES

This section summarises advice provided in the course of the site visit regarding the range of lessons learned in implementing the EDQUM program, success achieved as a result of the implementation and advice regarding means by which the program could be improved for role out to a broader population of Divisions.

2.8.1 Lessons learned

In the course of discussions, the following were identified as lessons learned in implementing EDQUM:

(1) A consortium provides a means for rural and remote Divisions to develop a more robust response to EDQUM, though the model is reliant upon an avenue or structure to support the consortium.

(2) A 12-18 month period is not sufficient to undertake a comprehensive program development initiative like EDQUM. It was noted that the failure of some initiatives or strategies within EDQUM is inherent in the development process which presents a risk at the political level.

(3) Although there is interest in providing high quality care efficiently, it was argued that there is no point in going to GPs to talk about money, unless the focus is clearly quality of patient care.

(4) When participating in a consortium, individual Divisions need to maintain an active role in supporting, promoting and monitoring a program like EDQUM locally.

(5) The NPS is ideally placed to develop and undertake review of resources, while Divisions are able to provide input into and support for resource development to ensure GPs needs is reflected.

(6) Although a similar approach was applied across all Divisions, the measured savings varied considerably suggesting other factors may contribute to the outcome.

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.

Although established through a consortium, it was consistently indicated that a strength of the Program was the engagement with Divisions. Further, the local knowledge within Divisions ensured that GPs had input into the development of EDQUM.

The participation of the NPS, particularly around resource development and access to the network of pharmacy advisors within Divisions allow EDQUM to build on existing QUM strategies.

Collaboration with Divisions involved in EDQUM and the opportunity to jointly contribute to the development of the Program was considered a positive component of 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:

- development of educational resources prior to attempts to implement initiatives around individual medicines or groups of medicines;
- ensure that future support mechanisms, such as the Data Consultancy, are targeted and provide a benefit to Divisions participating in the Program;
- 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;
- the achievement of savings within the ‘measure and share’ arrangement appears somewhat random requiring review of the means by which outcomes are measured.