

KEY MESSAGES

The enablers and barriers for the uptake, use and spread of Primary Care Collaboratives in Australia

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Policy context

Funded by the Australian Department of Health and Ageing and delivered by the Improvement Foundation Australia, the Australian Primary Care Collaboratives (APCC) program utilises world-recognised Collaboratives methodology to facilitate quality improvement (QI) in Australian general practice. To date, 20% of Australian general practices have taken part in the APCC program.

Interviews with 40 study participants with first-hand knowledge of the APCC program were analysed to understand the enablers and barriers to program uptake, use and spread. The purpose was to elucidate what is need to diffuse the spread of the APCC to a greater number of Australian general practices.

Key messages

Key enablers of APCC participation

- Beliefs and practice culture
- Presence of a champion
- Opportunities for critical comparison and benefit
- Meso-level support (Divisions/Medicare Locals)

Key barriers to APCC participation

- Insufficient time and resources
- Unfamiliarity with and inflexibility of the Plan, Do Study, Act (PDSA) methodology
- Inadequate meso-level support

Those who have taken part in the APCC program to date are the “innovators” and “early adopters”. Spread to the other adopter categories will require local strategies with a greater emphasis of social diffusion influence. To disseminate QI through to all Australian practices macro-level (AG DoH) support is crucial to:

> **Fund dedicated meso-level QI support positions.**

These positions will need to engage on a local basis and provide support and networking opportunities, so that the performance benefits to innovator and early adopter practice activity is observable and used to influence other local practices ; and

> **Provide general practices with the time and resources required to engage in QI within their practices (i.e. the “slack for change”).**

QI can only be undertaken and sustained in environments that support it.