

A quality framework for Australian general practice

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Suggested reference for this guide:

Booth B, Portelli R, Snowdon T. A quality framework for Australian general practice. Melbourne: The Royal Australian College of General Practitioners, 2005.

Why develop a quality framework for Australian general practice?

The *Quality framework for Australian general practice* (referred to as the *Quality framework*) is a tool to facilitate the systematic analysis of the general practice environment in terms of the quality of care – current status and activities for enhancement, barriers to achievement, and initiatives for future improvement.

A quality framework is an evolving entity that can be extended and improved over time, and has the potential to be used as “a model, a reference, a plan, a source of ideas or a benchmark to review progress and identify quality improvement program gaps”.¹ The key to the usefulness of any quality framework is its adaptability to local structures, environments and needs.

For the purposes of this framework, quality care is defined as “the best outcomes possible given available resources, and the preferences and values of patients”.²

Overview of the Quality framework

General practice consists of individual general practitioners (GPs) working within a variety of settings of care (generally practices) that are supported at a regional level by a division of general practice and other state based organisations which function within a national policy structure of rules and requirements set by governments, universities and general practice organisations. This policy structure determines, among other things, the number of GPs available, their educational requirements and how they are remunerated, and provides facilitators and barriers to quality care.

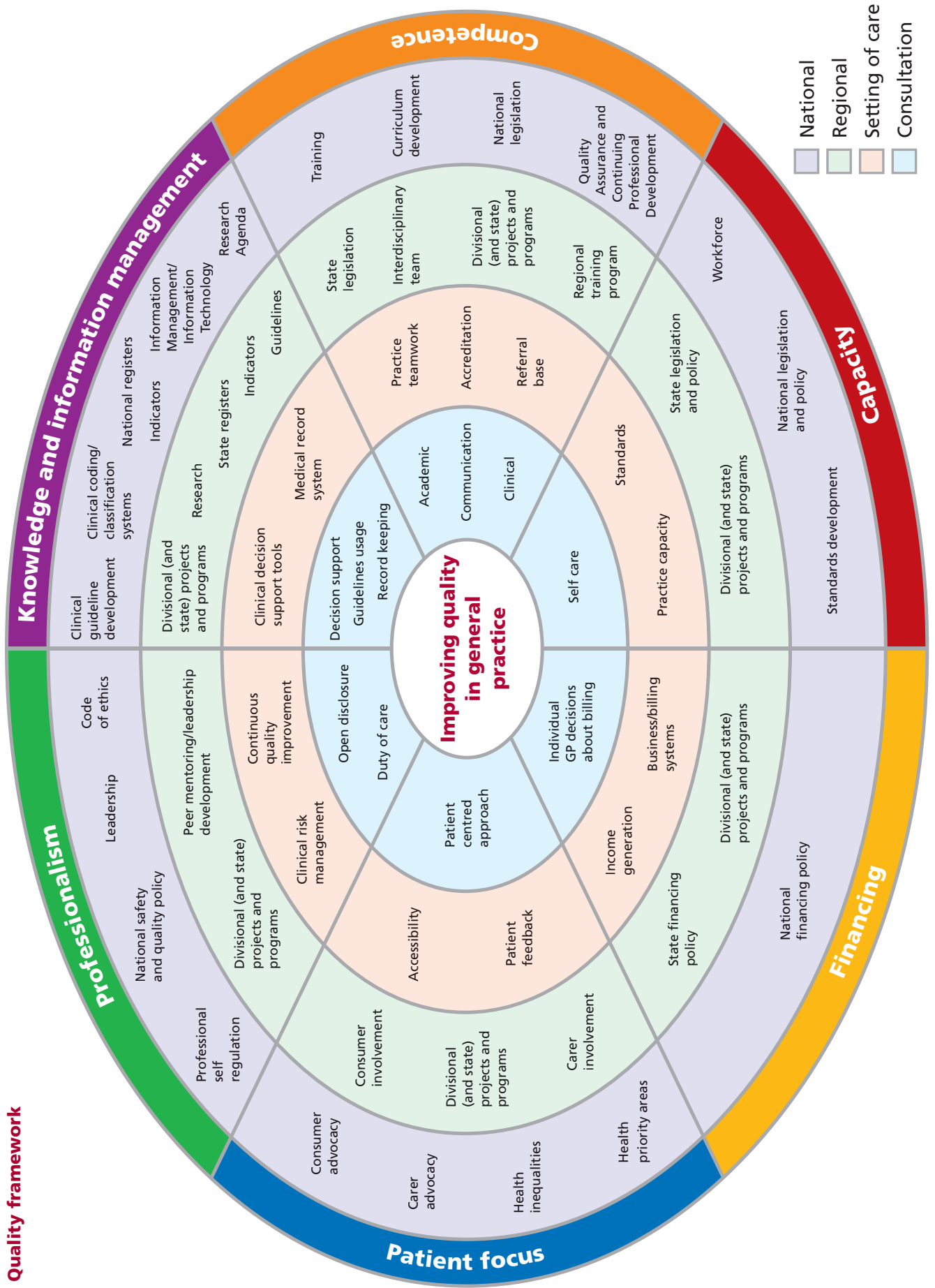
Therefore a robust and comprehensive quality framework needs to measure not only the performance of individual GPs, but also how the system is working at the setting of care, and at the regional and national levels. This is congruent with evidence that suggests that “the majority of adverse events relate to system failures rather than the acts of commission or omission of individuals”.³

At the core of the *Quality framework* is improving quality in general practice. Surrounding this are four concentric circles which represent the four levels of the general practice system described earlier, commencing with the individual GP at the consultation level working outward through the setting of care level, the regional level and the national level. The framework is then divided into six domains – capacity, competence, financing, knowledge and information management, patient focus, and professionalism. These domains are seen to be the biggest influences on quality in general practice across the four levels of the system.

Within the *Quality framework*, examples of policy, legislation, projects and programs at each level have been provided. It is not the intention of the *Quality framework* to provide an exhaustive list of examples relevant to quality care in general practice at all levels across the six domains. These examples are suggestions only, and are provided to prompt users of the framework to consider the domains of the quality framework (*Figure 1*) and the activities within each domain that may contribute to improving quality in general practice overall.

As previously stated, the *Quality framework* is an evolving entity and examples will change over time.

Figure 1 Quality framework



The general practice environment

There are as many roles in general practice quality improvement as there are people involved.

The *Quality framework* proposes four key levels at which responsibilities and accountabilities must be clear and functioning effectively to ensure safe and high quality care and services.

National

International agencies, national academies and colleges, national government or GP organisations are commonly concerned about regulation, policy setting, large scale information gathering, level of support structures and evaluation.

Regional

Regional (or local) groups may conduct quality efforts linking them with continuing professional development or recertification requirements, and/or practical support.

Setting of care

Smooth functioning of setting of care processes is often the central theme of group practices or health centres. Administrative and personnel issues can affect the quality of care at this level. Topics for quality improvement are often easy to spot by thinking about recent problems. The beneficial effect of group quality activities, done in multidisciplinary groups, is also demonstrated in these settings.

Consultation level

General practitioners and patients engage in a partnership approach to resolve health issues at the individual level.

Framework domains

The framework identifies six key domains necessary for the improvement of the quality of health care in general practice. For the purposes of the framework, these domains of quality are described as follows (in alphabetical order).

Capacity

Capacity describes what is essential for sustainable, high quality, accessible patient care services. The components or elements of this domain include a workforce that is trained and equitably dispersed, services to provide care, and the facilities and organisation to support the delivery of competent clinical care.

Competence

While quality care is more than the individual practitioner skills and knowledge, systematic high quality care requires (and the community expects) competent delivery of clinical care by teams and individual professionals who are appropriately trained and skilled for the tasks.

Financing

Funding mechanisms can encourage or hinder high quality care, adequately resource a workforce, and create affordable health care for individuals and the community.

Knowledge and information management

The right knowledge and information in an efficient and timely format about the right patient is critical for good health care.

Patient focus

The majority of health care is self care. Results are better when practitioners-patients/practices-communities work in harmony, based on mutual respect and understanding. Many factors in the patient/community context influence patient care.

Professionalism

General practice is a 'values rich' profession. The ethical principles of 'doing good' and avoiding harm, respecting patient autonomy, and using resources equitably, underpin good patient care. Quality also depends on a culture of reflection, openness to critical evaluation, and search for continuous improvement.

Dimensions of quality underpinning the framework

Underpinning the framework are six dimensions (*Figure 2*). These dimensions provide the theoretical basis for measuring quality. While not explicit in the framework, these dimensions of quality are, in themselves, measures of health system performance, and inherent to the success of any quality framework. In 2000, the Health Services Utilisation and Research Commission (Saskatchewan) released a report⁴ that identified the common dimensions of quality currently in use in various countries for measuring system performance. Dimensions considered the most important in *Table 1* show remarkable consistency among the programs.

For the purposes of this framework, the following dimensions of quality have been selected and are described below (in alphabetical order, not order of importance). This classification system for quality recognises that each dimension is not a completely separate entity and that there is significant overlap and interdependence between them.

Acceptability

Opportunities must be provided for consumers to participate collaboratively with general practice organisations and providers with respect to service planning, delivery, monitoring and evaluation in a dynamic and responsive way. Consumer and community participation should enhance the level of acceptability of services, ie. the degree in which services meet or exceed the expectations of informed consumers.

Accessibility

Access to GP services for the population they serve should be based on need, irrespective of geography, socioeconomic group, ethnicity, age, or sex is paramount. This dimension is related to how readily consumers are able to access care without barriers of distance, discrimination, affordability and restriction of service, and encompasses the objective of equity.

Appropriateness

Appropriateness of health care is about using up-to-date evidence to do the right thing for the right patient, at the right time, avoiding over and under utilisation. The expected health benefit of any treatment or intervention should exceed the expected negative consequences by a sufficiently wide margin.

Effectiveness

Consumers of general practice should expect that the treatment they receive will produce measurable benefit. The effectiveness of health care relates to the extent to which a treatment or intervention of service achieves the desired outcome.

Efficiency

Efficiency involves achieving desired results using the most cost effective use of resources. This can be achieved through the allocation of resources to services that provide the greatest benefit to consumers, and by reducing costs and minimising waste.

Safety

A major objective of any health care system should be patient safety. Harm arising from care, by omission or commission, as well as from the environment in which it is carried out, must be avoided and risk minimised in all care delivery processes.

Figure 2 Quality framework

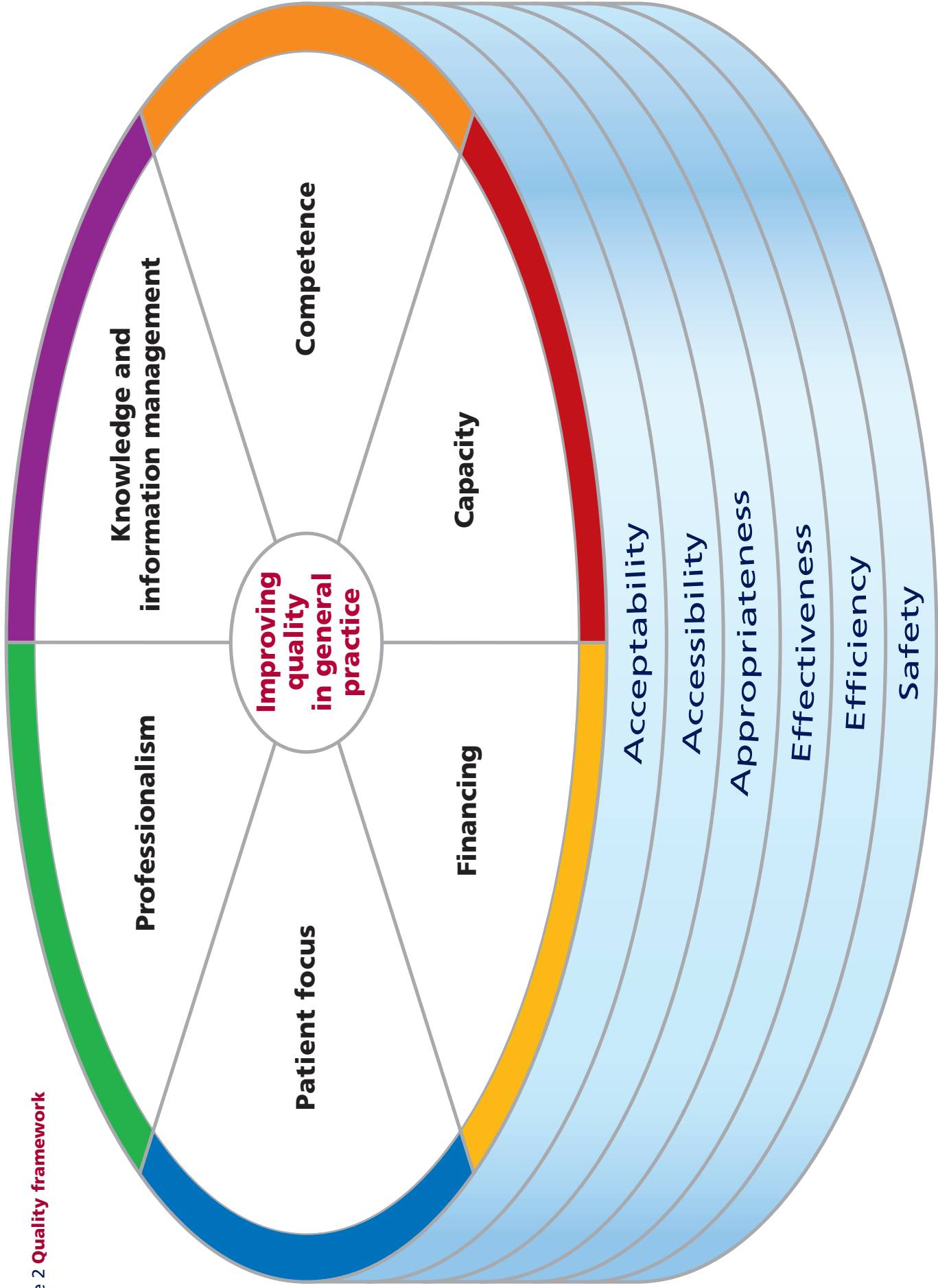


Table 1. Common dimensions of quality

Dimension	HSURC (Canada)	CIHI (Canada)	CCHSA (Canada)	JCAHO (USA)	NHS (UK)	IOM (USA)	VQC (Aus)	NSW
Accessibility	✓	✓	✓	✓	✓		✓	✓
Equity	✓					✓		
Relevance	✓							
Effectiveness	✓	✓	✓	✓	✓	✓	✓	✓
Acceptability	✓	✓	✓	✓	✓		✓	
Efficiency	✓	✓	✓	✓	✓	✓	✓	✓
Appropriateness		✓	✓	✓	✓		✓	✓
Competence		✓	✓					
Continuity		✓	✓	✓				
Safety		✓	✓	✓		✓	✓	✓
Timeliness					✓	✓		
Prevention								
Efficacy								
Patient centred						✓		
Consumer participation								✓

HSURC Health Services Utilisation and Research Commission (Saskatchewan)

CIHI Canadian Institute for Health Information

CCHSA Canadian Council of Health Services Accreditation

JCAHO Joint Commission on Accreditation of Healthcare Organisations

NHS National Health Service

IOM Institute of Medicine

VQC Victorian Quality Council (Department of Human Services)

NSW NSW Ministerial Advisory Committee on Quality in Health Care

Shaded dimensions in pink indicate the most common dimensions

Source: Health Services Utilisation and Research Commission, Saskatoon, Canada

Note: the original table did not include the IOM, VQC and the New South Wales Ministerial Advisory Committee on Quality in Health Care

The framework in detail

Domain	Capacity
Dimensions of quality	Accessibility, Safety
Rationale	Capacity describes what is essential for sustainable, high quality, accessible patient care services. The components or elements of this domain include a workforce that is trained and equitably dispersed, services to provide care, and the facilities and organisation to support delivery of competent clinical care
Concepts and strategies	
National	Articulate a national general practice workforce policy addressing the supply and distribution of GPs Develop and refine national standards to underpin quality at the setting of care level
Regional	Develop and implement division (and state) practice capacity support programs that build services at the setting of care and consultation levels
Setting of care	Establish and implement processes and systems that confirm and support quality service provision, such as occupational health and safety, human resource management, equipment, infection control and perishable materials Establish and implement routine and standardised practice procedures and systems Establish and implement safe and effective working environment for patients, staff and GPs
Consultation	Implement self care strategies, including the maintenance of safe working hours and conditions

Domain	Competence
Dimensions of quality	Acceptability, Appropriateness, Effectiveness, Safety
Rationale	While quality care is more than individual practitioner skills and knowledge, systematic high quality care requires (and the community expects) competent delivery of clinical care by teams and individual professionals who are appropriately trained and skilled for the tasks
Concepts and strategies	
National	Establish, monitor and improve training, certification, and continuing professional development (CPD) programs and processes in line with national legislation and policy that support systematic high quality care by well qualified practitioners Develop curricula that meet the needs of the Australian population for high quality evidence based care by skilled professionals and teams
Regional	Provide and encourage interdisciplinary teamwork Support practitioners and practices to meet competency standards Provide training based on nationally agreed frameworks
Setting of care	Implement appropriate processes to ensure practitioners are appropriately trained to provide services Develop and implement systematic processes to ensure a high functioning team Attain accreditation Implement mechanisms to ensure all staff have appropriate training, qualifications and current registration and participate in CPD activities
Consultation	Implement mechanisms to ensure all GPs have appropriate training, qualifications and current registration and participate in CPD activities

Domain	Financing
Dimensions of quality	Acceptability, Efficiency
Rationale	Funding mechanisms can encourage or hinder high quality care, adequately resource a workforce and create affordable health care for individuals and the community
Concepts and strategies	
National	Design and implement general practice financing and Medicare reforms to balance fee-for-service and nonvolume dependent payments Provide funding that encourages quality care
Regional	Provide support for understanding and using financing arrangements Seek and use diverse funding sources to develop and enhance general practice health care
Setting of care	Establish business models that balance quality service provision and sustainability
Consultation	Establish flexible payment models that reflect community, patient and personal needs

Domain	Knowledge and information management
Dimensions of quality	Acceptability, Appropriateness, Effectiveness, Efficiency, Safety
Rationale	The right knowledge and information in an efficient and timely manner about the right patient is critical for good health care
Concepts and strategies	
National	Develop, promote and disseminate tools and mechanisms that facilitate access to timely and reliable information necessary for good care, eg. clinical guidelines, research, decision support, classification and record management standards, and valid indicators Facilitate connectivity between general practices and the wider health system
Regional	Support the development and implementation of information management and information technology in practices Implement nationally developed tools and mechanisms Support linking and integration of communication systems
Setting of care	Establish and monitor common and agreed policies and procedures for medical record keeping, retention and destruction of medical records, and transfer of and security of, patient health information Use clinical guidelines and information management tools
Consultation	Provide access to clinical decision support tools at the point of care

Domain	Patient focus
Dimensions of quality	Acceptability, Accessibility, Effectiveness, Efficiency, Safety
Rationale	The majority of health care is self care. Results are better when practitioners-patients/practice-communities work in harmony based on mutual respect and understanding. Many factors in the patient/community context influence patient care
Concepts and strategies	
National	Advocate consumer and carer involvement in service planning, delivery and implementation Provide reform and leadership in health and related sectors of the economy to minimise health inequalities
Regional	Develop regional structures for meaningful consumer involvement Increase awareness of the impact of inequalities in health service provision including strategies to ameliorate these inequalities
Setting of care	Consider and implement initiatives that support accessibility Use patient feedback mechanisms, including complaints and surveys Ensure physical conditions are conducive to confidentiality and privacy
Consultation	Be aware and use a patient centred approach in the consultation

Domain	Professionalism
Dimensions of quality	Effectiveness, Safety
Rationale	General practice is a 'values rich' profession. The ethical principles of 'doing good', avoiding harm, respecting patient autonomy and using resources equitably underpin good patients care. Quality also depends on a culture of reflection, openness to critical evaluation, and search for continuous improvement
Concepts and strategies	
National	Encourage inspirational leadership and vision for the future of quality general practice Develop programs that encourage leadership in general practice Foster a culture of open disclosure Promote a profession code of ethics Develop and promulgate a national safety and quality policy for general practice
Regional	Identify mentor opportunities for future leaders Foster a culture where excellence is valued
Setting of care	Foster a culture of continuous quality improvement Ensure presence of a clinical risk management system
Consultation	Foster a culture of trust and honesty through open disclosure in partnership with patients, consumers and the community

Using the *Quality framework* to improve quality in general practice

This section provides examples of how the *Quality framework* could be used by GPs, practice teams, and national and regional organisations. Please note these examples demonstrate the questions and issues that need to be addressed rather than provide comprehensive answers to the questions raised.

National level

The government has announced the roll out of the Bowel Screening Program across Australia. The commonwealth is eager to engage GPs in this process. How could the *Quality framework* be used to help promulgate this program?

Domain	Questions/Issues to consider
Capacity	What additional practice resources will be required to implement this program? How will increased referrals be absorbed into current workloads?
Competence	How will interdisciplinary relationships be managed? What referral networks will be established? Will a separate accreditation program be required?
Financing	Will start up grants be offered? What financial incentives will be offered, eg. practice and service incentive payments?
Knowledge and information management	Will the program fulfil the World Health Organisation recommendations for establishing a population screening program? How will best practice be disseminated? What data will be required and collected? By whom and for what purpose? What type of data repository (eg. a registry) will be established and how will it be monitored? What will be the information management and information technology requirements?
Patient focus	How will patients be recruited? What reminder and recall systems will be implemented?
Professionalism	How will divisions of general practice facilitate the implementation of the program? What other organisations will assist in the implementation of the program? How will this program align with national health priority areas? How will this program align with national safety and quality initiatives?

Regional level

A division of general practice wants to establish a mentor program. How could the *Quality framework* be used to help establish this program?

Domain	Questions/Issues to consider
Capacity	Is there a need for this program? How will mentors and mentees be recruited? How will it be marketed? What sort of commitment will be required by mentees and mentors? How long will the program last?
Competence	How will mentees/mentors be selected? What criteria will be used? Who will be on the selection panel?
Financing	Will there be any financial incentives for mentors or mentees to participate in the program? What will be the overall cost to establish the program?
Knowledge and information management	What evidence shows that a mentor program works in general practice? How will the program be evaluated? How will program results be disseminated?
Patient focus	How will patients benefit from this program?
Professionalism	How will this fit with personal and professional goals? How will this program contribute to a culture of continuous quality improvement? Will there be any medicolegal considerations?

Setting of care level

One of the practice partners is keen to establish a men's health clinic within the practice. This is the hot topic for discussion at the staff meeting. How could the *Quality framework* be used to determine whether this is a viable proposition?

Domain	Questions/Issues to consider
Capacity	Will the right type of room(s) be available? Will staff be available? What services will be offered? Who will absorb the additional work? When will the clinic run (after hours/weekends)?
Competence	Will the right staff and skill mix be available? Will staff require additional training? Will staff be interested in this area? Will referral links need to be established with other providers, eg. urologists, cardiologists, psychologists? Will these be the right way to address men's health issues within the practice?
Financing	Will there be a fee to attend this clinic? Will there be any financial incentives to establish this clinic? How will additional staff costs be met? How will additional costs for rooms and equipment be met? Will the practice be at financial risk if this clinic is established?
Knowledge and information management	What technological challenges will be faced? What will be best practice in this area? Will the practice's record keeping systems be supported?
Patient focus	Will there be a demand for this service? How will it be marketed? How will it be ensured that men use the clinic?
Professionalism	Is there to be a clinical champion? Will staff commit to the idea? Will there be medicolegal issues to consider?

Consultation level

A solo GP wishes to introduce an electronic decision support system into his consultations. How could the *Quality framework* facilitate this?

Domain	Questions/Issues to consider
Capacity	What impact will this have on consultation times? How will practice staff be affected?
Competence	Will current computer and program skills be adequate?
Financing	How much will it cost to implement such a system? Will revenue initially be lost due to longer consultation times? Will this be cost effective in the long run?
Knowledge and information management	Will current technological experience be adequate? What will happen if the technology fails? How will using the most up-to-date evidence be ensured? Where and how will technical support be provided? How will this impact on medical record keeping procedures? What program will used? Will information be shared with staff or third parties?
Patient focus	How will patients benefit? How will patients (or carers) be included in this process?
Professionalism	How will this contribute to a culture of continuous quality improvement? How will open disclosure be encouraged/hindered? How will this support duty of care?

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