THEME

Quality framework

Capacity and the quality framework

BACKGROUND

The quality framework developed by The Royal Australian College of General Practitioners is described by Booth in this issue of *Australian Family Physician*. This article applies the framework to the 'capacity' domain.

OBJECTIVE

ThIS article considers both individual and systems approaches to capacity. It focuses on practice capacity and lessons that emerge from general practitioners working with complex and marginalised patient groups.

DISCUSSION

The framework provides a mechanism for assessing policy and implementation initiatives in an Australian context that takes account of the realities of clinical practice.

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How many times have we repeatedly told ourselves: 'I must ask about immunisation', 'I must make sure all my diabetes patients are recorded', 'I must enter the blood pressure (BP) in the right spot in my software'? Knowing what to do is often not the problem for general practitioners; doing all that we know we should do in a time and cost effective way, is the challenge. General practice covers the broadest range of needs in the health care system. People need prompt, safe care for acute and emergency situations; well organised care for ongoing complex conditions; empathic and supportive care for special needs; and everything in between.

There is evidence that care is suboptimal in worrying ways: for example, for every 100 adult patients seen in general practice:

- 10–15 patients have not had their BP measured in the past 2 years
- 20–30 have not had their lipids tested in the past 5 years
- 60–70 have not been asked about their alcohol consumption, and
- 20 have not been asked about their smoking habits, and only 10 would have received advice from their GP to quit.[1]

Maybe our systems are letting us down. Maybe we have the wrong systems? According to systems theory: 'every system is perfectly designed to get the results it produces'.[2] Our systems have been designed to meet acute episodic care needs and are not so helpful for the substantial amount of our work supporting those with chronic and complex conditions.

Unlike episodic care, chronic and complex conditions require consistent and sustained processes to ensure best outcomes. Integral processes include regular review of multiple health related parameters at different intervals, skills in patient education to facilitate patient self management, and teamwork among health professionals within and outside the practice in different parts of the health care system.

What is capacity?

While competence focuses on qualifications and skill level, capacity relates to the ability to perform or produce a consistent desired outcome. Capacity in general practice is a matter of both people and systems.

The capacity of the general practice workforce to meet the demands placed on it depends on what we want general practice to do. Comprehensive, integrated primary health care underpins cost effective national health systems,[3] but if we want general practice to deliver on its potential, it needs the capacity to do so.

Currently our capacity is affected by government policies from the 1990s (eg. restricted vocational training places and reduced medical school numbers), the aging workforce, the reducing average working hours of GPs, the influence of

(dis)satisfaction, increasing specialisation, and changes in the way general practices provide care.[4]

These factors, despite some recent changes in government policy, have resulted in an estimated shortage of 800–1300 GPs in 2002 (4–6% of the current workforce) with the more pronounced shortages in health workforce being in rural and remote areas and indigenous communities.[5] Shortages in allied health and nursing workforces also play a role in compromising the capacity of general practice to deliver on its promise.[4]

Australian general practice is in a 'capacity crisis' – significant and increasing demand for services, changing team structures, workforce shortages, limited investment in infrastructure, emerging but underdeveloped and uncoordinated information management, all limit the ability of general practice to provide high quality care. While this article will focus on sustainable systems to improve care, it is important to acknowledge the crucial impact of workforce shortages on the ability of general practice to deliver high quality care.

Practice capacity – chronic disease management

To provide general practice care in any setting requires organisational capacity: clinical information systems such as registers, reminders and recalls, decision support with guidelines, delegation of roles and responsibilities from the GP to other health professionals, effective functioning of the practice team and good team climate, linkages with community referral services and resources, longer consultations, effective information management and data exchange and support for patient self management.[6]

A landmark Australian study of how practice capacity contributes to improving quality of care was carried out in 2004–2005 involving 97 general practices, 650 GPs and 7600 patients.[6] The aspects of practice capacity that had a positive impact on quality of chronic disease management were: information management/information technology, business and financial management and team working within the practice. Good practice based linkages with outside services were shown to be highly important.

Many divisions of general practice programs focus on capacity building for general practice, GPs and staff. In 2004–2005, 99% of divisions assisted with up-skilling practice staff, providing support to 4378 practices across Australia, and 92% of divisions provided help with the development and distribution of resources to 5919 practices. Information management/information technology support was provided to practices by 70% of divisions, the most common form being the provision of computing information and advice, and training in practice management software.[7]

Table 1. Insights from GPs working with complex and marginalised patient groups

Dealing with complex and seemingly hopeless situations over and over again can erode our ability and confidence to see the realisation of our own potential and undermine our sense of strength and purposefulness. Our identity as helpers, our world and spirituality may be shattered and our sense of purpose and enjoyment of career diminished.

Being confronted with patient helplessness can also cause a decrease in our confidence in skills and knowledge and in the power of any of our interventions (therapeutic impotence). An avoidance reaction may lead to denial, detachment and withdrawal from patients. We may become excessively professional and intellectual. Increased substance use, pessimism and suspiciousness may add to chronic unavailability and emotional withdrawal to traumatise family and close relationships.

Personal capacity – GP self care

Self care requires doctors to look after their own physical, mental, emotional and spiritual health. While they may be knowledgeable about health care, evidence suggests that medical practitioners can struggle to maintain their own health. Research from many countries has reported significantly higher levels of psychiatric disturbance, substances abuse and suicide among medical practitioners and their families than among the general population. Fifty-three percent of Australian GPs have considered leaving general practice because of work stress.[8]

General practitioners working with refugees deal with some of the most complex and high needs patients in the community. While their experience may be an extreme case, many elements recur in general practice consultations that involve complex care – mental health, end of life care, drug addiction, domestic violence and child abuse. Their experiences (*Table 1*) offer important lessons for sustaining personal capacity.

A useful way of thinking about solutions is by using the model by Saakvitne and Pearlman to address the issues by looking at awareness, balance and connection in the personal, professional and organisational realms (*Table 2*).[9]

As doctors we need self awareness to engage empathically with patients and gain insight into our own responses to patients' stories.[10] We need to learn to recognise our reactions by developing awareness of our own signals of distress before they get to dangerous levels, and try to find words to articulate our inner experiences and feelings.[11]

However, we may be unable to identify our own responses alone. As a 'helping profession' we need to learn to ask for help when it is needed and to find activities that connect us with our mind, body and support networks.[12] Social support systems can provide understanding,

Table 2. ABC of self care

Potential strategies	Personal	Organisational
Awareness	Proactively instigate self care strategies Understand and improve your awareness of when you are stressed, tired, overwhelmed	Ensure your practice has a mentor or supervisor to support your professional development Consider using debriefing strategies (formal or informal) in your practice Cultivate open and supportive dialogue with your practice team Ensure organisational boundaries are known and understood by patients (eg. home visits, consultation length)
Balance	Review your lifestyle and consider healthy options Seek balance in all spheres of your life: physical, psychological and social	Review workload regularly to ensure that all members of the practice team are adequately supported Take care in scheduling complex care needs patients
Connection	Consider joining a social action group where you have a passion for change Talk to others about work, debrief safely Nurture positive relationships with family and friends	Join a peer support or Balint group or informal network Undertake regular continuing professional development with your colleagues

Adapted from: the Vicarious Trauma Workshops run by Dr Jill Benson

counteracting the constant flow of emotional resources toward other people that can slowly deplete emotional reservoirs. Learning to problem solve rather than blame may help clarify personal levels of comfort, values, biases and prejudices. Doctors may also wish to re-establish a spiritual connection – faith in the future or in a higher power.

Self nurturing activities (eg. sleep, exercise, good nutrition, sharing emotions with close friends, humour, hobbies) are important in keeping well balanced. Having clear boundaries between home and work and routines of self care can also be very helpful. Peer support groups, professional development and training activities can also replenish us and reinforce the value of our work.

The health system itself can seem to disempower and weaken our control, adding further barriers to promoting the wellbeing of patients. Organisational factors can also cause significant stress – paperwork, time pressures, staff management, financial planning.

Conclusion

Consideration of capacity issues in general practice is often focused solely on workforce shortages. While these are important, the quality framework encourages a broader debate of both personal capacity and practice capacity.

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