
CONFERENCE ABSTRACT

Investigation of the impact of HealthPathways in reducing variations in care in general practice

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Introduction: Despite the availability of Australian clinical practice guidelines, evidence suggests there are substantial variations in care within primary care settings. Use of web-based guidelines and tools has the potential to assist healthcare providers in meeting clinical guidelines, thereby reducing unwarranted variations in care. HealthPathways is a web-based clinical guide to assist primary care clinicians with assessment, management, and localised referral pathways for various health conditions. HealthPathways has been implemented in many areas across Australia to facilitate the achievement of better integration of care for patients. This study aimed to evaluate the effectiveness of HealthPathways in assisting GPs to provide appropriate care for five paediatric conditions.

Theory/methods: A quasi-experimental design was used to test the hypothesis that HealthPathways improves the quality of patient care. GPs documented their assessment of hypothetical patient scenarios with or without the use of HealthPathways. A marking rubric was used to assess adherence to clinical indicators, and percent agreement and inter-rater reliability tests were calculated. Clinical indicators were aligned to those from the CareTrack Kids project.

Results: Overall, 50 GPs and GP registrars participated in the study. Across all conditions, the proportion of indicators met were higher for those who used HealthPathways compared to those participants who didn't use HealthPathways, but only one of these differences was statistically significant (GOR, $p=0.03$). On average, participants met only 57% of all clinical indicators used in the study.

Discussion: This study showed that participants who used HealthPathways scored higher than participants who did not, across all five conditions. However, these differences were generally not statistically significant, especially once demographic differences were accounted for. Nonetheless, statistical significance may not reflect clinical significance. For instance, adherence to an additional one or two clinical indicators may make an important clinical difference to the quality of treatment and care provided by a healthcare professional. Poor adherence to clinical indicators has been demonstrated in other similar studies in Australia and overseas, highlighting that these results are widespread and unlikely to be unique to western Sydney.

Conclusions: The study demonstrated that HealthPathways may have some impact on GPs' ability to provide quality care, through better adherence to clinical guidelines. The results also suggest

there may be a need for additional assistance for primary care practitioners to ensure their care meets clinical guidelines and results in positive outcomes for patients.

Lessons learned: Considerable time was allocated to clinical reviews of the patient scenarios, development of the rubric, and pilot testing the study procedure. This contributed substantially to the overall robustness and quality of the study protocol, allowing for replication in other regions, with very minimal changes required.

Limitations: The laboratory setting did not allow GPs to interact with a patient by asking follow-up questions, or to utilise visual, behavioural, and verbal cues in assessing the patient. The use of convenience sampling and the relatively small sample size limits the generalisability of the findings.

Suggestions for future research: Further research in other geographic regions would be beneficial to determine the impact of HealthPathways on a broader scale.