

# POLICY OPTIONS

## Improving organisational performance in Australian primary care: The Primary Care Practice Improvement Tool (PC-PIT) and online supporting resource suite

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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.

Building on this evidence, this is now international consensus regarding the impact of organisational elements on the delivery of quality care and as enablers of successful continuous quality improvement.

### Policy options

The release of the 2015 consultation paper for the Review of the Performance and Accountability Framework indicators in illustrated the integration of aspects of quality improvement across the health reform strategy. Although, as yet incomplete, the national primary health organisation performance quality objectives focuses on outputs related to safety, responsiveness (based on measures of patient experience); capability and capacity.<sup>1, 2</sup> Following this, the development of the national Primary Health Networks (PHN) evaluation framework lists continuous quality improvement activities, outputs and outcomes related to provision of practice support and the identification of high priority practices; provision of accreditation support and support in the use of data for practice improvement as important elements of the focus of PHNs. Indeed, the PHNs 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.

### Key findings

Research undertaken in the Centre for Research Excellence in Primary Health Care Microsystems (<http://aphcri.anu.edu.au/aphcri-network/research-completed/improving-quality-and-sustainability-integrated-phc-pc-pit-study>) focused on the development and pre-trial of the PC-PIT, with the following 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.

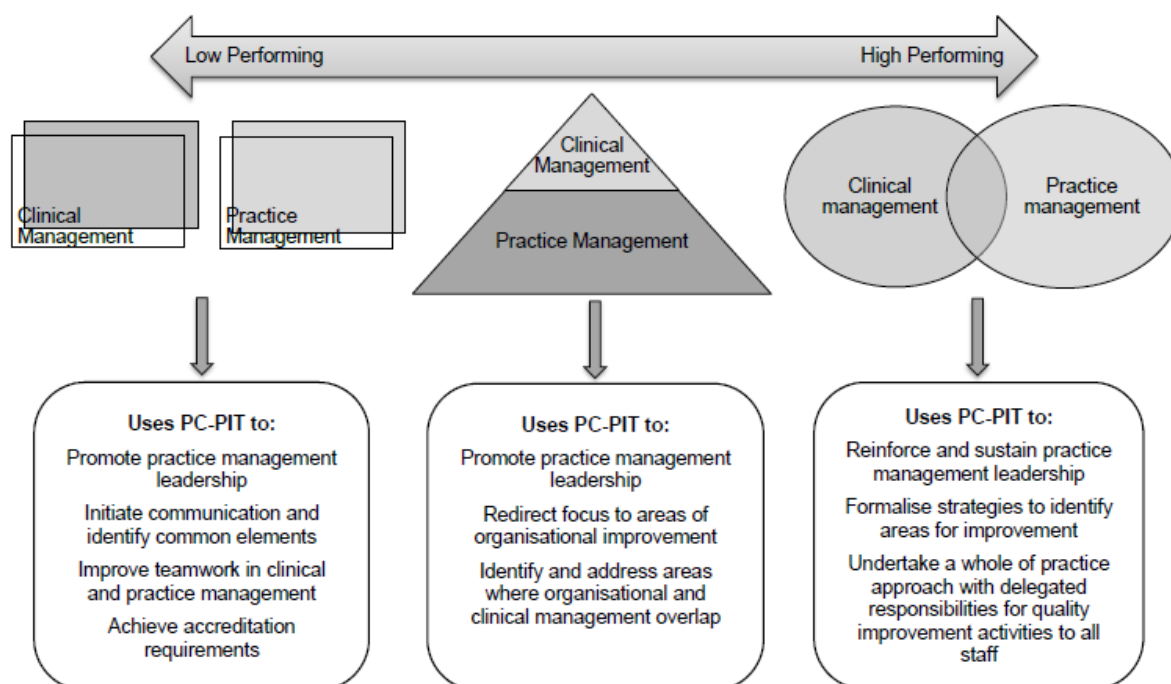
## The PC-PIT is an appropriate, acceptable approach to organisational performance improvement for Australian primary health care

Following the requirements of our partners and end-users, the PC-PIT process is conducted in 2 parts. Part 1 involves a whole of practice approach with general practice staff assessing how they perceive their practice met (or did not meet) each of 13 PC-PIT elements in a free-to-access online assessment tool designed to be facilitated by Practice Managers. In Part 2, the same elements are assessed objectively during an Independent Practice Visit, using an Evidence-based rating form by two external raters. The PC-PIT is a highly acceptable and appropriate tool, addressing elements of relevance to general practice organisational performance.

## 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 three types of practice function: (i) separate, uncoordinated clinical and management approaches (low scoring practices) (ii) practice management as basis and support for clinical governance (iii) collaborative and coordinated clinical and organisational management (high scoring practices). See Figure 1

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



The three 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 scoring 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)

The PC-PIT provides lower scoring practices with a means of participating in quality improvement activities and address accreditation requirements.

**Building on this research, the trial was extended and progress 2015-16 and achieved the following key outcomes:**

**The PC-PIT – is an organisational performance improvement process validated for Australian general practice and primary health care (2015-16)**

The PC-PIT process (online tool and Independent Practice Visit) were validated as part of the 2015-16 extended trial of the tool 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 process is relevant to both practices with extensive experience of involvement in quality improvement and organisation improvement and those practices with limited experience in these areas.

**The PC-PIT has an accompanying high quality, online free to access tools/resource suite, identified and selected to complement the PC-PIT for use in general practice (2015-16)**

To meet the needs of our end users and provide Practice Managers with support to undertake leadership in organisational performance improvement, an accompanying, online suite of high quality, free-to-access tools has now been developed to complement the 13 elements of the PC-PIT. An initial list of tools was identified as part of an international systematic review, with a final suite of 21 tools and resources selected by Practice Managers and GPs as part of a rigorous assessment of their utility, relevance to the PC-PIT elements and acceptability for Australian primary health care. This forms a 'one stop shop' of internal organisational improvement, bespoke to Australian general practice and primary health care.

## Where to Next?

Ongoing work with our partners, including the Federal Department of Health PHN Establishment Branch, the RACGP and PHNs nationwide will continue 2016-17 and focus on,

- > Engagement and partnership with two PHNs to develop and trial an approach to embed the PC-PIT process as part of PHNs quality improvement and practice support programs, with the overall aim of developing a national framework to guide the use of the PC-PIT process by PHNs, and
- > Continue established partnerships with RACGP to develop a national framework to support the application and embedding of the PC-PIT process within the existing RACGP quality improvement activities.
- > Foster partnerships in practice and with key consumer organisations, to explore patient engagement in the application of the PC-PIT (with end users and Consumer Health Forum).
- > Continue to explore the application of the PC-PIT within a broader range of primary health care settings, including allied health professions, Aboriginal Community Controlled Medical Services and specialist community health clinics.

## References

1. National Health Performance Authority. Review of the Performance and Accountability Framework indicators: consultation paper. Sydney: NHPA, 2015. <http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/PAF-review> .
2. National Health Performance Authority. National Health Reform Performance and Accountability Framework. Discussion paper. Sydney: NHPA, 2011. [http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/ICF48F88798490D8CA257B1A0013576F/\\$File/121105-PAF-for-web.pdf](http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/ICF48F88798490D8CA257B1A0013576F/$File/121105-PAF-for-web.pdf) .

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