A quality general practice of the future

The RACGP presidential task force on health reform

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Background

This paper introduces a model for the future general practice – positioned for the growing and rapidly changing general practice environment and activity platform demanded by current health reforms. It provides a short descriptive overview of the quality general practice of the future from a functional perspective, ie. the nature of the care and services provided, how and by whom. The description draws on the evidence base, the experience of existing high quality general practices, and the substantial body of work produced by the College and other professional and academic bodies. In particular, it draws on the work of the College's National Standing Committees and Directorates (for example Standards for general practices 4th edition, Red/Green/Silver books, Oxygen, and Pen CAT tools). This paper is the third of a developing ‘hierarchy’ of College documents, designed to position the general practice sector for the health care challenges ahead:

• The first is a strategic vision for the general practice and primary healthcare sector in 2020 which was signed off by the RACGP Council in November 2009. www.racgp.org.au/healthreform/34910.

• The second is the Definition of general practice which was completed and signed off by the RACGP Council in May this year. www.racgp.org.au/whatisgeneralpractice.

• This third paper provides for discussion, a description of the individual general practice service setting best placed to meet the needs of our communities and the sector itself, in 10 years time. It is intended to describe the cultural and functional aspects of the future quality practice – whilst acknowledging that many of these features are already wholly or largely present in today’s high quality practices.

Refinement of this model is essential in order to guide appropriate workforce planning, training and evolution of quality-oriented general practice financing approaches.

The purpose of this paper is therefore a practical one – to develop a description of the future quality practice setting that is easily understood by external stakeholders, and supports discussions with government and other organisations around reorienting general practice planning and support, and better recognising and rewarding quality community care.

Overview

In the future, high quality general practice will continue to be delivered by diverse service models, with private general practices comprising the majority, complemented by a smaller range of potential primary healthcare (PHC) models in the public, private, corporate and not-for-profit sectors.

All models ordered towards the delivery of quality care will do so via patient centred integrated PHC teams functioning both within and across service boundaries. While recognising the strong commonality between integrated PHC models, this paper focuses on the general practice setting.

The quality general practice of the future will continue to see its primary purpose as the provision of general practitioner led, patient centred, continuing, comprehensive, coordinated whole person care to individuals and families in their communities. The nature of this care will inherently broaden and adapt however to meet the growing healthcare challenges that confront our communities – particularly the impact of an aging population, with increasingly complex healthcare needs.

The features of future quality general practices are described in relation to a number of key themes:

• quality care for individuals, families and communities
• the right services for every community
• evidence, quality, safety and innovation
• culture, leadership and teamwork
• education training and research for tomorrow's workforce
• infrastructure for integrated primary healthcare
• connections and capacity building with the wider community.

Quality care for individuals, families and communities

The quality practice of the future:

• provides general practitioner led, patient centred care through ongoing patient-practitioner relationships, informational and system continuity, informed patient choice and flexible enrolment options, most importantly for those at significant risk

• delivers accessible, responsive general practice care for patients and families, taking into account the physical, psychological, social and environmental influences on health

• ensures the consultation time needed for building trust, quality clinical assessment, dealing with complexity, care planning, and both systematic and opportunistic health promotion

• empowers and builds capability in patients, parents, families and carers through engagement, education, discussion of therapeutic options, agreement on care plans and supported access (including e-access) to consultations, resources and self management tools

• provides and/or coordinates the provision of, accessible care for acute events and chronic conditions, whether face-to-face, by phone or e-consultation, in hours and after hours, in practice, home or health facility, as needed

• provides diagnostic and treatment options, adaptive service models and accessible ancillary services to meet individual needs as far as is safe, reasonable and possible

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• for patients needing multidisciplinary care across healthcare settings, collaboratively develops and maintains:
  – well defined clinical pathways, referral and transfer of care processes
  – pre-admission, booking, hospital in reach and specialist outreach services
  – hospital in the home and alternatives to acute hospital admission services
  – new integrated service models including community hospitals and multi-purpose services

• provides comprehensive information about patient rights, responsibilities, informed consent, available practitioners, services, hours of operation, back up services, resources and billing.

The right services for every community

The quality practice of the future:

• establishes the needs of the practice population, and of specific patient and community groups, through consultation, systematic review of data from within and external to the practice, and collaborative local planning processes

• engages with patients, carers and community groups as ‘critical friends’ of the practice, to ascertain and appropriately incorporate their views on patient needs and service provision

• plans, delivers, collaborates and/or coordinates delivery of the range of health services that best meet identified needs

• monitors, evaluates and modifies the practice’s models of care, service delivery and service range

• provides patient care through shared care and advanced skills networks including acute care, child and family, chronic and complex, palliative and aged care services

• collaborates with other health services and sectors to reach significantly disadvantaged groups and communities, develops innovative service responses, and advocates for additional services

• works closely with professionals in other health services, other sector services, and the community itself, to influence the environmental factors which affect people’s health and potential.

Evidence, quality, safety and innovation

The quality practice of the future:

• develops and maintains a practice quality framework spanning culture, human resources, policies, systems and processes, and professional and practice performance

• utilises advanced clinical software systems to support incorporation of best evidence, delivery of quality care and continuing quality improvement, combined with:
  – appropriate practice based technologies (including point-of-care testing) to assist in refining diagnoses and providing evidence based, cost effective treatment options and strategies
  – accurate, complete health summaries/records to assist in analysing the interaction and impact of bio-metric, psychometric and lifestyle factors
  – systematic use of patient recall and reminder systems, especially for prevention and management of chronic and complex conditions
  – effective systems for appropriate flagging and follow up of test results, patient referral, clinical handover, and case conferencing

• ensures patient information management systems maintain informational continuity of care between health professionals over time and across different clinical settings

• provides shared access, as agreed and appropriate, to accurate, up-to-date patient information in the form of health summaries, referral documents, pathology and diagnostic imaging results, notification of hospital admissions, inpatient care and discharge summaries

• ensures that patients’ e-summary/records are stored appropriately and forwarded where appropriate with patient consent

• monitors changes in health outcomes for individuals and patient groups over time, and progressively improves quality of care through individual and team based continuing quality improvement processes

• applies continuing quality improvement processes, including regular incident reporting, clinical audit and open discussion of all performance elements, to refine the processes and outcomes of care, reduce avoidable costs, and improve service mix, acceptability and accessibility.

Culture, leadership and teamwork

The quality practice of the future:

• promotes and demonstrates a strong quality and patient safety culture

• is based on flexible general practitioner led multidisciplinary teams in which all team members are supported to fully develop their clinical skills and potential

• employs effective communication methods within and across clinical teams

• delegates specified responsibilities for elements of care within the team according to known capabilities, with appropriate supervision, support and clinical governance processes

• undertakes ongoing individual and team based training to mitigate patient safety risks

• utilises appropriate team members to provide practice based clinics and home visits, residential aged care, hospital or sub-acute facility visits, as appropriate

• works collaboratively with health professionals across community and hospital based services, including the provision of shared care for specific patient groups

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• ensures team members have access
to clinically appropriate diagnostic
and therapeutic technologies, and
are aware of referral options and
availability outside the practice
• recruits people who share the
practice’s values and culture and
has in place orientation processes
designed to integrate new team
members into the practice culture
and their new roles
• sets and supports high expectations
of all team members regarding
ethical professional behaviour, clinical
performance, continuing education, professional growth and networking
• exceeds accreditation standards and
provides an atmosphere for learning and redesign, supported by the
continuous monitoring of care, use
of benchmarking, and a team that
has been empowered to implement
change and where indicated, innovate
• the interaction of team members are
characterised by trust, collaboration,
appreciation of complementary roles,
and recognition that all contribute to
a shared purpose.

Education, training
and research for
tomorrow’s workforce

The quality practice of the future:
• ensures general practitioner team
leaders are FRACGP qualified,
experienced clinicians with all
necessary team leader skills and
attributes
• recruits and retains appropriately
qualified and skilled team members
and supports their development
as clinicians, team members and
educators
• supports the team’s patient
focussed clinical review and
multidisciplinary learning processes
• continues to assess the skills
needed to meet the practice
population’s needs, assesses skills
gaps and supports team members
to acquire the additional skills
required
• enables team members to acquire
and apply formally recognised
specific advanced skills according
to community need and personal
interest to maximise practice scope
and capability
• contributes to local health
service workforce planning and
infrastructure renewal
• incorporates teaching and research
as integral elements of quality
practice, and ensures team
members have protected time and
adequate funding for embedded
professional development
opportunities and variably, for
teaching and clinical research
• incorporates vertically and
horizontally integrated learning,
and linked community based
learning opportunities, according to
individual practice circumstances
• ensures that medical students
and general practice registrars
experience and acquire the
skills of team leaders, teachers,
mentors, researchers, community
planners and change agents to a
level appropriate to their stage of
professional evolution
• variably contributes to teaching,
research, planning and external
collaborative initiatives relevant to
the community at practice cluster
local and/or regional levels.

Community connections
and capacity building

The general practice of the future:
• is a valued resource and a
welcoming place for its local
community
• is connected to its local environment
at community, professional, service
and regional level
• works with other health networks to
utilise de-identified practice data and
professional expertise to contribute
to local health service planning,
development, innovation and
evaluation
• establishes and maintains excellent
relationships with local communities,
contributing to strategies to change
the local environment and influence
socioeconomic determinants of
health.
• is a leader in environmentally
sustainable practice across all
domains of operation, from its
use of resources and waste
management practices through
to the involvement in community
environmental initiatives.

Infrastructure for integrated
primary healthcare

The quality practice of the future:
• is planned and designed to meet
local community needs
• invests in the development
of information systems which
encourage and support effective
health service planning, delivery
of quality care, continuing quality
improvement, teaching and research
• provides the infrastructure to
support the right primary healthcare
team for the practice population,
which includes:
  – facility layout and fit out to
    create a welcoming environment
    and support quality care
  – appropriate security measures to
    ensure patient and staff safety
  – easy access for all patients, their
carers and practice members
  – appropriate medical equipment,
technology and devices
  – physical conditions protect
patient confidentiality and privacy
  – facilities for team meetings and
teaching.

This paper is presented by
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regarding this paper to
advocacy@racgp.org.au
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