Information sheet for Divisions of General Practice

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

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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.

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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.

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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 caqn 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 steps involved with the quality improvement activity for participating practices?

The quality improvement activity involves appropriately trained Division staff facilitating GPs to compare their own clinical indicator results for CHF and hypertension by viewing their own data and reviewing patient management. GPs will also participate in small group discussions with their peers to discuss issues and strategies in optimising prescribing and management for these patients.

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 anonymised 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.

In addition, project facilitators be required to complete the following activities:

- Collect practice data prior to meetings and use this to prepare for practice visits.
- Project administration tasks.
- Attend monthly teleconferences.
- Attend offsite training to prepare for the project for 2 days.

How much time will the project take?

The funds available to Divisions will only fund a fraction of an FTE staff member. Importantly, there are likely to be peaks of activity, where full-time commitment will be required, and lulls, where minimal staff time commitment will be required. Please refer to the time estimates for Divisions for an indicative estimate of overall time required. To assist your Division 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.

Division staff activities	Per practice time	Global activities
practice meetings (Up to 15)	1 hour x 12 meetings	NA
Travelling time	2.5 hours x 15 visits =37.5	NA
Visit preparation	12 hours	NA
Project administration	NA	16 hours
Monthly teleconferences	NA	1 hour x 12 teleconferences
Offsite Training	NA	3 days x 8 hours
ESTIMATED TOTAL TIME	61.5 hours	52 hours

- We estimate that the project will take a Division approximately 60–70 hours per practice including administration time over the term of the project. This includes travelling time.
- In practice, Divisions may choose to combine PDGPD project visits with other scheduled activities. This may change the time allocation formula described above.

What are some of the key project milestones for Divisions of General Practice?

Date	Milestone
27 March 2009	EOI publicly released
22 May 2009	EOIs close
5 June 2009	Announcement of selection of divisions
19 June 2009	Contracts with Divisions signed and payment 1 to Divisions (30%)
June–July 2009	Divisions recruit staff and practices
June 2009	Briefing for participating Divisions in Sydney (date TBA)
31 July 2009	Second payment to Divisions based on number practices actually recruited.(20%)
5 August 2009	Two day training for project facilitators in Sydney
10 August 2009	Project starts in Divisions
2009–2011	Project runs to end of calendar year 2011. (three additional payments)

Can a Division withdraw from the project?

A Division may choose to withdraw from the study at any time. One month notice in writing is required for the Division to withdraw. Under these circumstances, payment for the project will be on a pro-rata basis.

Some Divisions may be affected by amalgamations but no Division will be disadvantaged during the selection or implementation phase if this is the case. Should amalgamation affect a participating Division during the project term, transitional and contract arrangements will be negotiated on a case-by-case basis. Comprehensive information about withdrawal will be available in the contracts offered to Divisions.

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.

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.

What benefits are there to the Division participating in the project?

For Divisions, the benefits include:

- The PDGPD project aligns with the NPI framework.
- Career development for Divisional staff.
- Building the capacity of the Division in information management and IT.

This project will reinforce existing relationships that Divisions have with NPS and the Division membership

What funding is available for Divisions?

- Funding for Divisions for the PDGPD project will be broadly commensurate with current NPS program funding to Divisions through the Implementation of Nationally Coordinated Programs for Quality Use of Medicines agreements. Please note PDGPD project funding will be in addition to this NPS funding. An example of how the PDGPD funding for Divisions will operate appears below.
- A participating practice is a general practice that completes the deliverables for a project phase with two or more participating GPs (the funding for solo practices is different – see below) . Participating GPs are those GPs that have formally enrolled in the project, and are eligible to receive incentives as outlined below.
- The following funding is designed to ensure the PDGPD project achieves its objectives, and Divisions have sufficient cash flow and capacity to undertake the project.

How much will Divisions get per group practice?

- Divisions will get $6000 per practice of two or more GPs over the project term.
- This is conditional on two or more participating GPs at a practice participating in all scheduled activities over the project term.
- $500 of this amount is for payment to the practice for data cleaning.
- 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 in a group practice. It is at the discretion of the Division that this $500 be allocated to the practice or allocated to project facilitator time.

How much will Divisions get per solo practice?

- Divisions will get $2500 per solo practice over the project term.
- $200 of this amount is for payment to the practice for data cleaning.
- Data cleaning is an important part of this project. A conservative estimate is that a time equivalent of $200 will be required to achieve this task in a solo practice. It is at the discretion of the Division that this $500 be allocated to the practice or allocated to project facilitator time.
- This is conditional on the solo practitioner joining one or more participating GPs at a practice participating in all scheduled activities over the project term.
- Solo practices should make up no more than 30% of the total number of practices initially recruited in a Division.

What if GPs and practices withdraw from the practice?

- Withdrawal of GPs and general practices from quality improvement projects can be high. Divisions must recruit an initial minimum number of seven and maximum number of fifteen general practices.
- This means that Divisions that maintain fifteen practices will be eligible for a maximum of $6000 x 15 ($90 000) for the project term.
- Each participating division must maintain a minimum of five practices for the full project term as a condition of participation.
- Withdrawal of practices and GPs is described in more detail above.

Funding and project phases

Funds will flow to Divisions according to a five -phase formula.

Contract signing payment

30% of total amount based on number of practices identified for recruitment

Recruitment payment: practice recruitment

20% of total amount based on actual practices recruited

Six month payment: Completion of first six months of clinical topic 1

20% of total amount based on participating practices completion of deliverables

One year payment: Completion of clinical topic 1 and first 6 months of clinical topic 2

20% of total amount based on participating practices completion of deliverables

Completion payment: Completion of clinical topic 2 and evaluation activities

10% of total amount based on participating practices completion of deliverables

How will the funding for Divisions be allocated?*

The following two scenarios illustrate how the PDGPD funding model will function.

SCENARIO 1

NorthSouth Division has been successful in its Expression of Interest. It has recruited nine practices of two or more GPs and one solo practice. Over the full term of the project, with all practices participating for the full term, NorthSouth Division can expect to receive:

$6000 x 9 practices of two or more GPs = $54 000

$2500 x 1 solo practice = $2500

Total = $56 500

Payments for the PDGPD project are based the number of practices initially recruited, and on deliverables by participating practices over the completion of the project.

EXAMPLE

NorthSouth Division has just completed all the Division deliverables for the first six months and submitted its report for payment. All practices participated for six months.

NorthSouth Division can therefore expect to receive:

20% (six month payment) x $56 500 (total fee) payment = $11 300 for the six month payment

SCENARIO 2

EastWest Division has finished one year of the project. It originally recruited ten practices of two or more GPs. Over the full term of the project, with all practices participating for the full term, NorthSouth Division can expect to receive:

$6000 x 10 practices of two or more GPs = $60 000

However the principal in one group practice decided to withdraw from the project. At the completion of the project, the total funds NorthSouth Division received were:

Contract signing payment = 30% x $60 000

Recruitment payment = 20% x $60 000

Six month payment = 20% x $60 000

One year payment = 20% x $60 000

Completion payment = 10% x $60 000 minus (10% x $60 000 x 1/10 group practices dropped out)

Thus for the completion of the project, the Division will get $60 000 minus $600 because 1 of the 10 practices dropped out after one year.

* Please note that these examples show the amount of money that NPS will pay the Divisions. It is at the discretion of the Divisions whether to pay the practice to undertake data cleaning or find an alternative arrangement for this.

Our Division does not currently use the Canning tool. Does our Division need to purchase the tool?

No. The PDGPD project will fund purchase of the Canning tool for Divisions of General practice for the project. PDGPD project specific technical support for the Canning tool will be provided for the full project term for participating Divisions.

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.

Can general practices do the quality improvement activity and not participate in the evaluation component of the PDGPD project?

No. Participating practices and GPs must consent to carry out the activities associated with the evaluation while they are part of the study. This information is vital to understanding the impact of the QI activity.

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.

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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 – *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.

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

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