

# **QUEST PHC: Quality Equity and Systems Transformation in Primary Health Care**

**Identifying indicators and measures of  
high quality Australian general practice**





# QUEST PHC Research Team



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# QUEST PHC: Outline of the presentation

- Background
- Research and outcomes to date
- Next phase of QUEST PHC
- Questions/ Discussion



- Previous research
- The need to define high quality in general practice to:
  - Promote and measure quality improvement in primary health care
  - Justify funding of new models of primary health care



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## **Research Aim:**

To develop indicators and measures of high quality general practice in an Australian setting

# QUEST PHC – developing indicators of high quality

## **Pragmatic approach to what is measurable:**

- Started with WentWest indicators and measures
- Reviewed and developed a structure/ framework with WentWest GPs and practice staff
- Reviewed the evidence
- Added indicators from key sources where gaps identified
- Reviewing in workshops with other PHNs

# Key Frameworks

- The 10 Building Blocks of High-Performing Primary Care
- Primary Care Practice Improvement Tool (PC PIT)
- Shared principles of primary care
- Joint principles of PCMH
- RACGP Standards for Patient-Centred Medical Homes
- RACGP Clinical indicators for Australian general practice
- Oregon Health Authority, Patient-Centered Primary Care Home Program
- Cambridge Health Alliance Ambulatory Quality Goal indicators
- Ontario Primary care performance measurement framework
- The Changes Involved in Patient-Centered Medical Home Transformation



# Attributes of high quality general practice

- ✓ Evidence based, person centred, comprehensive care
- ✓ Based on patient - general practice team partnerships
- ✓ Accessible care, responsive to population health needs, and equitable
- ✓ Multidisciplinary teams
- ✓ Continuing, coordinated, integrated care
- ✓ Robust clinical governance
- ✓ Staff well trained
- ✓ Data-enabled quality improvement
- ✓ Engaged with education, training and research
- ✓ Efficient stewardship of health resources

# Quadruple Aim

1.  
Enhancing  
patient  
experience

2. Improving  
population  
health

3. Reducing  
cost

4. Improving  
work life of  
health care  
providers

# Attributes of high quality care: Organising framework

## **Accountability to patients: improving experience of care**

- Evidence based, person centred, comprehensive care, key aim is patient-general practice team partnerships

## **Professionally accountable: improving work-life clinicians/staff**

Multidisciplinary teams - continuing, coordinated, integrated care

- Clinical governance, staff training, data-enabled quality improvement
- Engaged with education, training and research

## **Accountability to community: improving population health**

Accessible, responsive to population health needs, and equitable

## **Accountability to society: reducing costs of care**

Efficient stewardship of health resources

# 1. Accountability to our patients

## Indicators addressing:

- **Person centred care and patient-team relationship**
- **Evidence-based comprehensive care:**
  - **Preventive health care**
  - **Chronic care**
    - Systems for management of chronic diseases
    - Indicators for diabetes, respiratory, cardiovascular and renal diseases
    - Mental Health
    - Advance Care Planning
  - **Acute care** - safe prescribing of opioids and benzodiazepines

### Indicators addressing:

- Multidisciplinary team-based care that is coordinated and integrated
- Clinical governance
- Staff training
- Data-enabled practice quality improvement
- Education, training and research to support quality and sustainability

## 3. Accountability to the community



### Indicators addressing:

- Access to care
- Responsiveness to local health needs including health related social needs
- Community engagement

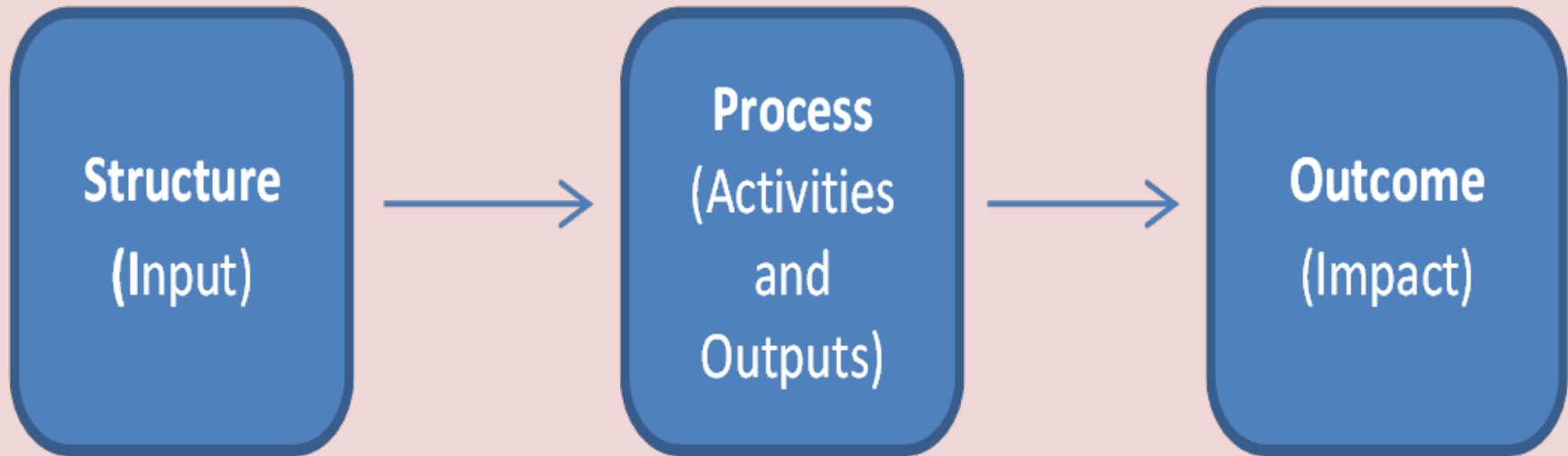
## 4. Accountability to society

### Indicators addressing outcomes:

- Avoidable hospital care
- Duplication of care

# Need more than process measures...

## Donabedian Model



# Example: Diabetes indicators and measures



## ACCOUNTABILITY TO OUR PATIENTS: CHRONIC CARE

Structure	Process	Outcome
<p><b>Indicator for Diabetes:</b> Known prevalence of diabetes</p> <p><b>Measure:</b> % of active patients with diabetes coded</p>	<p><b>Indicators for Diabetes care:</b></p> <p><b>1. Monitoring CV risk</b></p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>% active DM patients with BP recorded in last 6 months</li> <li>% active DM patients with BMI recorded</li> <li>% active DM II patients with total Cholesterol, HDL, triglyceride and LDL levels recorded</li> <li>% active DM patients &gt;16 years not smoking</li> </ul> <p><b>2. Monitoring renal function</b></p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>% active DM patients with eGFR recorded in past 12 months</li> <li>% active DM patients with urine ACR recorded in past 12 months</li> </ul> <p><b>3. Managing risk factors</b></p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>% active DM II patients aged 55-75 prescribed a statin</li> </ul> <p><b>4. Managing complications</b></p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>% active DM patients who have retinal screening performed in the past 24 months</li> <li>% active DM patients who have diabetic foot assessment in past 12 months</li> </ul> <p><b>4. Monitoring blood sugar control:</b></p>	<p><b>Indicators:</b></p> <p><b>1. Optimal Diabetes Outcomes</b></p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>% active DM II patients with Hba1C ≤ 8 %</li> <li>% active DM II patients with BP &lt; 140/90 mmHg</li> </ul> <p><b>2. Managing risk in DM patients</b></p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>% active DM II patients with Lipids to target in the past 12 months</li> <li>% active DM II patients with microalbuminuria on ACE inhibitor or ARB</li> </ul>



- Meetings to date
- Different agenda
- ? Separate piece of work
- Engagement in selection of Patient Reported Experience and Outcome Measures (PREMS and PROMs)



**CONSUMER**

**ENGAGEMENT**

- ✓ Report completed
- ✓ Paper in draft
- ✓ Funding confirmed for next phase



## Quality, Equity and Systems Transformation in Primary Health Care (QUEST PHC)

Project report August 2020

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# Digital Health CRC - QUEST PHC:

## Research Aims

### **Aim:**

To develop a nationally agreed suite of evidence-based indicators and measures of high quality general practice through consultation with key stakeholders including Primary Health Networks, government and professional organisations

### **Timeline:**

This phase of the research will take 24 months

# QUEST PHC: Research Process

Starting with our evidence based suite of indicators and measures of high quality Australian General Practice:

- We will use a modified Delphi approach with 7-8 PHNs to review and revise these measures
- We will :
  - ✓ Convene consumer focus groups to consider patient survey tools (Patient Reported Experience and Outcome Measures and Patient Activation Measures)
  - ✓ Seek focus groups with the representative Aboriginal health organisations and Prison Health Stakeholders
  - ✓ Meet with other key stakeholders nationally - RACGP, ACRRM and Department of Health, developers of data extraction tools

- Optimising and extending WentWest work on quality improvement
- General practice taking the lead
- Ensure the needs of practices and patients in SE disadvantaged areas are front and centre



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