Network Performance Development Framework

Purpose

The purpose of this document is to provide a high level project summary of the Network Performance Development Framework project for Network members.

Background

The Network Performance Development Framework project commenced in January 2009 and was designed to demonstrate that the Network is being pro-active about improving and measuring performance by:

- Demonstrating the effectiveness of the Network against a standard set of performance measures
- Assisting Network members to improve performance by using a valid improvement framework and process.

The project progressed in three distinct phases;

Phase 1: January 2009 to September 2009

A framework was established based on an extensive consultation process with Network members with the following elements:

- Strategic Themes
- Balanced Scorecard
- Performance Indicators
- Collecting Information
- Analysing and Using Information
- Benchmarking.

A Discussion Paper was issued in August 2009 detailing the draft Performance Development Framework, draft Performance Indicators (PIs) and proposed next steps.

Phase 2: October 2009 to April 2010

The Steering Group undertook a review of the project in light of feedback from Network members and the changes to the environment. This included the release of the National Health and Hospital Reform Commission recommendations about the future of the Divisions of General Practice Network (the Network) and the draft National Primary Health Care Strategy in August 2009.

The major conclusion was that the project should continue; as achieving the project's aims was considered an important part of securing the future of the Network and its individual members in a time of significant change. However a number of significant changes were made:

- To ensure relevancy to Network members, the framework and PIs need to be aligned to the 'Key Directions for Change' in the draft National Primary Health Care Strategy
- Participation in the project should assist Network members that wish to make the transition to primary health care organisations[1] (PHCOs) by reflecting the proposed role and responsibilities of these new organisations
- The Balanced Scorecard methodology will continue to underpin the improvement framework and will be developed as a management tool. However it will not be a prerequisite as other frameworks can be used as long as there is a commitment to performance improvement through benchmarking against standard performance measures.

The effect of these changes resulted in the need to undertake a complete review of the draft PIs to focus upon the projected roles and functions of proposed PHCOs instead of current division[2] activities. By its very nature this was a speculative exercise as policy in this area was under development and a progressive assessment of the relevance of PIs was required.

A new development methodology was introduced in the form of a Pilot Group of volunteer divisions whose role it was to:

- Contribute to the development of PIs for PHCOs
- Be actively involved in agreeing definitions to be used for measuring performance
- Test data collection and reporting and analyse tools and processes
- Participate in benchmarking activities at local, regional and national levels as appropriate.

Expressions of interest were called for Network members to participate in this group in November 2009. A list of participating divisions can be found at Appendix I.

The Pilot Group formed the basis of formulating a number of versions of the draft PIs that were completed in April 2010.

Phase 3: May 2010 to December 2010

The final list of 34 indicators detailed at Appendix II was categorised based on the following timelines:

- 22 for piloting and testing immediately (Stage 1 and 2 indicators)
- 3 for concurrent development during the pilot phase (Stage 3 indicators)
- 9 for longer term development (Stage 3 indicators).

This phase of the project involved preparing detailed design descriptions for the 22 Stage 1 and 2 indicators. These descriptions can be viewed at http://agpn.com.au/about-us/ceos-

[1] Also known as Medicare Locals or MLs

[2] Also referred to as general practice networks or GPNs

and-chairs-area/document-library/network-performance-development-framework/_nocache.
In the course of this process a number of PIs were amended, discarded or reclassified using revised Balanced Scorecard perspective descriptors.

The decision was made to delete three indicators that had been described as first year indicators designed to set a standard for developing plans that would then inform quantifiable indicators:

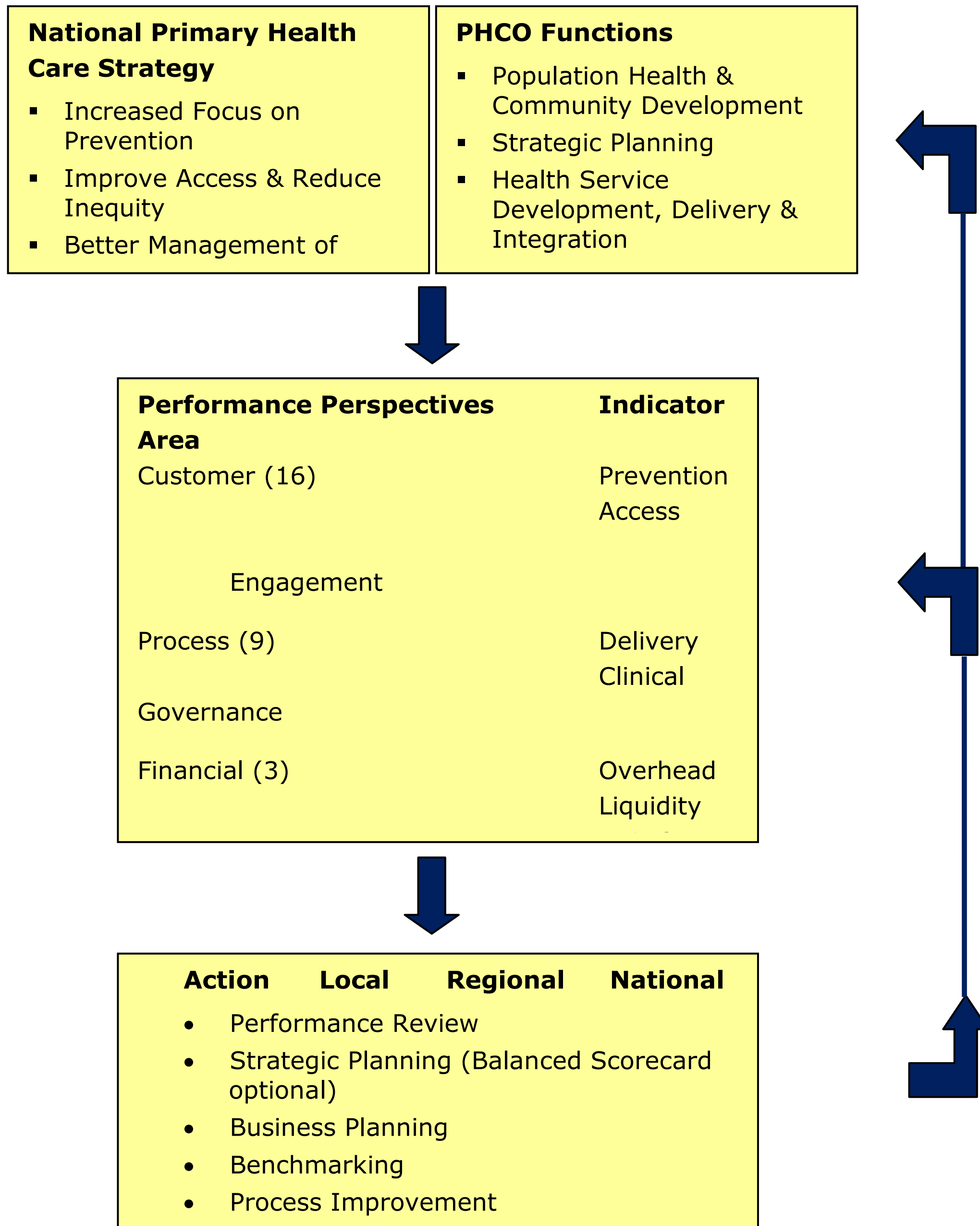
- Clinical Governance Framework (PI 21)
- Strategic Plan (PI 27)
- Workforce Plan (PI 28).

It was agreed that these would be more appropriately dealt with through a PHCO standards development process.

A platform prototype and process for collecting and reporting data was developed in conjunction with the Improvement Foundation Australia (IFA). Using the existing Australian Primary Care Collaboratives web platform, IFA developed basic software that would enable the testing of the data collection and reporting process. The pilot commenced in October 2010.

Pilot Performance Development Framework

The overall framework for the project is depicted in the following flow chart. It shows the context within which PIs are developed and used as part of the process of improving performance against strategic objectives and functions.



Piloting Stage 1 and 2 indicators

The pilot period for the Stage 1 and 2 indicators commenced on 28 October 2010 with a final cut-off date for pilot divisions to submit their baseline performance data of 3 December 2010.

A total of 22 indicators were piloted as follows:

No	Name
	Customer
2	Early Detection - Health Assessments
3	Early Detection - Cervical
4	Early Detection - Breast Screening
5	Childhood Immunisation
6	Influenza Vaccination
11	Aboriginal and Torres Strait Islander Health (ATSI) Assessments
11a	Indigenous Health
13	Effective Partnerships
	Process
15	Long Term Conditions - Diabetes Cycle of Care
16	Long Term Conditions - Coronary Heart Disease
17	Long Term Conditions - Register/Recall System
18	Long Term Conditions - Asthma Cycle of Care
19	Long Term Conditions - Mental Health Plans & Reviews
20	GP Management Plans and Reviews
20a	Practice Nurses
23	Medication Management Reviews
	Financial
25	Liquidity Ratio
	Organisational Capacity
30	Information Management Maturity Framework
31	Staff Development Plans
32	Turnover Rate
33	Sick Leave Rate
34	Staff Engagement

Divisions entered data into customised spreadsheets to test a number of aspects of the process and to highlight the gaps. 9 out of the 15 pilot divisions submitted data to IFA for processing. The data submission could be completed online via the web portal in the future.

Divisions could view their results on the web portal following the close of data submission. Sample reporting is provided at Appendix III. The initial reporting specification included:

- Comparison against previous results (over time)
- Comparison against target
- Comparison to pilot cohort
- Comparison to state/national results (where available)
- Comparison to like Divisions/PHCOs (the definition of like to be agreed).

Key issues identified in the first round of data submission included:

- Varying time periods used for data submission; need to specify time period for each data submission to ensure consistency of data sets across participating organisations
- Multiple ways to source data for some measures; requires clarification in the detailed design description of the appropriate data source to use to ensure consistency; e.g. PI 2, PI 3
- Difficulty sourcing data for some measures; requires data source to be checked and/or new data source to be identified and incorporated into the detailed design description; e.g. PI 4, PI 6, PI 11a
- Robustness of the source data was identified as a potential issue for some measures; requires further consideration on the value of these indicators; e.g. PI 20, PI 20a
- A number of incomplete data submission spreadsheets were received by IFA; requires change to the process whereby the IFA confirms with each organisation the accuracy of the spreadsheet and whether gaps exist due to data entry error or an inability to source data
- Web portal functionality is currently limited with the capacity for participating divisions to view their results on the screen only; requires further development including the availability of print options for improved web portal functionality.

Piloting the Balanced Scorecard methodology

The Balanced Scorecard[3] methodology was adopted at the beginning of the project as the framework for classifying PIs and to provide the critical link to strategic and business planning. The 'mandatory' use of this methodology for participation in the pilot was discontinued after the first review due to feedback from members who did not want to change from existing methodologies or were not convinced of its utility.

However the Steering Group remained confident that the Balanced Scorecard offered an opportunity for divisions to significantly improve performance. The group continued to use the perspectives for classifying PIs and supported divisions that wished to develop further expertise in this area.

To support this:

- A workshop was commissioned from Balanced Scorecard Australia[4] for divisions that wished to learn more about the approach or develop greater understanding
- Arrangements were made to pilot in one Division the use of proDacapo[5], a software solution that amongst other things supported the use of the Balanced Scorecard methodology.

A sample report of the proDacapo Balanced Scorecard is provided at Appendix IV. Further information is available at http://agpn.com.au/medicarelocaltransition/other-tools.

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[3] www.balancedscorecard.org

[4] www.balancedscorecardaustralia.com

[5] www.prodacapo.com

ERGPA and the Balanced Scorecard

Eastern Ranges General Practice Association (ERGPA) agreed to trial the use of proDacapo and the Balanced Scorecard approach to strategic planning to gauge its effectiveness in developing its Strategic Plan for the transition to a Medicare Local or PHCO.

ERGPA concluded that the balanced scorecard approach provides a clear prescription as to what should be measured in order to 'balance' the financial perspective. The balanced scorecard is a management system (not only a measurement system) that enables organisations to clarify their vision and strategy and translate them into action. It provides feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results. When fully deployed, the balanced scorecard transforms strategic planning from an academic exercise into the nerve centre of an enterprise.

The experience of ERGPA was that the balanced scorecard approach could be applied to anticipated PHCO activities and that meaningful measures could be developed. However considerable resourcing over an extended period is required to achieve the desired outcomes. In an uncertain environment with funding streams and contracted services being in the main short term the level of detailed planning, data collection and resources to maintain the system can present significant problems. The approach requires a Champion to lead the process who has been fully trained in the use of appropriate software and has the necessary resources to drive the activities.

The Balanced Scorecard approach can, if fully resourced and focusing on long term strategic directions, provide a framework that not only provides performance measurements, but helps planners identify what should be done and measured.

Continuing indicator development

Three PIs are currently under development including:

No	Name
	Customer
12	Customer/Service User Engagement
14	Health Care Professional Engagement
	Financial
24	Direct Service Expenditure

Ultrafeedback is developing two survey instruments for the engagement indicators (PI 12 and 14), in collaboration with the Pilot Group, as follows:

- User Survey is a tool and process for gathering feedback from service users (i.e. surveying patients, clients and service users about the health service)
- Health Care Professional Survey is a tool and process for gathering feedback from primary health care professionals (i.e. surveying primary health care professionals about the PHCO).

The piloting of these two surveys in the Network is anticipated in the coming months.

AGPN, in collaboration with the Finance Officers Network, is currently developing the finance overheads indicator (PI 24).

AGPN has also developed a basic online version of the Partnership Self-Assessment Tool (PI 13) for divisions to use to assess the effectiveness of key partnerships.

Longer term indicator development

Indicators identified but not progressed in the immediate term were deferred for a range of reasons detailed in the table below:

No	Name	Reason for delayed development
	Customer	
1	Lifestyle Risk Factors	Locally defined indicators dependent upon need/priority with an equity focus on specific population groups
7	Childhood Development (children assessed at 4 years)	Age by assessment data no longer available, special request required to Medicare to access Item 715 by age
8	Childhood Development (children assessed at 4 years – ATSI)	Age by assessment data no longer available, special request required to Medicare to access Item 715 by age
9	Waiting Times – General Practice appointments	Requires intensive industry discussion and negotiation
9a	After Hours	Further discussion required to identify suitable indicator in the context of current national priorities
10	Waiting Times – Services provided	Dependent upon PHCO functions and agreeing appropriate services
	Process	
22	Providers Accredited	Dependent upon PHCO functions and agreeing appropriate services
	Financial	
26	Service Unit Cost	Service type and definition to be agreed; should link to national priorities e.g. After Hours
	Organisational Capacity	
29	Electronic Information Management Systems	Await outcomes of changes to PIP forecast for 2011/12

Performance and Accountability Framework

The Commonwealth Government's Department of Health and Ageing is developing a Scoping Paper on the Performance and Accountability Framework (PAF) to provide an initial basis for consulting with key stakeholders on aspects of the framework including possible PIs for Medicare Locals (referred to as PHCOs in this document).

The framework provides a conceptual basis for the new reporting requirements outlined in the Heads of Agreement – National Health Reform, and to guide the work of the National Health Performance Authority which is to be established by 1 July 2011. The National Health Performance Authority will produce Healthy Communities Reports which will monitor

performance of primary health care services at a local level, with reporting focused on Medicare Locals.

Conclusion and recommendations

In light of the development of the Government's PAF outlined above, the Pilot Group agreed to draw the Performance Development Framework project to conclusion.

It is important to use the experience of this project, particularly in the selection and design of potential PIs for Medicare Locals, to make an informed contribution to the Draft PAF. For those indicators that are essentially 'internal' to the business operation of a Medicare Local, (or any business for that matter), they could be used in a national approach to benchmarking and quality improvement.

Recommendation 1:
Use the experience of the project to inform comment on the Draft PAF.

Recommendation 2:
Provide a copy of the summary report and detailed design brief for each of the pilot PIs in Phase 1 and 2 as part of the feedback to the Draft PAF.

Recommendation 3:
Continue to conclusion the three PIs currently under development; customer/service user engagement, health care professional engagement and direct service expenditure.

Recommendation 4:
Make available to Medicare Locals and the national body PIs that are more internally focused and not within the scope of the PAF for inclusion in a national improvement and benchmarking process.

Recommendation 5:
Make available to Medicare Locals the experience of the Balanced Scorecard methodology and supporting software.

Appendix I: Membership of the Pilot Group

A total of 16 divisions formed the pilot group for the project as follows:

- ACT Division of General Practice
- Adelaide Hills Division of General Practice
- Bankstown Division of General Practice
- Brisbane South
- Dandenong Casey General Practice Association
- Eastern Ranges General Practice Association
- GP Connections, Toowoomba
- GP Links Wide Bay
- Macarthur Division of General Practice
- Melbourne East General Practice Network
- Murray Plains
- Perth Primary Care Network
- Pivot West, Melbourne
- Riverina Division of General Practice & Primary Health
- South East Alliance of General Practice (Brisbane)
- South East Primary Health Care Network.

Appendix II: Pilot PHCO Performance Indicators

This table summarises the 34 indicators for PHCOs identified in the Network Performance Development Framework project:

No	Perspective	Type	Name	Stage[6]
1	Customer	Prevention	Lifestyle Risk Factors	3
2			Early Detection - Health Assessments	2
3			Early Detection - Cervical	1
4			Early Detection - Breast Screening	1
5			Childhood Immunisation	1
6			Influenza Vaccination	1
7			Childhood Development	3
8			Childhood Development (ATSI)	3
9		Access	Waiting Times – General Practice appointments	3
9a			After Hours	3
10			Waiting Times – Services provided	3
11			ATSI Health Assessments	1
11a			Indigenous Health	2
12		Engaging Customers	Customer/Service User Engagement	3
13			Effective Partnerships	2
14			Health Care Professional Engagement	3
15	Process	Health Service Delivery	Long Term Conditions - Diabetes Cycle of Care	2
16			Long Term Conditions – Coronary Heart Disease	1
17			Long Term Conditions – Register/Recall System	1
18			Long Term Conditions – Asthma Cycle of Care	1
19			Long Term Conditions – Mental Health Plans & Reviews	1
20			GP Management Plans & Reviews	2

[66] Stage 1 and 2 indicators were piloted and have detailed design descriptions; Stage 3 indicators in development

No	Perspective	Type	Name	Stage[6]
20a			Practice Nurses	2
22		Clinical Governance	Providers Accredited	3
23			Medication Management Reviews	1
24	Financial		Direct Service Expenditure	3
25			Liquidity Ratio	1
26			Service Unit Cost	3
29	Organisational Capacity	IM&T	Electronic Information Management Systems	3
30			Information Management Maturity Framework	1
31		Staff	Staff Development Plans	1
32			Turnover Rate	1
33			Sick Leave Rate	1
34			Staff Engagement	2

Appendix III: Sample reports of the IFA Web Portal

AGPN NETWORK PERFORMANCE DEVELOPMENT WEB PORTAL – as at April 11

DIVISION OVERVIEW

Customer

Prevention

Early Detection Health Assessments	Early Detection-Cervical	Early Detection - Breast Screening	Childhood Immunisation	Influenza Vaccination
8 %	60 %	72 %	91 %	70 %

Access

Aboriginal & Torres Strait Islander Assessments	Indigenous Health
12 %	0 %

Process

Health Service Delivery

Long Term Conditions – Diabetes Cycle of Care	Long Term Conditions - CHD	Long Term Conditions – Register/Recall System	Long Term Conditions – Asthma Cycle of Care	Long Term Conditions – Mental Health Plans	GP Management Plans & Reviews	Practice Nurses
43 %	34 %	56 %	4 %	41 %	4 %	86 %

Organisational Capacity

Clinical Governance

Medicines Management Review
4 %

IMT

Information Management Maturity Framework
2.5

Staff

Staff Development Plans	Turnover Rate	Sick Leave Rate	Staff Engagement
17 %	9 %	2 %	60 %

Financial

Liquidity Ratio

AGPN NETWORK PERFORMANCE DEVELOPMENT WEB PORTAL – as at April 11

DIVISION COMPARISON TO PILOT AVERAGE

Customer

Prevention

Childhood Immunisation	Early Detection - Breast Screening	Early Detection-Cervical	Early Detection Health Assessments	Influenza Vaccination
91.6% (78.1%)	72.4% (31.2%)	60.7% (37.5%)	7.8% (6.3%)	70% (35.5%)

Access

Aboriginal & Torres Strait Islander Assessments	Indigenous Health
12.3% (6.3%)	0% (7.8%)

Process

Health Service Delivery

GP Management Plans & Reviews	Long Term Conditions – Asthma Cycle of Care	Long Term Conditions - CHD	Long Term Conditions – Diabetes Cycle of Care	Long Term Conditions – Mental Health Plans	Long Term Conditions – Register/Recall System	Practice Nurses
4.1% (8.1%)	4.1% (2%)	33.9% (36.7%)	43.1% (16.9%)	41.3% (43.5%)	58.1% (59.3%)	85.9% (34.9%)

Organisational Capacity

Clinical Governance

Medicines Management Review
3.8% (3.1%)

IMT

Information Management Maturity Framework
2.5 (2.88)

Staff

Sick Leave Rate	Staff Development Plans	Staff Engagement	Turnover Rate
1.9% (2.6%)	17.2% (62.9%)	60% (52.7%)	8.6% (13.5%)

Financial

Financial

Liquidity Ratio
2.32:1 (1.46:1)

improvement foundation
putting improvement first

Appendix IV: Sample report of the proDacapo Balanced Scorecard