

Integration of General Practice in Health services

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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)



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"



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



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

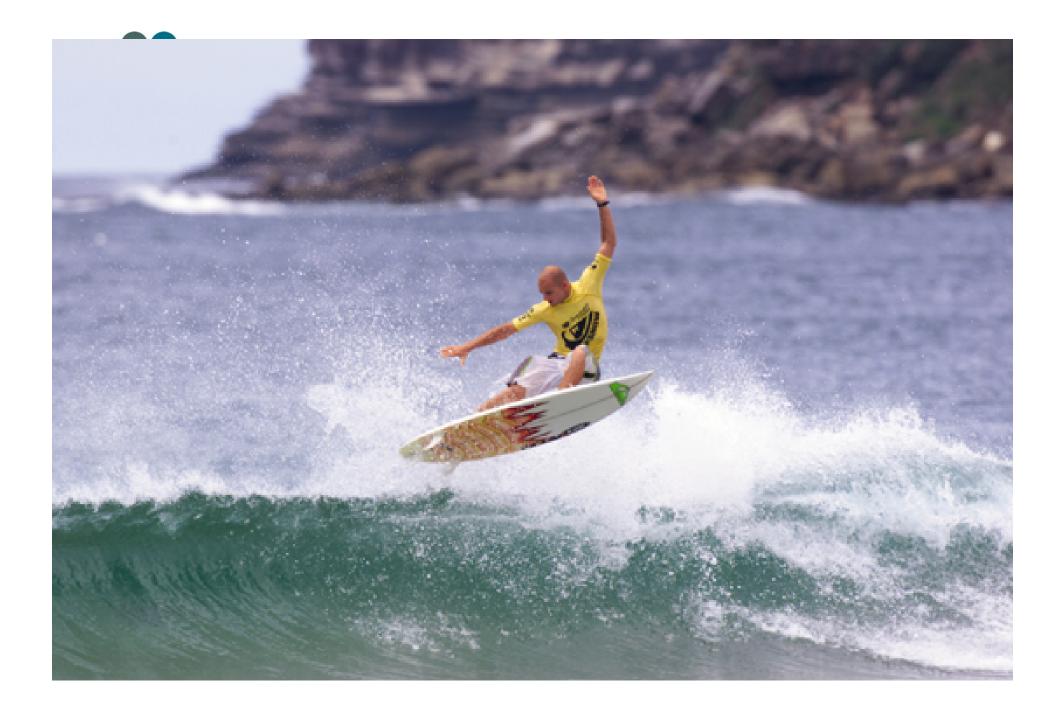
have processes to communicate with other providers and a well organised practice (good receptionist support and clinical records)

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

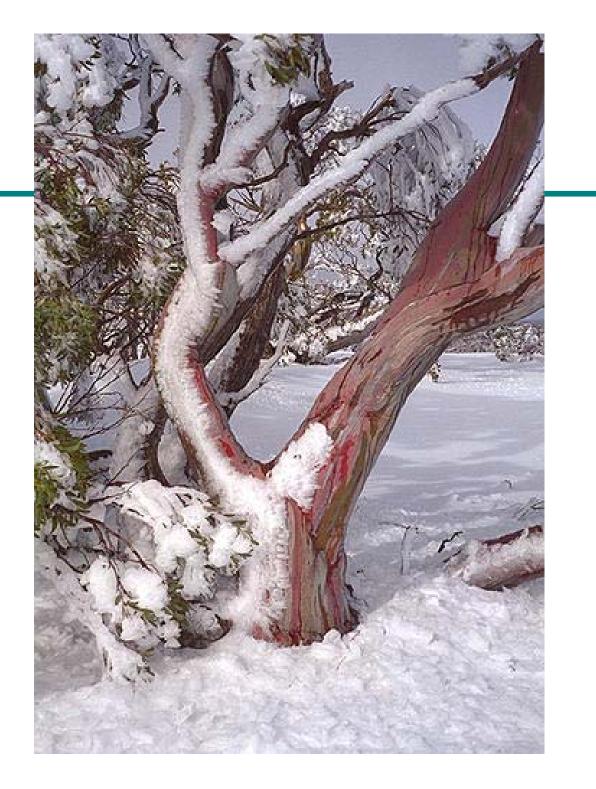
- Pseudo salaried/co-location
- Bulking billing
- Special Interests
- Teaching/Research
- Health promotion
- Chronic Disease management
- Community development



Population

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







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 : 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







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

