



Quality, innovation, and leadership in general practice

What do they have in common?

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General practice has been hit with waves of reform of increasing amplitude over the past 10 years. 'Quality' could be seen as the next wave or rising tide, and in this issue of *AFP*, several articles focus on aspects of quality in general practice.

Quality in manufacturing and industry is an established agenda where it highlights the need for standardisation; quality is inversely proportional to variability. Quality improvement is the reduction of variability in products and processes.¹ The ultimate aim in quality processes in industry is a predictable product with the same expected outcome every time.

In general practice we work in the world of ambiguity and have uncertainty as our constant companion; the notion of this type of quality can seem alien. We deal with the undifferentiated, the undefined, the diagnostic dilemma and emerging illness; but we also manage defined disease and utilise medications, procedures and processes that have clearer expected outcomes when employed in the most effective manner.

Quality in health care is defined by the American Institute of Medicine as: 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'.² Over time, quality in health care has evolved into six domains: access/equity, clinical effectiveness, appropriateness, safety, patient centred care/responsiveness, and efficiency.³ Through these six domains we can see how quality underpins and enhances many aspects of the

care we provide in general practice.

Quality is also a subjective term for which everyone has their own definition.⁴ In an attempt to create objectivity, quality is defined through measuring processes and outcomes by the use of indicators. Indicators for general practice have been developed in Australia and internationally, but these indicators have not been routinely implemented. The 2003 federal government publication *The Future Role of The Divisions Network*⁵ highlights the need for indicators and, in this issue of *AFP*, Hutton describes how divisions of general practice can have a role in facilitating their use to improve quality in general practice in her article *Divisions of general practice, capacity building and health reform*.

The article by Gore and Rowe describes the Clockwork Young People's Health Service, a service designed to improve health outcomes for young people in the Geelong region of Victoria by increasing their access to general practitioners. Clockwork is strategically located within a youth arts and cultural centre, and it consults young people in an attempt to continually improve the responsiveness or patient centred approach of the service; reflecting many of the quality domains outlined above.

In Australia, there are a number of organisations that aim to assist medical practitioners in improving quality. The Australian Council for Safety and Quality in Health Care⁶ is embarking on a national strategy for improving safety and quality, and the National Institute of Clinical Studies⁷ aims to close the gap

between evidence and practice, creating tools to improve clinical effectiveness. Both these organisations are working with general practice in charting the way forward.

So how are quality, innovation and leadership linked? Innovation is needed to create tools and processes that underpin quality in general practice. The quality agenda has much to offer, assisting us in improving the medical care that we provide our patients and increasing the safety, appropriateness and effectiveness of that care. To be successful, quality needs to be defined and measured in ways that are meaningful to general practice; this requires strong and consistent clinical leadership.

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