

# The enablers and barriers for the uptake, utilisation, sustainability and spread of primary health care collaboratives in Australia.

Brown, V., Fuller, J., Dunbar, J., Ford, D.

## Stream 2: Improving safety and quality in primary healthcare

1. Development of an implementation program to improve patient safety in general practice
2. Identification of general practices that have high performance in quality and safety.
  - a. Identification of leadership and cultural characteristics associated with high performance for patient safety and quality,.
  - b. Understanding team dynamics related to successful application of collaborative methodology, and how this knowledge can be translated into clinical leadership and team training.
  - c. Understanding the impact of successful application of collaborative methodology to the role of practice nurses.
3. **A strategy for improved uptake, utilisation and spread of Collaboratives in Australia.**
4. The imputed reduction in the risk of cardiovascular events for patients of practices participating in the Collaboratives.

# Clinical microsystems

## Study of the top 20 clinical microsystems in the USA

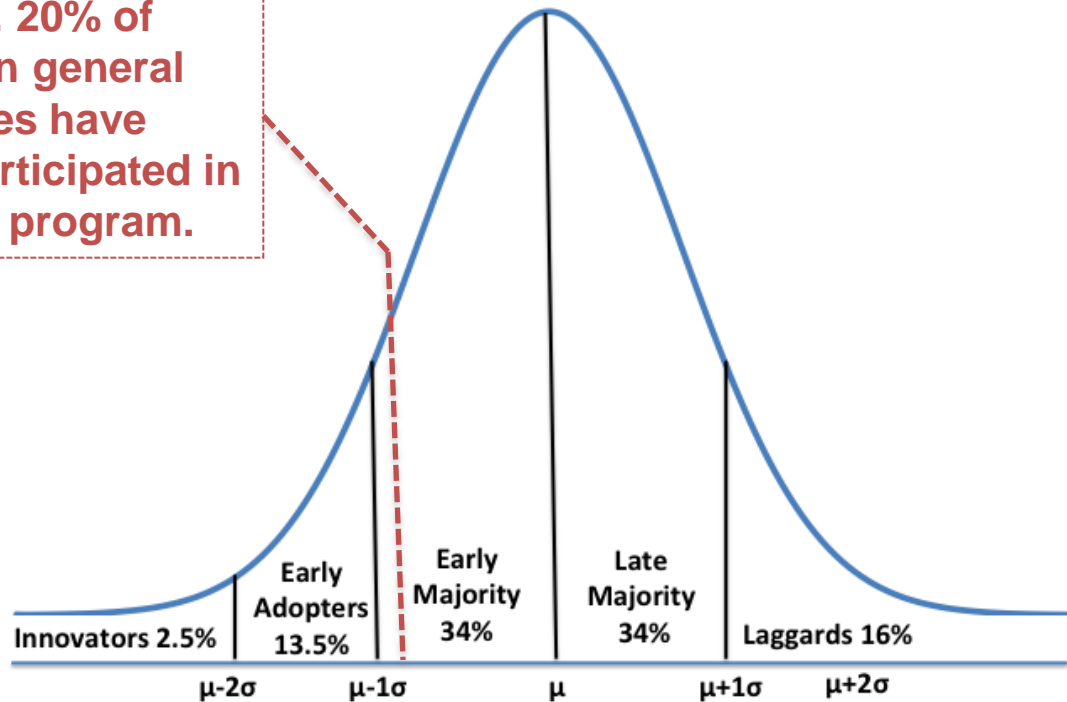
### Key characteristics

- Leadership
- Support from the macrosystem
- Focus on patients and staff
- Information and information technology
- Process improvement
- Performance results

### Dartmouth Microsystem Improvement Curriculum

# Innovation Adopter Categories

Approx. 20% of Australian general practices have currently participated in the APCC program.



## Innovators

### Venturesome

*“Venturesomeness is almost an obsession with innovators”*

Control of resources

High tolerance for uncertainty

Gatekeeper for ideas

Cosmopolite

Key role: Imports the innovation from outside the system's boundaries

## Early Adopters

### Respect

*The key to successful spread of innovation. As they go, so will the system go*

More socially integrated than innovators

Role models, opinion leaders

Convey evaluation to near-peers

Key role: Decreases uncertainty about a new idea by adopting and conveying a subjective evaluation of the innovation to near-peers via interpersonal networks.

## Early majority

### Deliberate

*Local networks...local communication*

Local spread

Interact frequently with peers

Seldom opinion leaders

Key role: “Be not the first by which the new is tried, nor the last to lay the old aside”.

## Late majority

### Skeptical

*“The weight of the system must definitely favour an innovation before the late majority are convinced. The pressure of peers is necessary to motivate adoption.”*

Key role: Because their resources are scarce, most of the uncertainty about adoption must be gone and now it's relatively safe to adopt.



# Laggards

## Traditional

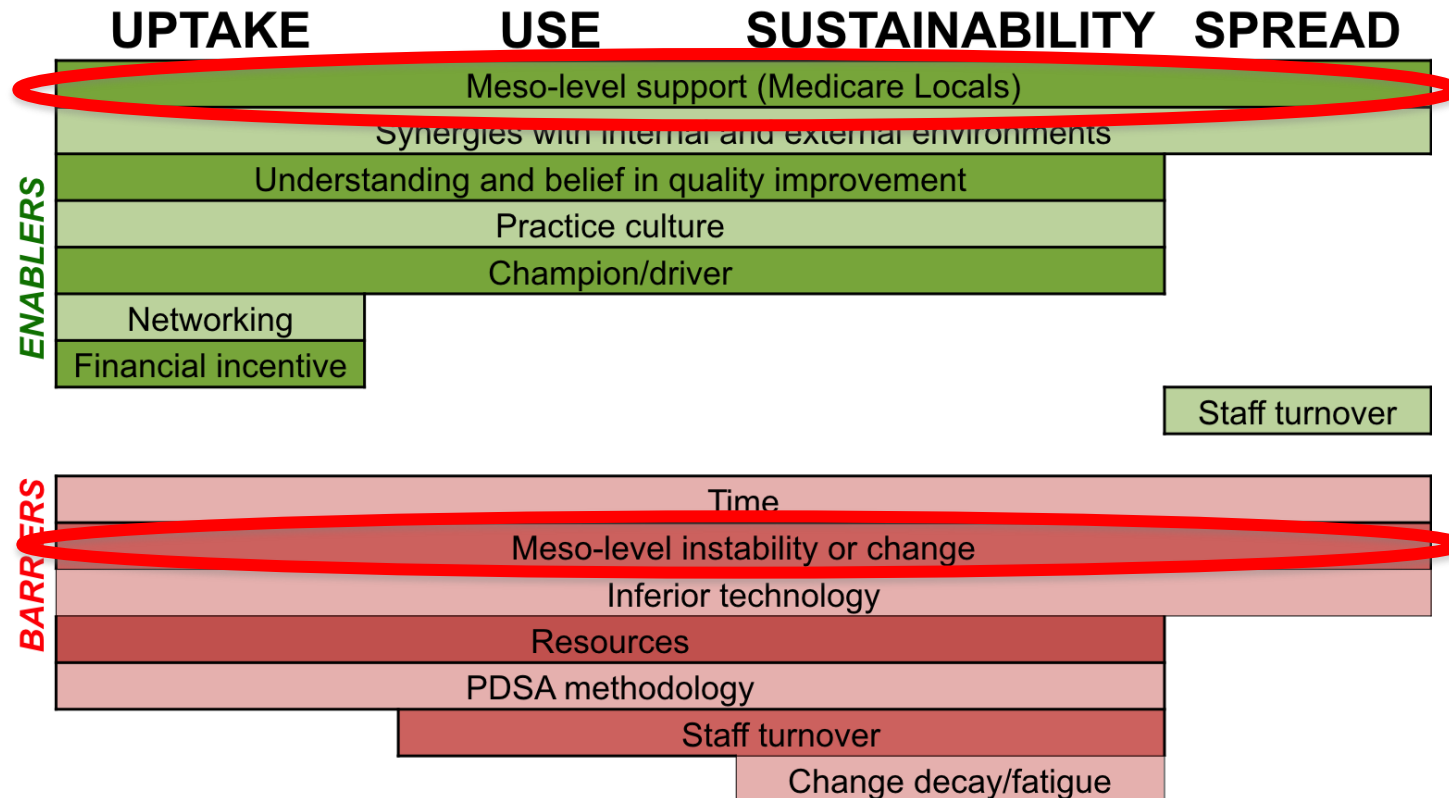
*“Possess almost no opinion leadership...The point of reference is the past.”*

Key role: Resistance to adoption is entirely rational from the laggard's view. They must be certain that failure will not follow adoption. The system creates the laggard's reality.

## Spreading innovation - The way forward

- Find sound innovations
- Find and support innovators
- **Invest in early adopters**
- **Make early adopter activity observable**
- Trust and enable reinvention
- Create slack for change
- Lead by example

# Barriers and enablers to quality improvement (QI) in Australian general practice



# From Divisions to Medicare Locals

**Divisions of General  
Practice**



**Medicare Locals (MLs)**

## **IMPACTS:**

- **Funding arrangements for Collaborative Program Managers (CPM's).**
- **Loss of organisational memory of QI.**
- **Scope of Medicare Locals' work changes. Subsequent impact on amount of time and resources ML's are able to devote to QI.**
- **Perceived disconnect between some general practices and Medicare Locals.**

## APCC Medicare-Local Waves

Wave Number	Duration	Number of ML's recruited	Number of Health Services Recruited
1	8 months: November 2011- June 2012	12	141
2	10 months: November 2012- September 2013	13	67
3	12 months: October 2013- October 2014	25	Estimate: 130- 156

Slide by courtesy of APCC.

## Outcomes

- Embedding CQI in Medicare Locals
- Increase in Medicare Local participants' competence and confidence in developing and implementing quality improvement initiatives
- Enhancing multidisciplinary care through an increased use of eHealth
- Improving integration between allied health care providers and general practices

# Promoting spread of the APCC

## LOCAL:

Collaborative Program Managers as vehicles for spread.  
Utilising early adopters to encourage spread locally

National framework for support of QI in Australian general practice is required, either by:

- Contractual agreement directly with Medicare Locals; or
- Funding CPM's through Improvement Foundation Australia.

# Questions? Thank you.

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