

CONFERENCE ABSTRACT

Collaborative quality improvement in primary care; improving general practice data quality, provider experience and patient care through a Primary Health Network data-led QI program

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Alessandro Luongo, Lisa Nguyen

South Western Sydney PHN, Campbelltown, NSW, Australia

1. Data quality in general practice and its analysis has historically been poor across Australia, limiting its potential to improve patient care, provider experience and contribute to population health planning. Through partnerships between practices and support agencies the change required in general practice to realise these benefits of meaningful data usage may be met.
2. South Western Sydney PHN's (SWSPHN) Quality Improvement in Primary Care program (QIPC) program utilises data extraction tools to generate concise reports compiled from individual practice data. By collaboratively designing these reports with practice teams and leading NGOs, data is presented in succinctly, highlighting areas of success and improvement for participating practices. SWSPHN facilitate planning workshops, in-practice training and links to referral pathways to support changes.
3. Working directly with frontline practice teams tailored solutions are developed in in partnership to overcome knowledge gaps and identify opportunities for process improvements. Through these improvements, data-led QI can improve patient care, provider experience and contribute to population health planning. The QIPC strategy works closely with providers to achieve sustainable changes of greatest impact then continues to monitor efficacy through continuous, quarterly feedback.
4. QIPC encompasses 220 computerised general practices within south western Sydney, reaching over 600 general practitioners, 270 practice nurses and 200 practice managers. Stakeholders include NGOs who provide education and support including Heart Foundation, Kidney Health Australia and Asthma Australia.
5. Built on smaller trials between 2015-17, QIPC launched in October 2017 following 3 months of intensive co-design with practice teams, 2 NGOs and PHN staff to develop a tiered practice engagement model and three varieties of meaningful reports with practice data. Data extraction software (PenCS) was installed in 130 sites by launch. 220 practices have participated as of June 2019 and 3 additional partnerships have formed, developing 4 additional reports. The first stakeholder review was completed in May of 2019 with Western Sydney University.
6. In 20 months, 20.4% increase in ethnicity recorded (>60,000 patient records), 14.2% increase in alcohol intake recording (>80,000) and a 7.5% increase in BMI recording (>50,000) was achieved. Additionally, 3,500 coded diabetes diagnosis and 1400 coded chronic kidney disease diagnoses made. Stakeholder feedback reported added value to clinicians and practice owners alike, and

enhancements in patient care. Practice engagement and data has informed strategic direction for SWSPHN and stakeholders.

7. 81% of survey respondents report to have continued implementing changes initiated by QIPC; 66% of respondents report reviewing data-reports without PHN staff present. Long term sustainability is achievable with continued government support of PHNs and NGOs.

8. QIPC reports have been successfully adapted in 4 other PHN regions.

9. A well supported QI-program facilitated by PHNs, developed in collaboration with stakeholders can improve the quality of care provided to patients accessing general practice, achieve strategic objectives, inform population health planning and improve utilisation of general practice data.

10. Whilst the model is transferable, there may be benefits in localising resources to suit regional needs.

11. Early collaboration is key, continuous review of resources required, growth and dedicated lead is necessary