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Weekend Health



TRIALLING NEW TREATMENTS FOR COELIAC DISEASE

GPs urged to measure up

Measuring patient outcomes can benefit GPs and patients, writes Health editor Adam Cresswell

TRACKING statistics on how effectively patients of GPs are being treated — a prospect that has drawn dramatically closer with the recent draft report of the federal Government's main health advisory body — does not have to be onerous or controversial.

Just ask family doctor Dale Ford. He has been collecting data on his patients' health since 2005, as part of a national program designed to help GPs improve the care they offer patients.

He wouldn't willingly revert to what happened before then, when there were no mechanisms to allow GP practices to overcome their rivalries and to see how they were performing in comparison to their peers.

The National Primary Care Collaboratives program encourages the 1000 practices that have taken part to record various statistics across three broad areas — diabetes, heart disease and patient access — and to compare their success with aggregated figures from other practices locally, at a state level and nationwide.

No individual patient's details are shared, nor can a practice see the statistics for any other individual practice.

Ford says the result has been "revolutionary in almost all cases". "We enable them to collect their own data, and then work out what percentage of people in a target group — for example, people with diabetes — are meeting the best level (of blood sugar or other variable), as recommended by an expert reference panel," says Ford, a GP in Hamilton, western Victoria, and a clinical adviser for the Improvement Foundation Australia, which runs the Collaboratives program.

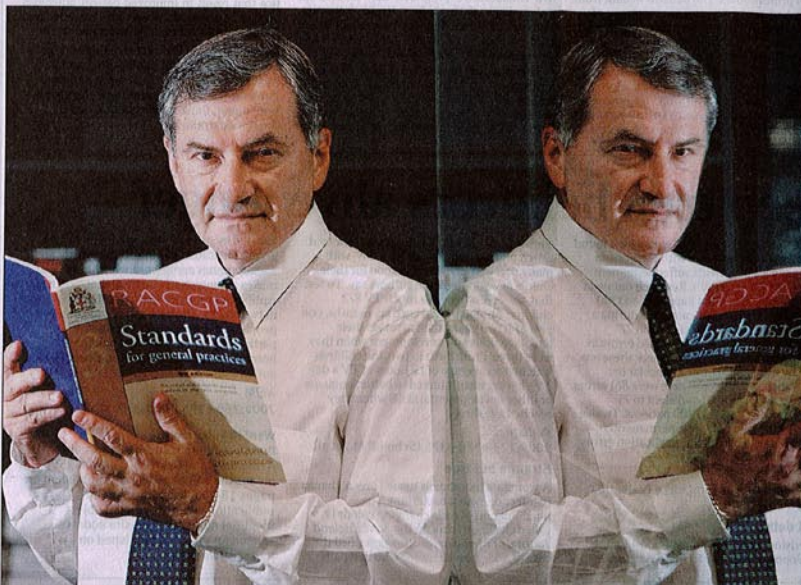
Practices can get together and share details on strategies they have found work for them in improving patients' health — such as better ways of encouraging patients to attend for regular tests.

"I think it has changed the life of general practice, by enabling us to improve the work that we do."

The Collaboratives program did not evolve in a vacuum. It was based on work overseas — initially in the US, and later adopted in Britain — and is part of a wider international trend to greater transparency, reporting of outcomes and quality assurance in healthcare settings.

It is a trend the federal Government seems keen to pursue. It has already moved to require public hospitals to report a much wider range of performance data, and the National Health and Hospitals Reform Commission has also flagged controversial proposals to link improved patient outcomes to pay, not just for GPs but also other primary health workers such as nurses and allied health staff.

This week the leading provider of accreditation services to GP surgeries, Australian General Practice Accreditation Ltd, (AGPAL) suggested the time had come for the profession to seize the agenda and work out an



Making a difference: John Aloizos says the sharing of information has led to real improvements

Picture: Patrick Hamilton

acceptable way of measuring patient outcomes, before federal government bureaucrats did it for them.

In a proposal sent to the reference group drawing up the Government's National Primary Healthcare Strategy, AGPAL made the case for a quality indicator initiative right across primary care — not just GPs.

Patient groups love the idea, and many health experts say it deserves to be given a go.

Carol Bennett, executive director of the Consumers Health Forum, says moves to measure health outcomes are "long overdue", and while GPs will naturally feel cautious, the move could benefit both sides.

"I think many GPs want to see the health system work better for patients," she says. "It's important doctors and consumers are involved in the development of these proposals, and make sure that it's not an impost."

The document floating the idea says that eventually the scheme could measure clinical outcomes touching on all seven National Health Priority Areas of arthritis, asthma,

cancer, heart disease, diabetes, injury prevention and mental health.

However, it suggested limiting the scope initially to the Collaboratives' topics of diabetes and heart disease.

John Aloizos, chairman of AGPAL subsidiary Quality in Practice, says the experience from Britain and from Collaboratives in Australia shows that sharing information in this way does lead to real improvements, and is acceptable to GPs.

Bureaucracy would be minimised by incorporating outcomes measures into an existing process such as practice accreditation, rather than piling an entirely new bureaucratic process on to a profession already stifled by red tape. To ensure GPs felt comfortable, the process would remain voluntary — like accreditation itself — and reflect on a practice's performance, not an individual's.

Aloizos says initially, indicators relating to outcomes could be "unflagged" — meaning non-mandatory — and might only progress to becoming flagged (or essential for successful

accreditation) after several more years, giving practices time to accommodate them.

Several requirements in the standards document have evolved in a similar way. When accreditation was first introduced in 1997, only 25 per cent of medical records were required to have a patient health summary. This has since risen to 75 per cent.

As with the Collaboratives, any data on outcomes would not be sent to a government or other third-party agency, and would not necessarily be linked to pay — unless the profession itself wished to negotiate this when the system showed GPs were performing well.

AGPAL, a non-profit company owned by the leading GP organisations, accredits general practices that satisfy professional standards compiled by the Royal Australian College of General Practitioners. The college's standards, now in their third edition, focus mostly on processes — such as whether a practice's fridge keeps vaccines at the correct temperature — and does not set patient outcomes targets. But the college

agrees that may change in the fourth edition, work towards which is now under way.

Lynton Hudson, chairman of the college's national expert committee on standards for general practices, says the concept of measuring outcomes is already used for immunisation targets.

But while the broad concept has merit, it also has problems. One real difficulty with setting specific national targets — such as requiring practices to keep blood sugar below a certain threshold in a set proportion of their diabetes patients — was that this would not create a level playing field.

"Practices in low socio-economic areas would appear to be performing badly, when in fact they were not," Hudson says. "Setting outcomes targets is not something we haven't had discussions about, because we have. But we want to get the indicators right, and that's not as easy as it looks."

"What the standards are about is quality improvement across all of general practice... if it looks like this is going to split people, it's not something we would take on board."

Instead of setting rigid outcomes targets, an alternative might be measuring the extent of improvement seen in particular patient groups, he says, thereby allowing for the fact that conditions such as diabetes are more prevalent in some areas than others.

Chris Baggeley, chief executive of the Australian Commission on Safety and Quality in Health Care, which is doing its own work on standards in primary care, also backs the plan, but says it's important any patient outcomes measured must be within the power of GPs to influence and improve.

In addition, it must not add to the already considerable red-tape burdens.

Professor of general practice Justin Beilby, executive dean at the faculty of health sciences at the University of Adelaide and an NHHCRC commissioner, says AGPAL's proposal is "definitely worth piloting... so that it's the right model and not imposed by the Government".

"All the evidence from overseas shows that the indicators that are chosen need to be broad enough to capture the great breadth of general practice," Beilby says.

"It's about time general practice sang its own praises about what it's doing well. It's a really positive thing... Let's test it, see if it makes sense, and see if it's useful."

Tony Hobbs, the chairman of the reference group for the National Primary Healthcare Strategy, says it's "really important that it comes from within the profession", but anyone in doubt should talk to one of the hundreds of GPs such as Dale Ford who have been involved in the Collaboratives.

"Talk to them about their experiences — there has been a lot of enthusiasm from GPs," he says.