





Quality Equity and Systems Transformation in Primary Health Care

Identifying indicators and measures of high quality Australian general practice

Dr Phyllis Lau 7th December 2021, School of Medicine Seminar



Acknowledgement of country





Our funder



Our project governance

Project Control Group	Steering Committee	Research team	WSU Working Team
 Digital Health CRC WSU Working Team PHNs: Brisbane North Central & Eastern Sydney Nepean Blue Mountains North Western Melbourne South Western Sydney WA Primary Health Alliance Western NSW Western Sydney 	 Project Control Group WSU Working Team Representatives from: RACGP ACRRM Justice Health NSW Prison Health SA 	 Prof Jenny Reath (Lead WSU) Assoc Prof Penny Abbott (WSU) Dr Natalie Cochrane (WSU) Dr Phyllis Lau (WSU) Prof Andrew Page (WSU) Assoc Prof Kath Peters (WSU) Ms Samantha Ryan (WSU) Assoc Prof Kathy Tannous (WSU) Dr Steven Trankle (WSU) Prof Timothy Usherwood (Usyd) 	 Prof Jenny Reath Dr Phyllis Lau Ms Samantha Ryan (RA) Ms Alice Shen (RA) Research students: Summer Scholar 2021/22 (Dhruvi Lathigara) MD students 2022 (Dylan Pakkiam, Jack Sun) Jayadev Scholars 2022 (TBC)





Overview of presentation

- Background and rationale for research
- QUEST PHC aim and objective
- Stages of development of the QUEST PHC Quality Assessment tool
- Next Steps



Background

- Robust collection, analysis and use of general practice data are critical to informing continuous quality improvement
- Australian general practice data is routinely collected through the Practice Incentives Program Quality Improvement (PIP QI)
- Lack of consistency in data content, quality of the data collected and the quality improvement outcomes achieved
 - → QUESTIONS: What is high-quality general practice? Is the data we collect contributing to achieving high quality?



Rationale for the research

The need to define high quality in general practice to:

- Promote and measure quality improvement in primary health care
- Justify funding of new models of primary health care

Evidence from around the world shows that practices operating in a true **patient centred medical home** are well positioned to deliver and support the changes required across the broader health system to deliver, the **right care**, in the **right place** at the **right time**.





QUEST PHC Aim

To transform general practice through the innovative use of data, quality indicators and data visualisation which enable actionable insights at general practice, regional and national funding levels.

Objective

To develop a nationally agreed suite of evidence-based indicators and measures of high-quality general practice through consultation with key stakeholders including Primary Health Networks, government and professional organisations.



Alignment with the Primary Health Care 10-Year Plan 2022-2032

- QUEST PHC project directly complements Stream 2 (Person-centred primary health care, supported by funding reform) of the Plan which "leverages the voluntary patient registration (VPR) as a platform for reforming funding to incentivise quality person-centred primary health care"
- Evidence-based, professionally endorsed expansion of the PIP QI, and investment in capacity building and support of primary healthcare providers are essential.
- QUEST PHC provides a rigorous, systematic approach to defining highquality indicators and measures



Definition

A general practice indicator is "a measurable element of practice performance for which there is evidence or consensus that it can be used to assess the quality, and hence change in the quality, of care provided".

Marshall et al 2003



Royal Australian College of General Practitioners 2020



QUEST PHC: Development and content validity

Stage 1
Develop the
Master Tool

Stage 2

Develop a patientreported measure (PRM) compendium Stage 3

Explore applicability in Aboriginal and Torres
Strait Islander and
Justice Health sectors

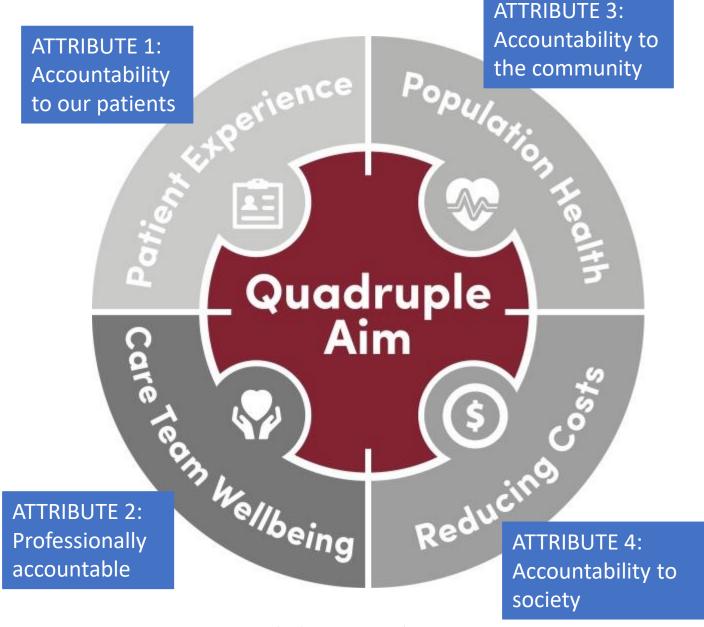


Stage 1: Develop the Master Tool

 In 2019-2020, WSU, in partnership with PHNs in the western Sydney region, developed a suite of 79 evidence-based indicators and their corresponding 129 measures of high-quality general practice.

Metusela et al 2020

 Literature was analysed to identify attributes of high-quay general practice and construct a suitable framework for the indicators and measures.







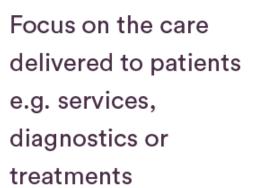
Donabedian Framework

Structure



Physical and organisational characteristics where healthcare occurs

Process



Outcome

Effect of healthcare on the status of patients and populations

Donabedian 1988





Examples of indicators and measures

ATTRIBUTE 1: ACCOUNTABLE TO OUR PATIENTS

- PERSON CENTRED CARE AND PATIENT-TEAM RELATIONSHIP
 - Structural indicator: Availability of information for patients
 - ➤ Measure: Written and electronic information in appropriate languages
 - Process indicator: Patient input/feedback on health care delivery
 - ➤ Measure: Evidence of formal process to consider patient input and incorporate into practice care delivery
 - Outcome indicator: Patient perceptions of care
 - > Results of a patient-reported experience measure (PREM) tool

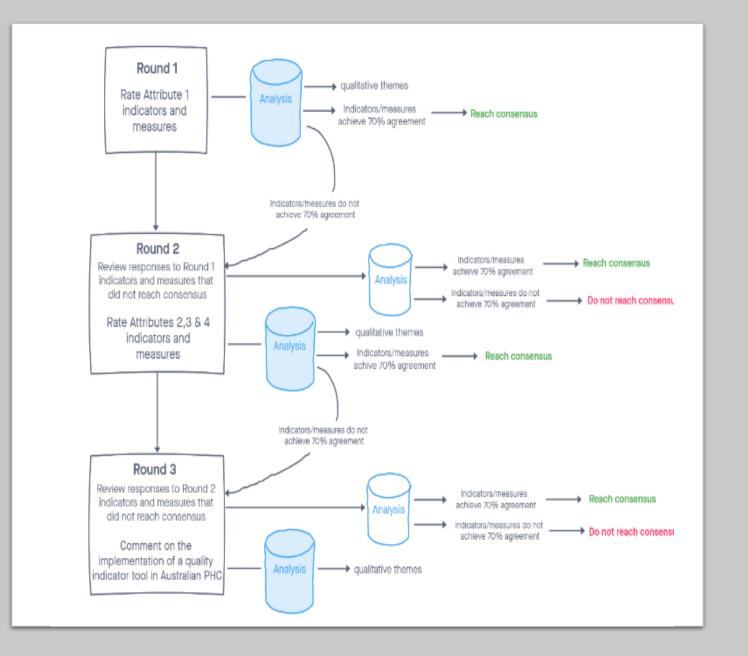


Delphi Survey to establish consensus

- Experts GPs, practice nurses, practice managers and key PHN staff familiar with quality improvement initiatives
- Three online rounds to obtain opinions on
 - Relevance = value and appropriateness in Australian general practice.
 - Feasibility = applicability and implementability in Australian general practice
- Each measure will require ≥70% agreement to be included.







Stage 2: Develop a PRM compendium

- Conduct a review of PRMs used in primary health care
 - Search 1: MEDLINE, Embase, CINAHL, Scopus → screened 519 papers → final 58 papers included → 142 PRMs screened by two raters for relevance and feasibility in primary health → 111 PRMs
 - o <u>Search 2</u>: development and validation studies of the PRMs
 - Appraisal of PRMs: using a bespoke appraisal tool (adapted from COSMIN) will complete end Dec 2021/ early Jan 2022
- Conduct focus groups with consumers planned for Feb/Mar 2022
 - o Participants will be presented with the PRMs identified and asked their views about relevance and suggestions of what might be missing.
 - o Information will inform final development of the QUEST PHC tool.



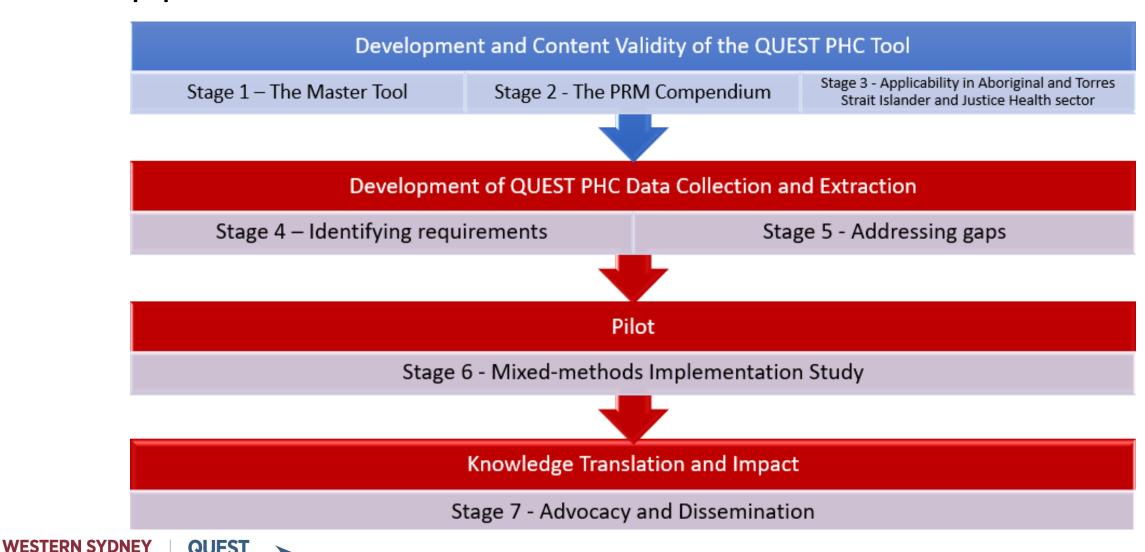
Stage 3: Applicability in Aboriginal and Torres Strait Islander and Justice Health sectors

- Conduct literature review on primary health care indicators and measures used in these sectors
 - Search: Medline; CINHAL; Scopus → 25 papers → screened by two raters → 11 papers
 - Data extraction will commence Jan 2022
- Conduct focus groups separately with Aboriginal and Torres Strait Islander communities and Justice Health stakeholders (primary health care professionals and relevant JH staff) planned for 1st half of 2022



Opportunities: what's next

UNIVERSITY





References:

Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014;12(6):573-6.

Donabedian A. The Quality of Care: How Can It Be Assessed? JAMA. 1988;260(12):1743-8.

Metusela C, Reath J, Cochrane N, Van Werven H, Abbott PA, Usherwood T, et al. Quality, Equity and Systems Transformation in Primary Health Care (QUEST PHC): Project Report. 2020.

Royal Australian College of General Practitioners. Standards for general practices. 5th Ed. East Melbourne, VIC: RACGP; 2020.

Phyllis.lau@westernsydney.edu.au



