Building Primary Care Quality, Governance, Performance & Sustainability via a Clinical Microsystems Approach

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Two Research Streams - chosen for their critical importance to contribute to primary health care quality, governance, performance and sustainability issues identified within the National Health Reform Agenda

- **Stream 1** Quality and sustainability in integrated primary health care
- **Stream 2** Improving safety and quality in primary healthcare

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Our Team
Chief Investigators & Senior Program Manager

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- Prof James Dunbar
- Prof Paul Batalden
- Prof Jeff Fuller
- A/Prof Julie Johnson
- Caroline Nicholson
- Dr Shelley Wilkinson
- Dr Tina Janamian

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Improving patient safety in Australian primary care

Dr Lisa Crossland
A quality improvement tool for primary health care microsystems

Dr Joanna Brooks
Enablers and barriers of spread of primary health care collaboratives in Australia

Andrea Hernan
Patient perspectives on safety and quality in general practice

Anne Sinclair
General Practice from a Learning Organisation Perspective

Glenda Hawley
Adherence to antenatal best practice guidelines: paper versus e-record

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International health reforms ‘re-focus’ around Primary Care

1. World Health Organisation 2008 ‘Primary Health Care: Now more than Ever


3. USA: Affordable Care Act Davis et al ‘How the Affordable Care Act Will Strengthen the Nation’s Primary Care Foundation’ J Gen Intern Med. 2011 October; 26(10): 1201–1203.

4. Australia: the nation’s first National Primary Health Care Strategy ‘shifting the centre of gravity from hospitals to primary health care’ via
   - Regional integration
   - Information and technology including e-health
   - A skilled workforce
   - Infrastructure
   - Financing and system performance

Microsystem’s thinking is key

- USA: Patient Centred Medical Home (PCMH)
- UK: Polyclinics
- Aust: GP Superclinics

Strong focus within this on:
- Performance management and improvement
- Accountability
- Q and S benchmarking
- ‘System’s thinking
- Teamwork
- Patient-centricity
- E-health
Our work……

Progressing the existing evidence base to develop and trial a tool to allow evolving primary care microsystems to measure and improve quality

All our presentations are on the CRE website:
Background

• Extensive work undertaken in the design & implementation of quality improvement tools in tertiary care settings
• Few tools designed for primary health care settings
• Lack of a systematic approach to quality improvement in primary health care – focus has been on single-strategy approaches
• Contemporary factors such as integrated care, team work, governance & change management identified as important aspects of quality in primary health care

Study Aims

• To develop a validated tool for use in improving quality, sustainability & integration of primary health care (Phase 1)

• To trial & evaluate the use of the tool in Australian primary health care settings (Phase 2)
Our Partners

- Royal Australian College of General Practice
- Australian Association of Practice Managers
- Australian Commission on Safety & Quality in Health Care
- Australian General Practice Accreditation Ltd
- Australian Practice Nurses Association
- Chronic Illness Alliance
- Improvement Foundation Australia
- The Federal Department of Health and Ageing

Phase 1
Development of the Primary Care Improvement Tool (PC-PIT)

- Comprehensive literature review
  - 85+ national & international papers - definitions, approaches to quality improvement & measures of quality improvement in health care; organisational development & organisational learning
  - Identification & review of a range of existing tools
  - Identification of 14 key elements relevant to quality improvement in primary health care
  - Trial of an existing quality improvement tool in a high functioning general practice to identify gaps & issues with its use
  - All findings used to develop the draft PC-PIT, method of implementation & validation
Phase 2

- Pilot of the new tool with 6 general practices (content & process validity)

- Broader trial of the tool with 140+ general practices (construct validity)

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**Literature Review: Examples of existing quality improvement tools**

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<thead>
<tr>
<th>Tool/Framework</th>
<th>SafeQuest(^1)</th>
<th>EFQM (^1)</th>
<th>Practice capacity for change (^1)</th>
<th>Service Integration Framework (SIF)(^1)</th>
<th>SENiors of continuous quality improvement (^1)</th>
<th>NHS Safety Culture for patient safety in general practice (^1)</th>
<th>Manchester Patient Safety Framework (MPSF) (^1)</th>
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Results – Further elements identified in the literature

- Governance
- Change adoption; change management
- Systematised approaches to care
- Organisational analysis; organisational learning

Our end users want a tool that is...

- Fast & simple to use
- Relevant to primary health care
- Easy to understand by all staff members
- Involves all staff members in a whole of practice approach
- Links to existing standards & accreditation measures & other single strategy improvement tools
- Has a driver or a leader in the practice
- Has external support when needed
- Is no or low cost
A quality improvement tool for primary care

A quality improvement tool for Primary Care Practices (PC-PIT): Seven elements

1. Patient centred & Community focused Care
2. Governance
3. Manage Change
4. Communication
5. Leadership
6. Information & Information technology
7. A Culture of Performance

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Seven key elements: Building a culture of quality improvement in general practices (1)

1. **Patient-centred & community focused care**
   - Definition of patient centred medical home – accessible, comprehensive, coordinated care focusing on individuals, their families & broader community with the broad aim of improving the value of healthcare

2. **Leadership or ‘leading’**
   - Based on a definition of leadership in healthcare
   - Focus key roles & responsibilities; a ‘driver’ or ‘champion’ of quality improvement

3. **Governance**
   - Sub-elements cover (i) Organisational & (ii) Clinical governance
   - Focus on practice systems & structures

4. **Communication**
   - Sub-elements (i) Team-based care (ii) Availability of information for patients (iii) Availability of information for staff
   - Focus on communication within the practice & also between practices & other services

Seven key elements (2)

5. **Manage Change**
   - Sub-elements (i) Readiness for change (ii) Education & training (iii) Incentivising change
   - Focus is on a practice awareness of change adoption; ability to manage change & systems or structures for incentivising change

6. **Performance**
   - Sub-elements (i) Process improvement (ii) Performance results
   - Focus on developing a culture for reflecting on practice functioning; use of data & information to inform improvement

7. **Information & Information technology**
   - The collection of quality data & information – patient population, clinical & financial
How the PC-PIT will work in practice

- Practice Managers trained & supported to ‘lead’ quality improvement
- Online tool distributed to all practice members for completion
- Online program produces a de-identified report for each practice
- Report is based on an in-built automatic scoring system; weighted for the length of time in practice; permanent versus contracted employee
- Results can reflect practice groups eg. management administration; clinical; allied health OR permanent versus contracted employees
- Using the reports, the Practice Manager facilitates discussion to identify an area for improvement, strategies to achieve it, a timeline for implementation & measures of success
- This is formalised into action by using the a Plan Do Study Act approach

Phase 2: Validation of the PC-PIT

Pilot Study

- Practice Manager Reference Group
- In-depth case studies 6 practices
- Online delivery of PC-PIT including introduction & instructions
  - Ensure staff understand this the development of a tool to be used independently by general practices
  - Focus only on content validity (process & content)

Refinement of tool, scoring system & development of ‘help’ links (existing tools & practical support)

Trial

- 140 general practices nationwide
- Online delivery of the GPIT with scoring & supporting systems
- Focus on construct validity

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Validation method (1) Pilot Study with 6 general practices

Interviews with key informants from each practice group (administration & management; clinical; allied health) & self-completed surveys

Process validity
- Useability of the tool: easy to use; easy to follow;

Content validity
- Wording; understanding; readability
- What does this element mean to you / how would you describe this element? How would you re-word this element?
- Relevance to general practice & primary health care; relevance to your position

Expert panel of Practice Managers to discuss concepts of ‘learning practices’ & provide advice on training & incentives needed to support quality improvement as a Practice Manager role

Validation method (2): Trial in 140 general practices

- Amendments to tool & implementation process based on results of the 6 practice pilot
- Finalise scoring system, validation & testing (with statistician)
- Review by partners and stakeholders
- Trial of amended tool with 140 general practices

Construct validity
- A range of large and small general practices
- Factor Analysis: to identify clusters or groups of related items (factors) in a questionnaire and how they may be interlinked
- Reliability: completion of the tool and 3 Plan-Do-Study-Act (PDSA) cycles

Desired Outcome: To provide Australian general practices with an easy to use quality improvement tool that can be embedded into their existing quality improvement cycle
Key Questions

1) The elements of the PC-PIT
   a) Are these elements relevant to international primary health care?
   b) What is missing?
   c) How can we ensure the tool & implementation process is appropriate to primary health care internationally?

2) The implementation & validation process
   a) Is the validation process sound?
   b) What are the benefits and drawbacks of practice managers leading quality improvement?
   c) Should the PC-PIT be used as a benchmarking tool?
   d) How can we use the PC-PIT to support the development of ‘learning organisations’?

Acknowledgements

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Appendix 1: Literature search method

- Quality improvement tools
- Primary health; primary care; general practice
- Organisational development; organisational function

Appendix 2: Summary of existing tools & frameworks reviewed 1-14

- SafeQuest
- Baldrige criteria
- European Framework for Quality Medicine (EFQM)
- Domains of Quality
- Measuring Practice Capacity for Change
- Service Integration Framework (SIF)
- Elements of continuous quality improvement
- NHS Safety Culture for patient safety in general practice
- Manchester Patient Safety Framework (MaPaF)
- Clinical Microsystem – Microsystem Assessment Tool (MAT)
- Assessing organisational readiness for change
Appendix 3: Organisational development tools & frameworks

- Maturity Matrix
- Insight 360 degrees
- Swisspep Quali Doc
- Family Practice Management self-test
- VIP Visit Instrument to assess practice management
- RACGP Standards of General Practice

References