



Divisions of General Practice

Information Management Maturity Framework
(IMMF)

Toolkit – Case studies and technology
solutions for Division/GP relationship
management programs



Information Management Maturity Framework

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Purpose

The purpose of the “Case studies and technology solutions for Division/GP relationship management programs” is to assist Divisions address the action tasks below.

Action Tasks	Capacity Gap	IMMF Element
Promote ‘win-win’ IM partnerships between the Division and General Practices.	Defined to managed	Capabilities

This task should have been identified from the Information Management Maturity Framework (IMMF) gap analysis and toolkit specification.

This tool provides case studies of Divisions GP relationship programs that successfully achieved information management (IM) outcomes for both the Division and the practice.

Knowledge of “General practice relationship management guidelines and checklist” is a pre-requisite for the use of this tool.

Explanatory Notes

As described in “General practice relationship management guidelines and checklist”, the Divisional network is a change agent that will enable significant improvements in primary health care.

‘Win-win’ IM partnerships between the Division and general practices will:

- enable Divisions to achieve IM goals and satisfy funding requirements;
- provide efficiencies such as reduced costs and better service delivery for GPs; and
- support and enable major health initiatives and programs.

This tool provides several examples of “win-win” IM partnerships that Divisions may refer to when developing relationship management programs for IM outcomes.

The case studies also provide a range of ‘lessons learned’ that will also assist Divisions with other initiatives that involve GP collaboration.

The primary reference for this tool is the previous IMMF tool for “General practice relationship management guidelines and checklist”. The case studies are cited from previous work commissioned by the Department of Health and Ageing on tools used by practices for the improved use of clinical data for IM. Other references cited are listed at the end of the document.

Instructional Design

This tool consists of three Parts:

Part 1 - Overview

Part 2 - Case Studies of successful IM partnerships

Part 3 - Improving relationship management

Part 1 - Overview

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

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

Part 2 - Case Studies of successful IM partnerships

Chief Executive Officers (CEOs) and senior staff should review the case studies as they provide examples, outcomes and lessons learned from IM partnerships that have enabled the successful achievement of IM outcomes through 'win-win' partnerships. In addition, the lessons learned can be used in other aspects of the Division's GP relationship management programs.

Part 3 - Improving relationship management

The implementation of 'win-win' solutions requires a 'mature' relationship to exist between the Division and GPs.

CEOs and relevant staff should review this section to ensure 'mature' relationships are developed between the Division and general practices.

Summary of outcomes and resources

Workstreams	Outcomes	Resources
Skills and knowledge	Staff can describe "win-win" relationship management activities to achieve IM outcomes that support the Division's IM plan. Gaps in GP's IM behaviour and knowledge are identified and addressed through the Division's GP relationship management programs.	Group workshops will be held to provide individual training for new skills and knowledge for Divisional staff.
New processes or procedures to be adopted	The Division's information and data collection requirements are better addressed. Half-yearly and annual reviews of business outcomes and GP relationships.	Mentoring by CEOs of Divisions that have demonstrated an existing level of IM capacity in this area.
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.	Mentoring by CEOs of Divisions that have demonstrated expertise in these areas.
Technology	Technology solutions that provide 'win-win' outcomes are identified and implemented through the Division's relationship management programs.	Site visits to assist with implementing new technology

Part 1: Overview

Case studies included in this tool are examples of how Divisions are maintaining or developing closer relationships with GPs to promote ‘win-win’ IM partnerships. The case studies include outcomes and lessons learned that will support the Division’s relationship management programs.

The list of case studies is not exhaustive and is based on recent interviews and research. From the interviews and research, it appears that, in general Divisions are actively attempting to build relationships with GPs around data-managed healthcare. While to some degree this has been driven by the Department of Health and Ageing expectations of data collection, all Divisions participating in this exercise indicate an awareness of the importance of actively driving Division/GP relationships to achieve this end by:

- discussing the centrality of health information in better outcomes;
- understanding the value this offers to customers;
- relaying what is important to the Division;
- building programs which deliver value to both the Division and the practice; and
- establishing long-term relationships with practices through which capacity in both the Division and the practice are built over time.

These programs are positioning the Division/GP relationship along the following continuum:

- Divisions learn more about practices and what information management services might be of value to the practice.
- Practices introduced to health information management principles. Practice groomed for more extensive and valuable relationship at a later stage.
- Practices actively involved in managed IM activities, but heavily supported by Divisions.
- Practices becoming more self-sufficient, Division’s role changing reinforcement and enhancement.
- Divisions and practices have mature relationships which include systematic information sharing as part of long term roles.

The table below is a summary of the list of case studies included in this tool with an example of a ‘win-win’ outcome (refer Part 2 for further details).

Case Study	GP – ‘win’	Division – ‘win’
1. Training Course for Quality Use of Administrative and Clinical Software (QUACS).	Improved business performance.	Improved data collection that meets accreditation requirements.
2. The EQUIP Practice Support Program based on the Canning Tool.	Improved clinical and financial performance.	Division can collect its National Performance Indicator (NPI) data from participating practices.
3. GP Support Program	Improved patient health outcomes and/or increased revenue through targeted activity.	Improved data access.
4. Pilot project to convert practice’s electronic medical records (EMR) / paper records to full EMR	Benefits of good data quality including better patient health outcomes.	Improved data access.
5. Whitehorse – Clinical Audit “Reflective Practice” program based on Practice Health Atlas and the Canning Tool	Clinical audits that support chronic disease guidelines and outcomes.	Division can collect its NPI data from participating practices.
6. (SA Divisions collaboration) State funded Practice Nurse Initiative	The practice nurse is a change agent for general practice processes that improve GP outcomes and Divisional goals.	



Case Study	GP – ‘win’	Division – ‘win’
7. GP Partners – Team Care shared EHR program	Facilitation of better co-ordinated team-based care by aggregating data around a single patient record.	Supports Division’s data aggregation goals.
8. Macarthur long term diabetes research study.	Practices can improve health outcomes for specific diseases through enhanced clinical practice.	Improved data access.



Part 2: Case Studies of successful IM partnerships

Program	Areas covered	Methodology	Key messages	Outcomes
<p>1. Training Course for Quality Use of Administrative and Clinical Software (QUACS)</p> <p>Over 20 sessions have been held with positive feedback from GP's.</p> <p>Inner Eastern Melbourne Division of General Practice</p>	<p>Enhance GP skills in desktop software applications, to achieve improvements in quality of care and business performance.</p>	<p>A two hour seminar for audiences of up to 25 GP's focuses on improved use of Medical Director.</p> <p>A manual is provided before the session.</p> <p>Confirmatory tasks are set in the training.</p> <p>Follow-up by Division staff over 4 weeks to establish clinical action lists.</p> <p>Validation of improvements after 3 months.</p> <p>RACGP 2 point continuing professional development (CPD) accreditation.</p>	<p>Good data can be collected just as quickly as bad data.</p> <p>Data requirements for Accreditation, PIP and SIP incentives.</p> <p>It is possible for practices to achieve quality enhancements within the context of current general practice.</p>	<p>Positive feedback from GPs demonstrates enhanced relationships and possibility of other business down the track.</p> <p>This is an introduction to enhanced practice self-efficacy in quality of care with the Division a key business partner in achieving this outcome.</p>
<p>2. The EQUIP Practice Support Program.</p> <p>In addition to 40 NPCC Practices the Division has recruited 25 practices over just 3 months for the EQUIP practice support program.</p> <p>GP Network Northside (NSW)</p>	<p>Provide practices a with simple action list to improve clinical and financial performance.</p>	<p>The Division runs the program within its overall practice support relationships. Staff are organised with responsibility for a group up to 30 practices, a single officer can handle about 10 Equip practices.</p> <p>Division staff provide the data extraction technical and analytic skills for all audit activity providing value added feedback and action plans to practices.</p> <p>Separate specialists support the practice support officer with IT and clinical guideline expertise.</p> <p>The Division pays a nominal fee \$150 a quarter to the GP for their time to participate.</p>	<p>Improved revenue (eg SIP) is possible through improved data utilisation.</p> <p>Practice leadership is necessary to sustain change.</p> <p>Divisional relationships can be more rewarding than those offered by many competitors also interested in data extracts (eg pharmaceutical companies).</p>	<p>It is been possible to enhance information-rich relationships whilst maintaining existing Divisional staff structure.</p> <p>The Division can collect its NPI data from participating practices.</p>

Program	Areas covered	Methodology	Key messages	Outcomes
<p>3.GP Support Program.</p> <p>Established in Sep 2006, this program has recruited over 100 GP's in 25 practices.</p> <p>In addition to individual practice level, feedback data is aggregated.</p> <p>Benchmarking against regional performance is encouraged.</p> <p>Sutherland Division of General Practice</p>	<p>To provide practices a simple action list to improve clinical and financial performance for a specific chronic disease: i.e. Diabetes Team care and GP Management Plans (in a cut down version of NPCC-style activity)</p>	<p>The Division runs the program within its overall practice support process.</p> <p>A four stage process is implemented after a practice is recruited and consented to the program:</p> <ol style="list-style-type: none"> 1. Run the audit tool for data cleansing 2. Establish registries and recall reminders systems for identified patients. 3. Diabetes patient action plans are identified from an audit of the cleansed data. 4. The audit is run again remotely after three months and a report is sent to the practice describing improvements and benchmarking the practice against others in the region. <p>Division staff provides the data extraction technical and analytic skills for all audit activity providing value added feedback and action plans to practices.</p>	<p>It is possible to improve patient health outcomes and / or increase revenue through different and more targeted activity rather than additional activity.</p> <p>Practice leadership is necessary to sustain change.</p>	<p>Division has established good relationships with 25 practices through the project.</p> <p>This allows Division to access data and lays the foundation for further collaboration around similar initiatives.</p>
<p>4.A pilot project to convert six practices from hybrid electronic medical records (EMR) / paper records to full EMR. The project was funded from EDQUM over a period of 9 months.</p> <p>North West Melbourne Division of General Practice</p>	<p>To provide practices with a sustainable EMR system for all patient data. Transferring clinical data from paper files to the EMR.</p> <p>Practice capacity using EMR software, for data entry and use of clinical terminology and codes.</p> <p>GP understanding of the benefits of good data through consequent data analysis possibilities.</p>	<p>Recruitment to establish the relationship required, supported by a formal agreement for permissions to access and share patient data.</p> <p>Staff mentored through changes in their data entry responsibilities (practices were using MD3 or Genie systems.)</p> <p>Establishment of a standard health summary data set (RACGP standard).</p> <p>Training how to filter paper records for relevant data to be entered in the EMR.</p> <p>Use of an external support team including IT experts and retired GPs to assist in conversion tasks and transition to new processes.</p>	<p>It is possible to migrate to full electronic systems without losing data.</p> <p>Reduced exposure to medico-legal risk.</p> <p>Better patient health outcomes possible.</p>	<p>Practices have embedded behaviour change around proactive data entry making them valuable partners for Divisional relationships.</p> <p>Project allows Division to access data.</p>

Program	Areas covered	Methodology	Key messages	Outcomes
<p>5. Whitehorse – Clinical Audit “Reflective Practice” program.</p> <p>Evolved over 9 years starting with Cardiab and moving to Canning and PHA tools. 15 Practices currently involved.</p>	<p>A change management program to educate GP’s on the benefits of specific clinical audits to support chronic disease guidelines and outcomes.</p> <p>Analysis tools for improvements are locally developed to interpret the data.</p>	<p>Formal relationship agreement to access practice data.</p> <p>Data extraction for a specific clinical audit e.g. diabetes (using both the Canning Tool and PHA.)</p> <p>Data review by practice support or chronic disease experts in Division.</p> <p>Use of Plan Do Study Act (PDSA) cycles.</p> <p>Minimum effort from the GP. Division staff provide the data extraction and analysis skills for all audit activity providing value added feedback and action plans to practices.</p> <p>Financial and clinical data is handled separately for privacy concerns.</p> <p>Feedback around specific rather than generic improvements.</p>	<p>Practice goals of better revenue and / or improved patient health outcomes can be met through data management.</p>	<p>The Division has extended its influence through a distributed network of champions for improved clinical data, (usually PNs).</p> <p>Practices groomed for further activities.</p> <p>The Division can collect its NPI data from participating practices.</p>
<p>6. SA Divisions have collaborated on a State Funded Practice Nurse Initiative.</p> <p>The plan provides recruiting and training support for PN’s who are then placed in a practice with pay subsidised for up to 26 weeks.</p> <p>The PN is a change agent for general practice processes including:</p> <ul style="list-style-type: none"> Chronic Disease Management Clinical Audit and improvement programs using PHA Data quality and cleansing 	<p>Placement of PN’s.</p> <p>Establishing and maintaining data quality is the biggest skills issue. Accordingly, it is important to facilitate better trained PN’s for clinical data management.</p>	<p>PN’s are trained over 4 days for GP tasks, including 1 day on clinical IT and PHA training.</p> <p>Change is driven by financial incentives such as SIP’s for specific chronic diseases.</p> <p>The primary tools used in the program are local practice clinical information systems and Practice Health Atlas (PHA).</p> <p>Tools for data cleansing are needed to support PN’s, based on specific clinical programs or outcomes.</p>	<p>PNs offer a significant boost to practice capability.</p> <p>Chronic disease management is much better facilitated by employing a PN.</p>	<p>The PN establishes a business case for their retention and also acts as change agent for processes within the practice.</p> <p>Sustained change requires mentoring and facilitation to support the PN.</p> <p>Over 40 nurses have been placed within the last 12 months, with a retention rate of over 75% after the subsidy lapses. This equates to 40 advocates to help maintain Divisional relationships with customers.</p>

Program	Areas covered	Methodology	Key messages	Outcomes
<p>7. GP Partners – Team care shared electronic health record (EHR) program. This program is well publicised and has been running with about 75 GP's in 53 practices.</p> <p>The program is a spin off from previous Health Connect projects in Queensland, currently the recipient of long term ABHI funding.</p>	<p>Facilitation of better coordinated team-based care and improved patient outcomes, by aggregating data around a single patient record or shared EHR.</p> <p>Initial deployment targeted to chronic disease diabetes team care.</p>	<p>Recruiting to establish the relationship required, supported by a formal agreement for permissions to access and share patient data.</p> <p>Data for the shared EHR is extracted using various solutions from Pen, DSTC Pty Ltd and Health Communication Network (HCN).</p> <p>Dedicated effort required for data cleansing before data can be shared.</p> <p>Dedicated training effort required to upskill practice staff for data entry and to improve skills in using the practice clinical information system.</p>	<p>GP' need solutions to improve individual patient outcomes. This can be achieved through detailed attention to data quality. This is consistent with data aggregation goals of Divisions.</p>	<p>GPs have committed to participation and, therefore, partnership with the Division.</p> <p>There have been changes in clinical behaviour where the program has supported GP motivation. However, improved team care of diabetes requires investment in practice re-engineering. The Division is a valuable partner for practices wanting to do this.</p>
<p>8. Macarthur long term diabetes research study.</p> <p>The Cardiab database was developed in 2000 in collaboration with the Pharmaceutical Alliance, the University of New South Wales and the National Heart Foundation.</p> <p>Up to 40 GP's who were paid for their data. Currently running with about 10 practices.</p>	<p>Long term generation and maintenance of data set for chronic health disease (CHD) and diabetes research.</p>	<p>The cardiab database is an early system for collection and reporting of a specific research dataset. It bears more similarity with research activity than clinical improvement.</p> <p>In this program, Cardiab was organised and run by specialist clinical staff rather than dedicated practice support staff.</p> <p>Divisions coordinated the training of practices to collect the data.</p> <p>Data was collected manually and faxed for data entry at the Division.</p> <p>GP's were paid for their data. When payments ceased up to 75% of GP's withdrew.</p>	<p>Practices can improve health outcomes for specific diseases though enhanced clinical practice. Practice data collection and management is central to this goal.</p>	<p>The Division has gained invaluable knowledge about the basis of relationship development depending on practice size:</p> <ul style="list-style-type: none"> • Solo and small practice GP's are more likely to respond to targeted direct payments and incentives. • Larger practices more motivated by business improvement opportunities. <p>Though a number of practices have dropped out, several have stayed with the program thereby retaining a close relationship with the Division.</p>



Part 3: Improving relationship management

Achieving 'win-win' outcomes requires a mature relationship between the Division and general practices; working together to optimise population health outcomes in Australia through an approach informed by data capture, analysis and improvement. To date, results have varied.

To move forward into a mature phase of relationship management around information-rich primary health care, the following observations are proffered:

- Plan the relationships you need to deliver Divisional goals.
- Know your customers. Segment practices around practice motivation. Practice ownership and size are major determinants of motivation. Solo and small practices generally behave quite differently to larger privately owned practices and also from practices in corporate ownership. However, there will always be practices which behave differently to the norm. Ensure you know what each practice wants before you make your offers.
- Offer specific, achievable and measurable goals as opposed to general benefits with wide but hard to measure ramifications.
- Build relationships around return on investment and sound business cases. Resources need to be allocated wisely and effectively.
- Think about relationship development in stages; a series of new and achievable levels of capacity rather than a major change.
- Collaborative partnerships that foster improvements in primary care in Australia by applying best evidence to individual patient data and coming up efficacious care arrangements to optimise health outcomes will make significant changes to the health industry.



References and further reading

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