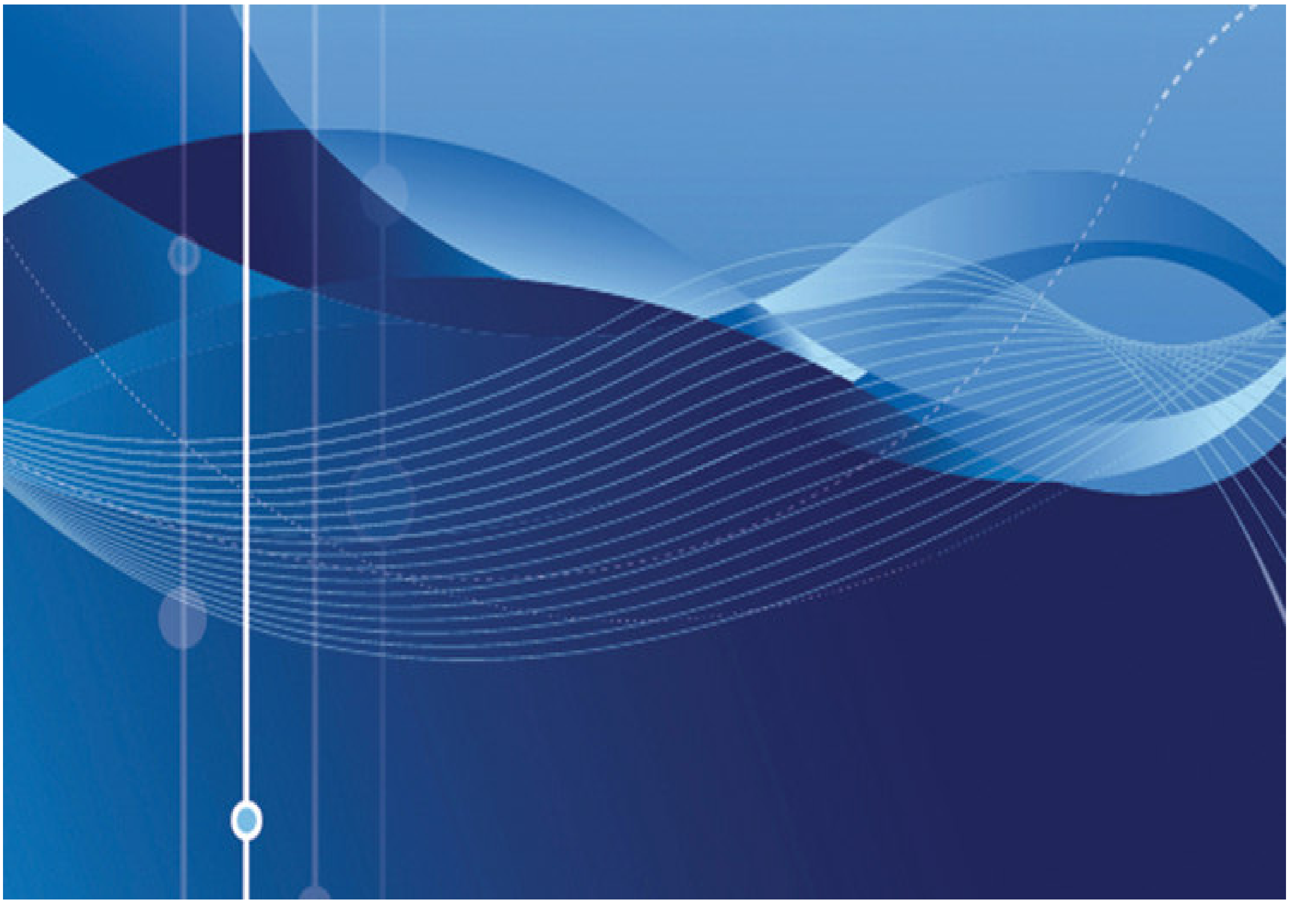


Divisions of General Practice

Information Management Maturity Framework (IMMF)

Toolkit – General practice relationship management guidelines and checklist

Information Management Maturity Framework

Toolkit – General practice relationship management guidelines and checklist

Purpose

The purpose of the "General practice relationship management guidelines and checklist" is to assist Divisions address the action tasks below.

Action Tasks	Capacity Gap	IMMF Element
Implement agreed IM standards and outcomes in the Division's GP relationship programs.	Reactive to Defined	IM Capabilities
Surveys for GP awareness and satisfaction with IM process and systems are mandated for all of the Division's programs and services.	Reactive to Defined	User perceptions

One or more of these tasks should have been identified from the Information Management Maturity Framework (IMMF) gap analysis and toolkit specification.

This tool provides advice to Chief Executive Officers (CEOs) on how to best manage their Division's relationship with general practitioners (GPs), through trust and credibility, to influence desired behaviour for improved information management (IM) outcomes.

Knowledge of "IM Planning templates linked to the Divisions annual and strategic business plans" is a pre-requisite for using this tool. "Guidelines for collection and distribution of information through email" and "Guidelines for change management training, including the use of PDSA cycles" may also be useful references. Knowledge of the tool: "General practice relationship management guidelines and checklist" is a pre-requisite for access to more advanced tools such as: "General practice relationship management case studies".

Explanatory Notes

Changing demographics, increasing costs and other pressures requires a primary care information framework that builds national knowledge on best practice. The Divisional network is seen as the change agent to make this a reality. In addition, improved IM at the GP level will help Divisions address their National Performance Indicator requirements.

Managing relationships is, therefore, not just a matter of maintaining steady state relationships, but actively orchestrating and managing change. There are numerous approaches to relationship management and change management. This tool suggests one approach based on the action tasks of this tool and other IMMF activities as detailed below.

Two reference sites: The Department of Health and Human Services (DHHS) Tasmania (Principles for General Practice Engagement) and Health Connect SA (General Practice Change Management Strategy) are particularly relevant to this toolkit. Other reference material is listed at the end of this document.

Instructional Design

This tool consists of five Parts:

Part 1 - Basic principles for relationship management and principles of GP engagement

Review this section to ensure that the activities and outcomes of this tool align with the Division's IM plan and good relationship management principles and techniques.

The guidelines provide an explanation of the importance of relationship management in the complex environment within which Divisions operate.

The principles assume an existing knowledge of the IMMF and basic relationship management.

Part 2 - Guidelines for achieving desired IM behaviour by GPs

CEOs and senior staff should review the guidelines to develop strategies and actions to achieve desired IM behaviour by GPs through the Division's GP relationship management programs. Starting with the Division IM plan, the desired "IM behaviours by GPs" are identified and compared to existing IM behaviours to determine the 'gap' that needs to be addressed.

Effective activities and actions should then be developed to address the gap between existing and desired IM behaviours. Some change management techniques are suggested that should be included in relevant GP relationship management programs. An example of how a Division conducts its relationship with GPs is also included.

Part 3 - Guidelines for implementation of the relationship plan

CEOs should review the guidelines to determine which relationship management structure best suits the Division's requirements and to ensure that implementing the relationship plan becomes a reality. CEOs should be mindful that a key resource is staff personal knowledge of practices.

Part 4 – Divisional capacity and readiness

CEOs should review this section to address capacity gaps within the Division that may impede the implementation of change management initiatives. After the review CEOs should discuss training programs with senior staff.

Part 5 - Relationship management checklist

The checklist can be used in conjunction with a Division's IM plan to identify IM standards and outcomes for inclusion in the Division's relationship management programs.

Summary of outcomes and resources

Workstreams	Outcomes	Resources
Skills and knowledge	Describe GP relationship management activities that support IM outcomes that support the Division's IM plan. Gaps in GPs IM behaviour and knowledge are identified and addressed through the Division's GP relationship management program. Gaps in Division staff's relationship management techniques are specified for development training.	Group workshops will be held to provide individual training for new skills and knowledge for Divisional staff.

New processes or procedures to be adopted	GP relationships are benchmarked and classified according their IM maturity. Change management techniques are developed to achieve desired IM behaviours by GPs. The Division's GP relationship management program is formalised and a suitable relationship 'structure' is implemented. Semi-annual and annual reviews of business outcomes and relationships are conducted.	Mentoring by CEOs of Divisions that have demonstrated a capacity: • To implement IM standards and outcomes though their GP relationship management program. • For change management.
Culture and change management requirements	Relevant staff are aware of IM standards and outcomes that can be implemented through the Division's GP relationship management programs. Staff professional development programs include change management techniques.	Conduct individual sessions and focus groups with Practices to define possible relationship types. Mentoring by CEOs of Divisions that have demonstrated expertise in these areas.

Part 1: Basic principles for relationship management and principles of GP engagement

All businesses have relationships. In particular all businesses have relationships with their customers. Planning the relationships a Division needs is an important first step in relationship management. The Division business plan should indicate how many practices / relationships are required to deliver on its business goals. Understanding your member population in terms of your relationships with them will help to drive your business.

Make the relationship clear to the customer

Considering how a Division would answer these questions will give CEOs a starting point for managing relationships with the Division's members:

- how well aligned is the Practice with the Division?
- how many of the Division's services are utilised by the Practice?
- what services would the customer like to be delivered by the Division?
- how would the Division like the Practice to collaborate in the Division's goals?

Clarifying expectations of the parties on an annual basis will help to improve alignment.

Keep good relationship records

As much information as possible should be recorded on each practice and stored in a place where relevant staff can gain access to that information. This will mitigate against loss of knowledge in the event of staff turnover. All practices should be covered including those with no substantive relationship. This will help Divisions understand the difference between practices with good relationships and those without. It will also give some idea of health management that is outside the Division's influence. This knowledge will help the Division work out priority practices and how to develop and maintain valuable relationships.

Below are three key principles for engagement with GPs extracted from "Principles for general practice engagement[1]".

- **Understand that a general practice is a small business**

  Most general practices generate revenue through consultations with patients. In general, other activities such as meetings, completing surveys and discussing possible new processes and procedures do not generate immediate income. It is a good idea to identify their needs and try to meet them, before asking a practice to do something for the Division. The key driver for a general practice participating in these types of activities is usually to improve patient outcomes and service delivery.

- **Recognise differences**

  Be mindful of cultural and professional differences and also that the "drivers" described above will vary.

- **Meeting and contact times**

  When contacting or arranging meetings with general practices, try to arrange meetings in GP "friendly" times, such as either the end of the day or at lunchtime. In general, Monday and Fridays are busier days for GPs.

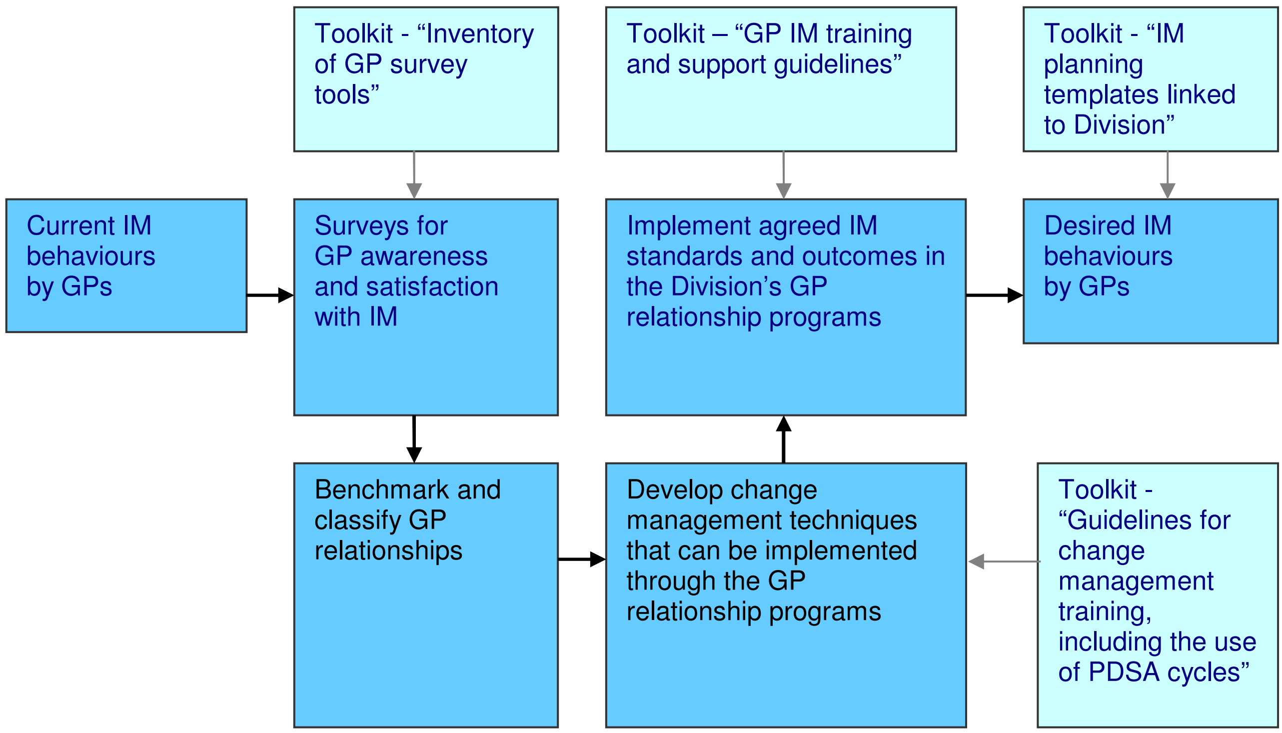
[1] www.dhhs.tas.gov.au

Part 2: Guidelines for achieving desired IM behaviour by GPs

As described in the toolkit elements “IM planning templates linked to Division business plans”, the IM plan should provide a consolidated view of the IM tasks needed to support the Division’s business objectives that form part of the Division’s business plan. A CEO can then use the Division’s IM plan to prioritise and manage the use of staff and technology and to budget funds against competing priorities. The IM plan should include areas such as ‘IM vision statement’, ‘impact of emerging IM trends, technology and issues’ and ‘IM scope of work’.

A Division can use its relationship with general practices to achieve the desired practice IM behaviours that will help a Division to achieve the outcomes of its IM plan. One approach to achieve this is to conduct a ‘gap analysis’, similar to the IMMF, that identifies the gap between current IM behaviours by general practices and what are desired IM behaviours. Activities that will close this gap can be identified, prioritised and implemented.

The diagram below is a suggested approach to achieving desired IM behaviours by general practices, incorporating the action tasks of this tool and some other relevant tools (further details follow the diagram). It is only one approach and can be expanded to better suit the requirements of a Division.



1 - Use the IM plan to determine desired “IM behaviours by GPs”.

IM practitioners and managers determine desirable IM behaviours by general practices that will assist the Division achieve its IM outcomes. At this stage, do not discard behaviours that may not be achievable or practical. These may be achievable in the future or may become achievable through other actions that may be implemented in the short term.

2 - Determine current IM behaviours by general practices

Current IM behaviours can be ascertained through:

- current knowledge of the GP (staff, databases etc.);
- feedback from programs and initiatives; and
- an inventory of existing issues and improvements registers.

Additional knowledge can be gained through surveys for GP awareness and satisfaction with IM (Divisions need to be mindful of the principles of GP engagement as outlined in Part 1).

3 - Benchmark and classify GP relationships

There are numerous ways to classify relationships. However one approach is to classify GP relationships based on the maturity levels of the IMMF as described in the following table:

Classification	Criteria (examples)
Unaware	The GP is unaware of the majority of the Division's programs and services and is making no attempt to become aware.
Reactive	The GP is reactive to some of the Division's programs and services based on perceived self-interest.
Defined	The GP participates in the majority of the Division's programs and services and sees the value in both the local and larger context.
Optimised	The GP participates in the majority of the Division's programs and services and makes a significant contribution to the improvement of services and the development of new programs and services.

4 - Develop change management techniques that can be implemented through the GP relationship programs

Using the outcomes of the above steps, Divisions can classify, determine and prioritise activities to achieve desired IM behaviours by GPs through the Division's GP relationship management plan. Outcomes and action tasks of other tools that may be supported through the Division's GP relationship management plan, such as "GP IM training and support guidelines", should also be included.

To successfully implement the above standards and outcomes, Divisions will need to develop suitable change management techniques. As described in "Guidelines for change management training, including the use of PDSA cycles", there are ten guiding principles for transformational change. The key themes of the principles include:

- there needs to be a formal approach for managing change;
- there needs to be engagement with people;
- the requirement for change needs to clear; and
- communication needs to be regular, timely, inspirational and actionable.

Implementing change processes requires proper planning. Failure to plan properly will most likely lead to adverse outcomes[2].

Adopters of change range from innovators to followers.

Some of the characteristics of innovators include the following:

- (they) cope better with uncertainty and risk;
- have more contact with other people; and
- engage in more active information seeking activities.

In relation to changing clinician behaviour, research suggests interventions based on addressing barriers to change and "active" approaches (personal involvement) are the most effective.

[2] The remainder of this section is based on "GP Change Management Strategy - Engagement with General Practice" Health*Connect* SA.

Barriers to change include financial disincentives, absence of facilities and lack of professional knowledge.

When engaging in active approaches, some suggested change management strategies are described in the following table:

Type of person	Suggested change management strategy
People are rational and will follow their self-interest.	People will balance incentives and risks. Can use ‘converts’ to influence others.
People are social beings and will ‘go with the flow’.	Longer term strategies are required as changing culture is difficult to achieve quickly. Use charismatic and dynamic leadership.
People are basically compliant.	Two factors influence choice of this strategy; time and seriousness of threat faced
People oppose loss and disruption but they adapt readily to new circumstances.	Strategy is best suited to radical transformation.

It is important to note that medicine in general attracts individuals who are autonomous, adept at problem solving and intellectually curious and questioning. Many practices are solo or small partnerships while others function as small organisations. The key to successful change management with GPs is engagement.

An example of relationship management

As at July 2008, the Central Division covered approximately 110 general practices. At the time of writing, practices generally do not have Plan Do Study Act (PDSA) cycles in place enabling practice teams to proactively manage the health of their practice population, particularly those with chronic disease. The focus of relationship management with the bulk of these practices is to organise the development of IM building blocks required for effective practice population management.

There is a small group of 5 practices who are piloting “In-Practice” team management of chronic disease. The focus of Divisional relationships with these practices is capacity building to ensure long term sustainability. There is generally poor co-ordination of allied health services to facilitate health management. The Division has an excellent relationship with a local organisation of counsellors to implement standard referral procedures and information collection. This will serve as a model for relationship development with other allied health disciplines.

Local broadband is reliable and almost all practices are connected. There are three active messaging providers with one dominant player. The Division has good relationships with two of these providers and is partnering with them to facilitate electronic discharge summaries between the three public hospitals and general practices. The third provider is based in a different state and has not shown interest in collaboration. After considerable effort, the Division has decided to focus on and actively support the former messaging providers. Working relationships will be maintained with the third provider, but no further effort will be put into relationship development.

The Division’s IT provider also looks after 27 practices. The Division is cognisant of this situation and works with the provider to try to minimise IT variance, while ensuring adherence to minimum IT standards.

This relationship landscape was created on 1/07/2008 and is due for review on or before 1/07/2009.

Part 3: Guidelines for implementation of the relationship plan

Having established the relationship requirements of the Division, the relationship plan then needs to become a reality. Empower staff to establish and maintain relationships through their personal knowledge of the practice. While many Divisional staff may interact with an individual practice, one person should have responsibility for working with a practice to agree on what their relationship looks like and where it is going including which programs the practice adopts.

There are two types of structures that Divisions may use to manage their GP relationships. Choice will depend on local circumstances, the size of the Division and the complexity and diversity of the GPs in the Division. Migrating from one structure to the other can be a complex and costly undertaking, so Divisions should carefully consider both options, as described below.

1. Account Manager

The first style is to appoint an Account Manager for each relationship and align the organisation around the customer.

Customer Account	Manager
Practices in Postcode Range xxx1 – xx30	Account Manager 1
Practices in Postcode Range xx31-xx60	Account Manager 2

Such an approach is preferable in customer-focused organisations. Its strengths are:

- an individual is assigned to each customer to discuss and act on relationship issues and as a primary contact;
- customers know who they will be contacting; and
- account managers become very familiar with the business of their customers.

The weaknesses of this approach are:

- The account manager generally has to become an expert in a diverse range of business activities (e.g. Aged Care, National Prescribing Service, Chronic Diseases). Such individuals can be difficult to find, train and retain. Staff struggling with the demands of the position may not be able to service the diverse needs of their customer base.

- While it will be clear who customers should contact, the account manager might be of limited value after initial contact is made. Specialist support requests might be handed to domain experts (e.g. a security specialist for Digital Certificates). However, this may have financial implications as additional levels of resources are required.

2. Program Manager

The second style is to appoint program managers and align customers around the Division, for example:

Program Account	Customer
NPS	All practices participating in NPS
Aged Care	“ “ “ Aged Care
Continuity of Care	“ “ “ Continuity of Care

This is the more common approach to relationship management in Divisions. Its strength is that staff with domain knowledge are often easier to locate and retain. The weaknesses are that:

- without clear relationship management processes, tools and culture, customer requests and customer knowledge is not easily shared and maintained; and
- customers may find it more difficult finding and sharing information with the staff member they need, (although when they do, the experience may be more rewarding).

Regardless of the approach taken to relationship ownership, the Division needs to assign an individual to have regular discussions with practices regarding their relationship. These discussions will create alignment and establish expectations over a planning timeframe. It will also confirm contact points for different circumstances. There should be single point accountability for each practice. It is important to note, depending on the ownership style chosen above, that this person may or may not be the ‘relationship owner’.

While relationship management activities might be seen as additional to current workload, this may not be the case if the Division reduces its time commitment to poorly aligned practices.

Part 4 Divisional capacity and readiness

"Guidelines for change management training, including the use of PDSA cycles" contains relevant information regarding change management, including ten guiding principles for transformational change. This section highlights some of the key principles and contains additional information that a Division should consider when developing relevant change management techniques.

1. Culture

This is the most important aspect of relationship management. A relationship culture is built around:

- respect
- honesty
- a "will to please"
- trust

This culture needs to be embodied in all Divisional staff and evidenced through their actions. De-identified surveys with specific feedback on Divisional interaction are useful. Divisions must be able to lead the way by demonstrating to practices how information management can be incorporated into their culture.

2. Skills and knowledge

Major skill sets revolve around business acumen, dealing with customers and the ability to use information, as listed below:

- Business planning and analysis:
  - piecing together business requirements from a whole of Division level all the way down to an individual practice level
  - planning activities that support business requirements
  - determining what works and what doesn't

- Data manipulation and analysis
  - understanding what data is necessary to determine success and how it should be recorded so that it can be found by all relevant staff
  - being able to find, manipulate and analyse that data so that business information can be produced

- Negotiation
  - driving Divisional goals of improved population health management via better information management requires a deft approach to agreed relationship parameters

- Interpersonal skills
  - Divisional staff are the human face of the organisation and customers need to see that they are being valued through politeness and attentiveness

- Managing and resolving conflict
  - Really a subset of interpersonal skills, conflict resolution is an art form in itself demanding a cool head and constructive approaches to problem solving

Knowledge required includes:

- Local practices and practice staff:
  - The significance of local knowledge cannot be underestimated. No matter how much information is recorded, a massive amount of information about customers will always be tacit. It is important to the customer that they are understood at a deeper level and also that they do not have to keep providing the same information.
  - For a Division, corporate knowledge of customers is a vital element in all other aspects of relationship management. (This makes staff retention a key organisational performance goal.)

- IT/IM including clinical practice software:
  - As Divisional business is moving towards use of clinical information in population health management, all staff relating to practices need to become familiar with their customers' software so they can help their practices with information management.

- Population health management including specific chronic diseases
  - Primary care is coming under greater and greater scrutiny in its ability to cost-effectively manage the health of an ageing (and more obese) population. Divisions will be expected to drive improvements in primary healthcare delivery to service growing needs. At an individual disease level, this knowledge is realised through the activities conducted through the Australian Primary Care Collaboratives PDSA cycles.

3. Processes and procedures

Following is a list of activities that need to be carried out to facilitate relationships:

- Annually:
  - plan of relationship establishment as a function of the Division Business Plan
  - updating the relationship landscape
  - allocation of practice relationships to specific staff
  - relationship appointment planning
  - recording of appointment outcomes including agreed programs, services and service levels as well as contact points / numbers
  - review of performance with each practice
  - overall performance review against plan
  - disposal of information at end of lifecycle

- Six-monthly:
  - Review of overall business outcomes and plan refinement
  - Review of performance with each practice and plan refinement
  - Overall plan refinement

- Ad-hoc
  - Updating contact points / numbers
  - Updating practice changes
  - Updating status of program outcomes

4. Technology

There will be a number of possible technology choices for Divisions depending on their size, maturity and existing technology skill sets. It is unlikely that one tool will be able to deliver on all requirements.

- Repository for Relationship Plan (possibly a section of Division Business Plan)
  - All Divisions should have an annual business plan. This is likely to be the logical place for the Relationship Plan. However, there may be reasons (e.g. confidentiality) that require the two documents to be stored separately. The Relationship Plan should be available to all staff interfacing with customers (probably everyone). It should be constructed in such a way that staff can see how their piece fits into Divisional goals and how it relates to other activities.
- Relationship landscape including brief summary (described above).
- Implementation of a customer relationship management tool that adheres to these principles:
  - Ensure there is always a clear business reason for the collection / storage of relationship information.
  - Wherever possible ensure information is stored in *one* place only.
  - Where multiple copies of information exist, ensure a master copy exists and version control is unambiguous and understood by all.
  - In accordance with Australia's National Privacy Principles, ensure information is available to external parties on an agreed, need to see basis only.

- Ensure read / write controls are in place so that information is available to internal staff on a needs basis only.
- Information system optimises information readability.
- An information back up plan is in place for all critical information.
- A disaster recovery management plan is in place for all critical information.

Clear mechanisms need to be in place defining the lifecycle of information and ensuring that information is securely disposed of at the end of its useful life.

Review

When the business plan is reappraised each year, this is an ideal opportunity to review the existing relationships. For example:

- what has worked and what hasn't?
- is primary care moving at an appropriate speed in relation to the national direction of population health management based on best practice?
- what new business challenges will the Division face in the next twelve months?
- what changes will be made to relationships over the next twelve months?
- how will these be realised through relationship management?

It is critical that the Division's Relationship Managers are central to this discussion. They will provide the best indication of the satisfaction levels of the customer base, changing customer demands and what the market will bear.

Part 5: Relationship Management Checklist

Below is a relationship management checklist that can be used in conjunction with the Division's IM plan to identify IM standards and outcomes for GPs that can be implemented through the Division's relationship management programs.

Task	Description	☑
Relationship realisation and ownership		
Understand the Practice	Key questions include but may not be restricted to the following*:	
	• What is the ownership structure?	☐
	• What is the business focus (eg maximum throughput vs capped customer base focussing on quality of care)?	☐
	• Are GPs incentivised and if so, how?	☐
	• What are the motivations of the key GPs?	☐
	• What roles does the practice manager take and is (s)he a key decision maker?	☐
	• How many practice nurses are employed and what do they do?	☐
	• Does the practice have change agents, if so who?	☐
	• What is the role of IT/IM in the practice?	☐
	• Do any of the staff work at other practices that operate differently?	☐
	*NB To satisfy legal requirements, ensure all the information stored on practices could be shared back with them and would satisfy the 'newspaper headline test'	
Make the relationship clear to the customer	Having established that a relationship exists, be clear with the customer about what that relationship is:	
	• Are there business goals that the practice would like the Division to help them achieve? Which Divisional services assist these goals?	☐
	• What services and service levels would the practice like from the Division?	☐
	• What services can the Division offer the practice?	☐
	• How well aligned is the practice with the Division? How many of the Division's services are utilised by the Practice?	☐
	• What services would the customer like to be delivered by the Division?	☐
	• How would the Division like the practice to collaborate in the Division's goals?	☐
	Clarifying expectations of the parties on an annual basis will help to improve alignment.	
Monitor and review relationships	• Have formal and informal sessions with practice staff to see how various shared activities are going.	☐
	• Have feedback processes to refine Divisional activities.	☐
	• Review at least annually to see if the relationship can be improved.	☐
Formalise communication mechanisms	• Identify individuals in both the Division and the practice for various business issues.	☐
	• Determine frequency of formal engagement	☐
	• Ensure all relevant Divisional staff have access to this information.	☐

Structure organisational skills and knowledge, processes and procedures, technology, and culture to satisfy customer relationships and deliver your business outcomes		
Culture	Conduct workshop and provide staff with a 'Cultural Values' document that can be displayed.	☐
Organisational skills and knowledge	• Ensure staff development plans are in place covering: ○ Business planning and analysis ○ Negotiation ○ Interpersonal skills ○ Data manipulation and analysis ○ Managing and resolving conflict • Review and ensure policies are in place that maximise retention of the following knowledge: ○ Local practices and practice staff ○ IT/IM including clinical practice software ○ Population health management including specific chronic diseases	☐ ☐
Processes and procedures	• Include these actions in staff performance plans: ○ Plan of relationship establishment as a function of Division Business Plan ○ Updating relationship landscape ○ Allocation of practice relationships to specific staff ○ Relationship appointment planning ○ Recording of appointment outcomes including agreed programs, services and service levels as well as contact points / numbers ○ Review of performance with each practice ○ Overall performance review against plan ○ Disposal of information at end of lifecycle • Six-monthly: ○ Review of overall business outcomes and plan refinement ○ Review of performance with each practice and plan refinement ○ Overall plan refinement • Ad-hoc: ○ Updating contact points / numbers ○ Updating practice changes ○ Updating status of program outcomes	☐ ☐ ☐
Technology	• Create a repository for Relationship Plan (possibly a section of Division Business Plan) • Create and update relationship landscape including brief summary • Implement a customer relationship management tool that adheres to these principles: ○ Ensure there is always a clear business reason for the collection / storage of relationship information. ○ Wherever possible ensure information is stored in *one* place only. ○ Where multiples copies of information exist, ensure a master copy exists and version control is unambiguous and understood by all. ○ In accordance with Australia's National Privacy Principles ensure information is available to external parties on an agreed, need to see basis only.	☐ ☐ ☐

	○ Ensure read / write controls are in place so that information is available to internal staff on a needs basis only. ○ Information system optimises information readability. ○ An information back up plan is in place for all critical information. ○ A disaster recovery management plan is in place for all critical information. ○ Clear mechanisms need to be in place defining the lifecycle of information and ensuring that information is securely disposed of at the end of its useful life.	

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