HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

REVERINA DIVISION OF GENERAL PRACTICE CASE STUDY SUMMARY

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Introduction

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

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

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

- timely access to medicines that Australians 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 at the Canning Division of General Practice in Perth, Western Australia.

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Riverina Division case study summary

On Thursday 11th February 2004 a site visit was undertaken to the Riverina Division of General Practice in Wagga Wagga to gain an understanding of:

- gain a detailed understanding of the implementation and operation of EDQUM within the Division;
- assess the role out and support mechanisms for the Division in implementing the program;
- identify successes achieved in 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 the case study were:

Ms Nancye Piercy	Chief Executive Officer;
Dr Jennifer Bell	General Practitioner;
Mr David Kennedy	Academic Pharmacist;
Dr Terry Hull	General Practitioner;
Ms Jeannette Bouffler	
Ms Marie	Academic Pharmacist; and
Dr Ken Mackey	General Practitioner

2.1 THE RIVERINA DIVISION OF GENERAL PRACTICE

The Riverina Division of General Practice is located on the south western slopes of the Great Dividing Range in New South Wales. It encompasses an area of approximately 65,000 square kilometres and a population of 115,000. The Division has 80 GP members drawn from 34 practices across the area.

The Division employs a Chief Executive Officer, administrative officer, program director, information management and technology officer and a number of full-time and part-time program staff who provide a range of population health and health promotion activities, through general practice, aimed at improving the health of the community. A clinical pharmacist is employed for two days per week to support the Division's Quality Use of Medicine Program which incorporates the National Prescribing Service (NPS), the Home Medication Review (HMR) and EDQUM programs.

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 initial step in implementing EDQUM within the Riverina Division was establishment of a Steering Committee to oversee the program. It was decided that a balance between educational and data related activities was desirable. Initial activities related to areas in which the greatest potential savings could be achieved as a result of improving the quality of prescribing.

Data activities focussed on developing routines to allow GPs to extract data from their practice management systems. Initial attention related to understanding the quality of data collected and held on systems. The Steering Committee then established a series of priority areas to be targeted by the Program and routines were developed to allow GPs to extract data from their systems in preparation for small group learning and clinical audits. Systems for extracting data were tested and refined with six practices within the Division.

The education component was based around small group learning with the provision of CPD points to participants who engaged in the process over the agree period (once every four to six weeks over a five month period). In addition a series of three "road shows" (Wagga, Temora and Tumut) covering Statins and Proton Pump Inhibitors were scheduled.

The Road Shows were designed to provide GPs with comprehensive information regarding the available evidence, current practice and costs in a concise format. Information was presented by an Academic Pharmacist from Charles Sturt University. Clear learning objectives were established and evaluation of small group learning was undertaken.

Information provided included:

- the number of scripts written and annual PBS expenditure across the Division for Statins and PPIs;
- the relative potency of available dosages of different proprietary Statins and their costs; and
- the relationship between H. Pylori and peptic ulcers.

2.2.2 Personnel involved

The EDQUM Steering Committee included six GPs, the Divisions Information Management and Technology (IM&T) officer, the pharmacists involved in provision of the NPS program within the Division and the QUM Project Officer. IN addition to Division personnel, an academic pharmacist from Charles Sturt University was engaged to provide input into the development of the education program as well as to participate in the three road shows.

2.2.3 Consumer involvement

Discussions with the range of stakeholders indicated that although consumer representation occurs at the overall Division Level, there had been limited involvement of consumers with EDQUM. Further, it was argued that the Program was relatively fluid, with the Division developing an understanding of the Program and developing its approach, limiting the extent to which broader consumer input would have been beneficial to development.

2.2.4 Balance of approaches

The Riverina Divisions' proposal, and discussions with stakeholders emphasised that the project was designed to be balanced between education strategies, in the form of small group learning, clinical audits and the three Road shows, analysis of data to target education and provide GPs with an understanding of the context in which prescribing occurred at the Divisional level, and the development of tools to allow GPs to review their prescribing on the basis of data held within their practice management systems.

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 Riverina Division's EDQUM project, namely:

- the identified need to provide CPD points for participation in small group learning required the Division to establish a formal structure within which the learning occurred and a commitment from GPs to attend a designated number of settings;
- provision of payment for participation in road shows saw over 85% of GPs participate (only 35% participated in small groups learning) but the cost of repeating the exercise was beyond the resources allocated for the Program; and
- accessing data from Medical Director presented challenges and required significantly more effort than initially anticipated

2.2.6 Barriers to implementation

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

- risk that data presented would not be viewed as credible, which was addressed by coopting a pharmacist from Charles Sturt University to support development and presentation of materials;
- negotiating issues related to data ownership and intellectual property associated with practice management systems; and
- GPs perception of the time and effort required to get data from their practice management systems.

The Division worked with the Data Reference Group and Health Communications Network to resolve issues regarding GPs accessing their data and providing data to the Divisions, while the IM&T office spent time with GPs and their practice staff demonstrating how to access the required information efficiently.

2.3 PROGRAM STRUCTURE AND RELATIONSHIPS

2.3.1 Program structure

Discussions with stakeholders within the Division indicated that the relatively flexible structure of the Program generally was viewed positively, as it allowed the Division to pursue a path which responded to the local environment and GPs needs.

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 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, and it was noted that the strength of the Division movement was evident in seeking a response to issues related to development of the Statin resource by Canning and the impact of pricing arrangements such as the Weighted Average Monthly Treatment Cost (WAMTC).

It was also noted that the collaboration between Divisions which the ADGP had supported resulted in considerable sharing between Divisions, with Riverina using the Statin resource developed by Canning, and Southern Tasmania drawing on the approach to collating practice management data with GPs from Riverina.

The regular meetings hosted by ADGP had provided a rich source of information and in turn the EDQUM steering committee within the Division.

(2) The Department was identified as a crucial partner in the Program, though it was suggested that there had been some inconsistency when information was gained through differing channels. The Division indicated a relative close relationship with the local Member of Parliament (MP) and that the views expressed at the Ministerial level and interpretation of comments by departmental officers had not always concurred. Further, it was suggested that a commitment to the Program across the relevant areas of the Department was crucial to success

(3) Informants within the Division indicated that from the outset there had been close collaboration and involvement of the NPS pharmacist working with the Division. The availability of an academic pharmacist in Wagga allowed the Division to provide a clear delineation between the NPS program and EDQUM, though input was sought from the NPS in development of the education and road show programs. It was argued that the NPS represented a crucial resource and partner for the Program.

The data workshops hosted by ADGP and developed by the NPS in Melbourne in October and March were identified as an enhanced role undertaken by the NPS for the EDQUM Program.

(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), which in turn had supported the direction pursued by Riverina. Similarly the work undertaken by Riverina associated with extraction of data from GPs desktops to support clinical audit and review processes was shared with the Southern Tasmanian Division.

All informants suggested that relationships between the parties to EDQUM had been positive.

2.4 INVOLVEMENT OF CONSUMERS

As far as could be identified there was no direct consumer input into the EDQUM Program, however, the academic pharmacist from Charles Sturt University was identified as a consumer representative in the course of the case study.

In the course of the case study, it was suggested that developing parallel strategies to increase consumer understanding of QUM could potentially produce significant savings, though it was also noted that the role of Divisions in relation to consumer education would require discussion and agreement between Divisions and the Department.

2.5 INVOLVEMENT OF GPS

As noted above (2.2.1) 70 of the 80 GPs in the Division (87.5%) had participated in the road shows developed as a component of EDQUM. A significantly smaller proportion of GPs were involved in the small learning groups and data extraction components of the program.

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. The content and format of the road shows were well received by GPs and it was reported there had been numerous requests for similar events to be provided in future, though around a range of other QUM issues.

The credibility and impartiality of the source of information was identified as a key consideration. The use of an academic pharmacist with no direct link to the Division, and support from the NPS with material for small group learning and the road shows were intended to ensure the information provided was credible and accurate and perceived to be so.

The Division promoted EDQUM as a separate, Division driven initiative which was thought to have confirmed local GPs ownership of the direction being pursued. IN addition, the establishment of a steering committee within the Division had highlighted the importance placed on the Program by the Division's Board.

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 promoting and 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 were supportive of the EDQUM Program, as it was viewed as a key strategy to improve QUM.

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.

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

The Division had actively used HIC data describing prescribing patterns within the Divisions as a means of targeting EDQUM initiatives and highlighting the impact that poor prescribing had on the resources available to support primary health care.

The development of tools to allow GPs to extract data from their own practice management systems was identified as an essential component of the Riverina Divisions approach to EDQUM. The data extracted was clearly linked to the content of small group learning, such as identifying the proportion of patients being treated for peptic ulcer for whom appropriate pathology (H. Pylori) had been conducted, or the range of specific medications and dosages prescribed for a given period.

Improving consistency recording diagnosis was identified as a key area for development, as was the capacity to identify individual GPs within practice management systems.

It was noted in the course of discussions, and in minutes of the EDQUM Steering Committee that the range of issues encompassed by EDQUM at this stage was considered to be the “tip of the iceberg”, though there was no suggestion that a broader rage of data items were being considered for routine collection at this point.

2.6.2 Support for and capture of EDQUM data

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.

Review of Steering Committee minutes highlighted the difficulties experienced in developing tools to allow GPs to easily access data from their practice management systems, and that it was not until the data had been accessed that the quality and potential value of the data could be discussed with GPs.

The Riverina Division employed one position to provide IM&T support within and across the Division, however this person had recently resigned and recruiting a replacement was expected to be difficult in the short-term. It was also noted that in filling the vacant position a greater emphasis would be placed on information management rather than information technology as using the available data effectively, rather than storing, organising and accessing data had evolved as a priority.

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.

2.7 COSTS AND RESOURCES

The Riverina Division allocated approximately $40,000 to establish and operate its EDQUM initiatives, this included payment for GPs to participate in the three road shows. IN addition, the services of an academic pharmacist from Charles Sturt University were purchased to develop materials and present information at each of the road shows and support the small group learning initiative.

In addition to resources specifically allocated to EDQUM, it was reported that a significant proportion of the IM&T officer's time was absorbed developing tools to allow GPs to access data.

As a result of the Program, Riverina Division developed a series of straight forward queries to allow GPs to extract predetermined data, an analysis of Statin and Proton Pump Inhibitors (PPIs) within the Division and a presentation program to enhance GPs knowledge of appropriate prescribing and the relative cost of different treatment regimes.

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.

Although initially it was envisaged that data to support GPs in reviewing their prescribing and generating data to support small group learning would be readily achievable, however, as work commenced in this area it became apparent that in addition to accessing the data, a considerable effort would be required in the future to improve quality. Working with a small number of practices was identified as an effective means of developing tools. Further, having established a means of accessing a limited range of data relevant to EDQUM, the Division had developed a view that a greater focus on developing information management skills or capacity within the Division was required.

In order to develop accurate data regarding prescribing practices, the GP's desk is the point at which a major focus is essential. In order to improve data quality it is essential to make it easy for GPs to review their own data at their leisure, as this quickly highlights areas were data not being entered is useful.

The development of a comprehensive presentation for GPs regarding Statins and PPIs that provided insight into current practice across the Division, relative cost of treatment regimes and practical advice regarding approaches to improving prescribing was well received by GPs. Using an academic pharmacist was also identified as valuable, ensuring responses to question were comprehensive and reflected contemporary evidence.

Providing incentives for GP participation such as arranging for activities to attract Continuing Professional Development points (small group learning), or providing payment for participation (small group learning), was identified as an effective means of increasing participation and highlighting that the activity was viewed as a priority by the Division.

It was stressed in the course of the case study that placing an unequivocal emphasis on EDQUM as a quality improvement initiative was crucial to gaining GPs' interest, as a focus primarily on cost was interpreted as pursuing GPs for what they are doing wrong.

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. 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. Further, clearly identifying EDQUM as a separate initiative required a high level of credibility within the GP community to ensure that it was not perceived as a program highlighting things that GPs' do poorly, further highlighting the value of running the Program through Divisions.

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

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

The capacity for GPs to be engaged in the development and operation of EDQUM through Divisions was also identified as a strength as it allowed the Program to be aligned with and informed by the interest of, and issues confronting local GPs.

2.8.3 Opportunities for improving the Program

Informants believed there were benefits available from the broader application of EDQUM and provided several insights into factors or directions which would enhance this, including:

- establishment of an EDQUM expert committee with representatives of the current EDQUM Divisions to provide advice regarding the development of the Program;
- development of a clear direction regarding the involvement of consumers in initiatives parallel to, but complimentary to EDQUM;
- establishment of a clear position regarding the expected life, or continuation of the Program to allow Divisions to make an informed decision regarding their investment in the Program and the period over which they can expect to generate a return;
- avoid linking EDQUM activities with initiatives which require GPs to prepare returns, such as Practice Incentive Payments;
- provision of a contribution set up costs to enhance viability;
- support at the national level to improve the operation of practice management systems and support to enhance the analysis of GP data; and
- timely determination of savings achieved and allocation of savings to Divisions.