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PRACTICE

Integration of General Practice in Health services

Doris Young
Professor of General Practice



THE UNIVERSITY OF
MELBOURNE



Three projects

- GP integration index
- Relative effectiveness of Population health interventions in the General Practice setting
- Study of GPs in Community health services
(www.dhs.vic.gov.au/phkb)



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**What does a well
integrated GP mean to
you?**

Measuring Integration in General Practice

How does the GP-Integration Index work?

- **The GP Integration Index is a 70 item, self administered survey**
- **It measures 14 different factors - 9 integration and 5 contextual factors**
- **Each factor is made up of 4 to 6 items which respondents rate on a six point scale**
- **Two major factors can be identified to summarise the 9 integration factors - “Patient Care Management” and “Community Health Role”**



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Measuring Integration in General Practice

9 Integration factors

1. Holistic patient care

consider family, occupational, social, cultural, spiritual, emotional and mental issues

2. GP flexibility

tailor health care to individual; consider patient needs and financial circumstances; be flexible with time and facilities

3. Patient information

explain health issues to patient, and provide them with an understanding of what to expect when referred to others.



4. **Attitude to teamwork** - *identify problems that need referring elsewhere; receptive to suggestions from others; open communication with other GPs; respect patients' wishes to be referred elsewhere.*
5. **Liaison** - *be a central but not controlling force; include other service providers in networks and meetings; liaise and refer to all appropriate service providers.*
6. **Care co-ordination** - *continue follow-up and co-ordination with specialists etc; be accessible to other health workers (phone, fax, email) & respond to requests for information*



7. Hospital role

formal hospital appointments; major role in discharge planning

8. Community health

community leader; support and have links with community groups (e.g. give talks); committee member on local projects

9. Health planning and policy

involved in student education; policy and decision making at local levels; participate in Divisional activities



5 Contextual / Enabling Factors

- GP knowledge of local services

keep up to date concerning local health services, staff, and their policies such as referral and admission policies

- Time and funding

payment system encourages integration by covering health promotion and disease prevention role, as well as for co-ordination role and working with others



- **Practice organisation**

have processes to communicate with other providers and a well organised practice (good receptionist support and clinical records)

- **Personal domain**

opportunities to debrief and be able to consider own health and welfare

- **Information technology**

use computers for storage and communication of patient data; be linked to other services.



Community Health Centre GPs

- Pseudo salaried/co-location
- Bulking billing
- Special Interests
- Teaching/Research
- Health promotion
- Chronic Disease management
- Community development

Population

- Low SES
- Homeless/unemployment
- NESB/Refugees
- Drug and alcohol
- Mental health
- Aged care



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Relative effectiveness of Population health interventions in the General Practice setting

(Funded by Department of health
& aged care)

<http://www.gp.unimelb.edu.au/seminar/JAG.pdf>

Reach and Efficacy

- **Target higher risk groups**
 - biological
 - socio-culturally disadvantaged

Recruitment of hard to reach groups
- **Need to look at efficiency**
 - what 'works' in the real world setting
 - feasibility
 - e.g smoking cessation advice, cancer screening

Adoption, Implementation and Maintenance

- **Adoption** : the proportion and representativeness of settings
- **Implementation**: the extent to which an intervention is delivered as intended
- **Maintenance** : the extent to which an activity becomes part of routine, normal practice

Key Findings

- Certain National Health Priorities, life cycle/ life style changes have more evidence of effectiveness in general practice
eg, immunisation, falls prevention, screening for 75+, smoking cessation advice, BP check, CVD risk factors in high risk groups, cholesterol lowering, asthma plans, cervical cancer, mammography screening

Key findings (continue)

- Population health activity increases with more clearly definable population.
- Education, QA and CPGs can increase pop health activities – must be integrated
- IT can increase preventive activities and contribute to Practice audit
- Unless equity is considered, systematic approaches may increase health inequalities



- Collaboration is essential at practitioner, practice, Policy level
- Challenges lie in the adoption, implementation and maintenance of effective interventions in GP
- The general practice profession requires ongoing organisational support to implement population health activities



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Model of a well integrated primary care clinic

- **Multidisciplinary team**
- **Collaborative planning**
- **Effective organisational infrastructure**
- **Supportive policies**
- **Funding systems**
- **IT/IM systems**

Roles and functions

- Service provision to clients of special needs (CDM, HI, aged care)
- Teaching and training
- Research, evaluation and development (RED)
- Career path

