
Collaboratives from Divisions / Practice point of View

Dr Dale Ford
Medical Director Otway Division of
General Practice

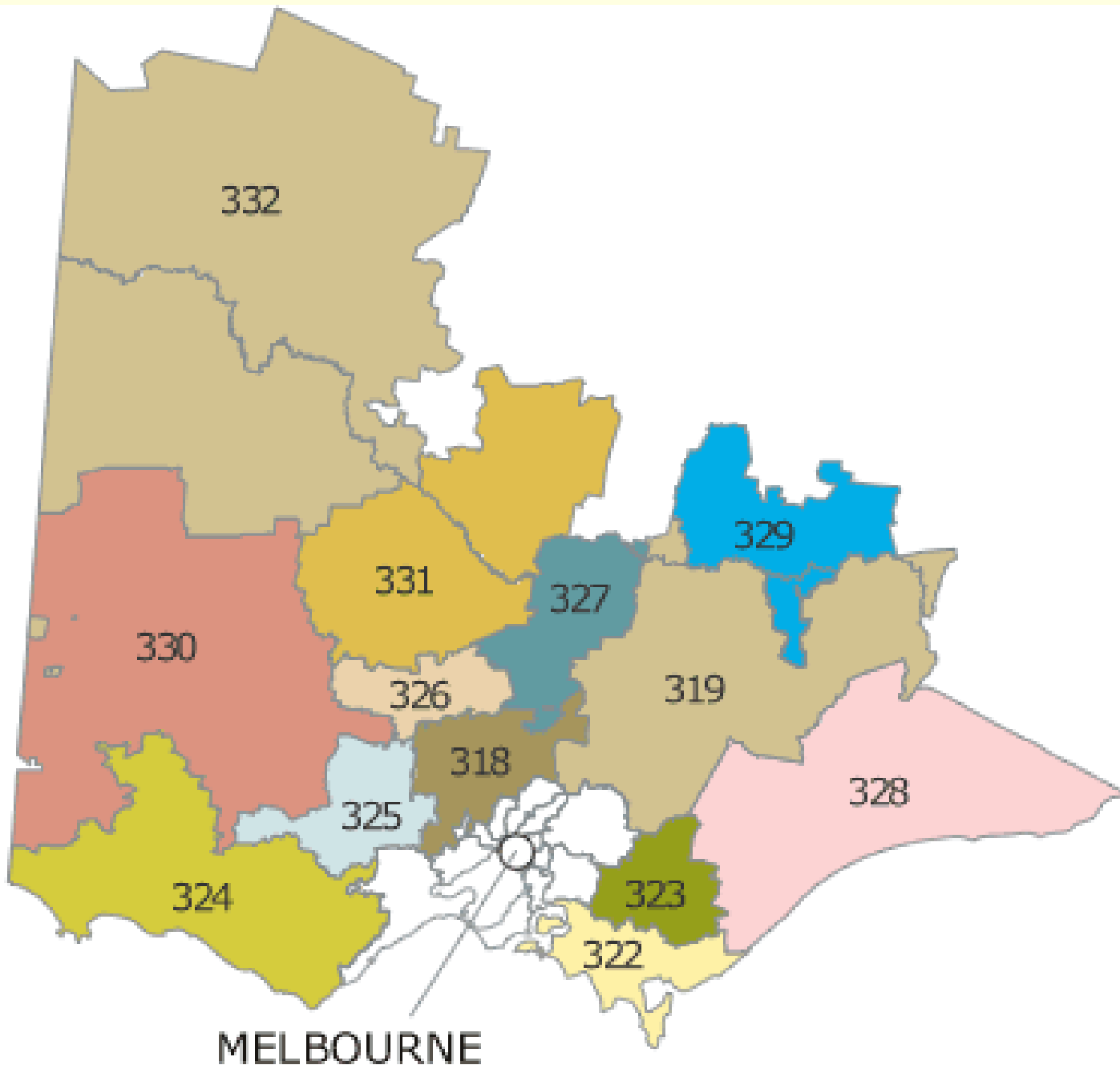


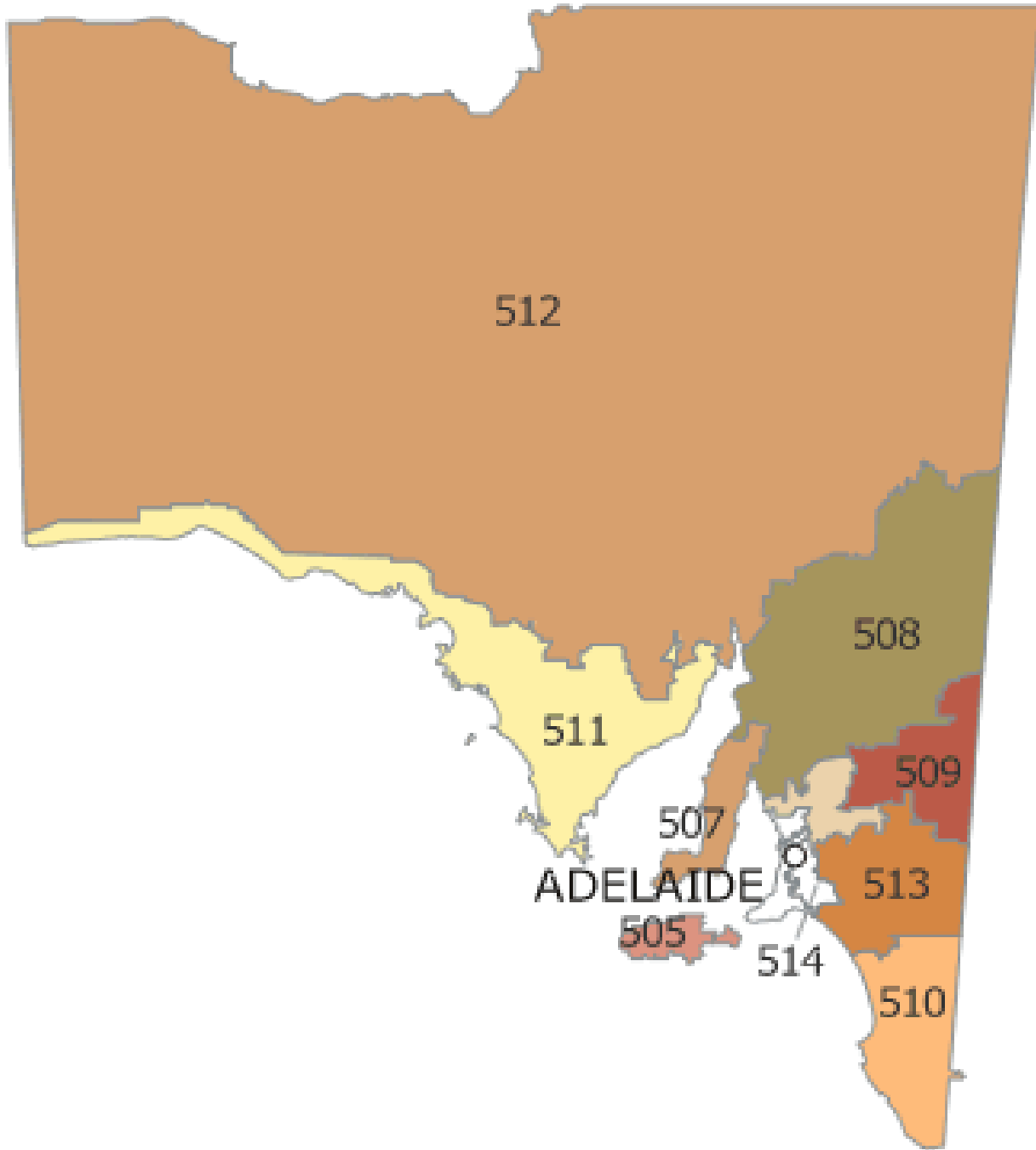
Collaboratives

How are we preparing?

Application by Division Groups

- Problem: How to get approx 100 Practices when in a Rural Area
- Three neighbouring Rural Divisions
- Otway – approx 35 Practices
- West Vic – approx 20 Practices
- Limestone Coast – approx 14 Practices





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Application by Division Groups

- Still only 70 Practices and wide Geographical Distribution
- Approx 500 x 300 kilometres
- Approx 45 towns between 500 and 26000 Population

The Plan

- Survey members and Practices on interest
- Write letter and ask GPs to let Practice manager know
- Divisions make contact with Practice manager

- 22 September 2004
- Dr. J. Beaumont
- Aireys Inlet Medical Clinic
- Ocean Road
- AIREYS INLET 3221
- Dear Dr. Beaumont
- As you will probably be aware, the Otway Division has been part of a consortium with the GGT University Department of Rural Health in an application for a 'Collaborative Project'.
- Despite prominent organisations including RACGP, KPMG also applying, our local group was the successful tenderer.
- Attached you will find information about what being involved in a Collaborative is all about.
- What it means in our individual practice is an opportunity to:
 - Improve Diabetes Care
 - Improve Cardiovascular Care
 - Improve patient access to General Practice via an 'advanced access scheme'.
- With Diabetes, we have guidelines detailing best practice with recommended periodic HbA1C estimation, weight, BMI, lipid measurements etc. It appears that nationally this adherence to guidelines may be as low as 8% (if methodology in measurement is correct). Those practices that have followed a Collaborative cycle (attached), have adherence as high as 80%.
- Further information regarding Collaboratives is available at:
 - <http://www.health.gov.au/pck/programs/apccp/index.htm>
- The National Collaboratives Program will be rolled out in 3 waves of 8 "Division Groups" each spread between urban, rural and remote (total 24). Each Division Group needs 24 Practices to be chosen as participating Practices.
- It is likely if Otway Division is to be successful in applying to be part of the first wave, we would need to put in an application with neighbouring Divisions (so that there are the Practices to choose from).
- It will help our Division make an informed decision on whether and how to apply to be part of this exciting opportunity if Practices could indicate their interest on being involved. There will be a signing on incentive of ~ \$8000 per practice if accepted and access to a dedicated Project Worker and solo Group Practice education programs.
- Could you let Practice Managers know of your interest and pass feedback on to Paul Durr on 55932 684 regarding your Practices' intention.
- Yours sincerely
- *Dr Dale Ford*
- MEDICAL DIRECTOR
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A Number of questions

- Will being involved increase red tape?
- How much time is required?
- GPs?
- Practice Staff?
- \$6 – 10,000 is not enough
- Why the same for Group and Solo Practices?
- Why can we leave things as they are for a while?

What can Collaboratives do for your Practice?

- Designed to improve running of the Practice and not increase red tape
- GP time is minimal, mainly in decision making at approx 3 monthly intervals
- Most day to day work done by practice staff and Program support person
- Using Diabetes as an example, potential to increase income through the SIP Program

What can Collaboratives do for your Practice?

- ?Chronic Disease Item Number
- Re incentive payment, larger Practices stand to gain higher efficiencies??
- Re Practice Access, new RACGP Accreditation Standards may be assisted