

POLICY OPTIONS

The Primary Care Practice Improvement Tool (PC-PIT): Development and trial of an approach to improve organisational performance in Australian primary health care

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Policy context

There has been a growing international evolution of the role and purpose of quality improvement in primary care; particularly in the United Kingdom, Europe, Australia and New Zealand. Research has focused on improving clinical care programs, with a corresponding focus on the identification and development of clinical measures and indicators of quality care. Subsequently, attention has been given to the role of clinical governance in the delivery of quality care in general practice, and exploration of the relationship between clinical management and patient health outcomes. The past 12 years also witnessed an international movement from funders paying for activity to paying for outcomes. The UK introduced “pay for performance” in 2002, resulting in general practices receiving up to 25% of their funding from measuring and reporting against 134 quality benchmarks. The United States debated options including significant bundled payments to family practitioners for quality targets. New Zealand developed a framework to guide clinical quality in primary care. Australia’s quality measures, including the Practice Incentive Program (PIP) and Service Incentive Payments (SIP) were introduced in 2002 but their funding has progressively decreased over recent years. The Royal Australian College of General Practitioners (RACGP) standards form the basis of general practice accreditation and include elements such as infrastructure and clinical management. However, there is a growing international consensus regarding the impact of organisational elements on the delivery of quality care and as enablers of successful continuous quality improvement. This report describes the 3 phase approach to the development, pilot, trial and preliminary validation of a new approach to organisational performance improvement -the Primary Care Practice Improvement Tool (PC-PIT). The PC-PIT has been co-created for Australian general practice, with Australian general practices. Most notably it provides a means for low performing practices to improve their organisational performance in line with accreditation benchmarks and recognises the role of Practice Managers in facilitating organisational improvement. The PIP as well as the newly announced Primary Health Networks (PHNs) offer a means of embedding the PC-PIT in existing quality improvement programs

Policy options

Practice Incentive Practice Payments

The PHNs, announced in May this year, offer opportunities to embed the PC-PIT as quality improvement approach for primary care. PIP currently provides 10 individual incentives which rely on clearly documented evidence for chronic disease management. Further exploration of the potential to incorporate the PC-PIT into the existing PIP is an aim for 2015.

Key findings

Elements integral to high performing practices

(1) Patient-centred and community focused care (2) Leadership (3) Governance (i) Organisational management (ii) Clinical governance (4) Communication (i) Team-based care (ii) Availability of information for patients (iii) Availability of information for staff (5) Change Management (i) Readiness for change (ii) Education and training (iii) Incentives for change (6) Performance (i) Process improvement (ii) Performance results (7) Software and Information technology.

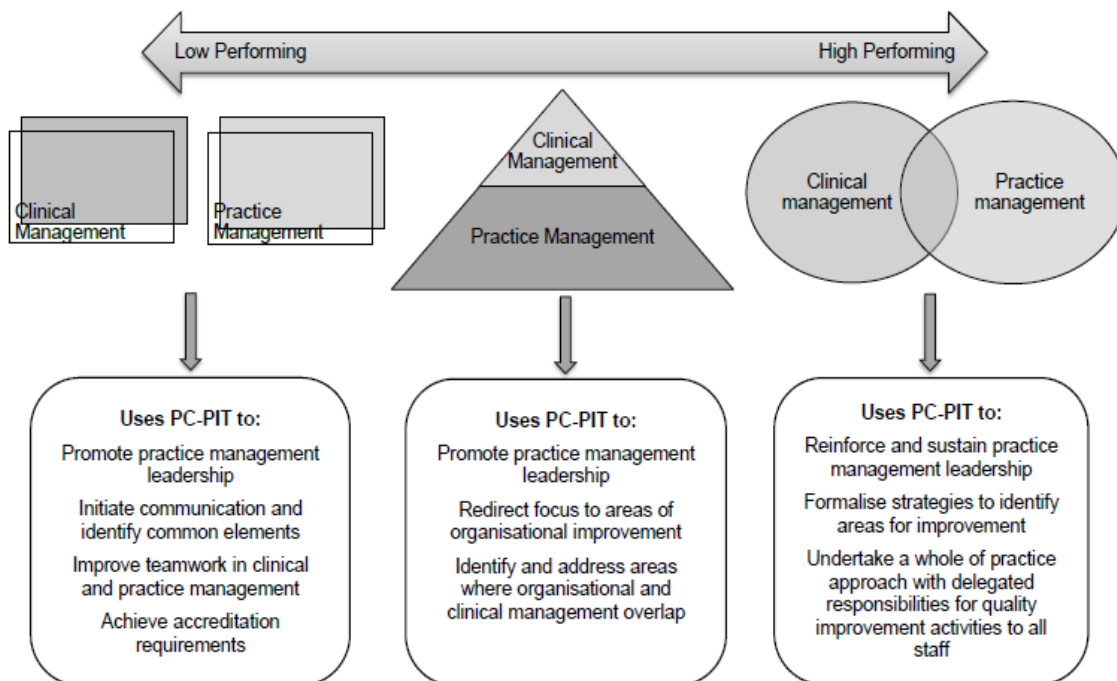
The PC-PIT is an appropriate and acceptable approach to organisational development for Australian primary health care

Following the requirements of our partners and end-users, the PC-PIT is an online, free access tool designed to be facilitated by Practice Managers internally and involves all staff in a whole practice approach. The PC-PIT is a highly acceptable and appropriate tool which addresses key elements of relevance to general practice organisational performance and can be used within a range of practice geographic contexts (remote; rural; metropolitan) and business models (privately owned; partnership; corporate); practice sizes and practice capabilities.

The PC-PIT can be used by both low and high performing practices to achieve internal organisational improvement and improvements in line with accreditation benchmarks

Results from the PC-PIT trial identified a continuum of practice performance with 3 types of practice function: (i) separate, uncoordinated clinical and management approaches (low performing practices) (ii) practice management as basis and support for clinical governance (iii) collaborative and coordinated clinical and organisational management (high performing practices). See Figure 1

Figure 1 Types of practice function and use of the PC-PIT



The 3 practice types used the PC-PIT to identify a range of quality improvements; such as:

- > Standardising processes for patient information input; delegating responsibility for data cleaning; training in data extraction and review in relation to patient record keeping and management for chronic disease (low performing practice).

- > Development and implementation of a protocol GP buddy system; current lack of communication and formal recording of recreational and urgent leave for GPs. Absences impacting on continuity of care; patient satisfaction and patient safety in line with accreditation requirements (low performing practice)
- > Organisational improvements to patient recall for patients with type 2 diabetes; the identification of active patients; review of patient records diagnosis; corresponding improvements in HbA1c and BP levels; medication records and annual screening records (high performing practice)

Two (2) elements relating to the collection, review and application of practice population data for service planning and patient health care (chronic disease) management were identified as being in need of significant improvement in over 50% (8/15) of practices which used the PC-PIT and received an Independent Practice Visit.

Most notably, the PC-PIT provides lower performing practices with a means of participating in quality improvement activities and address accreditation requirements.

Strategies and high quality resources are required to support and facilitate the role of Practice Managers in organisational improvement

Practice Managers have an integral role in organisational improvement. To support this role, Practice Managers identified (i) web based support networks (ii) buddy systems (lower performing practices with higher performing practices) and the need for (iii) additional high quality resources to complement the use of the PC-PIT and support them as quality improvement facilitators.

Where to Next?

Ongoing work with our partners, including the Federal Department of Health has highlighted 6 areas for the continued development of the PC-PIT for 2015 and beyond.

General Recommendations

- > Development of a supporting education resource suite of high quality, free to access organisational improvement and leadership tools for use by Practice Managers (with End users and Australian Association of Practice Managers (AAPM)).
- > Development of a PC-PIT business model (with the RACGP; AAPM; PHNs; Australian General Practice Accreditation Ltd and the Improvement Foundation).
- > Trial of the PC-PIT in partnership with other organisations, including: the Australian Psychology Association; Aboriginal Medical Services; Refugee Health Services.
- > Foster partnerships in practice and with key consumer organisations to explore patient engagement in the co-creation and co-design of the PC-PIT (with End users and Consumer Health Forum).

Recommendation to the Department of Health:

- > Develop a process to embed the PC-PIT in existing quality improvement programs including the role of the PC-PIT and the elements of high performing practices as part of the PIP and existing accreditation approaches.
- > Provide funding for the ongoing trial of the PC-PIT process with general practices nationwide.

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