Informing Quality Improvement (QI) implementation in the Primary care setting

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QPULSE

The heart of quality improvement

Improving CVD outcomes in general practices and throughout the region of Central and Eastern Sydney!

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An Australian Government Initiative

The specific goals of the QI CVD intervention (QPulse) are to:

- **improve** GP identification of absolute CVD risk factors in patients routinely attending Australian general practices in a geographical region aligning to a primary health network

- **improve** prescribing of guideline recommended medicines to patients identified to be at high CVD risk

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Context for this project

- Quality Improvement (QI) initiatives in Primary Care are effective at improving uptake of evidence based guidelines, but are difficult to implement and sustain. (Batalden & Davidoff, 2007)(Nutting et al., 2009)
- In Australia the APCC program (7 QI “waves”,2004-09) demonstrated 50% improvement in HbA1c targets. Similar results seen in lipids and BP measurement. (Knight, Caesar, Ford, Coughlin, & Frick, 2012)
- Knight et al reported that the use of quality improvement strategies improved health service data on all the chosen topics (Diabetes, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease, Chronic Disease patient self-management) except Access.

? ? **Institutionalising QIC approach via a primary health organisation (PHN) may lead to sustainable engagement in QI initiatives.**

Method

Semi-structured telephone interviews were conducted in 2015 with 15 participants of the Australian Primary Care QI program.

Interviewees were purposefully selected to include national participants:

1. program design,
2. administration and implementation, and
3. primary care providers (GP, PM and PN).

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Method

Interviewees were asked to describe their experience of the program and reflect on what enabled or impeded implementation. They were each given 4 questions to consider prior to the interviews.

1. Qualities of practices – what are the Predictors of success that are inherent within practices?
2. Qualities of the wave – what is it in a wave that makes it successful – what particular inputs enhance success at the practice level?
3. What are the barriers to success or completion in a wave?
4. What do you think would help practices achieve sustainable change?

Interviews were recorded, transcribed and iteratively analysed using the emergent themes to inform subsequent interviews.

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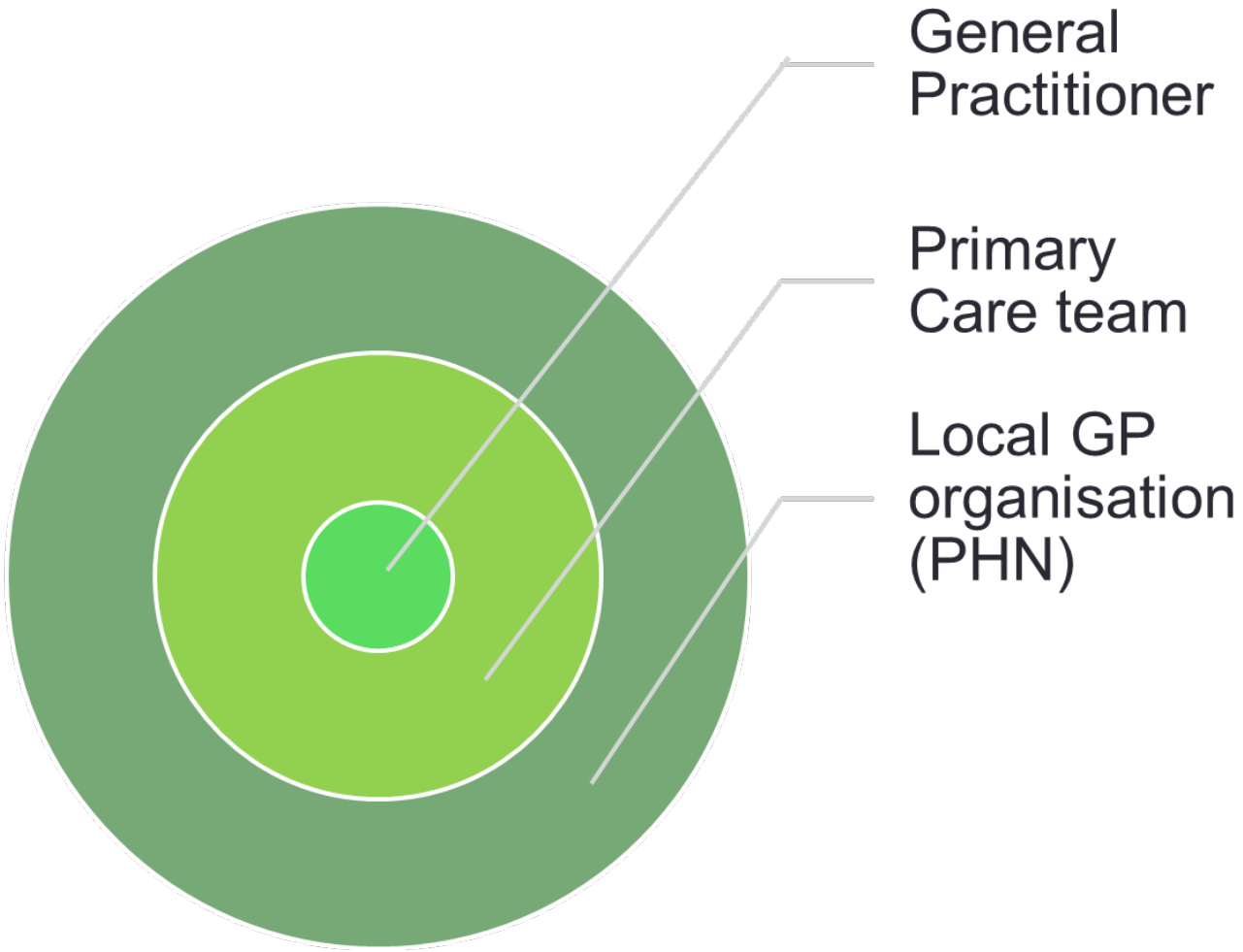
Results



3 Circles of Quality Improvement Influence

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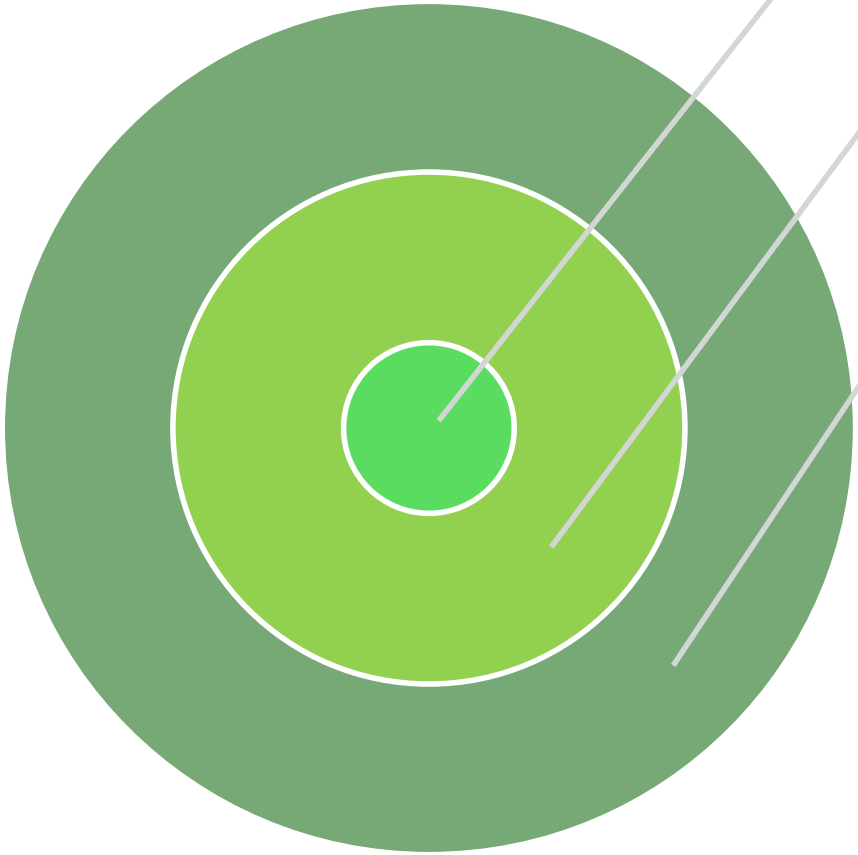
There are **5 Key areas** that need to be addressed across all 3 “circles”



3 Circles of Quality Improvement Influence

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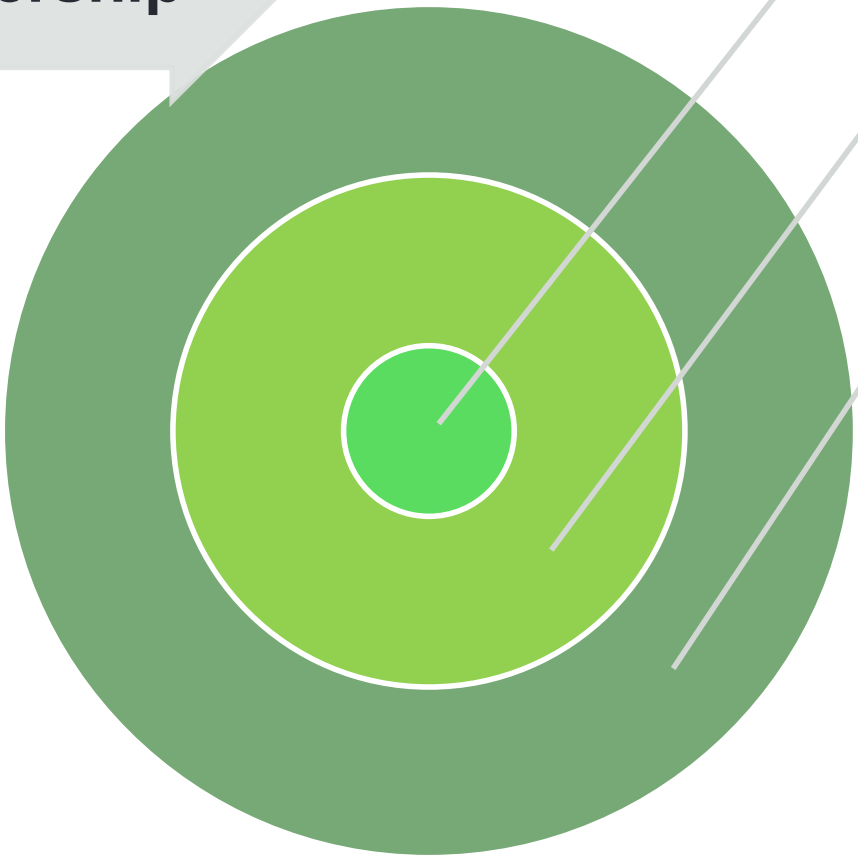
Leadership

- **Change Champion**
- **Engaged leadership**



General Practitioner

Primary Care team

Local GP organisation (PHN)

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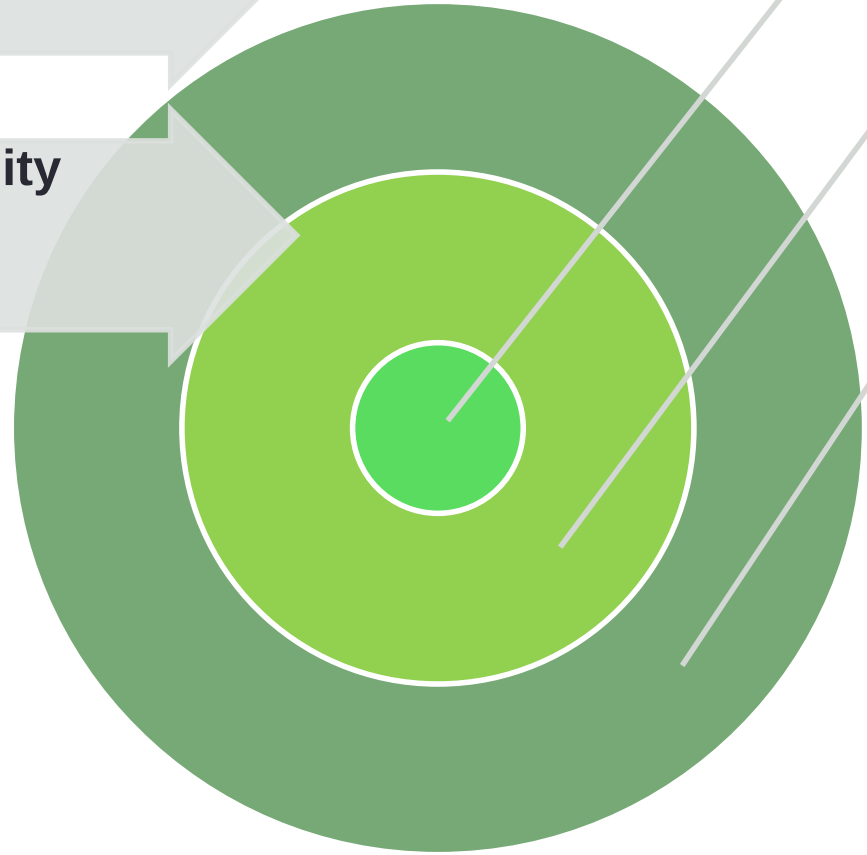
Funding

- **Incentives for quality**
- FFS vs Quality
- Innovation funding



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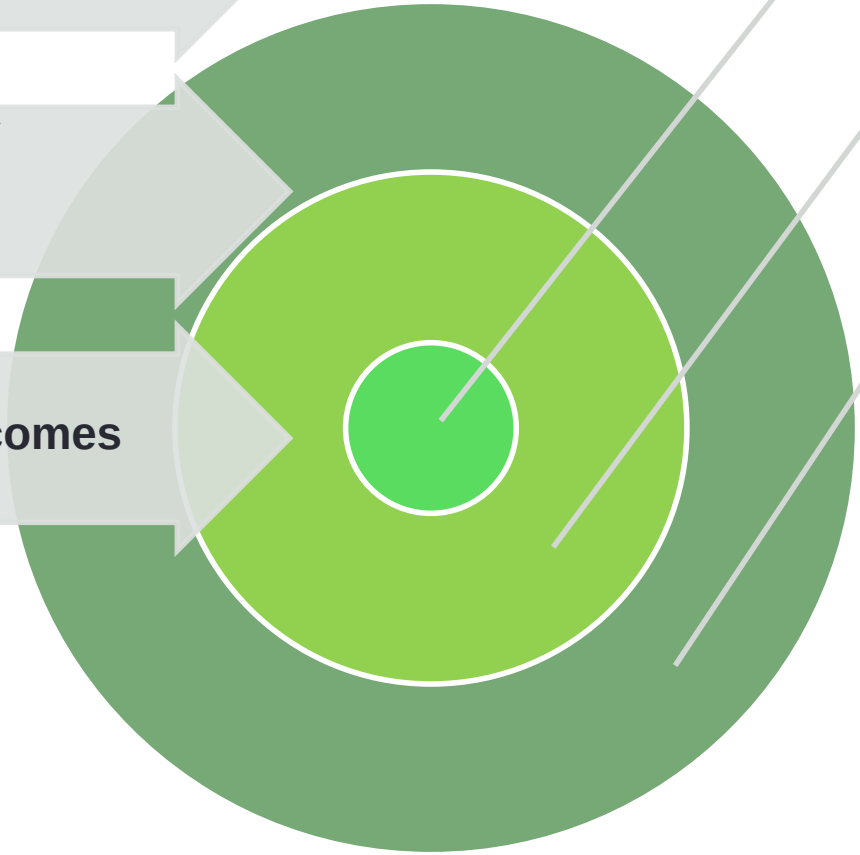
Data / Measureable outcomes

- **Clean accurate data**
- **Evidence Based outcomes**
- IM / IT systems



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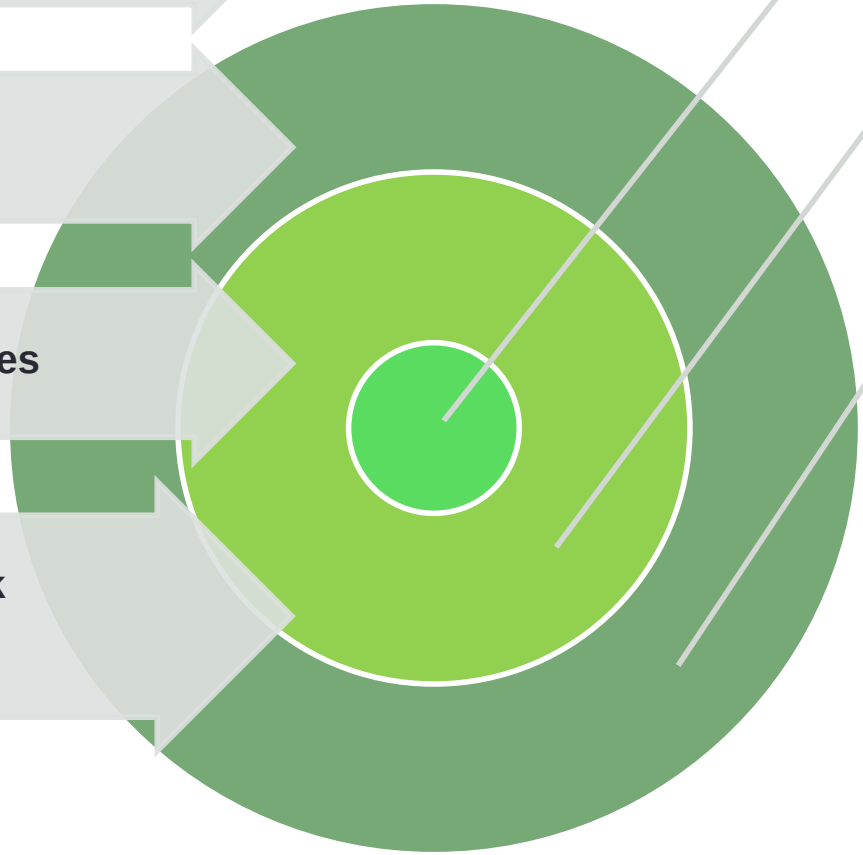
Systems

- **Dedicated time**
- **Communication network**
- Clinical Microsystems
- QI methodology



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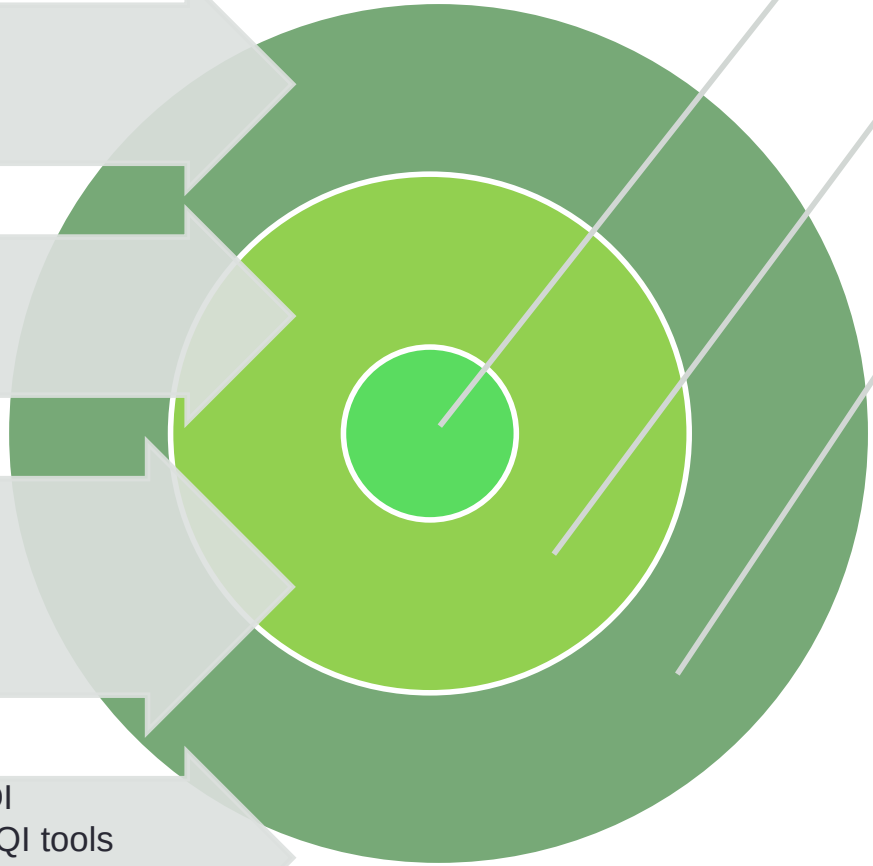
Enablement

- Increased Knowledge about QI
- Education to use PDSAs and QI tools
- Leadership training



General Practitioner

Primary Care team

Local GP organisation (PHN)

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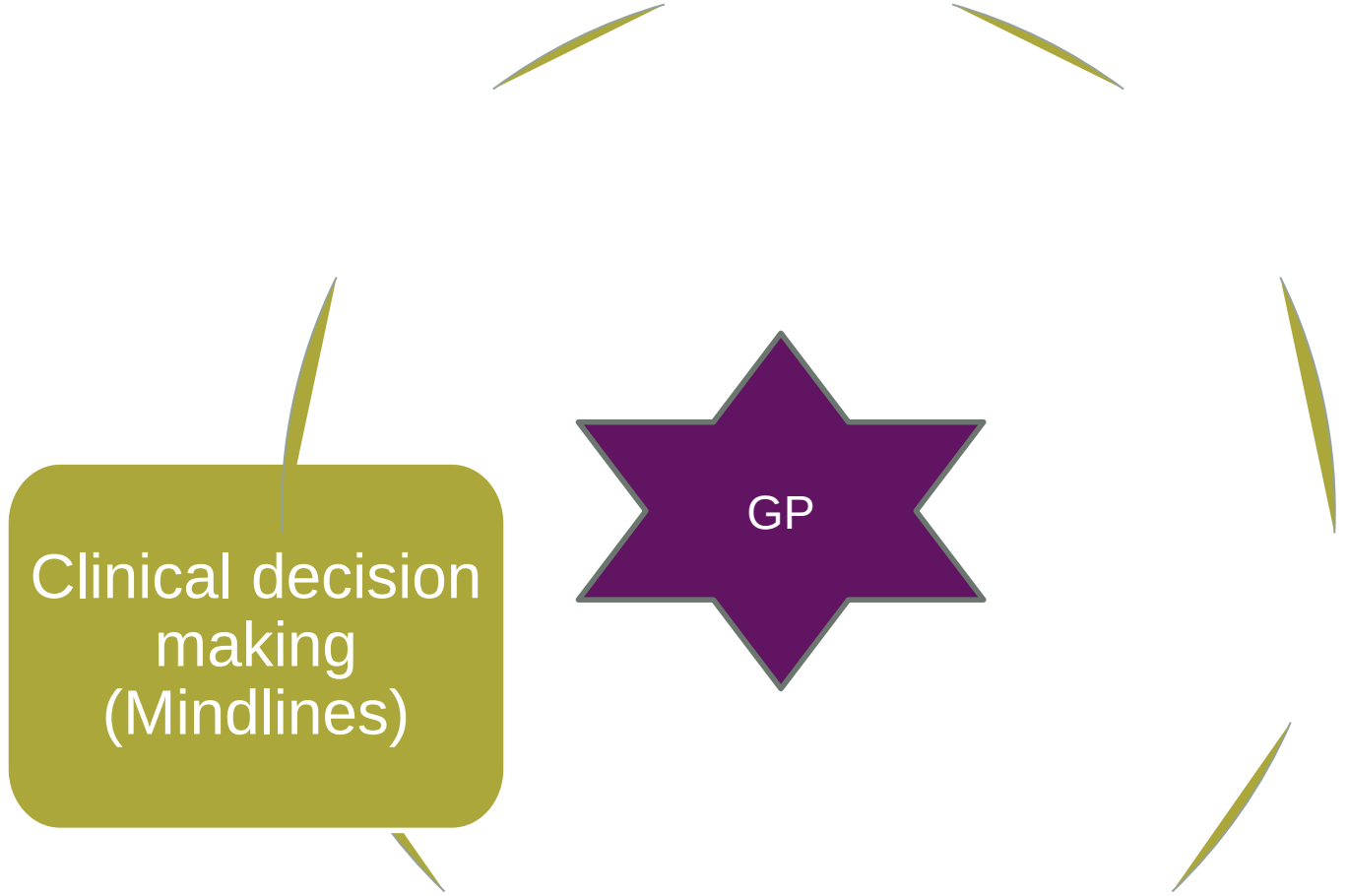
Circle 1: Factors specific to the “General Practitioner”

It is hard to understand how important it is for doctors to have input from their peers. The fact that doctors most often discuss important professional matters with equals suggests that the process of social comparison is very important in clinical decision making. GP8



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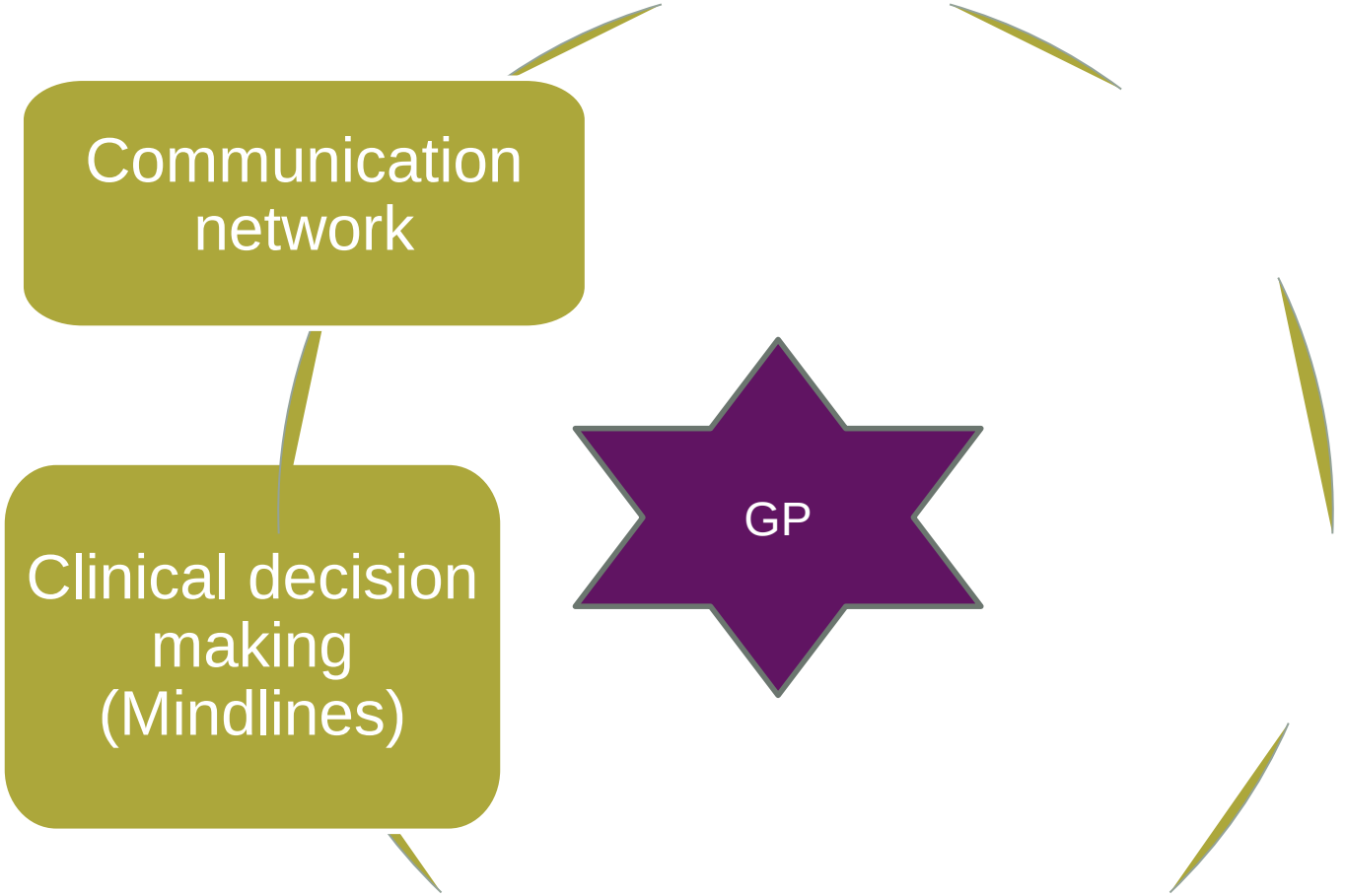

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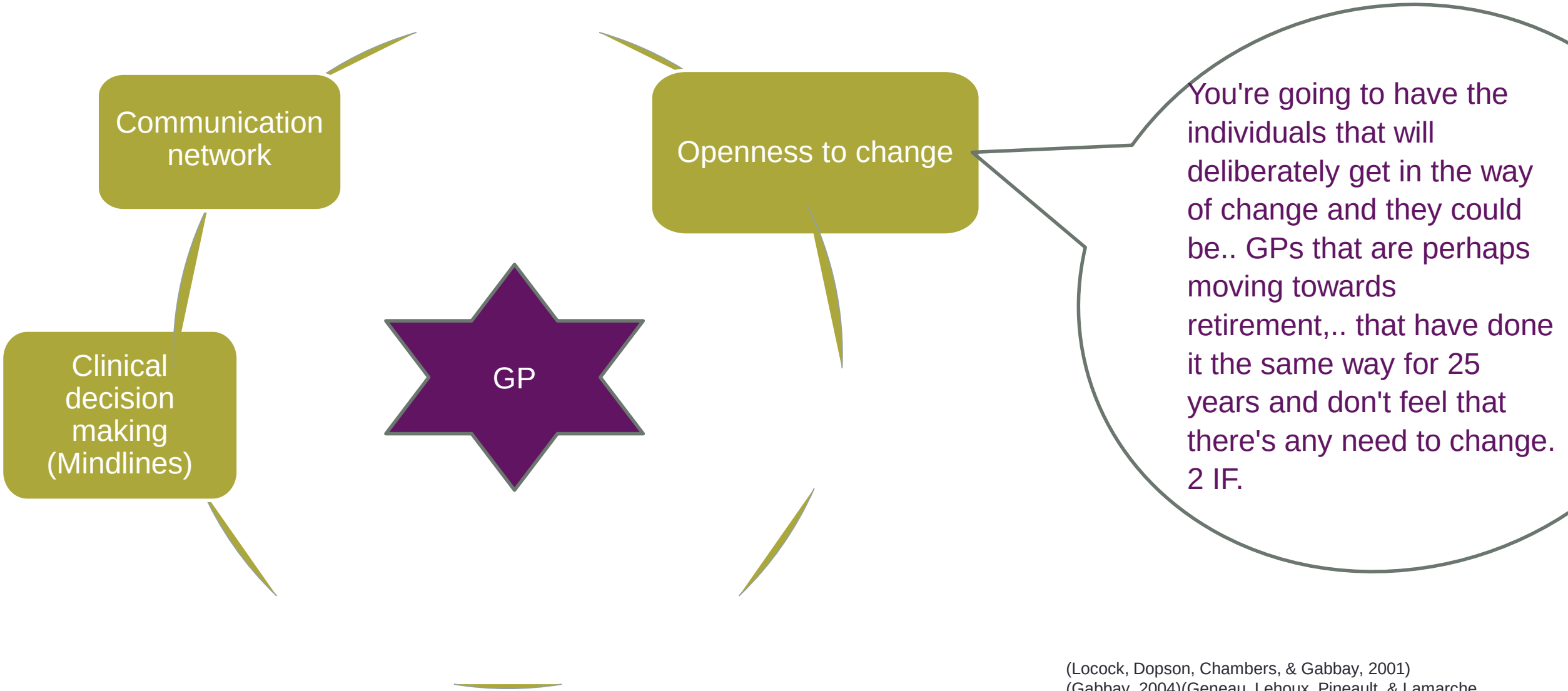

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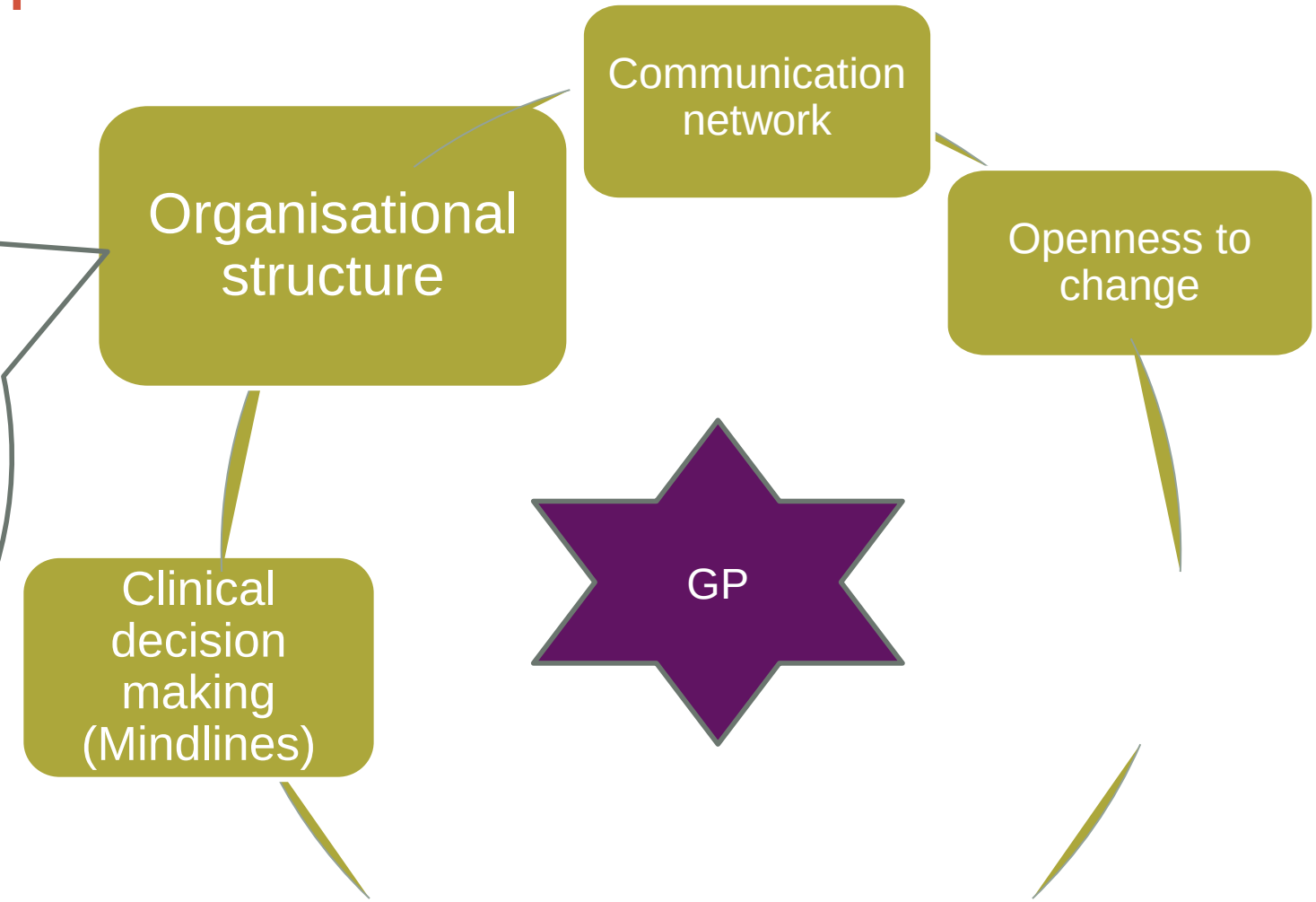
it’s got to make it easier to do the right thing. So, yes, benefitting patients is certainly an important part of that, but actually, if it takes me three times as long to do that same task, it’s not going to happen, so it’s got to make it easier for the clinician to do the task as well. 8GP



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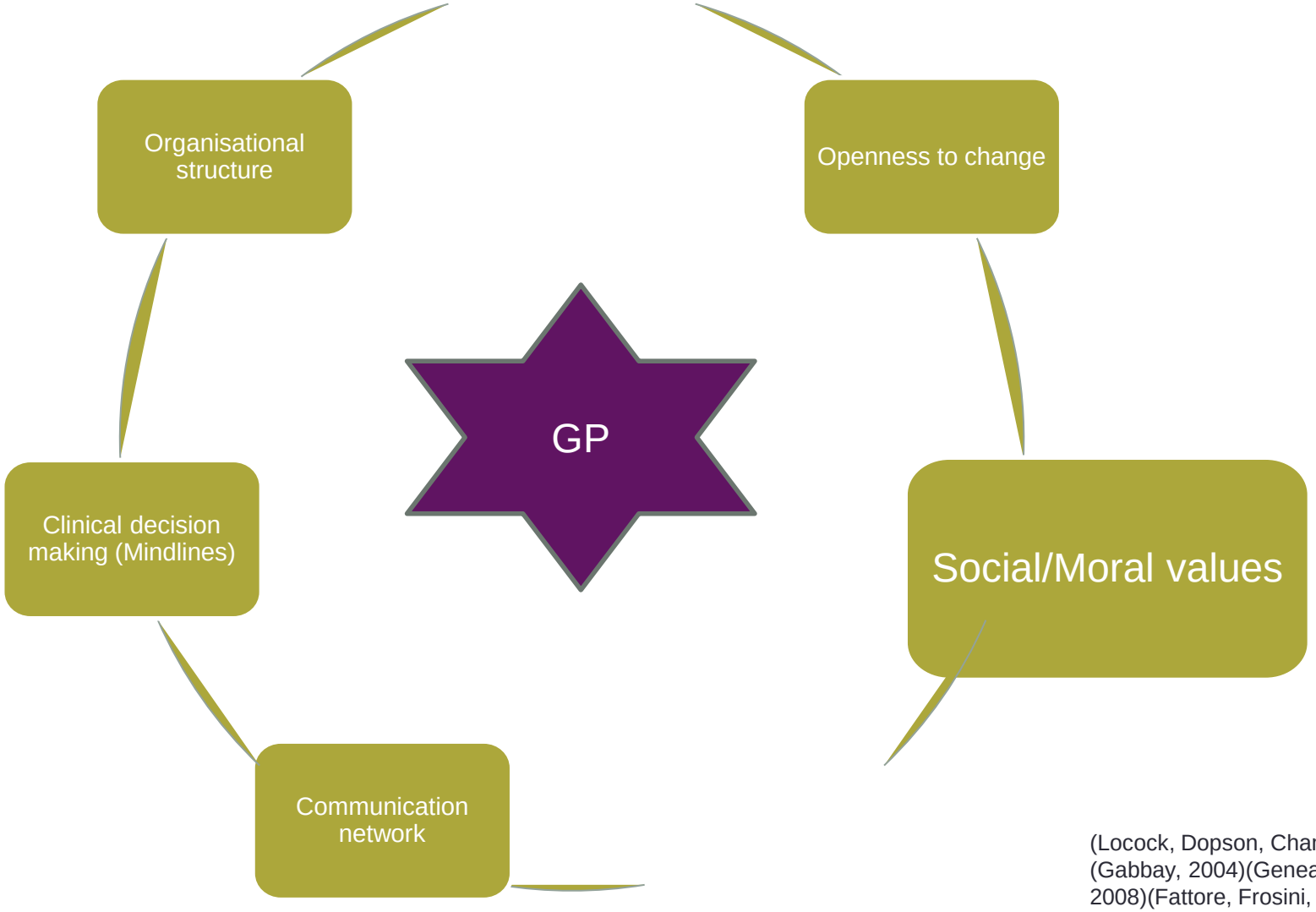

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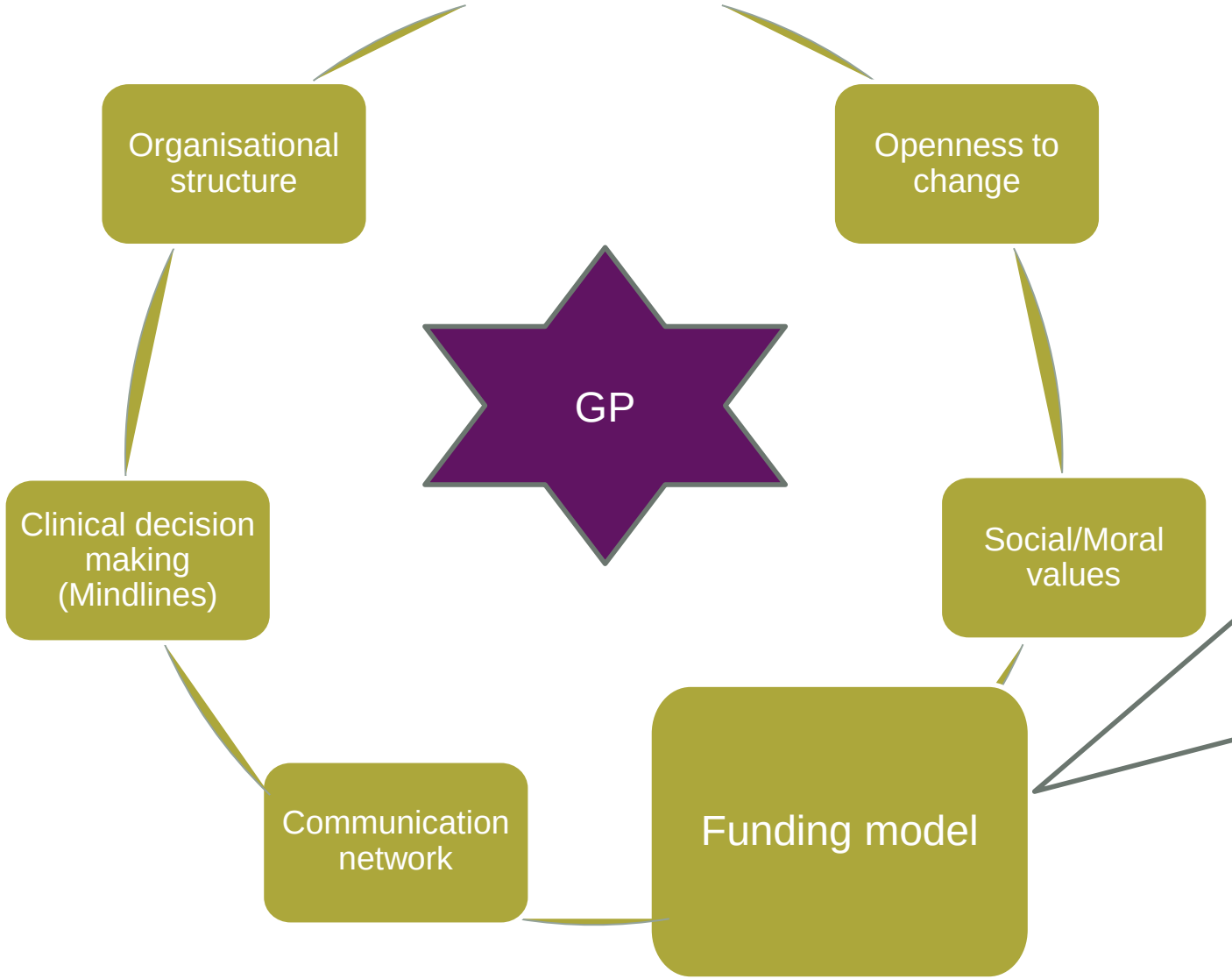

I would love to see a group of high quality GPs, general practices, taking responsibility for lifting the quality, being supported and taking responsibility, even to the extent of having a budget for lifting the quality of general practice across a region. 10GP

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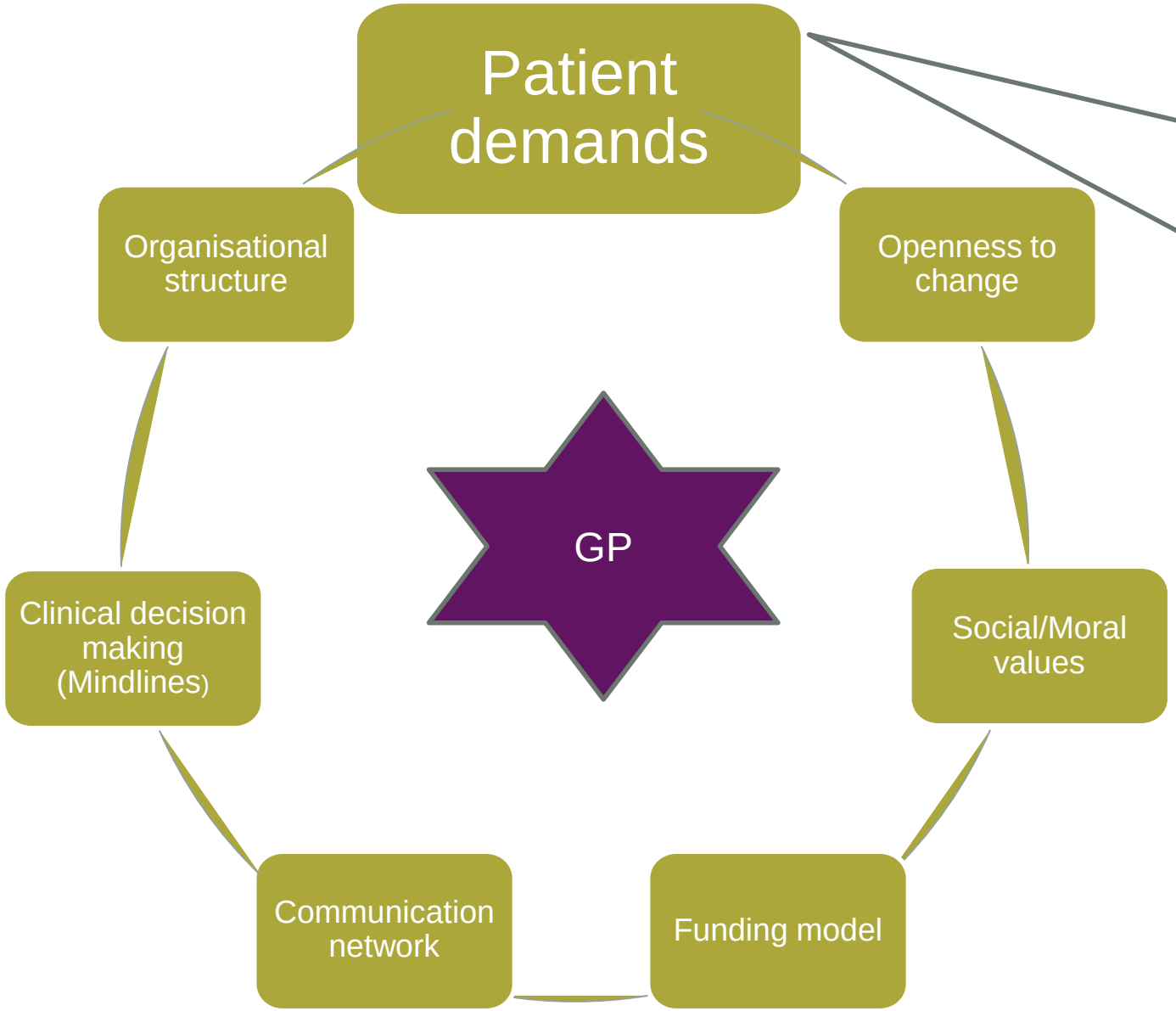

And then you get people who get fatigued by the change…..they run out of energy from making change, after a time, and feel driven by the demands of the face to face contacts with patients to just go back to doing things the way they always do them. 5 GP

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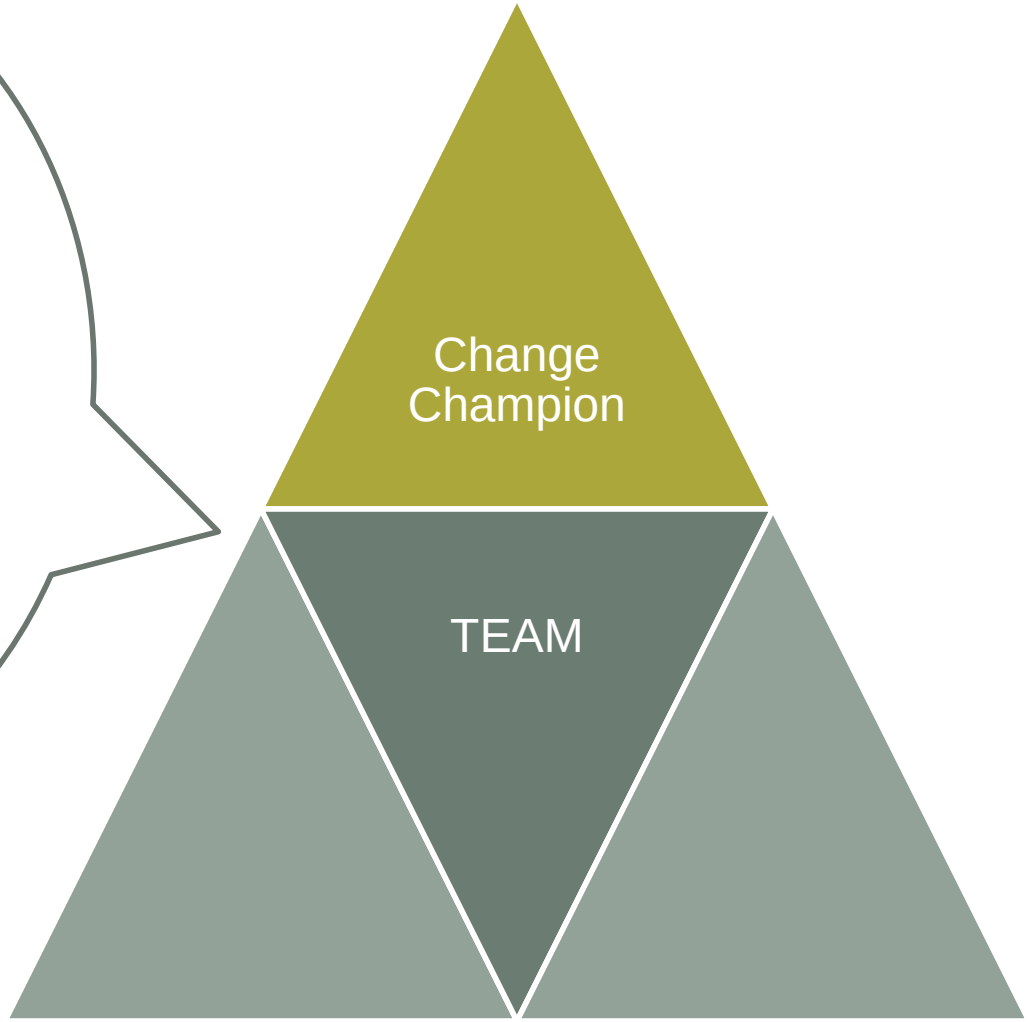
Circle 2: Factors specific to the Primary care team

And I think, to me, the one thing that, kind of, is a standout characteristic for those practices that are switched on, are those practices where they have combined clinical and staff meetings…, because they're actually sharing that information much better. 15RN



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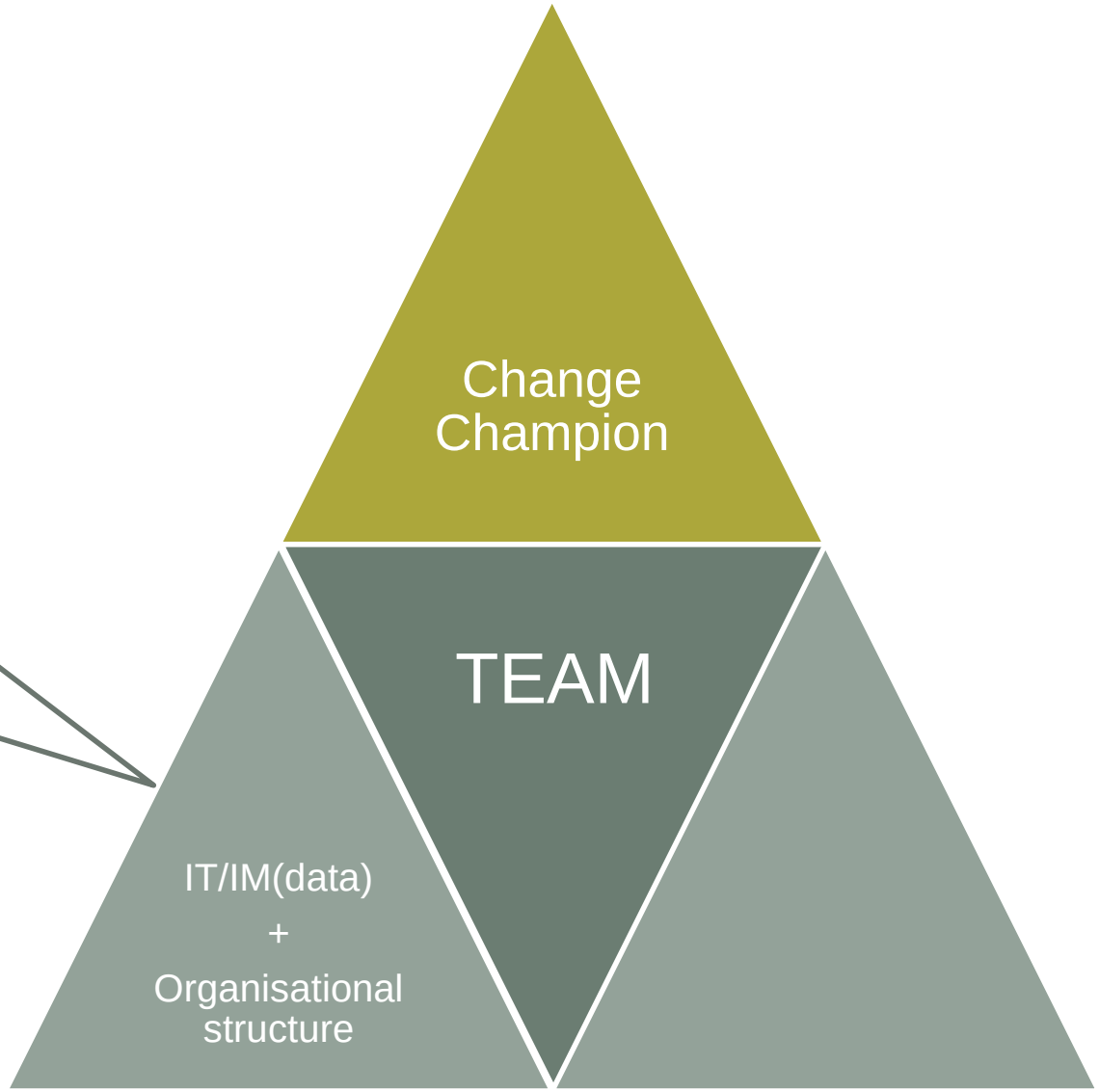
The practice that will do well can step back and look at the way their processes all fit together as a whole system and the way that people fit together as a whole system. 5GP



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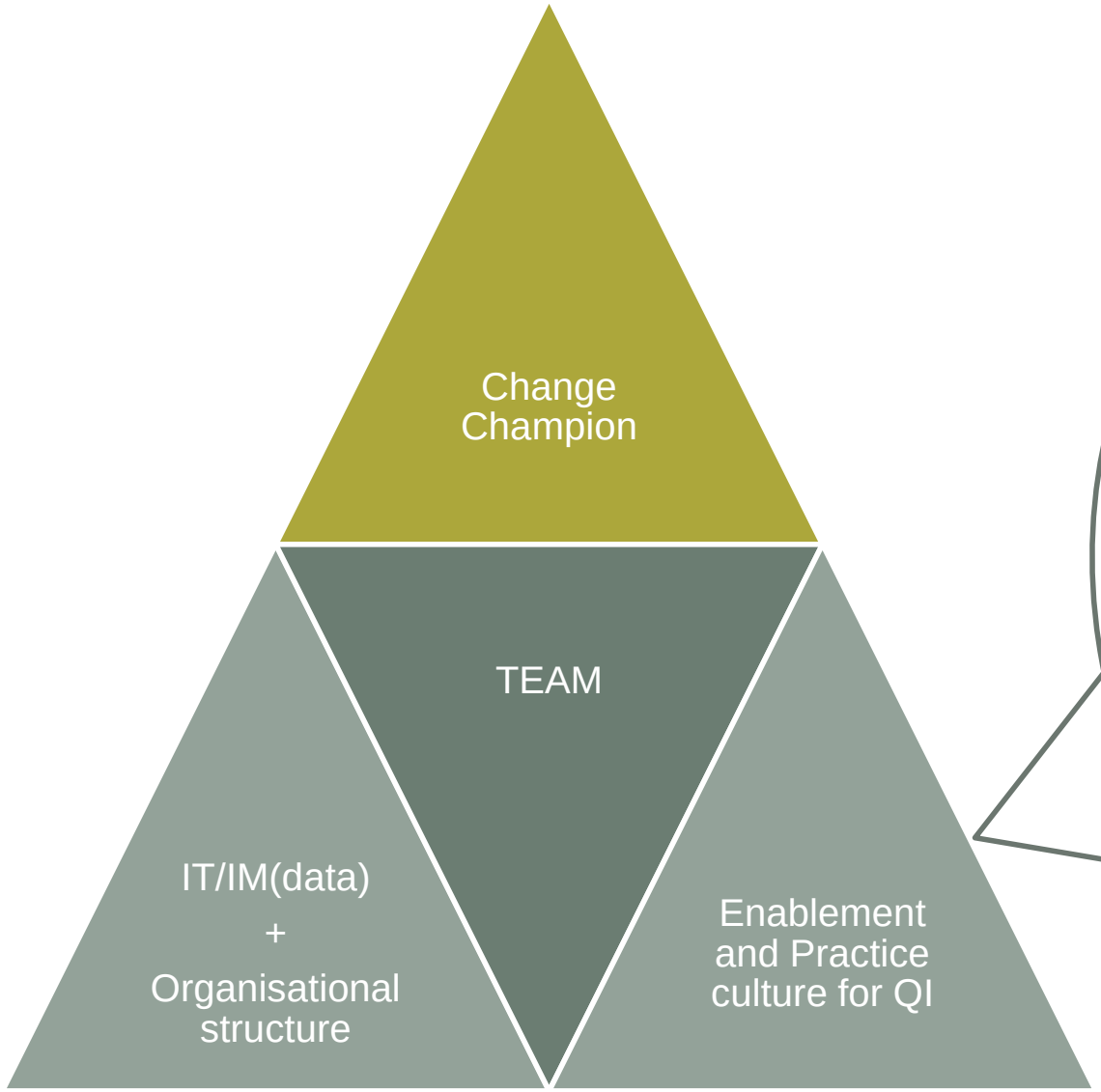

What we've seen though is that practices often struggle at the end of a wave without support to start applying those principles to other areas, so if they haven't done any work in diabetes, they might sort of struggle to apply similar a concept to diabetes and they often require a bit of support to be able to do that, and so outside of the formal participation in a wave, that support's been quite variable in the system. 1IF

Circle 3: The external support organisation / PHN

Governance

- Quality Improvement as an overriding driver in strategic planning
- Financial support

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CEO / Senior Executive

- High level strategic support for Quality Improvement
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Staff team / Project officers

- **Training:** Practice Coaching, CPD events, webinars, small groups
- **Educate:** Improvement theory, clinical microsystems, PDSA, evidence based guidelines
- **Practice support:** Strong relationships with the General Practices, IT/IM, accreditation support, upskill practices to be ready to adopt QI work
- **Modelling**: Sharing of stories and successes by early adopters / QI Networking of General Practices
- **Leadership Identification:** Support leadership training across the region
- **Incentivisation**: Showcasing financial framework / accessing innovative funding

Utilise Theories of change in implementation design

Key area of change	Hypothesis	Theory of change	Implications to Q Pulse
LEADERSHIP	Requires involvement and commitment of designated leaders	Leadership	Change champion crucial to all 3 levels: need to identify, support and train leaders
LEADERSHIP	Change requires use of local networks and opinion leaders in dissemination	Social Network and influence	Understand the local social network and increase interaction between participants
LEADERSHIP	Effective teams are better able to make changes due to shared goals	Teamwork	Support creation of local teams with defined roles
LEADERSHIP	Importance of the source of message	Communication	Needs credible people delivering the message- ensure identify and use key players

Conclusion 1

- QI initiatives need to be directed across all 3 “QI” circles of influence

- Successful implementation of QI occurs in Primary Care through

1. “Change Champions“ (early adopters of innovation and change- in all 3 circles).
2. Primary care teams who have a culture of quality and excellence and commit dedicated time to data management and improvement work.

- Barrier to implementation is difficulty engaging GPs who resist innovation or change.

Conclusion 2

- Lack of financial incentives to offer quality care vs quantity care in the fee for service model of reimbursement remains a barrier in the Australian environment.

- The role of a local GP organisation is crucial in supporting primary care practice adoption of QI initiatives: supporting the work of the change champion, assisting practices to develop and implement change ideas and engagement with the resistant GPs by providing additional services and incentives.

- **Targeting the specific role of peer to peer interactions may achieve increased adoption of change**

Lessons learnt

This study has highlighted the need to use of multiple theories and complex planning to ensure there is integration of the 5 key areas across all 3 Circles of influence in the design of the Q Pulse intervention.

In particular we will be studying the role of GP relationships and social networking in the ongoing implementation of sustainable quality improvement programs.

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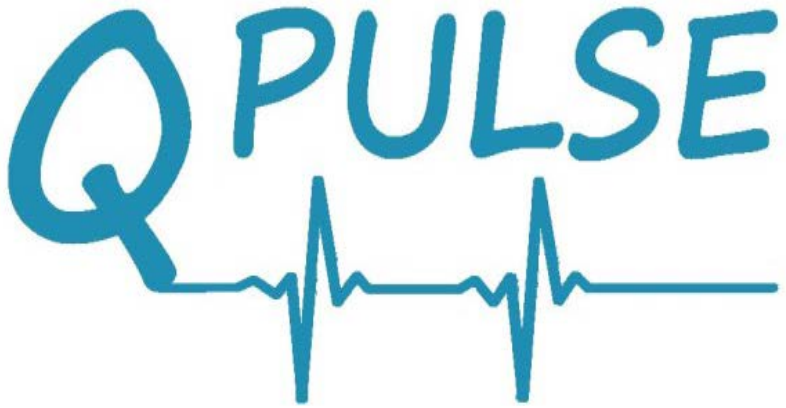
Questions??



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