



Jeff Elliott,¹ Holly Parsons,¹ Kelly Sutherland,² Shantala Mohan,³ Anne Grunseit,⁴ Margaret Williamson¹

1. National Prescribing Service 2. Ruby ChaCha 3. UNSW 4. Sydney University

Introduction

The Prescribing Data in General Practice Demonstration (PDGPD) Project is an innovative quality improvement initiative for general practice developed by the National Prescribing Service in collaboration with the Australian General Practice Network. The Project uses a data extraction tool to assist GPs identify 'quality gaps' between evidence-based and actual prescribing practices for their patients with chronic heart failure (CHF) and hypertension.

The quality improvement strategies and incentives used to assist participating GPs include: a data extraction tool; prescribing data feedback; peer comparison; facilitated peer group discussion; CPD incentives; and clinical recall processes (Figure 1).

Objectives

To pilot test and refine the quality improvement strategies and the implementation process developed for the PDGPD project and identify what worked well, what needed to be improved, and the acceptability of the project to practice staff.

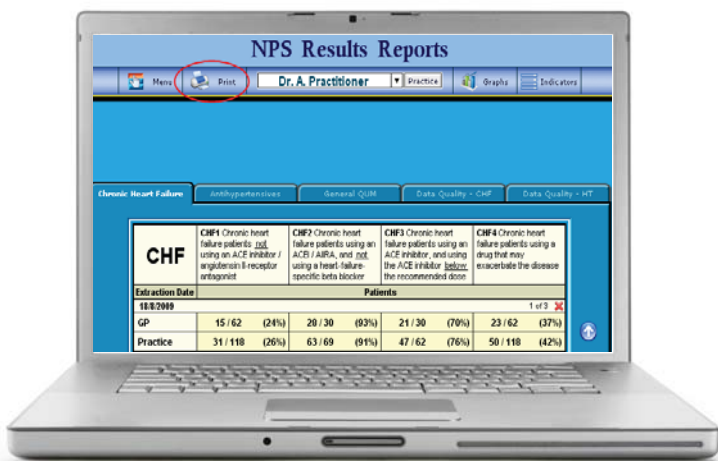
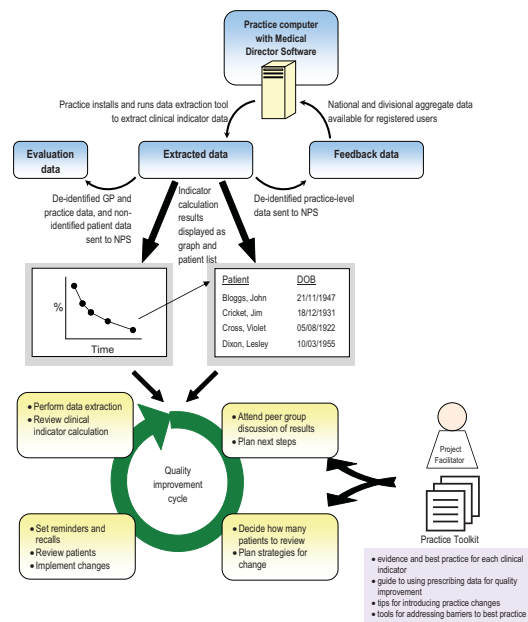


Figure 1: An overview of the PDGPD Project



Methods

A sample of three practices in metropolitan Sydney undertook either the hypertension (n=2) or CHF (n=1) topics over three months. There were two practices (2 GPs and 1 practice manager in one, and 6GPs, 1 practice manager and 3 practice nurses in the other) undertaking the hypertension topic and one practice (3 GPs and 1 practice manager) undertaking the CHF topic.

All practices installed the data extraction tool, undertook the quality improvement activity, including two facilitated group discussions with GPs. Participants' experiences implementing the program were drawn from taped focus groups with GPs and one-on-one semi-structured interviews with the practice managers at each practice following facilitated group discussion. The data were collected by independent researchers and analysed for common themes. Self-reflection forms completed for CPD point allocation by the GPs (n=11) were also analysed.

Results

A number of perceived benefits and enablers to implementation of the activity in the PDGPD pilot study, as well as significant barriers were identified (Box1).

All GPs reported the activity was relevant to practice and met learning needs. The majority thought it assisted reviewing patient clinical management but were not satisfied with the level of improvement in the results, and thought longer time was needed for patient review.

Box 1: Perceived benefits and enablers and significant barriers found in the pilot study *

Perceived benefits and enablers	Significant barriers
Increased awareness of current guidelines	Difficulty of engaging the GP in the activity
Pivotal role of practice manager	Role and credibility of Project Facilitators
Identification of patients potentially receiving sub-optimal treatment	Perceived limited ability to improve patient care for those with CHF
Improved quality of electronic patient medical records	Disjoint between guideline recommendations and 'real' practice.

* Themes identified from focus group meetings and one-to-one semi-structured interviews

Discussion

The PDGPD pilot study identified the pivotal role of engagement of GPs and practice staff to ensure a practice-driven rather than Project Facilitator-led quality improvement initiative focusing on potential benefits to patients. Consequently, emphasis was placed on building relationships and practice teams

during Project Facilitator training for the main study, which was launched in October 2009. A toolkit was produced for each practice that contained resources and supporting information including templates and action plans to help undertake the activity. Regular teleconferences with Project Facilitators were set up to assist with addressing ongoing barriers to the Project.