

Improvement Down Under



Australian Primary Care Collaboratives
Pioneering Change

The Australian Primary Care Collaboratives (APCC) Program

SCOPE OF THE APCC PROGRAM

The Australian Primary Care Collaboratives (APCC) is a quality improvement program that supports primary care across Australia in making sustainable improvements to the quality of health care they provide to patients, to improve clinical outcomes¹.

- The largest primary health care quality improvement program of its kind in Australia.
- More than 1,100 health services participated to date.
- Over 2,200 general practitioners, nurses, practice staff and support staff trained in quality improvement methods through the program.
- More than 90 Australian networks of general practice involved.

ACUTE MODEL OF CARE = GAPS IN CHRONIC DISEASE MANAGEMENT

- Significant evidence of gaps in management of diabetes and secondary prevention of coronary heart disease (CHD).
- Estimated 7 million (around 30%) Australians have at least one chronic condition.
- Traditional method of managing patients with chronic conditions has been based on an acute model of episodic care.
- Acute model can result in fragmented care, lack of integration between services and increased difficulties for patients struggling with the system.

APCC PROGRAM METHODOLOGY

The APCC Program uses the breakthrough Collaborative Methodology (initially applied to healthcare systems in the USA by the Institute of Healthcare Improvement).

The Collaborative framework:

- Is short-term (6–18 months).
- Brings together a large number of teams to seek improvement in a focused topic area.
- Expert Reference Panels (ERPs) develop an aim, measures, change principles and change ideas for each topic.
- Handbook documenting the aim, measures, change principles and capturing ideas for change is developed and distributed to participants.
- Participants attend orientation & learning workshops, undertaking improvement activities at their health services during 'activity periods'.

IMPLEMENTATION STRATEGY

The APCC Program is delivered by a central team that trains and manages regional support staff across Australia in the Collaborative Methodology. Regional staff are responsible for recruiting and supporting health services within their local area and are employed by local primary health care organisations. Since 2005, 4 national, 4 state, 25 local & 4 virtual program waves have been held.

MEASURING FOR IMPROVEMENT

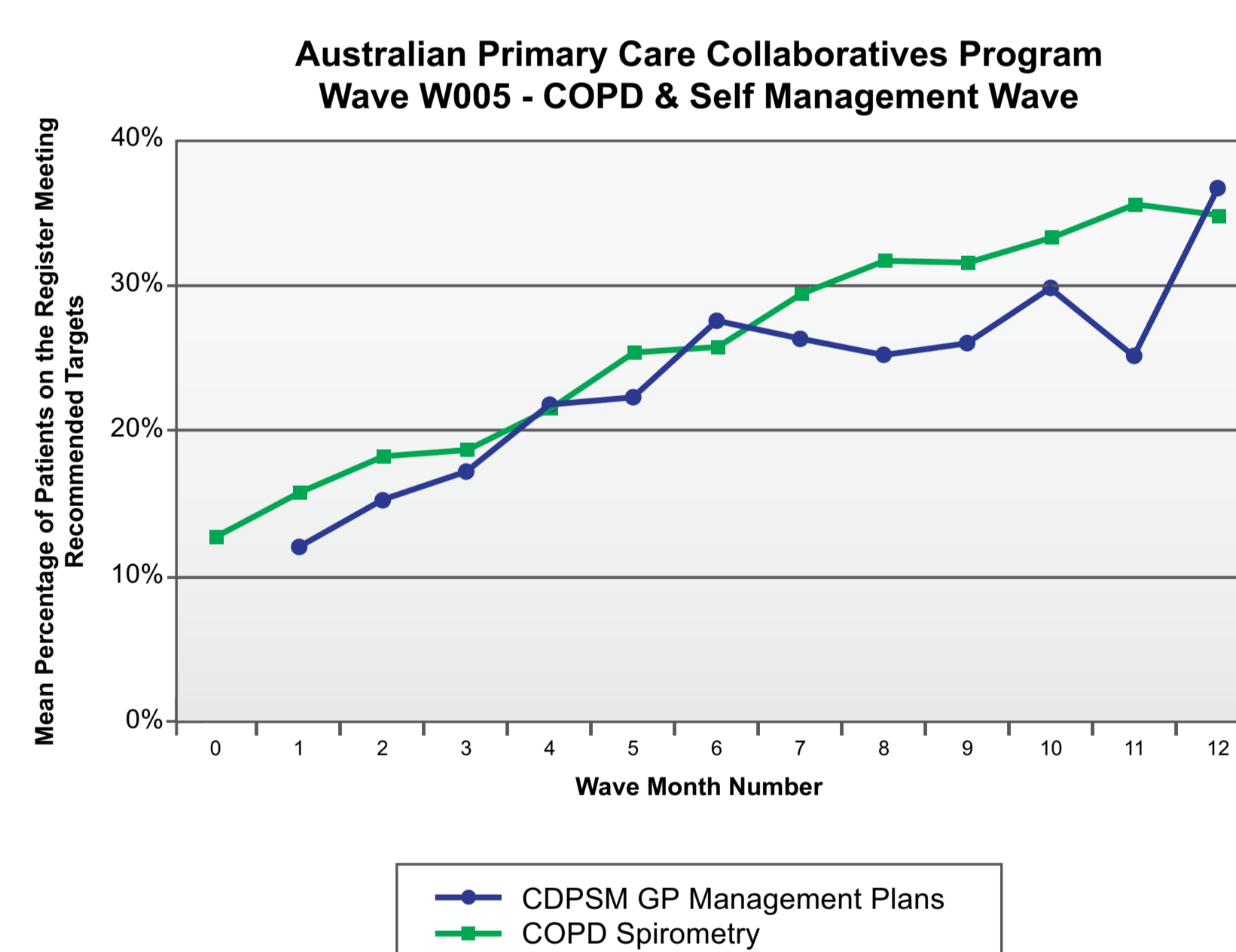
Participants collect and submit baseline and monthly data through the course of the Program which enables them to track their improvement. Aggregated, de-identified data is extracted from the health services' clinical software and submitted electronically to a secure web portal and the web portal generates monthly feedback graphs.

RESULTS

Health services participating in the APCC Program have recorded significant improvements across a number of evidence based clinical measures. Below are highlighted results from the recent waves of the APCC Program, shown as % trend improvement:

COPD & Self Management wave (Oct 2009 – Oct 2010):

- 24% improvement in recorded GP Management Plans measure.
- 22% improvement in recorded Spirometry measure.



Since the APCC Program commenced in 2004, health services have been actively working on improving health outcomes for more than²:

- 105,000 Australians with coronary heart disease.
- 143,000 Australians with diabetes.

Health services participating in the Program have recorded significant improvements on baseline across a number of measures³:

- A **40% improvement** in the diabetes not recorded measure means upwards of **6,100 more people** with diabetes now have their HbA1c recorded in their practice's clinical system.
- A **35% improvement** for the diabetes HbA1c measure means that **4,900 more people** with diabetes are now recorded as having their blood sugar within recommended levels.
- An **improvement of 48%** in the Program's diabetes cholesterol or Low Density Lipoprotein (LDL) measure means that over **3,700 more people** with diabetes are now recorded as having their cholesterol within recommended targets.

- A **27% improvement** in the diabetes blood pressure measure means **2,900 more people** with diabetes are now recorded as having their blood pressure (BP) within recommended levels.
- A **16% improvement** for the CHD Antiplatelet measure means that **over 3,300 more people** with coronary heart disease (CHD) on health service registers are now recorded as having an antiplatelet prescribed.

And, patients say they are more satisfied:

A **30% improvement** in patient satisfaction means patients are saying they are better able to get the care they need, from the health care provider they want, on the day they want. This impressive result shows that APCC practices are successfully restructuring their systems to improve patient access to their services.

WHAT OTHERS HAVE SAID ABOUT THE APCC PROGRAM

"Quality improvement initiatives, such as the APCC, should be made available more broadly to practices to support continuous quality improvement in the provision of care for people with, or at high risk of, CVD."

Heart Foundation. Improving cardiovascular health outcomes in Australian general practice. Facts and recommendations to support government relations and policy development February 2010.

One of the most effective quality improvement programs to be introduced into health services has been the Australian Primary Care Collaboratives.

A systems approach to the management of diabetes in general practice. Royal Australian College of General Practitioners (RACGP) June 2010

MESSAGE FOR OTHERS

Through the success of the APCC Program, we have learnt that large scale improvements are possible, and effective.

Notes

The Australian Primary Care Collaboratives Program has been through 2 major funding cycles. Phase 1 of the Program (2004-2007) was delivered by Flinders Consulting, under the guidance of, and using collaborative methodology developed by, the Improvement Foundation, UK. Phase 2 of the Program (2008-2010) is being delivered by the Improvement Foundation (Australia).

¹ This data is correct as at 22 Oct 2010

² This data is correct as at 22 Oct 2010. Patient numbers are based on register numbers of practices participating in 3 state and 3 national Program waves across both Phases 1 & 2.

³ Results (2008-2010) valid as at 22 Oct 2010. All % improvements are improvements on baseline. Patient numbers as displayed in this fact sheet have been drawn from the combined results of completed Phase 2 state waves 1, 2, & 3. For the purposes of this factsheet, all patient or people numbers have been rounded down to the nearest whole 100.

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