



National Prescribing Service Limited



Call for expressions of interest

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

Overview document for Divisions of General Practice

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

Overview of the Expressions of Interest

The Australian General Practice Network (AGPN) and National Prescribing Service (NPS) are calling for Expressions of Interest from Divisions of General Practice who would be interested in participating in the Prescribing Data in General Practice Demonstration (PDGPD) project which is a quality improvement (QI) activity for GPs. It is focused on two clinical areas: hypertension and chronic heart failure (CHF).

In addition to this document, there are four documents supporting the Expressions of Interest process. These are:

- Expressions of Interest submission form for Divisions of General Practice
- Information sheet for general practices and GPs
- Information sheet for Divisions of General Practice
- Information sheet describing data management, evaluation and privacy.

Each of the information sheets can be used as a discrete document when describing the project to Division staff and general practices.

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.

Expressions of Interest close on 22 May 2009. Submission forms should be emailed to dataprescribing@agpn.com.au.

What is the purpose of the PDGPD project

The PDGPD project is designed to help GPs review their current prescribing and management of patients with CHF and hypertension 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. Immediate feedback of GP and practice-level data in the form of clinical indicator results is generated by using a data extraction software tool. This is followed by feedback of aggregate results for comparison at divisional and national level. GPs will then review those individual patients identified by the extraction tool who may benefit from a change in prescribing to optimise the management of their condition. The activity will be evaluated to determine whether it is acceptable and sustainable within general practices, promotes good prescribing practice and improves short term patient outcomes

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 very time-consuming and complicated. To make this feasible, the Canning data extraction software tool has been modified to automatically extract relevant prescribing data and calculate each of the eight clinical prescribing indicators used in this project.

When will the project run?

The project partners intend that the project will run between August 2009 and December 2011. Please note that continuation of the project beyond 30 June 2010 is subject to ongoing funding. As the project includes a formal evaluation of the impact of the quality improvement intervention on GP prescribing and patient outcomes, 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.

How many general practices and Divisions will be selected?

Up to 180 practices and 20 Divisions across Australia will be selected for the project.

While this is a call for Expressions of Interest for a demonstration project of limited scale, it is envisaged that the outcomes of this quality improvement trial will be used to develop innovative quality use of medicine interventions that will be offered to all Divisions across Australia.

What is the funding model?

Divisions will receive up to \$6000 per practice for the term of the project. Please refer to the attached document – *Information sheet for Divisions of General Practice* – for detailed information on the funding model.

Who should apply?

NPS and AGPN have defined eligibility criteria for Divisions wishing to submit an Expression of Interest.

This is a demonstration project which incorporates a formal evaluation. As a consequence, the eligibility criteria for Divisions are quite specific. However, it is envisaged that the outcomes of this quality improvement trial will be used to develop innovative quality use of medicine interventions that will be offered to all Divisions across Australia.

Practices can be group practices or solo practitioners. However, this project requires review of indicators in facilitated, face to face small group discussions of two or more GPs. If solo practices are recruited, Divisions will need to ensure that solo practitioners participate in scheduled face to face small group discussions of two or more GPs for the term of the project.

Essential selection criteria for Divisions:

Please check your Divisions' eligibility against these criteria prior to completing the Expression of Interest.

- A current consultancy agreement in relation to Implementation of Nationally Coordinated Programs for QUM with NPS.
- Previous participation in Australian Primary Care Collaboratives (APCC) or quality improvement activities associated with data extraction from GP prescribing software.
- Ability to recruit an initial minimum number of seven and maximum number of fifteen general practices. Each practice must be using Medical Director and currently using, or willing to use, the Canning data extraction tool.
- Capacity of the Division to support and maintain a minimum of five general practices for the full term of the project.
- Experience with supporting general practice activities using practice support or outreach models.
- Capacity to appoint appropriate personnel to support facilitation of quality improvement activities and group learning.
- Demonstrated Divisional understanding of data quality issues in general practice.
- Demonstrated Divisional capacity to support data cleaning or the ability to appoint a person to undertake this function.

Selection criteria for Divisions to recruit general practices

Participating Divisions are required to recruit general practices into the project. When Divisions engage in the recruitment of practices, it is strongly recommended that they select general practices that are the most likely to complete the project term. Divisions should consider the following criteria before approaching general practices to participate in the project:

- Does the practice currently use MD2 or MD3 clinical software? (essential)
- Does the practice currently use, or is willing to use, the Canning data extraction tool? (essential)
- Does the practice have a broadband Internet connection? (essential)
- Are GPs in the practice willing to allow data extraction from Medical Director to the Canning data extraction tool? (essential)
- Does the practice have two or more GPs, or for solo practices, is the practitioner willing to participate in alternative arrangements to allow participation in the project? (essential)
- Does the practice have the capacity and experience to participate in quality improvement activities and facilitated practice based small group discussions? This is especially important for solo practices. (essential)
- Did the practice participate in the APCC or similar data extraction activities? (desirable)

What is the application procedure?

Step 1

Divisions who wish to submit an Expression of Interest should complete an Expression of Interest submission form. This form is part of the Expression of Interest documentation. This form provides an overview of a Division's capacity to deliver the project. An important part of this form is the *Potential Practices for Recruitment* table. Please fill in this in with care. The first payment to Divisions that succeed in the selection process will be based on the number of practices and completeness of information contained in this table.

Step 2

Interested Divisions should submit a PDGPD Expression of Interest Form by 22 May 2009 to AGPN by email at dataprescribing@agpn.com.au. Please use only the attached pro-forma, the Expression of Interest submission form, when preparing your Division's Expression of Interest. AGPN and NPS have formed a Prescribing Data in General Practice Demonstration (PDGPD) project Implementation Group. The Project Implementation Group will act as the national PDGPD project assessment panel. The Project Implementation Group reserves the right to exclude from consideration any Expression of Interest which does not address all selection criteria and is not received by 5.00 PM Canberra time on 22 May 2009.

Step 3

The Project Implementation Group will provide advice and recommendations on the Expression of Interest process for the PDGPD project for approval for funding. The assessment will be based on the application from the Division and the Divisions' ability to meet the eligibility criteria contained in the PDGPD Expression of Interest submission form. Please address all of the elements in your Expression of Interest.

Successful applicants will be contacted by the Project Implementation Group within one month of the submission deadline and a first payment will be made based on the practices identified for recruitment. Successful applicants will be given two months to deliver a more detailed list of practices they have recruited for the intervention. A second payment will be made to Divisions once practices have been recruited.

Terms and conditions

All submitted Expressions of Interest will be evaluated by the Project Implementation Group, taking into account the criteria outlined above. AGPN and NPS may request applicants to submit supplementary information, such as additional detail about the questions on the Expression of Interest submission form. Any possible requests to submit supplementary information and/or to submit a more detailed proposal, as well as any ensuing discussions will be exploratory only, and do not mean that the Division concerned will actually be selected and/or receive any funding.

Incomplete applications and applications submitted after the deadline will, in principle, be disregarded, unless the Project Implementation Group, at its sole discretion, decide otherwise in respect of any such incomplete or late application. The Project Implementation Group, will not be held to offer applicants any explanation or justification as to why their Expression of Interest has been rejected and/or why it has not been selected. The shortlist will not be made public and the outcome of the selection process will not be open to appeal. Each Division that submits an application will be notified in writing (by post) whether or not it has been selected for participation in the PDGPD. Any and all costs and expenses incurred in relation to, or ensuing from, the submission of an Expression of Interest will exclusively be borne by the applicant. The application and selection process set forth in this document will not be subject to claims for financial compensation of any kind whatsoever.

Important considerations for Divisions and general practices

This project is a demonstration project. Several elements of the project are still in the final stages of development and testing in pilot practices. The final scope of the project may differ to the description in this Expression of Interest and associated documents. As a consequence, the information contained in these documents including scope and time required to complete elements of the project should be treated as a guide only. The final scope of the project will be released as soon as it becomes available. It will also be made available for all Divisions that are successful in the Expression of Interest process to consider before signing an agreement.

Continuation of the project beyond 30 June 2010 is subject to ongoing funding.

When do Expressions of Interest close?

Applications and queries should be submitted by email to dataprescribing@agpn.com.au by COB on 22 May 2009 at the latest.

Where should applications be sent?

By email to dataprescribing@agpn.com.au

Where do I get further information?

Aside from this document there are three information sheets:

- 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.



National Prescribing Service Limited



Expression of interest submission form

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

Please send this completed EOI form to:
dataprescribing@agpn.com.au

Closing date for submissions is COB
Friday 22nd May 2009

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Part A: Introduction

The Division will be required to:

- properly account for funds allocated to other bodies for the purposes of the PDGPD project
- have high levels of administration, accounting and financial management skills to fulfil the responsibilities that will fall to them
- ensure that all other legal liabilities such as those to clients and staff, are applied through their sub-contracting arrangements.

IMPORTANT CONSIDERATIONS FOR DIVISIONS AND GENERAL PRACTICES

This project is a demonstration project. Several elements of the project are still in the final stages of development and testing in pilot practices. The final scope of the project may differ to the description in this Expression of Interest and associated documents. As a consequence, the information contained in these documents including scope, and time required to complete elements of the project should be treated as a guide only. The final scope of the project will be released as soon as it becomes available. It will also be made available for all Divisions that are successful in the Expression of Interest process to consider before signing an agreement.

Continuation of the project beyond 30 June 2010 is subject to ongoing funding.

Part B: Division details

Legal name of organisation:

Street address:

Postal address:

ABN Number:

Authorised contact person in relation to this Expression of Interest

Name:

Title:

Position:

Telephone:

Mobile:

Fax:

Email:

Part C: Application criteria

Please provide a brief description against each of the following criterion supporting your application.

1. Does your Division have a current agreement with National Prescribing Service (NPS)?

YES NO (please select one response)

Please briefly describe that agreement.

2. How will you staff the PDGPD project?

PDGPD project funding is in addition to any existing agreements with NPS. How will you staff the PDGPD project facilitator role?

a. Please briefly explain whether you are likely to use existing staff for the role of project facilitator. If so, please indicate who he/she might be (e.g. NPS facilitator or other members of staff), what arrangements would need to be made (e.g. redeployment/additional hours) and what skill mix he/she has for this role.

b. Please briefly explain if you were to likely to recruit additional staff for the role of project facilitator. If so, please indicate how you would recruit them and on what basis (e.g. temporary appointment)

3. Has your Division participated in the Australian Primary Care Collaboratives (APCC) or other quality improvement activities associated with data extraction from GP clinical software?

YES NO (please select one response)

Please briefly describe your activities undertaken within that agreement, the roles, and skills of facilitators in that program

4. Can your Division initially recruit between seven and fifteen general practices into the PDGPD project?

a. Please briefly describe the process you have used to determine the interest in the PDGPD project among GPs and practices in your Division?

b. Please complete the *Potential Practice for Recruitment* table on the final page of this EOI. Please note that the contract signing payment will be based on this information. Divisions need to be able to recruit between seven and fifteen practices to the PDGPD project. In order to receive the full amount of payment being offered to Divisions, at least fifteen general practices must complete the full term of the project. This table is thus intended to assist your Division in assessing the feasibility of lodging an Expression of Interest.

5. Please describe how your Division will support general practices and individual GPs to ensure that they remain within the PDGPD project for the full duration of the project?

6. Please describe the experience and capacity your Division has to support and facilitate: small group learning (e.g. provision of rooms, staff flexibility to accommodate GP schedules etc), practice support and quality improvement in general practice.

7. Please describe your Division's experience in data cleaning, data quality and data management.

Please list the specific projects where your Division has gained experience in this area. Please include a brief explanation of how your Division undertook this task in each relevant project. (Maximum half page)

8. Will your Division be delivering any programs around management of hypertension and chronic heart failure, excluding this project, during the project term?

YES NO (please select one response)

If yes, please describe these briefly below.

9. Will your Division be participating in other quality activities for general practices in 2009–2011 (e.g. APCC, local collaboratives, state health initiatives)?

This question will assist in determining the capacity your Division has for implementing new quality use of medicine initiatives and quality activities in 2009 – 2011 (e.g. HMR uptake, NPS programs, other)

YES NO (please select one response)

Please name these. (Maximum half page)

10. Are there any other factors that you believe may enhance your response to this Expression Of Interest?

These may include demographic data, local expertise in region etc [Maximum half page]

11. Outline your project plan to deliver the Prescribing Data in General Practice Demonstration (PDGPD) project. Include a brief overview on the following – maximum 2 pages.

Background

Purpose and Objectives

Project Deliverables

Timeframe

Project Outcomes

Evaluation

Part D: Where do I send this completed Expression Of Interest?

Please send the completed Expression Of Interest form by email to
<mailto:dataprescribing@agpn.com.au>

Closing date for email submissions is COB **Friday 22 May 2009**

Where do I get further information?

In addition to this document, there are four documents supporting the Expressions of Interest process. These are:

- Expressions of Interest overview document for Divisions of General Practice
- Information sheet for general practices and GPs
- Information sheet for Divisions of General Practice
- Information sheet describing data management, evaluation and privacy.

Each of the information sheets are intended for use as discrete documents when describing the project to Division staff and general practices.

In addition, AGPN and NPS will hold briefing(s) for participating Divisions in Sydney in June to give detailed information about the project in order to enable them to recruit practices. A further intensive two-day workshop for the project facilitator 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 on facilitating practice and peer review meetings.

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Expression of interest submission form

Potential practices for recruitment table – Please add information to this table electronically

Potential practices for recruitment table – Please add information to this table electronically

	Practice Name and address, phone (please use a PC to enter this information)	No. of GPs in practice (full & part time)	No. of GPs in practice (full & part time) who have expressed initial interest in project?	Medical Director 2 used? (Yes/No)	Medical Director 3 used? (Yes/No)	Canning Data Extraction tool used? (Yes/No)	Broadband? (Yes/No)
1				No	No	Yes	Yes
2				Yes	Yes	Yes	Yes
3				Yes	Yes	Yes	Yes
4				Yes	Yes	Yes	Yes
5				Yes	Yes	Yes	Yes
6				Yes	Yes	Yes	Yes
7				Yes	Yes	Yes	Yes
8				Yes	Yes	Yes	Yes
9				Yes	Yes	Yes	Yes
10				Yes	Yes	Yes	Yes
11				Yes	Yes	Yes	Yes
12				Yes	Yes	Yes	Yes
13				Yes	Yes	Yes	Yes
14				Yes	Yes	Yes	Yes
15				Yes	Yes	Yes	Yes



National Prescribing Service Limited



Information sheet for general practices and GPs

for
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Practice Demonstration (PDGPD) project

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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 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.

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References

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National Prescribing Service Limited



Information sheet for Divisions of General Practice

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

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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 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.

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- 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:

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- 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.

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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 this information sheet for?

This information sheet provides answers to a series of frequently asked questions for the Prescribing Data and General Practice Demonstration (PDGPD). 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.

This information sheet is divided into two sections:

Section 1: What will the evaluation for the PDGPD project involve?

Section 2: How have privacy and confidentiality issues been addressed?

Overview of data management for the PDGPD project

The Prescribing Data and General Practice Demonstration (PDGPD) project is a quality improvement activity for GPs. The PDGPD project is focused on two clinical areas: management of hypertension and chronic heart failure (CHF). The project aims to assist GPs in the management of patients with these conditions through the support of optimal prescribing. Achieving an improvement in 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 and automatically calculate eight clinical prescribing indicators used in this project. The Canning data extraction software tool allows GPs to extract prescribing information from Medical Director software, allowing for review of patient management. Information is provided on best practice and GPs are supported to discuss this in practice groups. The project will also investigate the acceptability and sustainability of the quality improvement activity in general practice.

SECTION 1: What will the evaluation for the PDGPD project involve?

In order to investigate the impact of the PDGPD project QI activity and assess the value, feasibility and sustainability of this and similar interventions, the project will include a formal evaluation. The evaluation will use:

- non-identifiable clinical and demographic data from patients with CHF and/hypertension drawn from GPs' clinical databases via the Canning tool
- practice characteristics such as size and anonymised GP demographics entered into and extracted via the Canning tool.

The patient/GP/practice evaluation data will be rendered non-identifiable, encrypted and transferred securely to the NPS at a number of time points throughout the project (on installation of the Canning tool, 0, +3, +6,+12, and +18 months). Automated extraction and data transfer will be initiated by the project facilitator in cooperation with a nominated participating practice staff member. The evaluation will gauge the impact of the QI activity on short term patient outcomes (e.g. blood pressure) and prescribing (e.g. use of ACE inhibitors in heart failure), whilst taking into account co-morbidities (e.g. diabetes), risk factors (e.g. smoking), demographics (e.g. age and sex) and characteristics of the treating GP (e.g. age and years in practice) and the practice (e.g. number of GPs and rural/urban location). Collected data will be treated as strictly confidential, be rendered non-identifiable and only accessible to the project research team via a central database at the NPS. The data will only be used for the purposes of evaluating the PDGPD intervention. The evaluation will compare patient and prescribing outcomes for the intervention and control groups over the course of the project. Additionally, the analysis will investigate factors related to differences in those outcomes at the patient, GP and practice level.

At the conclusion of the intervention a brief anonymous, self-completion survey will also be posted to all GPs participating in the project to determine the feasibility and sustainability of the QI activity. A small number of focus groups (six) with a sample of practice staff (volunteers) from the intervention arms of the project will also be conducted to obtain further detail regarding the feasibility of the QI activity. Focus group participants will be paid for their time.

The evaluation protocol and data collection instruments will be subject to approval by the RACGP Ethics Committee.

Who will have access to the evaluation data?

All data collected for evaluation will be treated as strictly confidential, be rendered non-identifiable and only 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.

What if a practice gets randomised to the control arm?

Assignment to the intervention and control arms of the project will be completely random and will be carried out by the NPS as each practice is enrolled. Practices will be informed as to their allocation. All practices randomised to the control arm will receive the QI activity including the installation of the Canning tool six months after those practices in the intervention arms receive it. Control practices will be eligible for the same incentives and benefits and incentives as those randomised to the intervention arms. Having a control arm is important as it allows us to best (although not perfectly) isolate the effect of participating in the PDGPD QI activity by having data from comparable practices subjected to the same conditions/environment as those receiving the intervention.

What are “aggregate clinical indicators”?

The Canning data extraction software tool has been modified to automatically extract and calculate the eight clinical prescribing indicators used in this project. GPs within a single practice will therefore be able to review their prescribing behaviour for hypertension and chronic heart failure patients using the Canning tool. In addition, at three-monthly intervals, each practice will be asked to send the clinical indicator results summed (“aggregated” by the Canning tool) for their practice to the NPS. The results for all participating practices will then be aggregated by NPS the divisional and national level so that practices can compare their outcomes with the divisional and national averages. Access to the aggregated data will be via a password-protected website hosted by the NPS. The project facilitator will be able to view divisional and national aggregate data, but will only be able to view practice level data for practices in their division. Practices will be able to view data for other practices in their own division, but the data will be anonymised so that the individual practices cannot be identified.

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

Information sheet describing
data management, evaluation
and privacy

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.

Can general practices do the QI 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.

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/PIP 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 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 PDGPD project.

Section 2– How have data privacy and confidentiality issues been addressed?

Why does the PDGPD project need patient data?

Non-identifiable patient data will be used to evaluate the impact of the QI activity. Patient data allows us to demonstrate the benefit of such QI activities for patient health and establish the value of such QI activities to other GPs and funders of health initiatives. It also allows us to identify factors that may be associated with facilitating or hindering improvement in patients in a practice (e.g. smoking, older patient population) so we can target future QI activities where it will result in most benefit.

Do patients need to consent for their data to be used?

All patient level data will be rendered non-identifiable by the Canning data extraction software tool before it leaves GPs' computers. Therefore its collection without written patient consent does not breach national privacy laws. 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 themselves excluded from the project if they wish. These measures were approved by the RACGP Ethics Committee.

Why do you need information about the practice and the GPs?

A small amount of non-identifiable information will be collected on GPs (e.g. age, patient load) and their practice (e.g. size) as part of the evaluation of the QI activity because it is important to know which features of a GP or practice may influence patient and prescribing outcomes. For example, large practices or GPs with large patient loads may find it more or less difficult to implement the QI activity. Similarly, if it is practice policy at one practice to bulk bill all recalled patients, patients may be more likely to return for review than at a practice which does not bulk bill. These factors in turn may influence the degree to which practices/GPs may demonstrate change as a result of participating in the project.

How can I be sure the patient and GP/practice information will remain confidential?

Any information collected, used and stored for the PDGPD project will remain anonymous (identified only by an ID number) and comply with the National Privacy Principles contained in the Privacy Act 1988 (Commonwealth), as well as the Joint NHMRC/AVCC Statement and Guidelines on NHMRC Research Practice and Australian Code for Responsible Conduct of Research. 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.

Will the PDGPD project produce any reports or publications?

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.

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.

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*)