HEALTHCARE MANAGEMENT ADVISORS

DEPARTMENT OF HEALTH AND AGEING

EVALUATION OF THE ENHANCED DIVISIONAL QUALITY USE OF MEDICINES PROGRAM PILOT

SOUTHERN TASMANIAN 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
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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 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 Southern Tasmania Division of General Practice in Perth, Western Australia.

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Southern Tasmanian Division case study summary

On Monday 15th February 2004 a site visit was undertaken to the Southern Tasmanian Division of General Practice in Hobart 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 Tasmania 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 Mary Collins	Pharmacist; and QUM Program Officer
Dr John Beadle	General Practitioner; and
Dr Geoff Chapman	GP and Medical Director

2.1 THE SOUTHERN TASMANIAN DIVISION OF GENERAL PRACTICE

The Southern Tasmanian Division of General Practice encompasses an area of approximately 31,000 square kilometres, the south western corner of Tasmania, including Hobart. The region has a population of approximately 230,000 people and 290 GPs working in 99 practices. While primarily urban, the Division also includes a number of relatively remote communities and 35% of the population resides outside the metropolitan area. It was reported that the Division had been operating since 1993 and the Board was both active and skilled in corporate governance.

The Division employs 13.2 FTE who work within four broad program areas, namely:

- GP/Patient Care;
- practice capacity;
- partnerships and integration; and
- governance and management.

Individual projects within programs are negotiated between program officers and the Division Manager. It was noted that EDQUM did not fit readily into a single program area. The original proposal noted that the Division would apply $15,000 of NPS funding provided for QUM, over which it had discretion to support the EDQUM initiative.

The Division is involved in a wide range of projects, including:

- chronic disease initiatives targeting Asthma and Diabetes;
- immunisation;
- mental health;

- population health;
- GP integration; and
- information management and technology.
- quality use of medicines

It was reported there is a strong commitment within the Division toward enhancing the quality of care provided to patients as well as accessing a full range of services. Accordingly EDQUM was identified as an opportunity to build on progress through the NPS QUM program. It was emphasised that EDQUM was viewed as a means of moving beyond the provision of education and information to achieve a structured approach to sustaining changes in general practice. This also contributed to EDQUM being viewed as a complement to existing programs, rather than duplication.

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 Southern Tasmanian Division of General Practice (STDGP) had established a number of QUM initiatives prior to development of EDQUM, including Home Medication Review (HMR) and operated the National Prescribing Service (NPS) education for GPs. The provision within the funding agreement with the NPS allowed the Division to allocate 25 percent of the pharmacist's time toward EDQUM specific activities.

The approach taken by STDGP involved the following components:

- initial canvassing of GPs views regarding approaches to education and the potential for combining data activities with education;
- inclusion of EDQUM material in practice visits;
- promotion of EDQUM initiatives in the course of NPS practice visits;
- utilisation of education resources such as the Canning/QRMSA Statin resource in education sessions; (These have not been formally used yet)
- convening a small number of workshops with pharmacist GP leader; and review by a gastro-enterologist consultant
- provision of written instructions (sourced from Riverina Division) to allow GPs to extract and review data from their practice management systems. Whilst these resources were provided to all EDQUM Divisions, they have not been formally used as a resource for GP education yet.

It was emphasised in the course of discussions that the Division had approached EDQUM as a developmental exercise involving a series of small projects, rather than a single large project.

At about the same time that EDQUM commenced, practice visits were being undertaken regarding antibiotics. Initial canvassing of GPs occurred during these visits. STDGP drew on the Statin resource developed by Canning Division and the Queensland Rural Medical

Support Agency to support education for GPs related to the appropriate prescription of this drug group.

More recently STDGP, in collaboration with the NPS, has developed a resource related to the management of gastro-oesophageal reflux disease, which encompasses the use of Proton Pump Inhibitors and H_2 inhibitors.

2.2.2 Personnel involved

The primary personnel involved in the operation of EDQUM within the STDGP was the part-time pharmacist employed under the NPS program. In addition, personnel involved in other projects also provided input into the Program.

2.2.3 Consumer involvement

The STDGP has developed an extensive system for engaging consumers in Division activities. This includes a consumer network and list server to circulate information to consumers, and twice yearly consumers' health forums. Although the consumer network was aware of the broad direction being pursued, the focus of EDQUM remained on GPs and there had been little direct involvement with consumers.

2.2.4 Balance of approaches

The STDGP's proposal, and discussions with stakeholders emphasised that the project was focused on bringing about change in practice with a clear emphasis on education over data activities. Education activities had commenced prior to the Division being in a position to support GPs to interrogate their practice management systems.

2.2.5 Issues impacting on planned activities

It was consistently noted in the course of discussions that while considerable progress had been made, the limited resources available for the EDQUM Program had limited both the speed with which initiatives could be planned and implemented, as well as the extent to which a systematic process of follow up and support could be provided for GPs.

2.2.6 Barriers to implementation

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

- insufficient capacity to ensure that the Program reached all GPs within the Division, though this had been managed by framing EDQUM as a long-term change management strategy;
- uncertainty regarding the specific outcomes sought by the Department;
- difficulty accessing data effectively, though tools developed by the Riverina Division provided a solution; and
- availability of education resources that effectively addressed the issues, drawing data from the national and Division levels and concisely summarising current knowledge, which was resolved through use of the Canning/QRMSA Statin resource and the development of a PPI resource locally, in collaboration with the NPS.

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

Views regarding the current structure of the EDQUM Program were mixed. The focus on Divisions as the primary driver for the Program was identified as central to engaging GPs and appropriately targeting initiatives. It was also noted that the current structure of the Program provides flexibility to Divisions in responding to local issues in developing their initiatives under the Program, though given the size of Divisions and the proportion of funding tied to specific programs the capacity to fully benefit from this flexibility was diminished.

In the course of discussions it was noted that the future planning of EDQUM may wish to consider the role of the Royal Australian College of General Practitioners (RACGP).

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 Southern Tasmania had actively drawn on the experience and knowledge of other Divisions in developing their initiatives.

It was also suggested that the ADGP had established a brokerage role, diminishing sensitivity originally generated around the notion of "measure and share", and effectively moderating between the Department and Divisions.

(2) The Department was identified as a crucial partner in the Program. It was noted that Clare Bottomley (NPS) and Chris Parker (DHA) had visited the Division.

It was suggested that the scrutiny placed on the Department (e.g. Senate Estimates Committee), the programmatic structure of funding and the demands of a large organisation resulted in funding being allocated to silos defined by funding or Department programs and limited the extent to which risk taking could be supported. It was argued that a program like EDQUM which involved GP education, IM&T support, quality improvement and the threshold for risk cut across existing funding programs and required a degree of risk taking for initiatives to be implemented with potential outcomes remaining relatively long-term.

(3) Informants within the Division indicated that initially there was some resistance to the involvement of the NPS as it was viewed as solely responsible for, and therefore in control of QUM education for GPs and the materials to be used. It was also argued that the Division perceived EDQUM as an opportunity to initiate a process of practice change, which extended well beyond education and if successful may place the Divisions in competition with the NPS for funds generated as a result of PBS savings, contributing to initial resistance.

However, it was acknowledged that as the Program has developed, the NPS has become a welcome and valuable partner, supporting development of education and information resources, as well as initiating and facilitating data workshops. 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 and widespread dissemination of the Statin resource by the Canning Division and the Queensland Rural Medical Support Agency (QRMSA) provided the information base for the Statin initiative within STDGP and 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. STDGP has recently developed a resource to support education and review related to PPIs and H_2 antagonists which is being utilised by other Divisions with the support of the NPS.

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

The STDGP has been active in developing structures and processes to support consumer engagement and input into the direction pursued by the Division. A Consumer Forum meets twice annually to provide advice and input to the Division. An e-mail list server circulates regular updates to participants in the Forum, with limited information about EDQUM provided.

It was also noted that EDQUM had a relatively specific focus on GPs and that input into the development of the Program had been sought for consumers.

2.5 INVOLVEMENT OF GPS

It was reported that approximately 50 percent of GPS in the Division had been involved in activities related to dislypodaemia (Statins) and 20 GPs had participated in the PPIs.

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 three workshops recently held related to PPIs were well received and provided the flexibility for each group to focus on different issues of interest.

The credibility and impartiality of the source of information was identified as a key consideration. The use of the pharmacist involved in provision of NPS practice visits ensured that a high degree of credibility had already been achieved, adding weight to the EDQUM message.

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 focus had been placed on supporting GPs to develop the skills and resources to allow them to pursue quality practice which was viewed positively.

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. It was noted that declaration of the "measure and share" arrangements may be an area requiring more emphasis for future EDQUM planning.

It was reported that GPs were interested in improving their clinical practice to achieve better outcomes for their patients. Accordingly, EDQUM was perceived as being aligned with this interest and therefore supported by GPs.

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. In addition, data prepared by the NPS, some of which has been drawn from the pool of data held by the Health Communication Network, has been valuable.

The development of tools to allow GPs to extract data from their own practice management systems was identified as an essential component of the STDGP approach to EDQUM and improving quality more generally. It was noted that although GPs were willing to extract data for workshops there was still little desire to discuss their own data in this type of forum, but were willing to look at their data and its implications during one to one practice visits.

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.

More generally, it was reported that provision of appropriate tools and the IM&T provided by the Division were crucial in engaging GPs in utilising the data in their practice management systems. The Practice Support Program within the Division is the primary source of resources to support GPs use of the data tools promoted through EDQUM as well as in the range of other areas in which data contributes to practise improvement. The extent to which GPs become aware of the potential power of their data systems was identified as a key factor in stimulating interest in the use of their systems and the quality of the data entered.

2.6.3 Impact of the Data Consultancy

It was consistently noted that the Data Consultancy had been of little value to the Division in developing or implementing its EDQUM initiatives.

2.7 COSTS AND RESOURCES

The STDGP allocated the discretionary time available to the pharmacist employed under the NPS program to drive the majority of activity related to EDQUM. This represents $15,000 per annum. In addition, IM&T support has been provided by the Divisions as a component of the broader practice support service it operates and has not been costed separately.

It was noted that the pharmacist has contributed a significant amount of time beyond the hours contracted and paid.

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) It is important to invest time and effort promoting programs such as EDQUM to GPs and bringing them on board before attempting to roll the program out. This is enhanced by ensuring that the interests underpinning a program are aligned with the interests of GPs.

(2) In order for the impact of a program such as EDQUM to be sustained it is crucial that GPs be provided with generic skills to allow them to maintain a focus on EDQUM activities, as well as to expand the range of areas in which they review and refine their practises.

(3) GPs can be encouraged to work with their practice data provide that it can be easily accessed and used and that there are clinical guidelines or benchmarks against which they can objectively compare their practice, though discussion of data in GP forums is still a relatively sensitive area.

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 identified as a strength. It was argued that the local knowledge within Divisions and the prior establishment of relationships between Divisions, the participating pharmacist 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.

Absence of resources to support the development of EDQUM initiatives, and the limited capacity to divert resources from other programs significantly constrained the pace and extent to which EDQUM activities could be applied across the Division. Further, the delay in receiving funds generated through savings and the restriction on the use of those funds further limited the capacity of the Division to build on the quality and EDQUM agenda that had been established.

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.

It was noted that the involvement of the National Prescribing Service had become 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.

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 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;
- undertake or summarise research regarding the relative benefits of individual and group based approaches to facilitating behavioural change amongst GPs, potentially developed as a manual for Divisions regarding approaches to promoting change;
- development and promulgation of reliable information regarding drug costs and the process by which drugs are listed on the PBS;

- increased involvement of consumers in QUM to determine what they need to support better decisions about medicines;
- development of clear guidelines for Divisions defining the parameters within which EDQUM initiatives should operate; and
- acknowledgement of the significant time required to develop and implement initiatives effectively; and
- resources to support a systematic approach to engaging GPs who are not readily attracted to initiatives such as EDQUM.