



National Prescribing Service Limited



Information sheet for general practices and GPs

for
AGPN/NPS Prescribing Data in General
Practice Demonstration (PDGPD) project

27 March 2009

National Prescribing Service Limited

National Prescribing Service Limited is an independent, non-profit organisation for Quality Use of Medicines, funded by the Australian Government Department of Health and Ageing.

ABN 61 082 034 393 | Level 7/418A Elizabeth Street Surry Hills NSW 2010 | PO Box 1147 Strawberry Hills NSW 2012
Phone: 02 8217 8700 | Fax: 02 9211 7578 | email: info@nps.org.au | web: www.nps.org.au

in collaboration with

Australian General Practice Network Limited

The Australian General Practice Network (AGPN) represents 111 local divisions of general practice and eight state and territory-based entities. More than 90 per cent of GPs are division members. AGPN's involvement in health activities is broad, from health promotion through to medical education. It delivers local health solutions through general practice, to ensure Australians can access a high quality health care.

AGPN acknowledges the financial support of the Australian Government Department of Health and Ageing.

Ground Floor, Minter Ellison Building, 25 National Circuit, FORREST ACT 2603
PO Box 4308, MANUKA ACT 2603 Phone: 02 6228 0800 Fax: 02 6228 0899 email: agpnreception@agpn.com.au

What is the Prescribing in General Practice Demonstration (PDGPD) project?

The Prescribing Data in General Practice Demonstration (PDGPD) project is a quality improvement (QI) activity for GPs. The project has been developed by the National Prescribing Service (NPS) in conjunction with the Australian General Practice Network (AGPN). Up to 180 practices and 20 Divisions across Australia will be selected for the project.

The PDGPD project is focused on two clinical areas: management of hypertension and chronic heart failure (CHF). The project is designed to help GPs to review their current prescribing and management of patients with these conditions compared to best practice guidelines and their own peers. GPs will be given feedback of their own prescribing data and will review these results through small group discussion with practice peers and a trained project facilitator.

What is the purpose of the PDGPD project

To demonstrate the benefit of the activity, the project includes a formal evaluation of the impact of the quality improvement intervention on GP prescribing and short-term patient outcomes. The project will also investigate the acceptability and sustainability of the activity in general practice. Participating practices will be randomised either to an intervention or a wait-control arm, the latter group receiving the quality improvement intervention six months after the intervention arms.

Why is there a need for this quality improvement activity?

CHF and hypertension are conditions that have well established treatment guidelines but have been identified as having gaps in optimal treatment among the Australian population. For example one study found that among newly diagnosed hypertensive patients with no co-morbidities, only 50 per cent were receiving first-line recommended therapy.¹ Among heart failure patients attending general practice another study found under-prescribing both in terms of the number receiving the recommended drugs and dosage level.² The consequences of suboptimal care include increased hospitalisation, higher mortality, greater symptom severity and increased costs to the health care system.³⁻⁵ Hence improving the care of these conditions in the primary care setting would have considerable impact both clinically and economically.

Some work using prescribing data to address these issues in primary care has been undertaken in recent years. However use of electronic prescribing data extraction is very limited for the purposes of quality improvement and manual extraction of prescribing data for indicator calculations can be time-consuming and complicated. To make this feasible, the Canning data extraction software tool has been modified to automatically extract relevant prescribing data from Medical Director software and calculates clinical indicators results – which are based on current guidelines – for both the GP and the whole practice.

What are the prescribing indicators to be used during the project?

The prescribing indicators identify patients who may not be receiving optimal drug management.

For CHF, the indicators are the percentage of adult patients with chronic heart failure:

- not using an ACE inhibitor or angiotensin II-receptor antagonist
- using an ACE inhibitor or angiotensin II-receptor antagonist, and not using a heart-failure-specific beta blocker
- using an ACE inhibitor but below the recommended dose.
- using a drug that may exacerbate the disease

AND

For antihypertensive therapy the indicators are the percentage of adult patients:

- with hypertension using at least one antihypertensive drug whose latest BP is $\geq 140/90$ mmHg
- with hypertension using a prohypertensive drug whose latest BP is $\geq 140/90$ mmHg
- with hypertension and coronary heart disease, diabetes, renal insufficiency, stroke or TIA, whose latest blood pressure is $\geq 130/80$ mmHg
- using an ACE inhibitor or angiotensin II-receptor antagonist, who are also using a systemic NSAID and a diuretic.

What does the project involve?

In practical terms, the participating practice will be required to:

- Sign a non-binding participation agreement with the Division
- Invite appropriate staff to an introductory meeting
- Install and run the Canning data extraction software tool
- Input GP/practice characteristics to the Canning tool
- Clean practice data (e.g. remove inactive patients, assign diagnosis codes to relevant patients where free text was used for diagnoses or where no diagnosis was recorded)
- Use the Canning data extraction software tool to produce feedback reports on CHF/hypertension clinical indicators for review by GPs
- Submit non-identifiable practice level clinical indicator data to NPS at specified intervals to allow aggregation of results at a divisional and national level
- Participate in two one-hour small discussion groups (GPs only) with two or more GPs and a trained group facilitator. The GPs involved will lead the discussion which will include best practice standards, limitations of the non-identifiable practice level clinical indicator data, strategies for change to improve results and agreed action plan for reaching new targets
- Print patient lists from the Canning tool for review by GPs and set up computer-based reminders to recall relevant patients.
- Securely transfer encrypted non-identifiable patient clinical data to a central database at NPS at predetermined intervals using the Canning Data extraction software tool for the purpose of evaluation of the project
- Complete anonymous survey of practice characteristics such as practice size and anonymous GP demographics for evaluation purposes
- Conduct an intervention sustainability discussion at the end of the formal project to ensure the benefits of involvement are maintained beyond the project term
- Complete and return an anonymous survey reflecting on their project experience (10 minutes)

- A small subsample of practices will be asked to participate in focus groups (six groups of six people). Each participant will receive a \$150 retail voucher to compensate them for their time

How much time will the project take?

To assist your practice in making a decision, a conservative estimate of time required is provided below

Practice based activities	Time per GP (estimated)	Non-GP staff time (estimated)
Participation agreements	NA	1 hour
Introductory practice meeting	30 minutes	1 hour
Canning software installation	NA	2 hours
Cleaning and coding practice data	10 hours x 2 topics	20 hours x 2 topics
Canning Data extractions to GP desktop for review	NA	4 extractions x 1 hr x 2 topics
Submission non-identifiable aggregate data to NPS	NA	4 submissions x 2 topics x 15 minutes
Small discussion groups	2 discussions x 1 hour x 2 topics	nil
Input GP/practice characteristics to Canning tool	NA	30 minutes (once only)
GP review of patient lists	N/A – reimbursed time	N/A
Secure transfer encrypted non-identifiable patient clinical data to NPS	NA	6 transfers x 30 mins
Anonymous survey for evaluation	10 minutes	NA
QPI/PIP	1 hour	1 hour
Intervention sustainability	Lead GP only	1 hour
ESTIMATED TOTAL TIME	25.5 hours per GP approx	60 hours approx.

What non-financial benefits does the project offer to GPs/practices?

For GPs/practices, the non-financial benefits include:

- RACGP and ACCRRM QA&CPD and PD program points*
- free use of data extraction software tool and training in quality improvement using prescribing data;
- establishment of a practice registry of patients with heart failure and hypertension
- identification of patients in target groups that may benefit from changes in management;
- capacity building for the practice to participate in activities that improve clinical practice and patient outcomes in the future
- providing systematic and proactive patient care
- peer review of prescribing against established treatment guidelines and participation in clinical audit
- ensuring that this quality improvement activity and evaluation are relevant and robust in everyday general practice.

What income can the practice and GPs generate?

Practices may generate income from the project-related activities in the following ways:

- Patient fee for service (varies from practice to practice).
- Data cleaning is an important part of this project. A conservative estimate is that a time equivalent of \$500 will be required to achieve this task. It is at the discretion of the Division \$500 be allocated to the practice or allocated to project facilitator time (this amount is \$200 for solo practices).
- Each topic in the project undertaken by a GP will be eligible for the Quality Prescribing Initiative (QPI) of the Practice Incentive Program Scheme.
- Review of patients identified during the QI activity may contribute to fulfilling the requirements for some patients' care plans.

Can a general practice withdraw from the project?

A general practice can withdraw from the project at any time without prior notice. Withdrawal from the project will be undertaken in writing through the project facilitator. However, this may affect QPI/PIP eligibility. There is no financial penalty to the practice if the practice withdraws. Individual practices will not be required to uninstall the Canning tool.

Can an individual GP withdraw from the project?

Yes. Individual GPs may withdraw from the project at any time without prior notice. Withdrawal will be undertaken through the project facilitator. However, this may affect QPI eligibility. If individual GPs withdraw from the project, this may also affect their eligibility for QA&CPD/PPD points. There is no financial penalty to the practice if the GP withdraws. In addition, if the practice is to continue to participate, the practice principal must agree to continue to ensure the data for all relevant patients (i.e., those with hypertension and/or CHF) is available for the purposes of the clinical indicator feedback for GPs and evaluation of the project, even if an individual GP chooses to withdraw from the PDPGD project.

* NPS is applying for clinical points in the 2008 – 2010 triennium of the RACGP QA & CPD Program, total points: 40 (Category 1), and the ACCRRM PD Program to a maximum of 30 points (extended skills). Points are awarded only to participants who complete the review phase of this activity.

How is patient privacy and consent addressed?

All patient level data will be rendered non-identifiable and encrypted before it leaves GPs' computers by the Canning data extraction software tool. Therefore its collection without written patient consent does not breach national privacy laws. The RACGP Ethics Committee has approved these measures sufficiently to protect the privacy and confidentiality of patients in participating practices. Participating practices will also be asked to display a notice in practice waiting rooms to alert patients to the practice's participation in the PDGPD project and the option to have their information excluded from the project if they wish. For additional information please refer to the PDGPD Information sheet - data management, evaluation and privacy in this series of supporting documentation.

How will the data be kept private and confidential?

Any information collected, used and stored remains anonymous and complies with the National Privacy Principles contained in the Privacy Act 1988 (Cwth), as well as complying with the Joint NHMRC/AVCC Statement and Guidelines on NHMRC Research Practice and the Australian Code for Responsible Conduct of Research for the evaluation component of the study.

There are three main data flows for practices participating in the PDGPD project. Note these data will only be used for the PDGPD project as described below:

Clinical indicator data from GPs' computers used to give GPs feedback on their management of patients with CHF and/or hypertension

This information allows GPs to examine their own prescribing practices and compare them with those of their peers. In order to compare the practice results with aggregated data from the other practices the following data is to be sent to NPS:

- non-identifiable practice level clinical indicator data
- GPs will have access to the aggregated data at a divisional and national level.

Non-identifiable patient clinical data and practice and GP characteristics

To evaluate the project some additional data will be obtained by the Canning data extraction software tool from practices, and will assist NPS in demonstrating the value, feasibility and sustainability of this and similar interventions. The data will be treated as strictly confidential, be rendered non-identifiable where possible and only accessible to the project research team via a central database for the sole purposes of evaluating the project and the team will not know which practice or GP it belongs to. This data is:

- non-identifiable clinical and demographic data from patients with CHF and/hypertension
- practice characteristics such as size and anonymised GP demographics.

GP and practice data for the allocation of QA&CPD points and inclusion in QPI/PIP

Practices will document their activities for the purposes of allocating the relevant points. Specifically:

- RACGP QA&CPD and ACRRM PDP numbers for program point allocation
- GP prescriber and provider number for QPI/PIP point allocation.

More detailed information concerning privacy and security can be provided should the participating practice have further concerns. For additional information please refer to the PDGPD Information sheet - data management, evaluation and privacy in this series of supporting documentation.

Will the Canning Tool affect other programs on a general practice's computer or network?

The Canning tool is widely used in general practice across Australia and has been extensively tested. The Canning tool to be used in the project will be the publicly available version. Software liability for the project is addressed through the current liability conditions that apply to the Canning tool. Running a data extraction with the Canning tool may temporarily slow the network including any Medical Director software (including backup functions) that is in use. However, extractions need only be performed infrequently, and can be run overnight to avoid affecting system backups.

Who will have access to the results?

Within the practice, GPs will then review those individual patients identified by the extraction tool who may benefit from a change in prescribing to help optimise the management of their condition as well as clinical indicator results.

All collected data will be treated as strictly confidential, and will be rendered non-identifiable. Aggregated practice level data sent to a secure database at NPS will be visible only to relevant project staff. Non-identified encrypted patient-level data for evaluation purposes will only be accessible to the project research team via a central database at the NPS. The data will be stored on a password protected server located in a secure area of the NPS. Only the project research team on the PDGPD project will have access to the data for the sole purpose of evaluating the project and they will not know which particular practice/GP/patient the information belongs to.

A report describing the outcomes from the PDGPD will be prepared by the NPS. Only aggregate results will be presented and no practice will be able to be identified in the report. No individual GP, practice or patient will be identified in the report. The report will contain the analysis of the impact of the QI activity over the term of the project and the feedback on the feasibility and sustainability of the activity in general practice. The report will be sent to all participating practices and divisions, the Department of Health and Ageing and will be publicly available on the NPS website.

Please refer to the information sheet for PDGPD information sheet describing data management, evaluation and privacy for further information.

Will the indicator results be used to assess GP performance or to set benchmarking standards?

No. Individual GP-level indicator results calculated by the Canning tool are not transmitted to NPS by the tool. These results are supplied purely for the use of GPs within the practice. Practice-level indicator results are only required to be sent to NPS so that aggregate divisional and national level data can be calculated and displayed for the purposes of peer comparison. It is important to note that differences in practice demographics can lead to large variations between results for different practices.

Where do I get further information?

This information sheet is one of three:

- Information sheet for general practices and GPs.
- Information sheet for Divisions of General Practice.
- Information sheet - data management, evaluation and privacy.

In addition, AGPN and NPS will hold briefing(s) for participating Divisions in June 2009 to give detailed information about the project in order to enable them to recruit practices. A further intensive two-day workshop for project facilitators is scheduled in August 2009 covering use of the data extraction tool and practical examples of how to improve data quality, as well as interactive small group work focusing on facilitating practice and peer review meetings.

Alternatively, please contact:

AGPN email: dataprescribing@agpn.com.au Tel: (02) 6228 0836 Contact name: Carolyn Stapleton

NPS email: dataprescribing@nps.org.au Tel: (02) 8217 8700 Contact name: Andrey Zheluk

or visit AGPN website via: [Prescribing Data Project](#) or www.agpn.com.au (under *What's News*)

References

1. Holmes JS, Shervin M, Goldman B, et al. Translating research into practice: Are physicians following evidence-based guidelines in the treatment of hypertension? *Medical Care Res Rev* 2004;61:453–73.
2. Krum H, Tonkin AM, Currie R, et al. Chronic heart failure in Australian general practice. *Med J Aust* 2001;174.
3. Rodgers JE, Gattis Stough WG. Underutilization of evidence-based therapies in heart failure: the pharmacist's role. *Supplement to Pharmacotherapy* 2007;27.
4. Walsh JM, McDonald KM, Shojania KG, et al. Quality improvement strategies for hypertension management. *Medical Care* 2006;44:646–57.
5. Nelson MR, McNeil JJ, Peeters A, et al. PBS/RPBS cost implications of trends and guideline recommendations in the pharmacological management of hypertension in Australia, 1994-1998. *Med J Aust* 2001;174:565–8.