Performance Assessment in Australian Primary Health Care

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The landscape – System 'Quality'

- General practice
  - RACGP Practice Accreditation
  - Divisions of General Practice – National Quality and Performance System (NQPS)
- States/Territories
  - Community health indicators
- Aboriginal Community Control Health Services
  - SAR
- National Health Performance Framework
- AIHW's Rural, Regional and Remote Health

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Divisions of General Practice

- Voluntary geographic alliances of GPs
- 119
- 8 – 730 GPs
- $100 million pa Commonwealth funding
  - Support GPs/practices
  - Improve access to GP services
  - Encourage integration and multi-disciplinary care
  - Focus on prevention and early intervention
  - Better manage chronic conditions
  - Support quality and evidence-based care
  - Ensure growing consumer focus

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Policy drivers

- Increase in demand for accountability in public policy
- Rise in evidence base for good practice
- Evidence of variability
- Review of Divisions Program (2003)
- Government Response to the Review (2004)
- → NQPS - demonstration to the parliament and stakeholders of value for money

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Equity

- Indicator-level (Aus) rather than policy-level (NZ)
- Divisions PI analyses will take account of:
  - Differences between Divisions
    - state, geographic size, number of GPs, income, Index of Relative Social Disadvantage, proportion of population ATSI origin
  - Differences among patients:
    - age, sex, ATSI origin, language spoken at home

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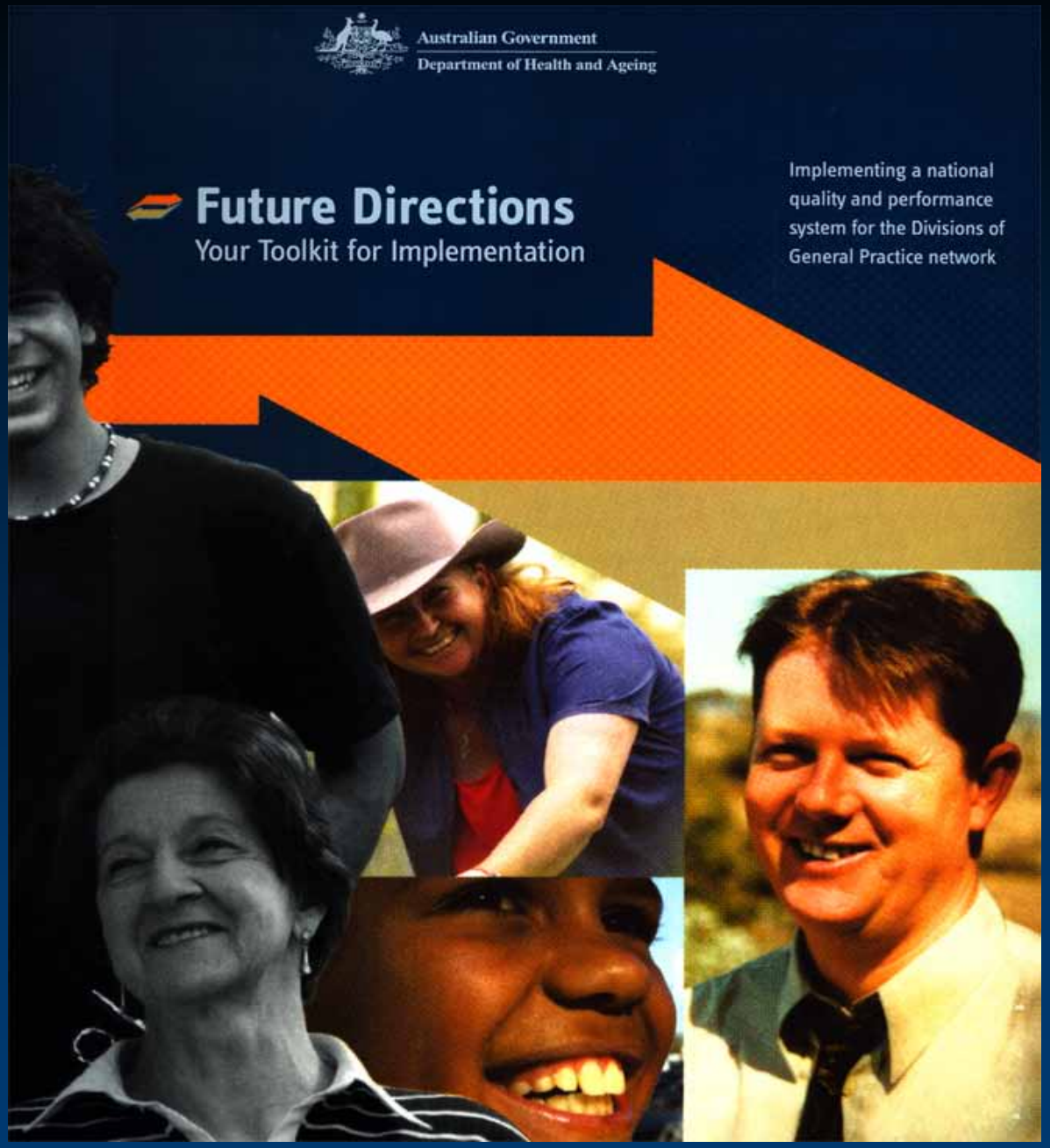

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Conceptual approach - CQI

"CQI implies a continual process of self-examination, a never-ending search for improvement without a final destination"

CQI:

- works at improving organisational structures and procedures
- uses/expands on QA activities such as accreditation
- outcome measurement increasingly important ~ measuring performance against clinical indicators
- considered best to have a mix of structure, process and outcome

http://qic.binaryblue.com.au/publications.html

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Conceptual Approach - CQI

- Continuous quality improvement @ 2 levels
  - Divisions
  - General practices
- Implications for feedback loops
  - Government with Divisions
  - Divisions with general practices
- Implications for improvement mechanisms
  - Government with Divisions
  - Divisions with general practices

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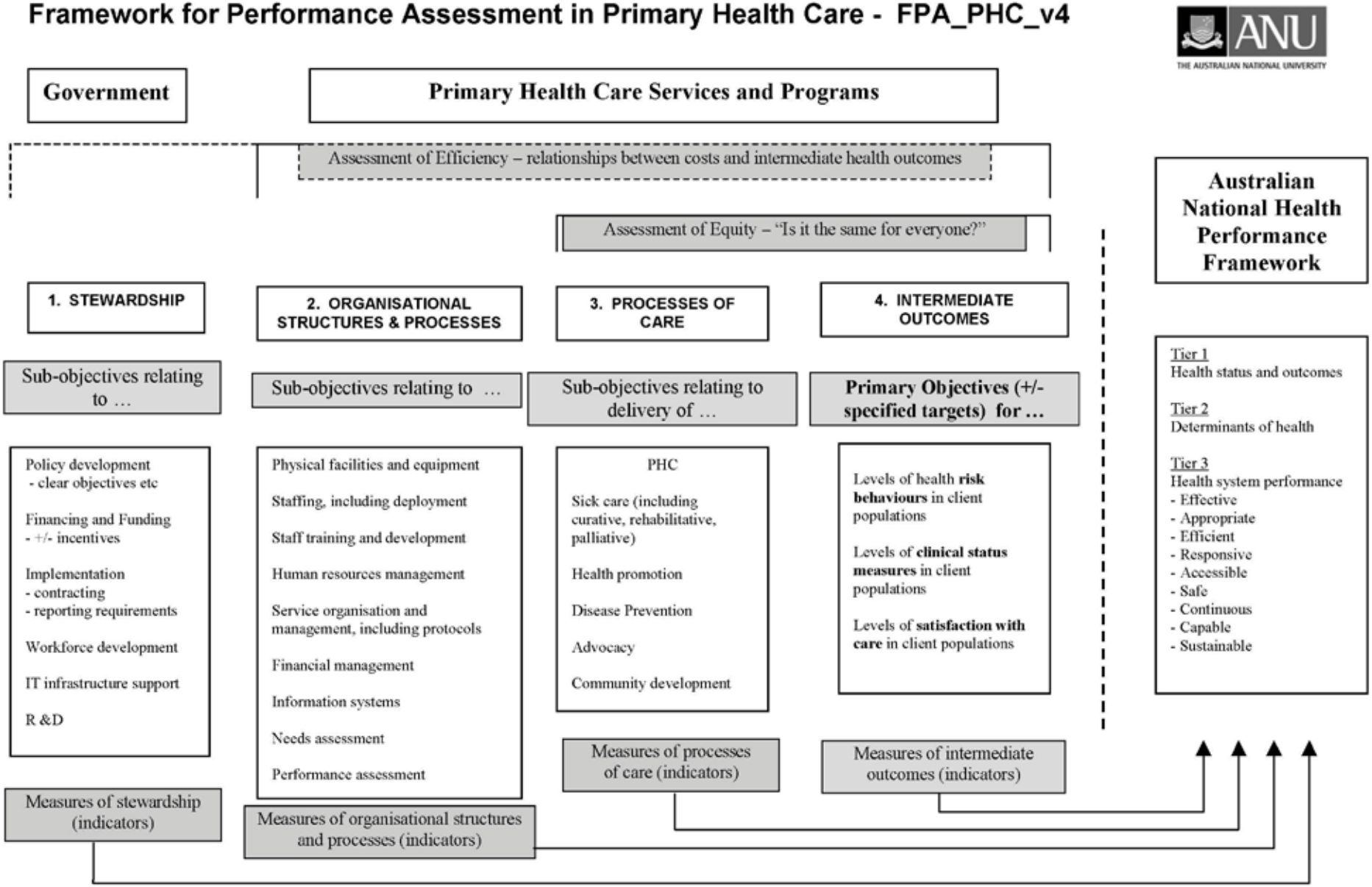
Conceptual approach - FPA_PHC

Framework *(Sibthorpe 2005 – see APHCRI website)*

- Objectives-based
- Patient-focused
- Indicators at 4 levels
  - § Organisational structures and processes – Divisions
  - § Organisational structures and processes – general practices
  - § Processes of care for patients
  - § [Intermediate] Outcomes for patients
    - – Clinical status
    - – Risk behaviours
    - – Patient satisfaction

Framework for Performance Assessment in Primary Health Care - FPA_PHC_v4



Beverly Sibthorpe, Australian Primary Health Care Research Institute, 2004. http://www.anu.edu.au/aphcri/Publications/conceptual_framework.pdf

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Indicators – Governance & Program

		Level 1	Level 2	Level 3	Level 4
Governance	8	8			
Immunisation	6	2	3	1	
Residential Aged Care	7	3	2	1	1
GPs and Hospitals	4	2	2		
CD – Diabetes	9	5	1	1	2
Mental health	9	5	2	1	1
Asthma	9	5	2	1	1
Totals	44	22	12	5	5

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Indicator Development
~ Program ~

Dr John Aloizos	Immunisation
Dr Denise Ruth	Residential aged care
Mr Gawaine Powell-Davies for Centre for GP Integration Studies	GP-hospital integration Diabetes
Professor Jeffrey Richards	Mental health
Professor Nicholas Glasgow	Asthma
Associate Professor Libby Kalucy for Primary Health Care Research and Information Service	Divisions reporting
Mr John Glover for Population Health Information Development Unit	Population health mapping
Mr Bob Wells	Policy and strategy
Dr Beverly Sibthorpe	Team leader, framework
Mr Duncan Longstaff	Project officer

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Organisational structures and processes

Level 1 – All

- Collaborate regionally to provide access to optimal care
- Support GPs to provide optimal care
- Facilitate access to CPD
- Receive electronic patient data (registers) from GPs to provide feedback
- Support GPs to capture Aboriginal and Torres Strait Islander origin

Level 2 – All

- Practice use of register/recall/reminder systems

Level 2 – mental health

- GP training

Level 2 – Asthma

- Access to spirometry

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Level 3 - Processes of care

- Diabetes
  - Number of SIPs / estimated population with diabetes
- Mental health
  - Number of 3-step mental health plans / estimated population to benefit
- Asthma
  - Number of patients with asthma on register with smoking status recorded

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Level 4 – outcomes for patients

- Diabetes *(clinical status)*
  - HbA1c levels
  - Cholesterol levels
- Mental health *(patient satisfaction)*
  - Registered 3-step mental health plan patients – understand condition, feel able to participate in management
- Asthma *(risk behaviour)*
  - Smoking among registered patients with asthma

Priority Area: MANAGE CHRONIC DISEASE
Domain: DIABETES

Objective: Divisions will support general practices/GPs to provide optimal care and contribute to the achievement of the best possible health outcomes for patients with diabetes.
Rationale: Sustained improvements in health outcomes for people with chronic diseases such as diabetes have been associated with a more systematic approach in general practice including intensive follow up, use of clinical management guidelines integrated with self-management support programs and more effective use of nurse case managers and non-physician care providers. Systematic care includes having a disease register, regular recall and review, protected time, a practice nurse, clear written guidelines and a system for auditing standards of care. Supporting chronic disease care is a core role of Divisions.

Level 1 Divisions (Organisational Structures/Processes - Programs)	Level 2 General Practices/GPs (Organisational Structures/Processes - Programs)	Level 3 Processes of Care for Patients, Families, Communities	Level 4 Intermediate Outcomes for Patients, Families, Communities
N_DIA 1.1 Division collaborates with other organisations, service providers and consumer/carer groups to facilitate patient access to optimal diabetes care. **2 points (compulsory)** **N_DIA 1.2** Division takes a systematic approach to support general practices/GPs to provide optimal diabetes care. **2 points (compulsory)** **N_DIA 1.3** Division facilitates access to effective Continuing Professional Development (CPD) for diabetes care. **2 points** **N_DIA 1.4** Number and proportion of GPs from whom the Division is receiving electronic patient records to provide feedback for quality improvement in diabetes care. **20 points** **plus bonus points from 2006-07** **N_DIA 1.5** Division takes a systematic approach to support general practices/GPs to consistently capture and record Aboriginal and Torres Strait Islander origin for patients with diabetes on the practice register/recall/ reminder systems. **2 points (compulsory)**	**N_DIA 2.1** Number and proportion of general practices using a practice register/recall/reminder system to identify patients with diabetes for review and appropriate action. **4 points (compulsory)** **plus bonus points from 2006-07** **>xx% of practices = 2 points** **>xx% of practices = 4 points**	**N_DIA 3.1** Number of service incentive payments (SIPs) made to GPs practicing in the Division's area compared to the estimated population in the Division's area with diabetes. **8 points (compulsory)** **plus bonus points from 2006-07** **>xx% = 4 points** **>xx% = 8 points**	**N_DIA 4.1** Number and proportion of patients with diabetes on practice register/recall/reminder systems whose most recent HbA1c in the past 12 months was: • 7.0% or less; • more than 7% but less than 10.0%; • 10.0% or more; • not measured. **20 points** **plus bonus points from 2006-07** **xx = 10 points** **xx = 20 points** **N_DIA 4.2** Number and proportion of patients with diabetes on practice register/recall/reminder systems whose most recent total cholesterol in the past 12 months was: • less than 4.0 mmol/L; • 4.0 mmol/L or more; • not measured. **20 points** **plus bonus points from 2006-07** **xx = 10 points** **xx = 20 points**

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Points and Targets

- N_DIA 2.1 Number and proportion of general practices using a practice register/recall/reminder system to identify patients with diabetes for review and appropriate action. 4 points (compulsory)

Plus bonus points from 2006-07

- >xx% of practices = 2 points
- >xx% of practices = 4 points

- 2005-2006 - points for reporting
  - Ease network into system
  - No empirical basis for targets

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Structural elements - Divisions

- Government priorities for Divisions defined
- Population of interest (geographic boundaries)
  - Do these make sense?
- Australian Government program
- Linkages with states/territories
- Contractual relationship between Divisions and A/Government
- Information systems poor

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Structural elements – general practice

- Government priorities not defined
- Population less well defined (no enrolment) – but register/recall/reminder systems
- Private enterprise - no contract with A/Government
- GP suspicion of government
- No formal membership of Divisions
- No contract with Divisions
- GP suspicion of Divisions
- Computerisation under-developed

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Drivers and Levers - Divisions

- Interest and commitment to systematising general practice contribution to PHC
- Interest in population health approach
- Interest in demonstrating Divisions achievements
- Contractual arrangement
- Future rewards for performance
  - Preferred provider status (service expansion, influence)
  - Earned autonomy
  - Performance and Development Pool
- ‘Points’ league tables

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Drivers and Levers – General practices

- Professionalism
- Commitment to quality patient care
- Government payments for services - eg SIPs and PIPs
- Divisions–GP support
- ?
- ?
- ?

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Issues (1)

- Loose bonds between Divisions and GPs
- Data collection, reporting issues (Divisions & GPs)
- IT
- Time and resources
- Data quality assurance
- Feedback and quality improvement mechanisms

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Issues (2)

- Quality of the indicators (review)
- Changes to Government programs (eg EPC items)
- Linkages with states/territories – PHC 'system' and performance assessment across system
- Linkages with other providers – specialists, NGOs
- Linkages with hospitals

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Some Possible Options

- ? Divisions grants linked to performance – base + incentive payments (non-competitive)
- ? GP membership of Divisions – 'practice enrolment'
- ? $$ to pass to *member* practices, through contractual relationships, to deliver on targets
- ? Fund-holding; additional resources to support CQI
- ? Resource general practices to achieve against targets; practices 'buy' support from Divisions

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Closing Thought

Performance assessment ‘focuses the mind’ and drives change at multiple levels within the system