Building Primary Care Quality and Performance via a Clinical Microsystems Approach

Rapidly Changing Health Care Systems
- Linkage and exchange
- Broad multi-sector advisory bodies / groups
- Translational research focus (T2)
- Partnerships with key primary care advisory / thought leadership groups
- Clinical Microsystems approach
- Built around our first national Primary Health Care Strategy
  - Regional integration
  - Information and technology including e-health
  - A skilled workforce
  - Infrastructure
  - Financing and system performance

Knowledge Translation – implementation research
- Linkage and exchange with broad stakeholder community and involvement of our partner organisations, national and international advisory committees in fine tuning policy-relevant research questions
- Broadly skilled and representative Advisory Groups
- Visiting Fellow programs, involvement with International Centres of Excellence
- National presentations across disciplines and settings especially at the meetings of partner organisations (PHC RIS, ACSQHC, RACGP, ACHSE, AGPAL, IFA, WCHA, CIA, Consumer Health Forum of Australia (CHF))
- Involving end-users and other external stakeholders in the governance of the Centre

Stream 1 - Quality and sustainability in integrated primary health care

Overall aims:
- To develop, trial and evaluate an assessment tool for use in improving quality, sustainability and integration of primary health care in Australia
- To investigate the quality, governance, and sustainability of a share-care maternity record delivered within an e-health framework across the continuum
Chief Investigators
- Prof Claire Jackson, University of Queensland
- Ms Caroline Nicholson, Mater Health Services
- Dr Shelley Wilkinson, Mater Mothers’ Hospital
- A/Prof Julia Johnson, University of New South Wales

Associate Investigators
- Prof Jenny Del, Expert Advisory Committee writing the National Evidence Based Antenatal Care Guidelines
- Medical Co-Director Northern Territory Integrated Maternity Service
- Prof David McKoy, an international authority on gestational diabetes
- Prof Ted Greenhalgh, Professor of Primary Health Care Coordination, lead role in the evaluation of the rich kit II E NDS Connecting for Health program in the UK
- Dr Tina Janzans, University of Queensland
- Prof Sue Kilkes, Professor of Midwifery, Division of Women’s Health and Newborn Services, MBH and ADU
- Dr Maree Hackett is National Health Transition Authority (NHPTA), Clinical Lead, and Former Commissioner, NHMRC
- Prof Malcolm Thwaites (QUT), Chief Information Officer, MBH
- Professor Fiona Bogossian, Ministerial Services Review Shaping Committee

Researchers
- Dr Lisa Crossland – Postdoctoral Fellow, University of Queensland
- Ms Glenda Hawley – PhD Candidate, University of Queensland
- Ms Caroline Nicholson – PhD Candidate, University of Queensland

Clinical Microsystems - theory
- Provides a conceptual and practical framework for organisational learning and delivery of quality care
- Essential components of microsystem are defined by clinical purpose and setting; including
  - clinicians and support staff,
  - information and technology,
  - the specific care processes, and
  - the behaviours that are required to provide care to its patients
- Microsystem Assessment Tool (MAT) developed from 10 success characteristics and can be used to assess and improve the functioning of an individual practice

Research Stream 1: Quality and sustainability in integrated primary health care

Research Stream 1 Questions/Aims Team
- To develop a primary care assessment tool (based on existing tools such as the Microsystem Assessment Tool & other tools, literature review and a case studies) for use in improving quality, sustainability and integration in Australian primary health care
- To trial and evaluate the new assessment tool in Australian primary care settings
- What are the policies/structures/procedures that contribute to sustainable clinical & organisational governance across the continuum of care? What is the role of a shared e-portal in this governance framework?
- Is quality of care in the e-portal cohort better than that delivered in a matched cohort in: Adherence to best practice standards (demonstrated improved quality in data completeness and ease of access)?
- Is quality of care in the e-portal cohort better than that delivered in a matched cohort in: women & health provider satisfaction (portal functionality & access for clinical care providers across sectors & patients)?
- Is quality of care in the e-portal cohort better than that delivered in a matched cohort in: Integration of care (teamwork, clinical input, & process deliverables)?
- Does e-portal extended to 6 months postpartum, lead to timely review & evidence-based follow-up of gestational diabetes & postpartum weight?

Clinical Microsystems
- Study of the top 20 clinical Microsystems in the USA
- Key characteristics
  - Leadership
  - Organizational Support
  - Staff Focus
  - Education and Training
  - Interdependence
  - Patient Focus
  - Community and Market Focus
  - Performance Results
  - Process Improvement
  - Information and Information Technology

[References]
Primary Care Assessment Tool

AIM
To develop a primary care assessment tool for improving quality, sustainability and integration in Australian primary health care

STUDY DESIGN
• Phase 1: To develop a primary care assessment tool based on (i) a review of the literature (ii) existing quality improvement tools (e.g. MAT); and (iii) an in-depth case study approach with a high functioning general practice
• Phase 2: To trial and evaluate the new assessment tool with a range of practices in the Brisbane region and to apply the evaluated tool in the wider Australian primary care setting

Results: Existing quality improvements tools
Identified gaps in existing tools 1-11

- Governance
- Flexibility in dealing with change; change adoption; change management; organisation favourable to change
- Shared vision; strategic plan; mission
- Preventive care, chronic disease management, prescribing, gatekeeping; the clinical model of care
- Safety systems; investigation of patient safety issues; perceptions of the causes of patient safety incidents and their identification; risk management activities
- Workload monitoring and control
- Analysis of organisation; organisational learning; use of quality cycles; use of specific tools and techniques
- Communication (internal and external)

And then … Phase 2

- Feedback will be sought on the new primary care assessment tool from our partners
- Final revisions of the tool will be made
- The new tool will be trialled and evaluated with practices nationally using a 3 PDSA cycle approach
- Outcome: A comprehensive primary care assessment tool that is fast and simple to use for improving quality and integration of Australian primary health care

References

8. National Primary Care Framework (Primary Care) National Primary Care and Research Development Centre, The University of Manchester. 2006. www.npsa.nhs.uk
What are enablers and barriers to uptake of the Collaboratives?

Thank you Questions?
Stream 2: Improving safety and quality in primary healthcare

Outcomes
1. Identification of leadership and cultural characteristics associated with high performance for patient safety and quality, and information to foster high quality leadership in general practice.
3. Understanding team dynamics related to successful application of collaborative methodology, and how this knowledge can be translated into clinical leadership and team training.
4. Understanding the impact of successful application of collaborative methodology to the role of practice nurses, and how this knowledge can be translated into recruitment and training.
5. A strategy for improved uptake, utilisation and spread of Collaboratives in Australia.
**Selection Criteria**

- APCC
- AGPAL

- Best within best
- Award winners
- Expert opinion

**Quality Score**

\[ S_1 = \Delta HbA1c \leq 7\% + \Delta Cholesterol or LDL + \Delta BP + \Delta Anti-platelet + \Delta Statin \]

\[ S_2 = \text{compliance with RACGP Standards (flagged & unflagged) at two successive accreditation cycles.} \]

\[ \text{Quality Score} = S_1 + S_2 \]

**Sample**

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**CHD & Framework**

- APCC Wave
- CHD Framework
- IMPACT mortality model
- Effect of APCC on CHD

**Criterion 3.1.2**

Clinical risk management system
In Conclusion……

- Our CRE is progressing ahead of milestones
- Engaged in Knowledge Translation with Government and key partner organisations
- We are keen to work constructively with our key stakeholders and partner organisations who have the capacity to utilise and drive quality and performance change using our research outputs
- How can our CRE contribute towards achieving your organisational outcomes for 2012 – 14?
- Comments or Questions?