Quality in general practice

Some perspectives

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We all know quality general practice when we see it ... or do we?

Over the past two years in Australia there has been considerable debate and discussion about what constitutes quality in general practice. Having observed, and at times joined in this discussion, I have become certain of only one thing; there is no single measure of quality in general practice. Furthermore, while a number of key components of quality care have emerged, an objective definition has not been agreed. Perhaps this is inevitable, as the definition of quality depends on who is describing it.

If we were to ask our patients how they measured the quality of general practice they would probably talk to us about the whole experience of an encounter with their general practitioner, beginning with the friendly manner of the reception staff, the timeliness of the appointment, the accessibility of the practice by public transport, and including the presence (or better still absence) of screaming babies in the waiting room. They would recall the time the doctor came to their house, the doctor's ability to put a child at ease and whether the last tetanus booster hurt. They would value highly the ability of the GP to listen to their concerns and the opportunity to have some input into the decision making process. Communication, in particular, leaves a lasting imprint on the patient's perception of the quality of a clinical encounter.

General practitioners, on the other hand, tend to measure the technical quality of a clinical interaction. Did I reach the correct diagnosis, have I ordered the most sensitive and specific investigations, and was the management plan complete? Was the medication prescribed the most appropriate and did I recognise all of the potential drug interactions? Have I referred the patient to the most skilled surgeon, did I excise an adequate margin on that skin lesion, and am I familiar with the latest evidence about the role of ACE inhibitors in stroke prevention?

It shouldn't surprise us that there is often a lack of correlation between GP and patient satisfaction with the same consultation.

Still other measures of quality have been suggested (and some rewarded) by the government; vocational registration, patient continuity through the provision of after hours care, computerisation, rational prescribing, and a multidisciplinary approach to the care of patients with chronic illness.

Academics have attempted to define it in a qualitative framework, suggesting that quality can be assessed through proxy measures: immunisation rates, referral patterns, screening activities, satisfactory Pap smears and so on.[1]

At the same time there are divisions of general practice who remind us that quality is much bigger than any of these things, that in fact it is dependent on the systems we have in place that will allow the small details to happen effortlessly.

Our medicolegal colleagues are (not surprisingly) aligned with patients in their assertion that the quality of a clinical interaction lies in the level of the communication ... at least that's the bit that might keep you out of the courts.

There are good reasons for concerning ourselves with quality in general practice and how to define it. Some of these include:

- increasing patient expectations
- an expanding evidence base against which to judge clinical behaviour
- corporatisation
- professional satisfaction
- medicolegal environment
- increasing measurement of our performance by the HIC, and
- the falling value of a bulk billed consultation.

In the literature there are many definitions of quality as it relates to general practice. Each reflects the perspective of the particular stakeholder. According to the Institute of Medicine, cited in the GP Strategy review of 1998, quality is: '... the degree to which health services for individuals and the population increases the likelihood of desired health outcomes and are consistent with current professional knowledge.'[2]

A more tangible definition is put forward by the National Primary Care Research and Development Centre in Manchester:

'Quality care is determined by:

- timely access to care
- high quality clinical care (eg. diagnosis and clinical management)
- high quality interpersonal care (eg. listening, addressing patients' concerns).'[3]

And, from the Consumers' Health Forum, we have the concept of 'patients as partners'.[4]

Our challenge is to identify the priority areas of quality in general practice, however we define it, and then to identify the barriers and the opportunities to enhance quality.

Should the emphasis be on the technical competence of the GP, should the focus be on the GP–patient relationship? Is it the process of providing care that should be measured, or the outcome of that care? Is quality the same in both rural and urban settings? Does integration with the community and acute sectors matter? Can I provide quality within the constraints of bulk billing? Should quality care be assessed on the care provided to an individual patient? What of the increasing GP role in population health?

It is important that we, as a profession, are able to address these issues, that we have a preparedness to reflect on quality, on the way we practise, our attitudes and beliefs about patients and patient care, and our ongoing need to learn and to know the limits of our competence. We should embrace a culture which supports appropriate peer review and allows GPs to be the drivers of quality in general practice.

References

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