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**takingaction** Divisions of General Practice Network Forum 2004



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# **Divisions' Role in Reducing Hospital Demand**

# Outline

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- ⌘ Results of survey of Victorian divisions involvement in HARP projects
- ⌘ Use Centre for GP Integration Studies framework for GP Hospital activities to outline roles of SBOs and divisions, and outcomes

# Main Victorian Programs

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## Effective Discharge Strategy

\$42m over 5 years: 98 - 03

## Hospital Admission Risk Program (HARP)

\$150m over 4 years: 01- 05

# Hospital Admission Risk Program (HARP)

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To prevent avoidable use of emergency departments & in-patient services in metropolitan and regional public hospitals

# Extent of Division Involvement

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**No. of HARP projects divisions are involved with:**

Projects	Urban Divisions	Regional Divisions
10+	4	0
2 - 6	4	0
1	2	3
0	1	1

# Extent of Division Involvement

Av. no. hours per month on HARP by	Urban Divisions	Regional Divisions
GPs	14	2.5
CEOs	5	1
Staff	4	2
Staff paid by HARP	104	8.5
<b>Total</b>	<b>127</b>	<b>14</b>

# Division Role

<b>% of projects where division</b>	<b>Urban</b>	<b>Regional</b>
Disseminates information to GPs	59%	100%
In management partnership	56%	100%
In working group to engage GPs	28%	67%
Fundholder & manager	29%	0
Educates hospital personnel re GP role	19%	0

# Outcomes

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Better relationship between:

- ☒ division & acute care services  
(80% divisions)
- ☒ GPs & acute care clinicians  
(73% divisions)
- ☒ division & other primary care agencies  
(73% divisions)
- ☒ GPs & other primary care providers  
(60% divisions)

# Outcomes

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## HARP Project:

- ☑ processes geared to general practice  
(73% divisions)
- ☑ incorporate a GP liaison function  
(73% divisions)
- ☑ incorporate GP initiatives into way program  
works  
(67% divisions)
- ☑ pay for GP time in planning & development  
(60% divisions)

# Centre for GP Integration Studies Framework (2001)

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Purpose of GP Hospital Activities:

- ⌘ To build relationships
- ⌘ To improve transitions of care
- ⌘ To shift care to appropriate setting
- ⌘ To prevent need for acute care

# Build Relationships

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## GPDV Role:

- ☑ advocate re need
- ☑ co-convene GPLO network

## Divisions' Role:

- ☑ advocate
- ☑ negotiate
- ☑ govern



## Outcome:

25 GPLOs working with hospitals, divisions, DHS, each other

# Improve Transitions of Care

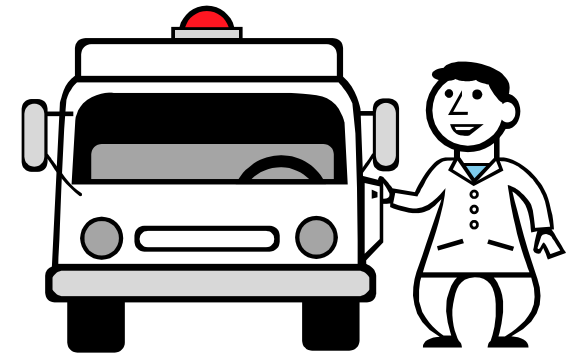
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## GPDV Role:

- ☑ Maintain GPR
- ☑ Min requirements for transfer of information
- ☑ Propose EPC discharge demo projects

## Divisions' Role:

- ☑ Input on design
- ☑ Inform GPs, hospitals
- ☑ Implement projects



## Outcomes:

50% discharge info to GPs within 24 hours  
Electronic discharge systems in 6 hospitals

# Shift Care to Appropriate Setting

## GPDV Role:

- ☑ Min requirements for GP Clinics in ED

## Divisions' Role:

- ☑ Negotiate appropriate GP role and \$
- ☑ Recruit GP participants

## Outcomes:

GP Hospital in the Home = 82% reduction in ED visits



# Prevent Need for Acute Care

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## GPDV Role:

- ☑ Educate re GP capacity issues
- ☑ Promote successful models

## Divisions' Role:

- ☑ Recruit general practices
- ☑ Pre-empt problems re roles, supports required



## Outcome:

Healthy @ Home = 68% reduction in bed-days

# Summary of Roles

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## GPDV Role:

- ☒ Advocate re need
- ☒ Co-convene GPLO network
- ☒ Consult
- ☒ Collaborate
- ☒ Propose solutions
- ☒ Minimum requirements
- ☒ Educate re GP capacity issues
- ☒ Promote successful models

## Divisions' Role:

- ☒ Advocate
- ☒ Educate
- ☒ Consult
- ☒ Negotiate
- ☒ Collaborate
- ☒ Govern
- ☒ Input on design
- ☒ Inform GPs
- ☒ Implement projects
- ☒ Resolve roles/supports required
- ☒ Recruit general practices

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