

Risk factor management

Lifescrpts workshop

Melbourne 25th August 2005



THE UNIVERSITY OF
NEW SOUTH WALES
SYDNEY · 2052 · AUSTRALIA

- Experience from two research studies
 - SNAP trial (Sutherland and Hastings MacLeay Divisions)
 - Practice Capacity Research Program

- Implications for Lifescrpts

- Discussion



NSW SNAP Trial in two divisions of general practice 2003-2004

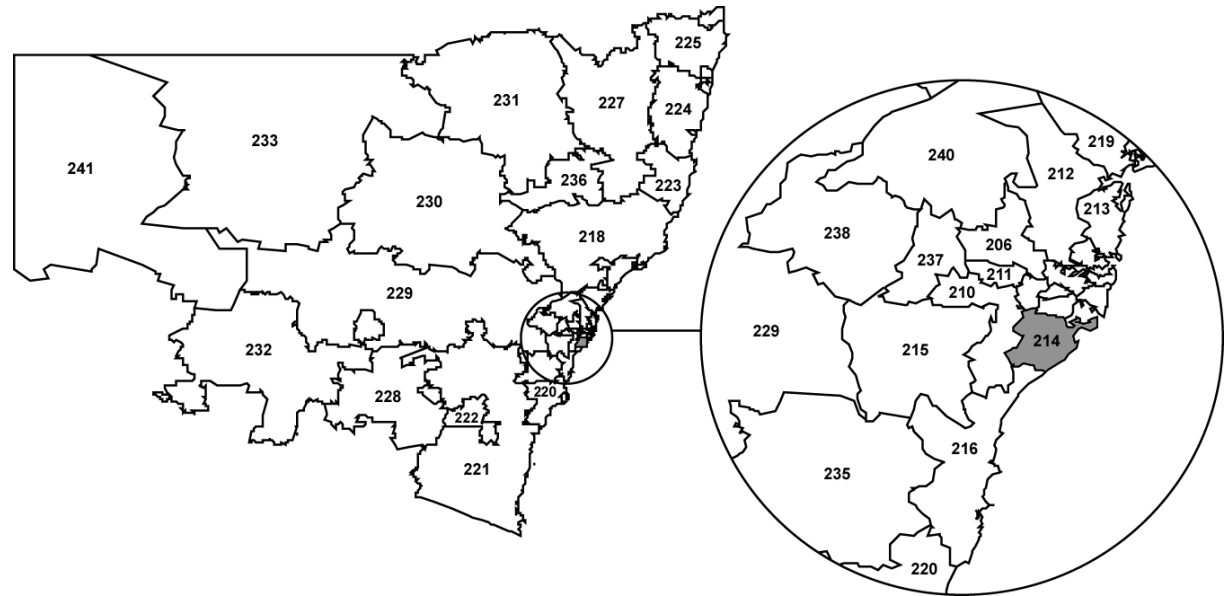
Funded by a grant of \$200,000 from the **NSW Department of Health** for the trial and \$80,000 from **Australian Primary Health Care Institute (APHCRI)** to assist with evaluation



Sites

Sutherland Division of General Practice (urban)

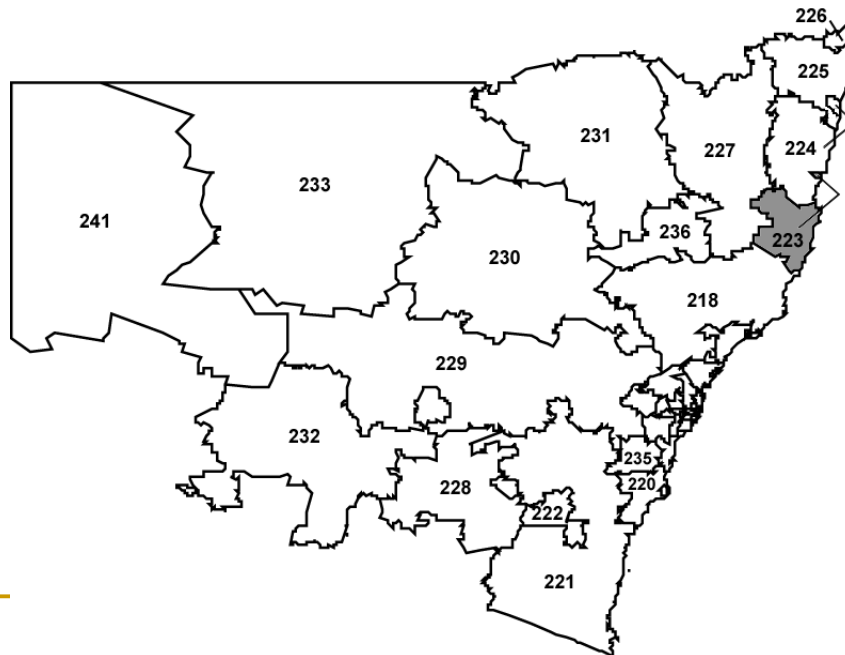
- Population 201,625
- Number of GPs 212
- 26.5% of practices were solo, 26.5% had 2 GPs, and 46.9% had 3 or more.
- 96% of practices had a receptionist, 62% a practice manager, 29% a practice nurse, and 14% allied health staff.



Sites

Port Macquarie Division of General Practice (rural)

- Population 92,835
- Number of GPs 106
- 31.8% of practices were solo, 22.7% had 2 GPs, and 45.5% had 3 or more GPs.
- 90% of practices had a receptionist, 65% a practice manager, 80% a practice nurse, and 25% allied health staff.



Overview of trial

- *Phase 1 (3 months): System and resource development*
- *Phase 2: 6 months: Development of capacity in each local division in partnership with AHS and NGOs as part of a multidisciplinary approach*
- *Phase 3 Trial 15 months Facilitating systems to deliver care at practice and training of general practice staff (GPs, nurses, practice reception staff) through training workshops and practice visiting.*
- *Phase 4 12 Months Post trial evaluation measures*



Summary of Interventions

Division level

- MOU
- Planning guide
- Division facilitator employed
- Needs assessment and consultation
- Steering committee
- Workshops

Practice level

- Resources
 - CD
 - SNAP guide
 - 5A card
 - Patient education materials
 - Referral directory
- Practice visits to intervention practice
- Training of GPs and practice staff



Evaluation measures

- In each Division
 - Survey of practices and GPs before and after trial
 - Interviews with Division and AHS staff at end of trial
- In 21 participating practices
 - Assessment of practice capacity at beginning and end of intervention
 - Interviews with clinicians
- In 9 practices
 - In-depth interviews with GPs and other staff
 - Patient focus group in each division



Overview of results

- Improvements in GP self reported confidence, skills, risk factor management
- Little use of practice nurses
- Some improvement in practice capacity
- Some improvement in Division capacity
- Some but not all activities sustained



Implementation of interventions

Source: *Division records and interviews with Division and AHS staff:*

	Implemented	Not Implemented & why
Sutherland	<p>Practice recruitment: 62 approached, 13 expressed interest, 10 recruited</p> <p>Practice visits: 1-3 visits of 2 hours in each practice</p> <p>Resources: Posters, directories, patient education materials distributed to 37% of GPs. Guides and 5As chart disseminated to 18% of GPs</p> <p>Participation in SNAP training workshops:- 28 GPs participated in MI training (11 from 14 of SNAP practices), 13 staff attended IT training</p>	<ul style="list-style-type: none"> ■ Practice nurses did not feel that SNAP was an educational priority for 2004 ■ Teamwork difficult to establish
Hastings Macleay	<p>Practice recruitment: 38 approached 15 expressed interest, 11 recruited</p> <p>Practice visits: 2-3 visits of 2 hours in each practice</p> <p>Resources: Posters, directories, patient education materials distributed to 11 practices. Guides and 5As chart disseminated to 11 practices</p> <p>Participation in SNAP training workshops: 14 GPs participated in MI training (from 6 of SNAP practices)</p>	<ul style="list-style-type: none"> ■ Training of nurses – not seen as major part of their role ■ Practice teamwork

Facilitators & Barriers: Division level

- MI training with actors very well accepted
- Practice visits were an essential part of the strategy
- Linkage to existing CPD and other programs of Division and AHS
- Development of referral services (eg physical activity)
- Consultation time with practices too short
- Very time consuming to support practices with recall and reminder systems
- Large amount of work involved in culling available resources. Lack of culturally appropriate resources
- Time too short to see change especially for late adopters
- Workforce shortage



Division impacts

Intervention	Anticipated	Observed	Comment
Planning and management group	Incorporate into other division programs	Incorporated but less intense	Difficult to sustain as continuing priority
Needs Assessment	Incorporate into division surveys	Incorporated in Sutherland GP survey	Evaluation not high priority
Division facilitator employed	Continue employment	Both project officers have left. But practice visits continue.	High turnover and shift in division funding
SNAP Education	Continue as part of CPD program	Some education continues in both divisions	An established part of division role



Practice impacts

Intervention	Anticipated	Observed	Comment
SNAP guide	Use by all practice staff	Use by some GPs and staff	Useful for practice coordinators
5A card and posters	Use by GPs and nurses	Some use	Requires changes work practices
Patient education materials	Regular use in waiting and consulting rooms	Some use but not for CALD patients	Perceived to be too complex language



Practice impacts

Intervention	Anticipated	Observed	Comment
Practice visits	Designated coordinators and Increased use of systems	Most practices had coordinators. Increase in registers but not in recall or audit	Requires more teamwork and skill development in practices
Training	Improved management of SNAP risk factors	Improved management especially in Sutherland	Respond well to training with actors. Less impact on non GP staff
Referral systems including directories	Improved referrals	Improvements in nutrition and physical activity. Not in HM	Limited by ease of referral to other services



Changes to practice capacity

Source: Practice capacity logs

	Sutherland	Hastings Macleay
<i>Information systems</i>	↑ Register use but slow uptake of recall and audit for SNAP	High register and recall use. But low use of audit. Little change.
<i>Patient education</i>	↑ provision of physical activity materials but lack of space and time	Little change. Coordinator in all practices but largely passive updating
<i>Referral</i>	↑ especially physical activity, dietetics, difficulty importing into MD	↑ especially physical activity and smoking
<i>Teamwork</i>	Little change but coordinators and meeting in 6/10	Little evidence of teamwork in 7/10 with no change
<i>Training and education</i>	GP MI training successful but less impact on staff	MI training successful but less impact on training non GPs

Impact on practice

Source: Case study interviews



- Improvements GP care and good fit with clinical GP care
- Development of administrative roles including practice coordinators



- Little impact on role of nurses
- IT systems allowed recording and recall but this was seldom implemented due to lack of functionality



Facilitators and Barriers: Practice level

Facilitators

- 5As structured approach
- SNAP integrates well into consultation
- GPs more confident in dealing with SNAP risk factor especially smoking and alcohol, obesity after MI training
- Availability and communication with referral services

Barriers

- Difficulty engaging whole of practice in multi-GP practices
- Practice managers tend to act as gate-keeper in terms of implementation of practice systems
- Presenting problem dominates encounters
- Time and workload
- Text of patient education materials too complex
- Patients reluctant to return for follow up
- Lack of funding for SNAP and for role of practice nurses



Impact on practitioners

Source: Case study interviews

- Increased confidence and satisfaction of GPs with ability to assist patients to make a change
- Administrative staff took on roles in arranging follow up, coordinating patient education materials and referral to services such as Quitline or PA
- Limited impact on role of practice nurses



Conclusions

Key success factors

- Relevance to clinical practice
- Skills development with actors in MI training
- Linking with other initiatives
- Incorporation into division programs and practice visits

Key limitations

- Lack of teamwork within practices
- Continued funding for SNAP in practices and divisions
- Lack of referral services
- Other demands on practice staff and role of practice nurses



Model



Model: Clinical

5As

- Assessment and recording of risk factors
- Brief education and use of materials
- Stages of change and Motivational interviewing
- Referral
- Follow up



Model: Practice

- Development of communication teamwork
- Development of roles of practice staff including nurses
- Systems for:-
 - recall,
 - patient
 - education, referral
 - Audit



Model: Division/AHS

- Partnership/MOU
- Joint planning
- Referral pathways
- Integrated education and other materials
- Integrated training of GPs, nurses, allied health
- Practice visits



UNSW / UA Research Study

Investigating the Impact of Practice
Capacity on Quality of Chronic Disease
Care in Australian General Practices

Supported through a funding agreement by
Australian Department of Health & Ageing
with the Centre for GP Integration Studies



Overseas research

- Changes to the organisation and delivery of care improves quality of care and health outcomes
- 4 key areas involved:
 - Clinical expertise and decision support
 - Patient education and support for self-management
 - Effective teamworking, register/recall systems
 - Accessible and useful clinical information

(Wagner, 2001)
- The most successful approaches include combinations of the above (Cochrane Review, 2001)



Research Question

Practice Capacity

- Team working
- Linkages with other providers
- IM/IT Maturity
- Business and Financial Management



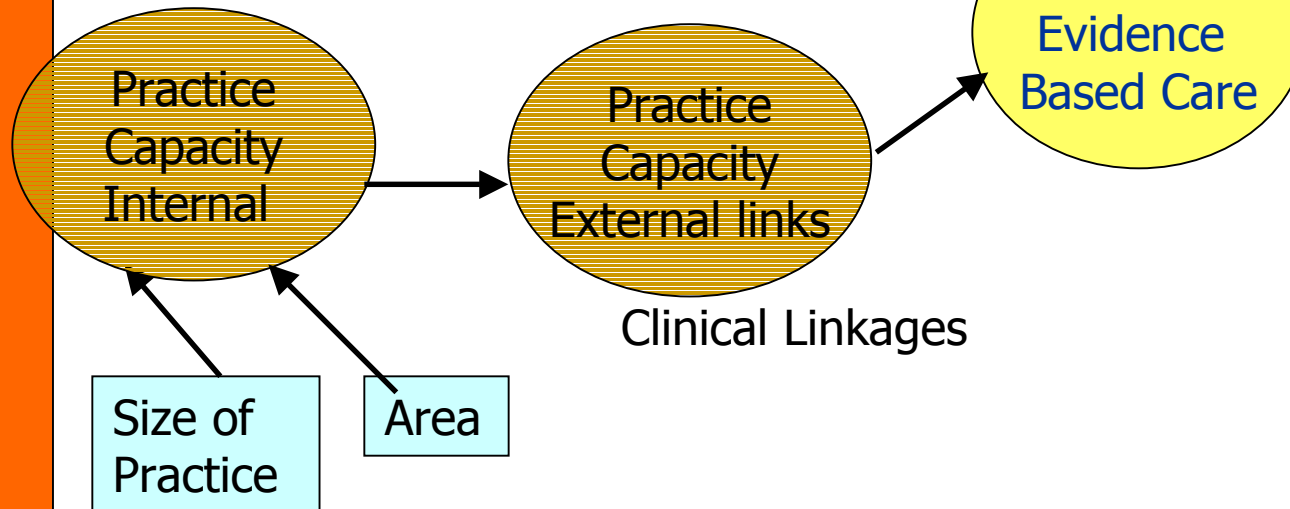
Outcomes

- Quality of evidence-based clinical care delivered by practice
- Patients' assessments of care received from practice
- Patients' health status
- GP and Staff job satisfaction



Results: Quality of Clinical Care

- Multidisciplinary Teamwork
- Information Management/IT
- Business and Finance



- Diabetes assessment
- Asthma assessment
- Risk factors
- Register/recall
- Care planning



Results: Summary

- Quality of care varies significantly between practices and is related to both structure (size) of practice and practice capacity factors



Results: Summary

- Evidence-based care is most closely associated with three of the internal practice capacity variables: IM/IT support for clinical care, Business & Finance business development and Teamwork administrative staff functions
PLUS
the practice's Clinical Linkages



Implications

- Practices need to be supported to develop team roles, information systems and business development processes to achieve evidence-based care, AND to develop team climate and linkages with other services to ensure that patients can access services they need over time.
- This implies that multiple strategies may be required involving national, state and local policy and programs.



Implications:

- Because linkages are important, it is not just a matter for National government initiatives but also integration with State and Local health services and programs



Implications for lifescrpts?



Practitioners

- Value of the 5A's model
- Skills important, especially in motivational interviewing
- Resources need to be simple, direct and fit into patterns of service provision
- Need to have places to refer



Practices

- Practices need the appropriate capacity for systematic approaches to RFM
 - Team work
 - Information systems
 - Appropriate referral options
 - Relevant business models
 - Systems to support RFM activities
- Having a practice coordinator helps
- The practice nurse as an under-used resource



Divisions

- Linking with other initiatives:
 - Chronic disease management
 - practice visiting programs
- Developing referral options for practices
- Promoting teamwork
- Supporting IM/IT developments

