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Implementation Adviser - Clinical Leadership embedded within a PHCO

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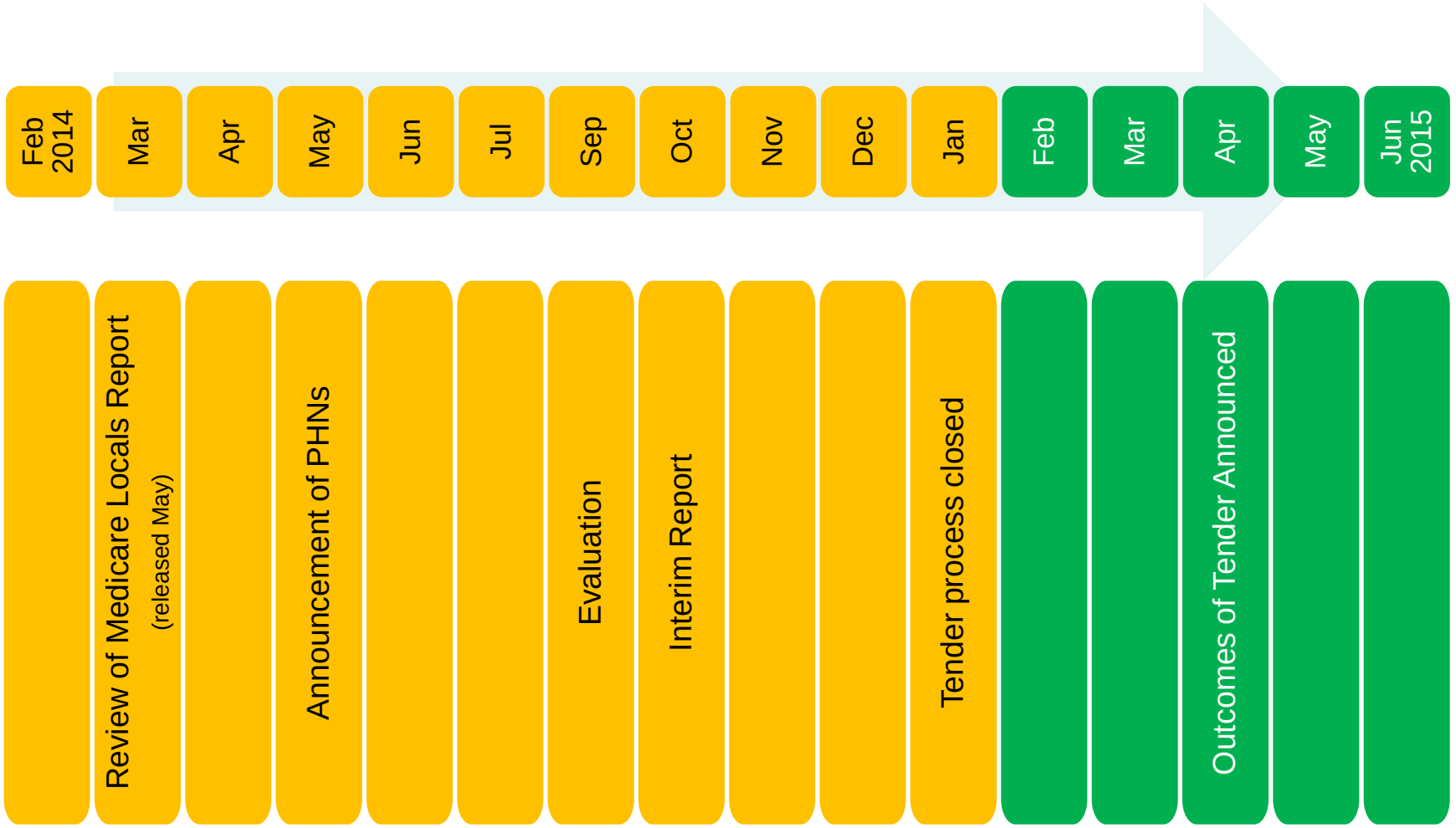
Why do we need clinical leaders?

- Embedding quality improvement in PHC is complex and demanding. (Dawda et al 2010)
- It requires leaders to manage uncertainty, foster cultural and behavioural change, and manage implementation (Hardacre et al 2011)
- Fundamental to driving service redesign in the health care sector and for improving patient outcomes. (Smith et al. 2012; NHS 2014)

Creating and sustaining change

- Creating and sustaining change in practice continues to challenge health services (Best et al 2012)
- Implementing change requires leadership at the system level and the practice level (Grol and Grimshaw 2003, Grol et al. 2013, Best et al 2012)
- A key factor in achieving sustainable and embedded change is the way change at the practice or micro level can be best supported by actions at the meso level (Gardner et al. 2010, 2013)

Timeline


Feb 2014
Mar
Apr
May
Jun
Jul
Sep
Oct
Nov
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Jan
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May
Jun 2015
Review of Medicare Locals Report
(released May)
Announcement of PHNs
Evaluation
Interim Report
Tender process closed
Outcomes of Tender Announced

Who we spoke to about the role

- The person currently in the role
- APHCRI Programs leaders
- ACT Medicare Local CEO
- ACT Medicare Local Board members
- ACTML staff members

3 key clinical leadership practices to facilitate innovation

- Managing knowledge flows
- Managing healthcare network coherence
- Managing network stability (Zachariadis et al. 2013)

- Clinical leaders act as:

“RELATIONAL CATALYSTS”

Stakeholders believe the role is…..

- Beneficial and should continue
- Key to engaging GPs, other PHC clinicians, consumers and academics
- Key to commissioning processes
- Key to development of data use at the practice level for quality improvement

The role: two areas of focus

- Contributing at the program level
- Contributing at the strategic planning level

Data collection at the practice level

Working intensively with practices to understand the value of data… practice population profile and managing that proactively…

You start with a good framework, a good business case of why… [then], get your clinical champions on board, get some [of them] co-designing data sets and…

that's where having the current IA's experience has been invaluable *(ACTML Respondent)*

In the context of PHNs

The PHN… will have an outcome focused health framework… so data will actually come to the fore in that respect… I think that will start the conversation in terms of how we collect data, what we use it for etc. But, also that evidence base.

Yeah, so having that informed knowledge from the IA to establish the rationale for doing things differently [is valuable]*(ACTML Respondent)*

Clinical leadership for engaging PHC

Critical to the success of … workforce and practice development… is how that's clinically led and the conceptualisation put into that in order to be able to sell it to practices… ***I would imagine an IA type role…supporting a network of lead GPs that want to go the next step in terms of QI and developing their practices*** *(ACTML CEO)*

Value of a clinical lens

A role like the IA, would be a very great value add to a Primary Health Network… in ***bringing a GP perspective to our day to day work, bringing a clinical lens to what we do*** (ACTML respondent).

It takes time…

- Build the evidence base for knowledge translation activity
- Connecting stakeholders and building capacity and linkages
- It takes times

Interim evaluation can be accessed at:

- http://aphcri.anu.edu.au/files/Evaluation%20of%20ACTML%20IA%20role.pdf

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References 2

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