

# Quality Prescribing Initiatives in General Practice. Are there better ways to utilise the health dollar?

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# Quality Prescribing Initiatives in General Practice. Are there better ways to utilise the health dollar?



An International Perspective –  
Providing more health services for the  
same dollars to the Christchurch  
community.

# Christchurch – the garden city





Mission Statement:

Vibrant General Practice  
at the  
Heart of Health



# Pegasus Health - The People

- ◆ 101 family practice team sites
- ◆ 242 general practitioners & 280 practice nurses
- ◆ Deliver more than 1,100,000 direct **medical** patient contacts per year
- ◆ Deliver approx 900,000 direct **nurse** patient contacts per year
  
- ◆ 82 Pegasus organisational staff - 50% with clinical background: nurses, doctors, pharmacists, dieticians & other allied health professionals
- ◆ Own after hours care facility – with 75 staff & 70,000 patient contacts per year.



## Financial Facts - 1993 to 2006

- ◆ \$NZ 0.85bn of Vote Health to fund govt access subsidies, pharmaceuticals and laboratory tests, etc
- ◆ \$86 million has been saved through careful management of the budgets and project funding
- ◆ \$69 million re-invested in new health projects and services
- ◆ Residual funds [\$17m] available to support continuing innovation in health care delivery



## 2004 – Where did we get to?

- ◆ Joint owners of a major publicly funded health care provider - influence over \$75 million per year budget
- ◆ A 'not for profit' bridge sitting between the publicly funded health system and the 'for profit' general practice businesses
- ◆ Strong network of motivated clinicians - an emerging strong partnership between doctors and nurses – expanding the roles and opportunities for both!



Why did we start our journey into  
fund holding?

# 1992 - 93: A Surprising Response!



- ◆ GP leaders recognised opportunities → the IPA movement was initiated
- ◆ General practice organised itself → IPAs [Independent Practitioner Association]
- ◆ IPAs demonstrated capacity to be innovative and delivered effective clinical leadership
- ◆ 1993 - Pegasus agreed to work with SRHA [health funding organisation] taking responsibility for pathology and pharmaceutical budgets



# Clinical Quality Programme

Best clinical practice  
with optimal and ethical use of finite resources

Finite resources

Best practice





# What tools do we use ?

1. Peer led, small group education
2. Clinical practice facilitator visits
3. Individualised member feedback
4. Bulletins – evidence based 'best practice'
5. Repeat feedback - after education programme
6. Targeting of high volume items
7. Modified laboratory request forms
8. Near patient testing



# Education Meetings

- ◆ Peer facilitated small groups
- ◆ 98% participation. Over 80% attendance p.a.
- ◆ Educational messages same for both GPs and PNs
- ◆ Independently researched - evidence based where possible – “best practice”
- ◆ Individual data presented for peer review
  
- ◆ Currently 17 GP groups, 15 PN groups



# Ethics are not negotiable!

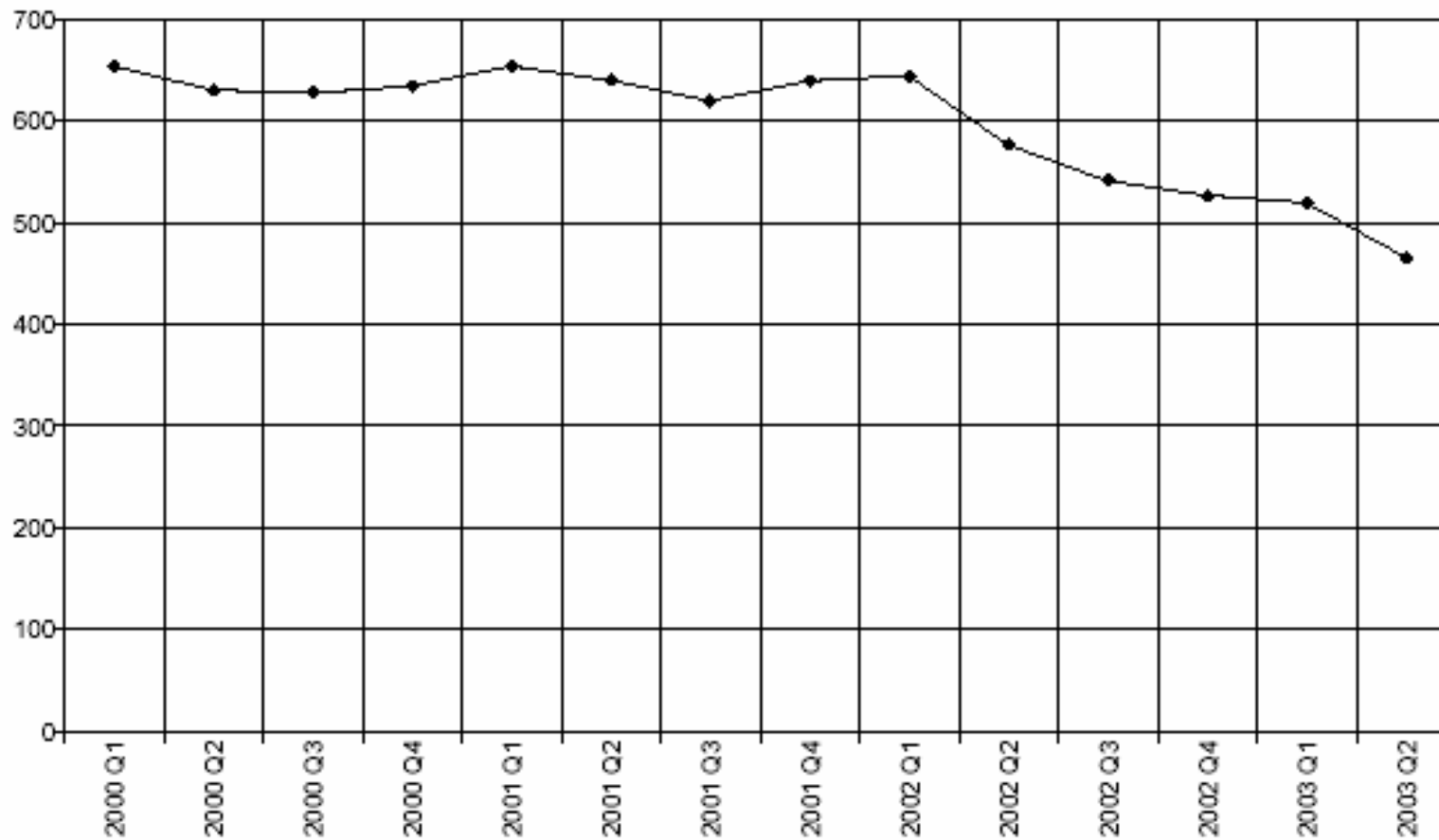
- ◆ Avoid ever being in an ethical dilemma - where you could be in a position where you might consider disadvantaging your patient to gain personal advantage for yourself!
- ◆ Create an incentive framework that works!

# Pegasus inhaled steroids campaign



**“You can make a difference!”**

PH Fluticasone Average Daily Dose Trend



# Fungal Nail Infections



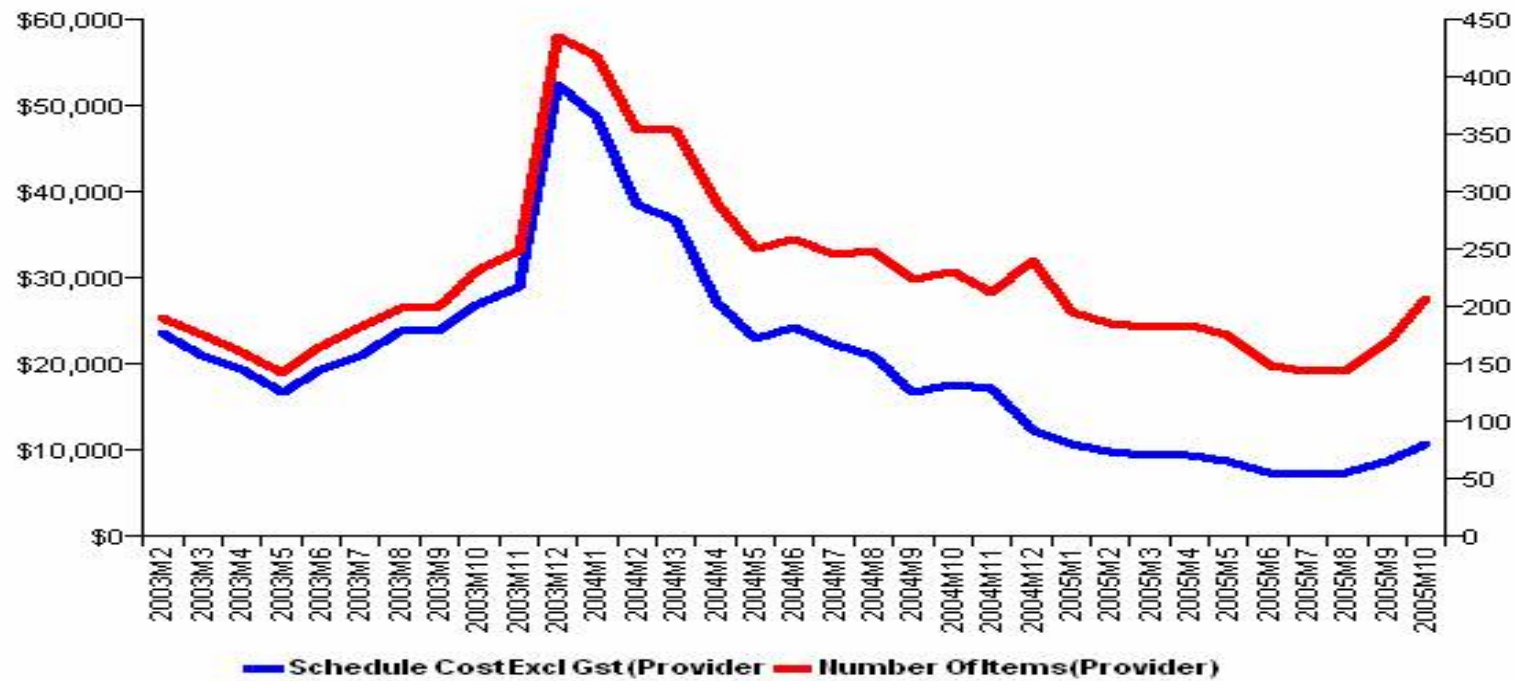
- ◆ It is not necessary to treat all cases of mild to moderate onychomycosis
- ◆ Oral antifungals have serious side effects and contraindications; ensure that the benefits of treatment outweigh the risk
- ◆ For more severe cases of onychomycosis, generic terbinafine (Terbafin) is now available so is the most cost-effective agent

# Terbinafine Prescriptions

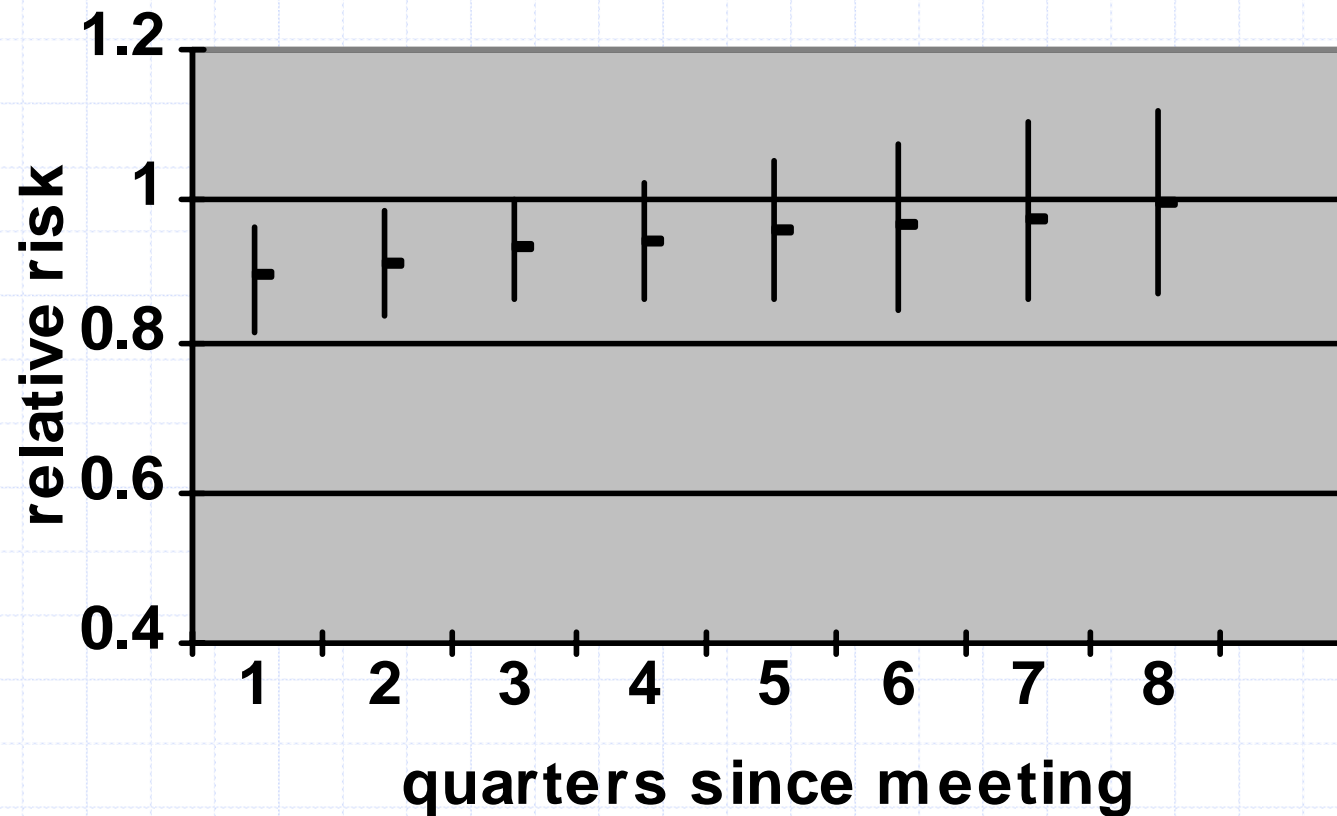


Cost and Volume for Current Pegasus Members

Terbinafine

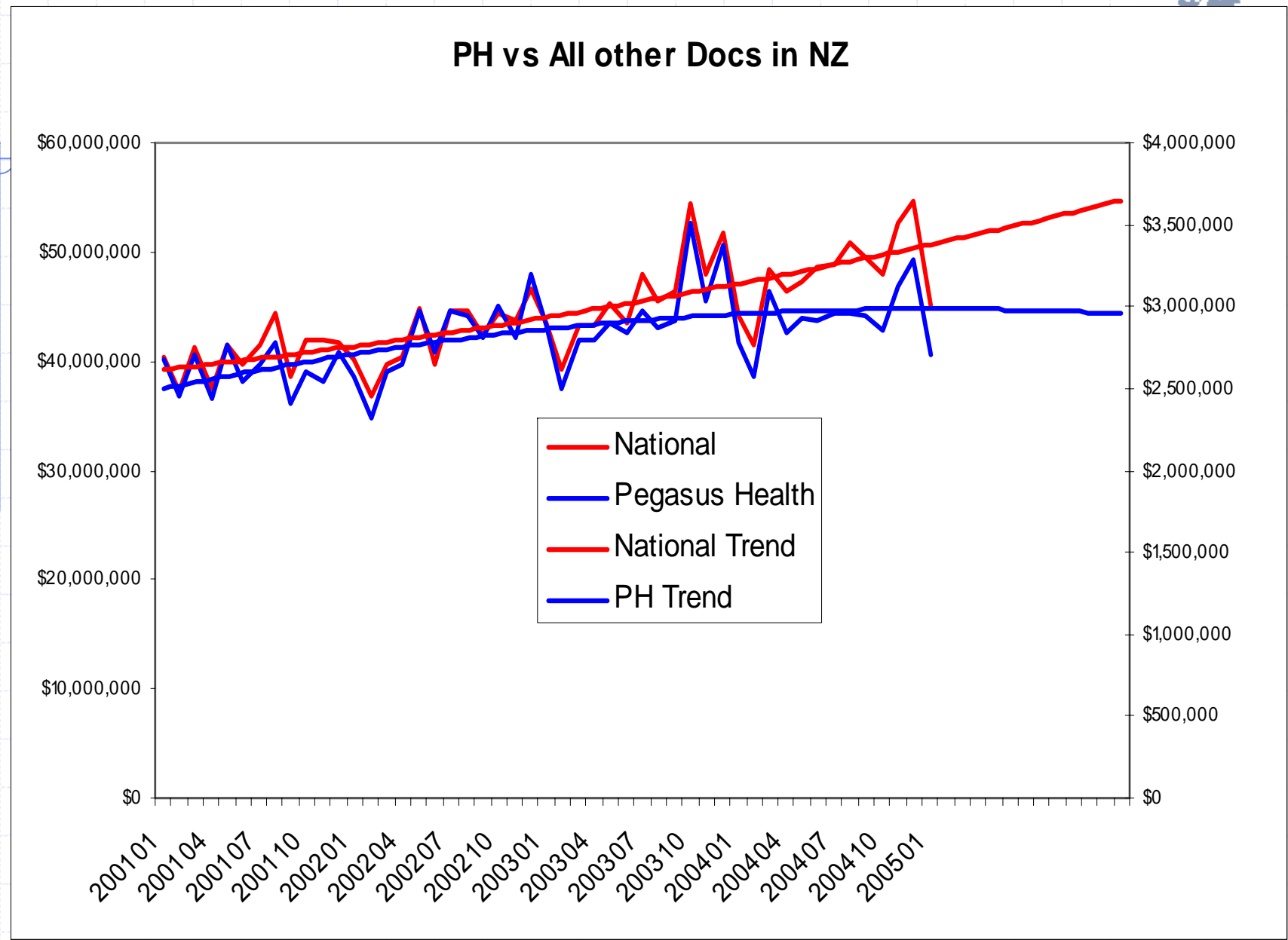


# H2 Antagonists: High Dose vs Low Dose



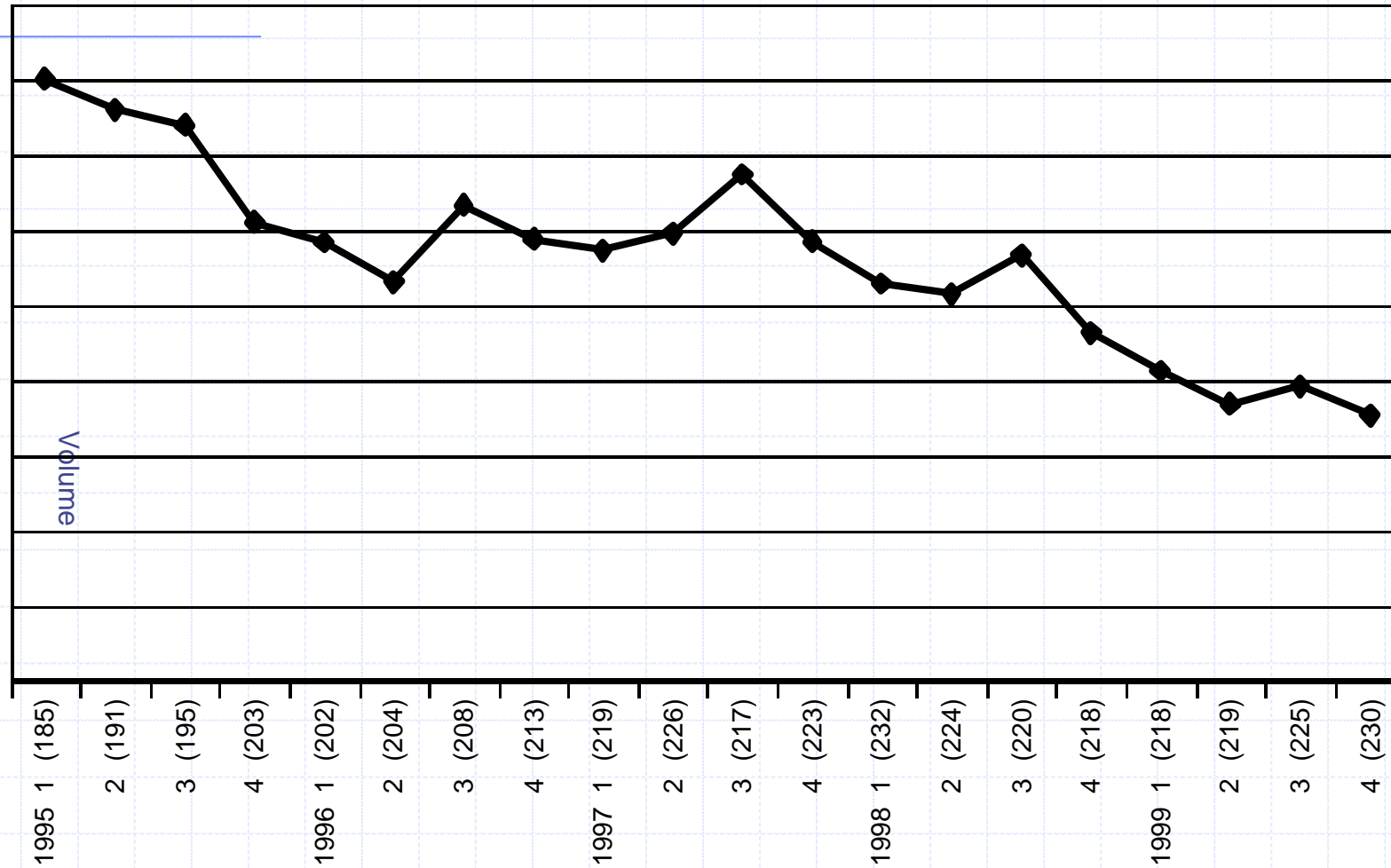


# PH vs All other Docs in NZ





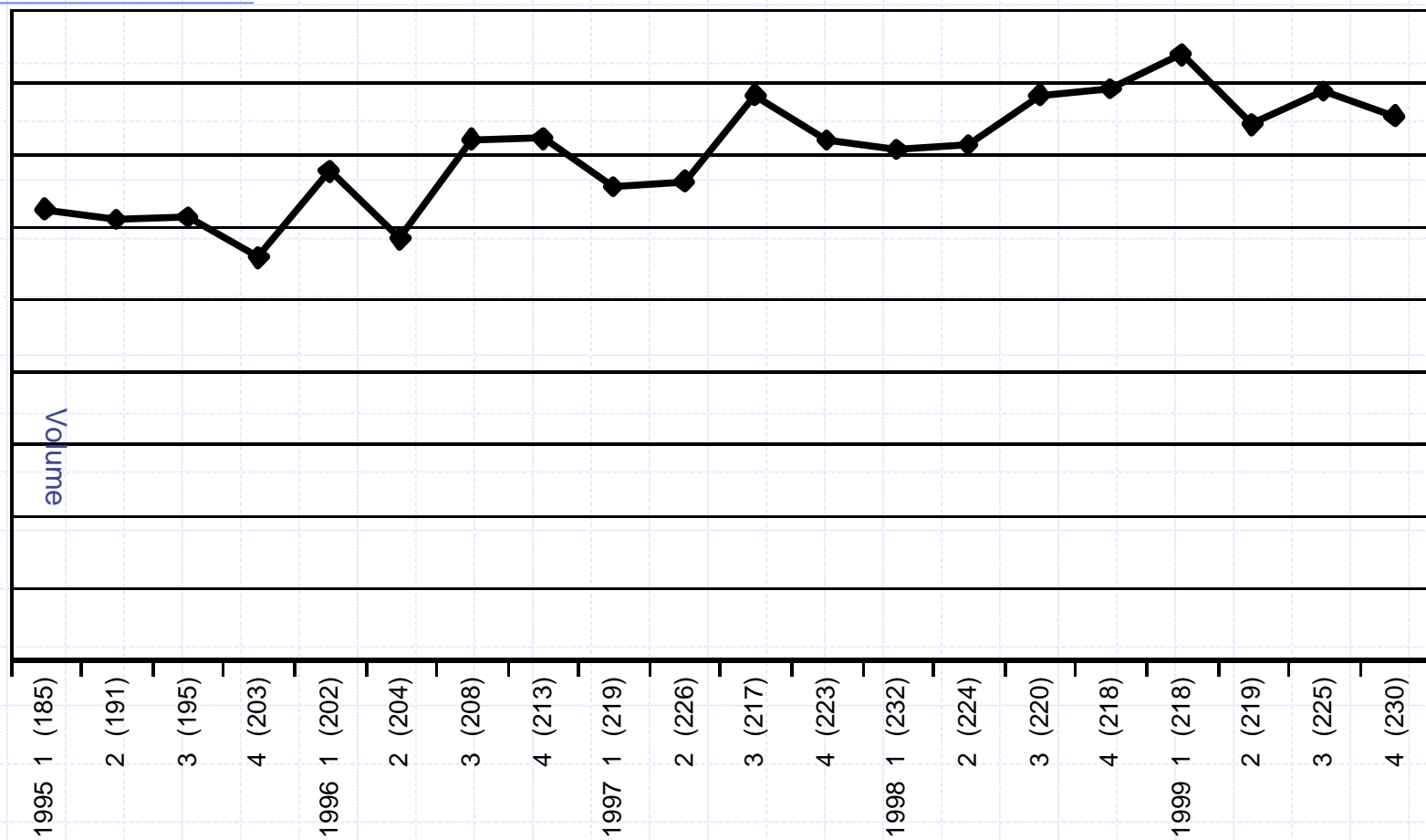
# Trend - ESR



Test Volume per Average GP



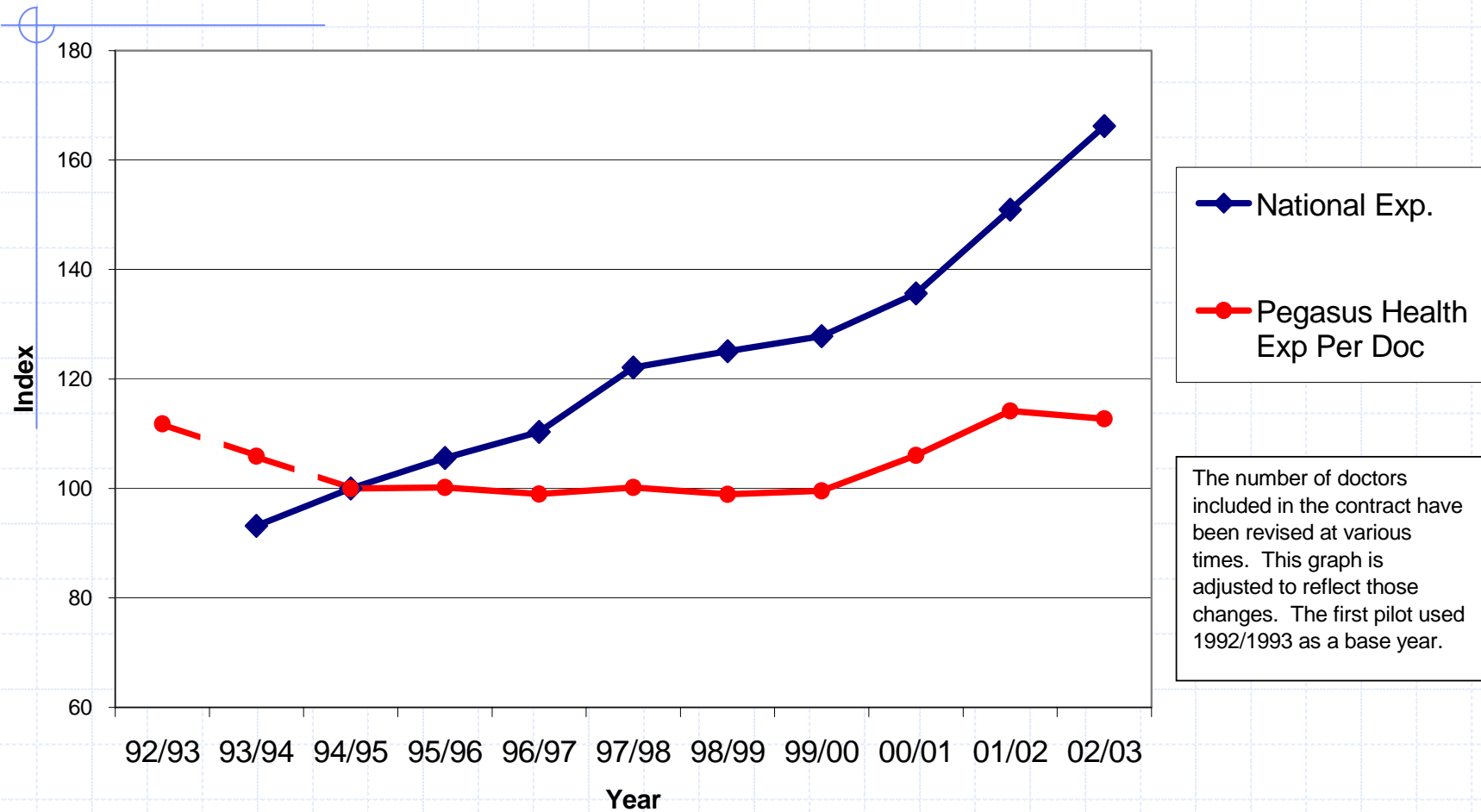
# Trend - TSH



Test Volume per Average GP



# Laboratories Graph





# What that meant for our clinicians:

- ◆ Free mammography for our patients
  - ◆ Free care for the under five year old children
  - ◆ Funded to care for terminally ill patients
  - ◆ Free sexual health services
  - ◆ Subsidised smoking cessation programmes
  - ◆ Engagement with Maori iwi
  - ◆ Working with Pacific people
- 
- ◆ Nurses and doctors paid to attend education & for clinical leadership



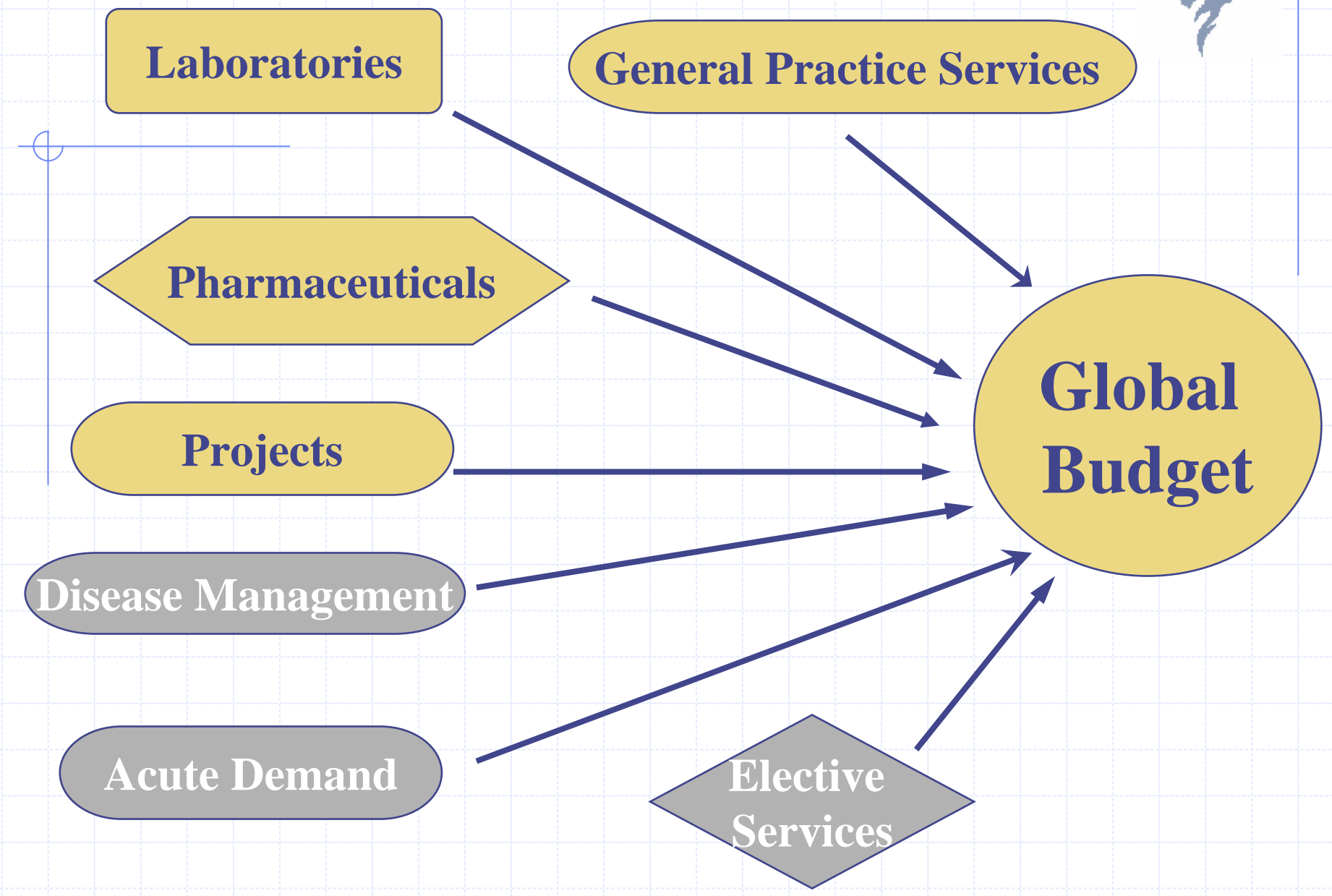
# 1999 - 2002 Global Budget Contract

- ◆ Pegasus – a primary care funder role
- ◆ One funding stream, based on population
- ◆ Flexibility, accountability
- ◆ Aligned clinical and financial incentives
- ◆ Innovation - supporting our 'next great leap forward' in service development and delivery
- ◆ Certainty about funding and expenditure -> capacity to prioritise



# The Global Budget Opportunity:

- ◆ Taking a system view
- ◆ Moving from spending to investing
- ◆ Expanding the role of general practice based doctors and nurses into new programmes





# Pegasus Community Care

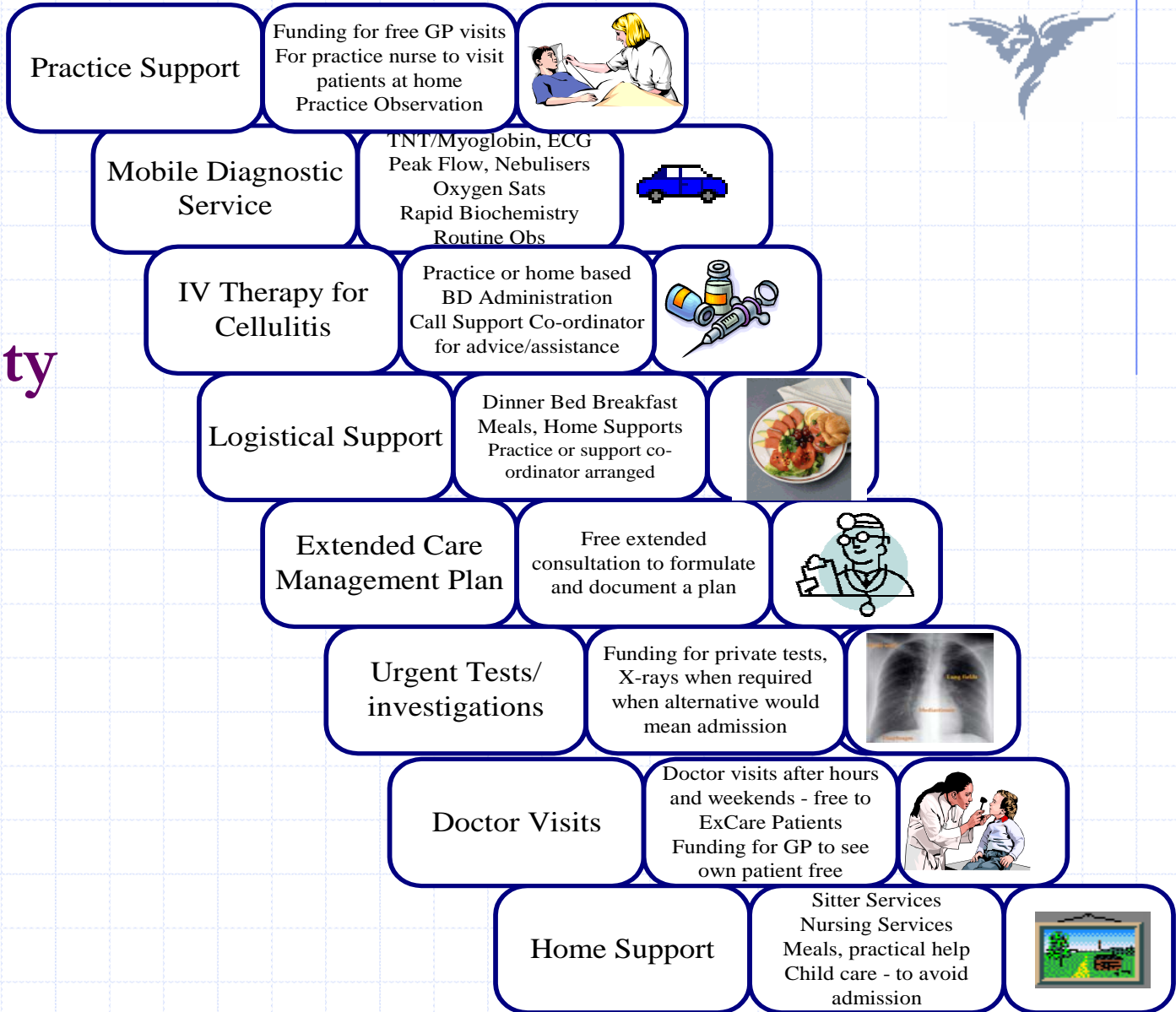
- ◆ Our goal: a safe, patient supported, cost effective alternative to hospital admission - responsive to patient needs
- ◆ General practice team & patient make the decisions
- ◆ Innovation supported and encouraged
- ◆ Major role for nurse led work
- ◆ Barriers to diagnostics, home support, & other services removed
- ◆ GPs enjoying using their clinical skills again



# Community Care – 4 elements:

- ◆ **Prevention:** flu vaccination, pneumococcal vaccination, etc
- ◆ **Observation Unit** - Community based
- ◆ **Extended care** – a nurse led service into people's homes and into clinics providing diagnostic certainty and advanced care – GP delivered IV programmes - DBB
- ◆ **Management** plans, ED 'frequent flyer' programmes, etc

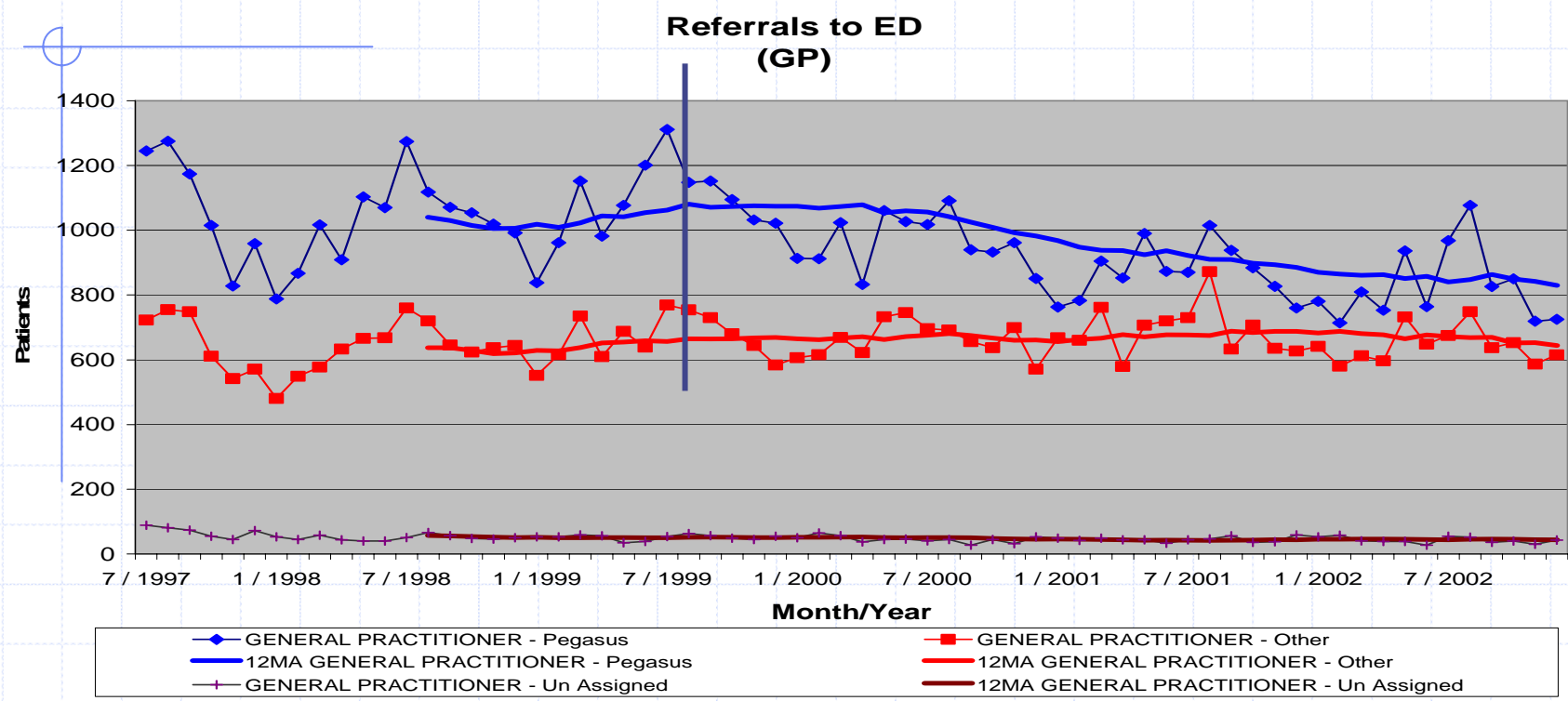
# Community Care – services available



**Phone 377 1830 or fax 353 9953 8am to Midnight Every Day**



# GP referrals to ED – “strong decrease”



◆ Pegasus GP referrals have significantly decreased since Jan 2000:

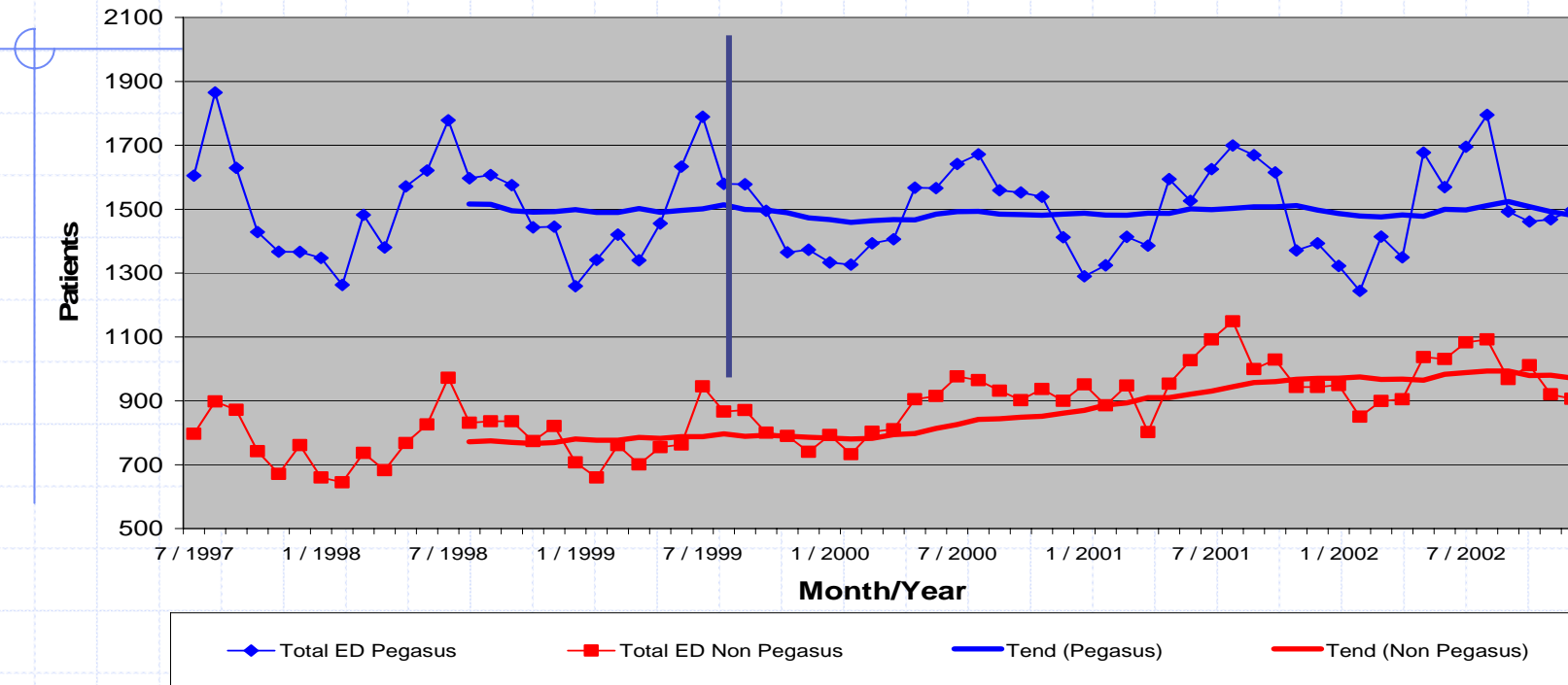
- Pegasus volumes have decreased 23%
- Non Pegasus have decreased 3%



# Acute medical admissions – “no increase”



Total Referrals that are admitted as Acute



Total Pegasus acute admissions have increased very slightly since July 2000, while non-Pegasus have increased significantly

- Pegasus trend volumes have increased by 1%
- Control group - Non Pegasus have increased 24%



# Pharmaceutical expenditure

- ◆ In 1992, Pegasus GPs were amongst the highest prescribers in the country, with very high growth
- ◆ Pegasus have reduced pharmaceutical expenditure per GP from \$200,000 to \$150,000 per annum and retained this level of expenditure for the last three years
- ◆ Pegasus GPs remain high prescribers, other IPAs expenditure per GP ranges from \$75,000 to \$141,000 per annum



# 2006 - Where We Are Now?

- ◆ NZ Primary Care Strategy
- ◆ PHOs implemented as governments approved vehicle for funding
- ◆ Community governance
- ◆ Public accountability and transparency
- ◆ Substantially increased govt funding – payer replacement – via enrolment and capitation
- ◆ New Health Promotion and Services to Improve Access funding
- ◆ National PHO performance management framework



# What has happened to Pegasus?

- ◆ Pegasus is “at the heart” of our PHO
- ◆ Pegasus doctors and nurses represented at PHO board
- ◆ Decisions only by consensus
- ◆ Pegasus is the PHO management services organisation – delivering most of the back office services
- ◆ Most care programmes delivered through Pegasus
- ◆ “Fee for service” prevails in general practice – at a lower level, as govt has increased the base funding



# International Health Trends:

- ◆ Community involvement
- ◆ Capitation and enrolment
- ◆ Increased role for nurses
- ◆ Doctors roles changing – complex care and as coaches
- ◆ From central control to devolution of control
- ◆ From bureaucracy to innovative, entrepreneurial environment



“The trouble with the future is that it usually arrives before we’re ready for it.”

Arnold H. Glasgow