

16 April 2010

MEDIA RELEASE

Improvement Foundation - pioneering chronic disease prevention

The Improvement Foundation, through the Australian Primary Care Collaboratives (APCC) Program, has expanded its focus beyond chronic disease management through the introduction of a Chronic Disease Prevention & Self Management (CDPSM) topic. The CDPSM topic is an exciting new addition to the APCC Programs and is the first Collaborative internationally to address this topic. Eighty nine Australian health services are participating in the first Collaborative wave which is being held in Brisbane, Queensland.

In the CDPSM topic, health services establish systems which support the team to identify patients at a high risk of developing a chronic disease. Through a focus on the Program quality indicators, health services are able to provide targeted interventions that support patients to mitigate their risk factors.

Emerging results in this topic are encouraging. In the early stages of the wave, health services have been focusing on improving the recording of patient data relating to risks and modifiable risk factors. This is the first step towards achieving clinical improvements. To date, health services have seen improvements in the recording of modifiable risk factors. This Program wave includes another new Collaborative topic which aims to improve the diagnosis and management of Chronic Obstructive Pulmonary Disease.

Commenting on the success of the APCC Program, and the CDPSM topic, Dr Tony Lembke, APCC Clinical Director says *“Ultimately the best way to manage chronic disease is prevention. The CDPSM topic helps practices to achieve just that, which is clearly important to the care of patients as well as the wellbeing of communities around the country.*

Through the APCC Program, practices have the opportunity to prevent chronic disease, and empower patients to manage their condition. Combined with their work in other Program topic areas such as Diabetes, Coronary Heart Disease and Access and Care Redesign, practices are

better able to care for more patients through greater access to care, and chronic disease identification and management. This is a powerful Program, which through small, simple changes makes big differences.”

The CDPSM topic aims, measures, change principles, and change ideas were developed in consultation with an Expert Reference Panel which was comprised of people with research and clinical expertise in the topic area, in addition to practice representatives who are already undertaking this work. The CDPSM wave was developed in line with the latest national and international guidelines and best practice goals.

Unique to this wave is the inclusion of patient representatives as key members of each Division of General Practice (Divisional) team. Dr Fiona Broderick of Collin's Street Medical Centre in Melbourne, says having patients involved has added another dimension to the topic work. *“Seeing patients outside of the practice and hearing their ideas on patient management and feedback has been excellent and really interesting”.*

Patient representative Anita Graham chose to become involved in the Program because she hoped that by sharing her experiences as a patient it would help health services achieve change, which is beneficial to both the health service provider and patients. On her involvement with her Divisional team of three practices, she says *“The group is really quite open and willing to evolve, so I actually feel really involved”.*

Catherine Ferreira, a Collaborative Program Manager based at Central Highlands General Practice Network is leading the team of Anita and three of the Division's practices through the CDPSM topic wave. Catherine is full of praise for the way the practices in this wave have embraced patient feedback. *“All the practices in my Divisional team have been great with regards to including Anita and asking for her thoughts and opinions. The practices enjoy the feedback because it makes them think about things from the patient's perspective.”*

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Media Contact :

For more information on the Improvement Foundation, the APCC Program or Quality Improvement Methodology contact Colin Frick, Chief Operating Officer on 08 8422 7455 or 0410 790187.

Background

- The APCC Program is funded by the Department of Health & Ageing and is delivered by the Improvement Foundation.
- The APCC Program specifically supports the Australian primary care system to tackle the burden of chronic disease through the provision of quality improvement programs aimed at:
 - improving patient clinical outcomes,
 - reducing lifestyle risk factors,
 - helping to maintain good health for those with chronic conditions through self management, and
 - promoting a culture of quality improvement.
- The APCC Program aims to find better ways to provide primary health care services to patients through:
 - shared learning,
 - peer support,
 - training,
 - education and support systems.
- The APCC Program has supported 1,000 practices nationwide to make significant, measureable and sustainable changes.
- Each topic area is developed by an Expert Reference Panel (ERP). The ERP consist of people with research and clinical expertise in a particular topic area, as well as exemplars who have experienced improvement in the topic area. See below for more information about ERPs.
- Health Services includes general practice, community health services and Aboriginal Medical Services.

What is a wave?

Attended by a GP and a staff member from each practice, a “wave” consists of an orientation session, followed by three learning workshops which are spread out over 9 months. In between the workshops are activity periods which enable practices to test and implement change in their teams. A key feature of a wave is ongoing data submission.

Workshops give participants the opportunity to:

- discuss aspects of the Program with topic experts,
- share improvement ideas and experiences,
- hear about the benefits and challenges of changes implemented by other health services,
- replicate successful changes made by other practices,
- test change ideas back in your own practice,
- learn practical and hands-on quality improvement skills to make changes with increased confidence,
- use the Model for Improvement to introduce change and measure the effect of the changes you make.

Practices can be involved in the Program through state, local, or virtual waves.

Patient Representatives

An innovative aspect of the COPD & CDPSM wave is the involvement of patients at workshop events and as key players in the Divisional team. Given the nature of the COPD & CDPSM topics, patient involvement in the APCC Program is expected to add significant value to the generation and exchange of ideas and innovation.

Patients are included in the Divisional teams and attend each of the workshops. Patients have a first-hand, complete view of the care journey and can tell practices what it is really like to receive the care that is being provided by a variety of organisations.

Patients can act as a sounding board to determine if the changes health services are planning will be an improvement from a patient's point of view. Given their experience navigating the care system, they can also contribute ideas for improvement. Based on their personal background, the patient's role will vary from one team to another depending on the individual, the practices, and the Divisional team.

APCC Topic Aims

Each topic in the Program has a specific aim which is established through the ERP process. The aims are directly measured through the topic measures. The aims usually involve a 'stretch' goal, which is not necessarily easy to achieve and will require significant improvement work to meet.

CDPSM Aim

- Increase the identification of those with risk factors for chronic disease and implement strategies to mitigate these risks, including self management.
Through this we aim to assess risk factor status in 50% of those in whom it is recommended and reduce the number of risk factors that are not at target by 20%.

To view the aims for all APCC Program topics visit

http://www.apcc.org.au/images/uploads/Objective_and_Aims_ofthe_APCC.pdf

Expert Reference Panels (ERP)

The ERP examines the latest available national and international evidence, guidelines and examples of improvement to recommend:

- change principles that underlie improvement in a topic area,
- practical ideas for change that will generate significant improvement,
- simple measures used to monitor improvements in a topic area.
- The recommendations made by the ERPs are considered and developed into aims and measures for each topic which are underpinned by a corresponding set of change principles and change ideas for improvement.

Lifestyle & Risk Modification (CDPSM topic): Expert Reference Panel Members Australian Primary Care Collaboratives

Name	Organisation
Dr. Dale Ford	Improvement Foundation Australia
Dr. Tony Lembke	Improvement Foundation Australia
Mr. Colin Frick, Ms. Mini Dhillon & Ms. Donna Bridges	Improvement Foundation Australia (meeting support)
Professor Rob Moodie (ERP Chair)	Chair of Global Health Nossal Institute, University of Melbourne
Dr. Lynne Davies	General Practitioner, Tintenbar Medical Centre CHD Expert Reference Panel Chair, APCC
Professor Stephen Colaguirri	Professor of Metabolic Health, University of Sydney
Dr. Nancy Huang	National Manager, Clinical Programs Heart Foundation
Dr. Ralph Audehm	Diabetes Australia- Victoria Chair Diabetes Expert Reference Panel, APCC
Professor Prasuna Reddy	Chair of Rural Mental Health & Director of Research Greater Green Triangle
Professor Brian Oldenburg	Chair of International Public Health Department of Epidemiology & Preventative Medicine Monash University
Ms. Marion Goodman	Practice Nurse, Tamworth Practice Australian Practice Nurses Association
Ms. Jan Chaffey	Practice Manager, Camp Hill Medical Centre Australian Association of Practice Managers
Mr. Russell McGowan	Consumer's Health Forum of Australia
Mr. David Menzies	Population Health Program Consultant, Consumers' Health Forum of Australia
Ms. Sara Drew	Divisional Representative Gold Coast General Practice Network
Dr. Igor Jakubowicz	General Practitioner, Knoxfield Medical Practice
Dr. David Johnson	Kidney Foundation, Princess Alexandra Hospital
Dr. Terry Rose	General Practitioner, Aberfoyle Park Medical Centre
Professor Kerin O'Dea	Director, Sansom Institute, Division of Health Sciences, UniSA
Professor Danielle Mazza	Department of General Practice, Monash University

Program Measures

The APCC Program measures were created for each topic through the ERP process. The APCC reports are a standard set of measures that identify the key indicators used to monitor improvement in a topic area. Practices submit monthly reports to the APCC Program which include measures for the following topic areas:

- Diabetes
- Coronary Heart Disease
- Access and Care Redesign
- Chronic Obstructive Pulmonary Disease
- Chronic Disease Prevention and Self Management

Visit http://www.apcc.org.au/about_the_APCC/program_results/program_measures/

Change Principles & Change Ideas

Change principles and change ideas are key components of the Collaborative methodology and are identified through the ERP process in each topic area.

Change principles are key high level principles that direct participant activity which in turn helps make the greatest improvements in each topic area.

Change ideas are the practical steps the practice can utilise to achieve the Change Principles. Due to the diverse nature of primary care organisations, change ideas demonstrate how other organisations have implemented improvement but are not used to direct activity. Participants can select ideas, or components of ideas and further innovate these to achieve the change principles.

To view a the full list of Change Principles & a selection of Change Ideas for each APCC topic visit http://www.apcc.org.au/images/uploads/Change%20Principles_Final100215.pdf