Three projects

- GP integration index
- Relative effectiveness of Population health interventions in the General Practice setting
- Study of GPs in Community health services (www.dhs.vic.gov.au/phkb)
What does a well integrated GP mean to you?
Measuring Integration in General Practice

How does the GP-Integration Index work?

- The GP Integration Index is a 70 item, self-administered survey.
- It measures 14 different factors - 9 integration and 5 contextual factors.
- Each factor is made up of 4 to 6 items which respondents rate on a six point scale.
- Two major factors can be identified to summarise the 9 integration factors - “Patient Care Management” and “Community Health Role”.
1. **Holistic patient care**

   consider family, occupational, social, cultural, spiritual, emotional and mental issues

2. **GP flexibility**

   tailor health care to individual; consider patient needs and financial circumstances; be flexible with time and facilities

3. **Patient information**

   explain health issues to patient, and provide them with an understanding of what to expect when referred to others.
4. **Attitude to teamwork** - identify problems that need referring elsewhere; receptive to suggestions from others; open communication with other GPs; respect patients’ wishes to be referred elsewhere.

5. **Liaison** - be a central but not controlling force; include other service providers in networks and meetings; liaise and refer to all appropriate service providers.

6. **Care co-ordination** - continue follow-up and co-ordination with specialists etc; be accessible to other health workers (phone, fax, email) & respond to requests for information.
7. Hospital role

formal hospital appointments; major role in discharge planning

8. Community health

community leader; support and have links with community groups (e.g. give talks); committee member on local projects

9. Health planning and policy

involved in student education; policy and decision making at local levels; participate in Divisional activities
5 Contextual / Enabling Factors

• **GP knowledge of local services**
  
  *keep up to date concerning local health services, staff, and their policies such as referral and admission policies*

• **Time and funding**
  
  *payment system encourages integration by covering health promotion and disease prevention role, as well as for co-ordination role and working with others*
• **Practice organisation**
  
  have processes to communicate with other providers and a well organised practice (good receptionist support and clinical records)

• **Personal domain**
  
  opportunities to debrief and be able to consider own health and welfare

• **Information technology**
  
  use computers for storage and communication of patient data; be linked to other services.
Community Health Centre GPs

- Pseudo salaried/co-location
- Bulking billing
- Special Interests
- Teaching/Research
- Health promotion
- Chronic Disease management
- Community development
Population

- Low SES
- Homeless/unemployment
- NESB/Refugees
- Drug and alcohol
- Mental health
- Aged care
Relative effectiveness of Population health interventions in the General Practice setting

(Funded by Department of health & aged care)

Reach and Efficacy

- Target higher risk groups
  - biological
  - socio-culturally disadvantaged
- Recruitment of hard to reach groups

- Need to look at efficiency
  - what ‘works’ in the real world setting
  - feasibility
  - e.g smoking cessation advice, cancer screening
Adoption, Implementation and Maintenance

- Adoption: the proportion and representativeness of settings
- Implementation: the extent to which an intervention is delivered as intended
- Maintenance: the extent to which an activity becomes part of routine, normal practice
Key Findings

- Certain National Health Priorities, life cycle/ life style changes have more evidence of effectiveness in general practice
  - eg, immunisation, falls prevention, screening for 75+, smoking cessation advice, BP check, CVD risk factors in high risk groups, cholesterol lowering, asthma plans, cervical cancer, mammography screening
Key findings (continue)

• Population health activity increases with more clearly definable population.
• Education, QA and CPGs can increase pop health activities - must be integrated
• IT can increase preventive activities and contribute to Practice audit
• Unless equity is considered, systematic approaches may increase health inequalities
• Collaboration is essential at practitioner, practice, Policy level
• Challenges lie in the adoption, implementation and maintenance of effective interventions in GP
• The general practice profession requires ongoing organisational support to implement population health activities
Model of a well integrated primary care clinic

- Multidisciplinary team
- Collaborative planning
- Effective organisational infrastructure
- Supportive policies
- Funding systems
- IT/IM systems
Roles and functions

- Service provision to clients of special needs (CDM, HI, aged care)
- Teaching and training
- Research, evaluation and development (RED)
- Career path