

Short Report

Identifying and addressing barriers to the use of enhanced primary care plans for chronic disease in rural practices

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Introduction

The substantial burden of chronic disease is well established.¹ In Australia, Medicare-funded enhanced primary care (EPC) plans by GPs can be used as a component of chronic disease management. These plans can promote the provision of multidisciplinary care.² The potential value of this initiative in supporting team care in a community setting has been recognised as has that barriers might limit its implementation.³

Use of EPC plans was noted to be consistently below national benchmarks in a medium-size Victorian rural division of general practice. A two-stage response was developed and implemented.⁴ Barriers to the use of EPC plans were initially identified. This informed the development of a targeted training intervention to address these barriers.

Participants, methods and results

In stage one, barriers were identified. GPs and practice nurses ($n = 20, 21$) completed a customised questionnaire and GPs, practice nurses, practice managers and consumers ($n = 5, 7, 6, 8$) participated in focus groups. In stage two, targeted training informed by stage one was provided to GPs, practice nurses and practice managers ($n = 9, 17, 6$). Consumers were recruited through chronic disease support groups; GPs, practice nurses, practice managers were recruited through the participating division of general practice. All participants lived in Rural, Remote, Metropolitan Areas classification 3–5 locations.

A number of barriers were identified through the questionnaire; these were further clarified in focus groups. Key barriers identified included:

- Poor understanding of EPC Medicare items and their appropriate use
- Shortage of appropriately trained nurses to contribute to EPC plans

- Limited awareness and use of specific software for EPC plans.

Some participants, especially GPs, questioned the health outcome benefits of developing EPC plans. Current remuneration levels were not seen as a barrier. Finally, GPs and nurses who worked in a setting with a suitably skilled practice nurse reported this as a key enabler.

Informed by the above findings, a targeted, multidisciplinary and multifaceted intervention was developed. This included skill development in software use, information on health outcomes and appropriate use of EPC items, and promotion of practice nurse participation. Small-group, participatory learning format was used, with emphasis on early clinical application of skills. Participant time commitment was 7.5 hours.

Most participants felt that the training met their needs and was clinically relevant. Pre–post assessment indicated increased participant knowledge of EPC plans and confidence in their use. Participants reported increased use of EPC plans and Medicare data suggested that use of EPC items in the division increased by almost 20% more than the national increase.

Comment

This research identified factors that may limit the use of EPC plans in rural general practice and reports on a targeted response to these identified factors. It supports the view that rural health providers can respond to identified health care limitations.

The existence of barriers to the use of integrated EPC plans in general practice has been previously recognised.³ This research identified a number of these barriers. The range of Medicare EPC items and the lack of confidence in their use identified in this research suggest that further training is required. Divisions of general practice are likely to be a suitable forum for such training. Similarly, relevant software training through divisions might be needed.

This research emphasised the key role of practice nurses in the provision of EPC plans in rural practice.

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However, workforce issues might constrain the availability of suitably trained nurses.

This research was guided by an evidence-supported framework, an approach to clinician behaviour change that often has not been used.⁵ This research supports the view that this approach can be applied in relatively small, resource-limited rural settings.

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