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SYDNEY · 2052 · AUSTRALIA

POLICY OPTIONS

Preventive guidelines in primary health care and shared decision making

January 2012

Dr Yordanka Krastev

Policy context

Current reforms in the Australian health care system recommend strengthening primary health care (PHC) services and their role in health promotion, prevention and management of people with chronic diseases. There is also emphasis on the need to engage patients as active partners to health providers, for greater effectiveness in implementing successful preventive care. Currently various best practice guidelines published by different Australian bodies are widely disseminated to general practitioners (GPs). However, they have not been systematically implemented. There is evident support for shared decision making (SDM), but its use in PHC is still limited.

The Fellowship project focused on two core aspects: identification of successful guideline implementation strategies and effective use of SDM for improving patient compliance with GP recommendations. The Netherlands was chosen as the focus of the Travelling Fellowship because of its longstanding experience in guideline development and implementation, and its leading teams working in the field of SDM.

Key findings and policy options

Delivery of primary care and prevention in the Dutch context

The Dutch approach to prevention in general practice highlighted two issues which are also significant in Australia. One is that prevention has been on the Netherlands reform agenda for more than three decades, but with no joint platform for action until recently. Barriers to GPs in the implementation of prevention have included limited knowledge about prevention, uncertainty about its effectiveness, concern about the danger of medicalisation of patients (because GPs invite healthy people for a consultation), practice organisational limitations, and lack of financial compensation. In recent years the attitudes of Dutch GPs towards prevention have shifted dramatically. Nowadays GPs consider the delivery of preventive care to be part of their core business. They have been assigned the new task of delivery of population-based programs, which overlaps with the task of the public health services. There is still a gap in communication between the GPs and public health professionals about their roles in prevention. There is also concern among some GPs about how prevention will affect the doctor-patient relationship and the individual approach to patients.

The second issue is that the role of the practice nurse (PN) in Dutch general practice has been recognised as important asset in provision of care to the patients and saving GPs' time. PNs are well utilised, especially in the management of chronic diseases by the provision of personal lifestyle advice and patient education. Recently they have been delegated the preventive task of cardiovascular risk assessment. The way PNs' skills are utilised differs among practices. In contrast, Australia lags behind in using the PN resources. PNs lack a recognised career pathway in general practice and the system undermines their professional responsibility and accountability.

With the newly proposed Australian Government “Practice Nurse Incentive Program” there might be more opportunities for Australian general practices to employ PNs and to use their potential in the prevention and management of chronic diseases, similarly to their Dutch colleagues. The Dutch experience in utilising the skills of practice assistants (equivalent to Australian practice receptionists) in performing basic health assessments could also be applied in the Australian context.

Recommendations:

1. Effective delivery of prevention of chronic diseases in primary care can be ensured by strong provider continuity combined with good collaboration and utilisation of practice staff skills.
2. The gap in communication between the GPs and public health professionals should be bridged to ensure better delivery of preventive care to the population.

Patient centred care and use of shared decision-making approach in primary care

Strengthening the position of the patient is currently on the policy agenda in both the Netherlands and Australia. Several examples from the Netherlands could be applicable in the Australian context. One is that Dutch patients are encouraged to register family members with the same GP/practice, enabling the GP to have deeper knowledge of their environment, to offer more personalised care and to be proactive. Also doctor-patient communication in GP consultations is facilitated by the use of patient information letters based on evidence-based clinical guidelines, which are used by more than 95% of Dutch GPs.
In Australia the health care system lacks compulsory registration, but patient-centred care can be ensured by encouragement of provider continuity. It can also be encouraged by emphasis on patient involvement in setting national research agenda and developing clinical practice guidelines. PNs use several SDM approaches in their contacts with patients, such as motivational interviewing and patient decision aids. Improvement in the GPs’ information technology systems and development of health websites with easily accessible and understandable information for general population are other fast developing areas to support patient-centred care.
Among the Dutch challenges in the provision of patient-centred care and prevention is dealing with hard-to-reach migrant population. GPs increasingly must serve the needs of this population group, but the majority of doctors are not aware of the cultural values and preferences of migrants. Some unanswered questions are: How to overcome misunderstandings in delivery of good care and prevention for migrant population? How to ensure cultural competency of the health providers? How to improve the health literacy level of patients? The same questions need to be addressed by Australian GPs, in the context of multicultural Australia.

Recommendations:

1. Evidence-based decision support tools and improved information technology in GP practices should be developed, trialled and supported in Australia to improve the government’s capacity to identify best programs for investment in delivery of effective preventive activities in PHC.
2. Policymakers should resource and support development and implementation of programs for cultural competency of medical students and GP trainees, to facilitate better care for hard-to-reach groups.

Implementation of preventive guidelines in PHC

Netherlands is an exemplar for good adherence to clinical guidelines by GPs. Seventy percent of GPs follow guideline recommendations and half of the GPs regularly use patient information letters (based on the clinical guidelines) to facilitate better communication with their patients. There are several key factors for this success.
Firstly, the Dutch College of General Practitioners is the single organisation responsible for the development, publication and updating of clinical guidelines for GPs. Secondly, a separate

organisation (the National Association of GPs) has responsibility for their implementation through its regional structures and inclusion of recommendations in training programs for continuing professional development activities. Thirdly, accreditation of GP practices serves as very strong motivator for following guideline recommendations, as the implementation of guidelines published by the Dutch College of GPs is one of the assessment criteria. These key factors should be taken into account by Australian policymakers and guideline developers when implementing preventive guidelines in PHC.

The recently launched Dutch initiative “Preventive consultation”, encompassing adaptation of existing GP clinical guidelines, use of validated questionnaires and tests, and a modular structure for cardio-metabolic health checks, is an illustration of slow development (more than four years from inception to official launch) and implementation due to lack of financial incentives for preventive services.

Recommendations:

1. Adherence to general practice preventive guidelines can be improved by having a single national organisation which develops the guidelines, and strong regional structures responsible for their implementation.
2. Guideline developers should consider inclusion of decision aids in clinical guidelines and their integration into doctor-patient communication.

Innovation, collaboration and integration in the PHC setting

Innovations in Dutch PHC are encouraged through initiatives such as the Nijmegen Koplopers project (front runners) where best performing GP practices are connected with researchers, and collaboration and dissemination of best practice examples are facilitated. Academic Collaborative centres have also been established in different parts of the Netherlands, with the aim of improving knowledge transfer between researchers, practitioners, policymakers and the education sector. These two initiatives can be good examples for Australia in improvement of knowledge transfer between researchers, practitioners, policymakers and the education sector.

There are several initiatives towards integration of PHC services and collaboration with some secondary care providers, such as the THERMION project and Brielle Medical Centre.
Integration of primary and secondary health care services occurs at local level with the aim of delivering better coordination of care to serve the needs of the local population. This can be compared with Medicare Locals in Australia which have a similar aim, to ensure that the population of a particular geographical area receives the care that is needed. As in Australia, Dutch initiatives are still in a developmental stage and no evaluations of their effectiveness are available.

Recommendations:

1. Integration of services, innovation and collaboration in PHC setting should be well resourced and supported at local and regional level to better meet the health needs of the local population.

The international collaboration developed during the Travel Fellowship could support both Netherlands and Australian researchers, practitioners and policymakers to identify, develop and implement evidence-based programs to improve delivery of prevention in PHC.

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.