Stream Session 1.1

Primary healthcare: Data gaps and development

With
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Professor Don Matheson

Facilitated by
Dr Lyn Roberts, AM

27 - 28 March 2018, QT Hotel Canberra
Australian General Practice

Dr Evan Ackermann Chair RACGP Expert Committee Quality Care

AIHW & Australia and New Zealand School of Government Conference Breaking the Data Silos: Sharing data for better policy and service delivery
Primary Care Environ
Why is there such reluctance to share data?

Opioids Compliance Project –

“I have spoken to the Director of the Behavioural Economics and Research Team and I can confirm that we cannot supply the RACGP with any of the PBS data for this project, even in an anonymised/sampled form. If any of our analysis for this project is published at a later date then we will happily supply you with published work on the project.”
Siloed, inaccurate, inconsistent, and non-standardized data results in lack of trust.
WHY IS COLLABORATION NECESSARY

GENERAL PRACTICE ENVIRON IS COMPLEX
The rate of Gestational Diabetes (Diabetes in Pregnancy) has doubled in 4 years – State hospitals are overwhelmed hiring extra endocrinologists, diabetes educators and midwives to cope …… a policy response is needed.

Test – What has happened and what is your response?
Specialists changed the definition of the “Gestational Diabetes”

Analysis » Too Much Medicine

Gestational diabetes: new criteria may triple the prevalence but effect on outcomes is unclear

*BMJ* 2014; 348  doi: https://doi.org/10.1136/bmj.g1567 (Published 11 March 2014)
Cite this as: *BMJ* 2014;348:g1567

Tim Cundy, professor1, Evan Ackermann, general practitioner23,
Edmond A Ryan, professor, division of endocrinology and metabolism3
Thyroid Cancer Rising ....

Test – What has happened and what is your response?

Incidence, mortality and survival trends

Between 1982 and 2007, incidence of thyroid cancer increased markedly, almost tripling from 2.8 to 8.3 new cases per 100,000. Rising incidence of thyroid cancer has been attributed to increased medical surveillance and improved diagnostics (IARC 2008; Enewold et al. 2009) – specifically ultrasound and increased sampling of specimens by pathologists (Grodski et al.)
Over-use of ultrasound detect lesions which would never cause any harm
Annual opioid dispensing's increased by 78% between 2006-13, from 0.33 to 0.58 per population.

Between 2006-14, prescription opioid related hospital admissions increased by 6.8% per year, from 107 to 187 /1,000,000 person-years; 56% were due to intentional self-poisoning.

Annual deaths increased from 21 to 28 /1,000,000 persons, Between 2007-11. Admissions and deaths peaked at 25-44 years

Pharmacies were allowed to openly promote codeine sales leading to addiction
Lack of Clinical Governance at Primary Care level

- Overdiagnosis
- Overtreatment
- Unsupervised therapeutics
- All required access to multiple datasets to expose the issue
RACGP health data strategy

GP based health data hub

Collaboration with key health data custodians

Develop key role of RACGP in standards for organisation and interpretation of GP data

Translate health data into improved health outcomes
Engagement with Health Policy (eg MBS Review)

Measure GP Impact (eg PPH Admissions)

Clinical Governance (eg Quality Safety Drugs)

Efficiency of Health System (GP type ED Admissions)

Quality Failure (eg Overdiagnosis)

Health Inequities (eg Indigenous Health)
ROAD TO RACGP / AIHW COLLABORATION

POTENTIALLY PREVENTABLE HOSPITAL ADMISSIONS
Potentially Preventable Hospital Admissions

Memorandum Of Understanding

- >1 year to evolve MOU
- > 1 year for details/ funding of Project
Potentially Preventable Hospital admissions

Are those Hospitalizations considered potentially preventable through timely and accessible General Practice-based care.

CONCEPT EXCELLENT

- A health system performance indicator of accessibility and effectiveness in the
  - Australian National Healthcare Agreement
  - National Health Performance Framework for PHNs
  - Australian Productivity Commission

- Used internationally USA, UK, NZ, Canada & Australia for ~ 30yrs

**Effectiveness of GP care should be to reduce preventable hospital admissions**
Potentially Preventable Hospital admissions

Are those Hospitalizations considered potentially preventable through timely and accessible General Practice-based care.

IMPLEMENTATION POOR

- No modernisation of codes or approach to prevention
- Incomplete coding, condition errors, inclusion of irrelevant conditions
- Known coding deficiencies not addressed systematically
- Data examination not done by clinical relevance
- Changes in funding models driving gaming

No consistent Quality Assurance process for the Health Information
Potentially Preventable Hospital admissions

Are those Hospitalizations considered potentially preventable through timely and accessible General Practice-based care.

OUTCOME

- Perfunctory faith in indicator
- Not a true comparative performance indicator
- PHNs have no framework/process to manage result or implement change
- GPs – indicator has no relevance

No dynamic use of critical health outcome data
National PPH Indicator
- Potentially great indicator
- Little data quality control
- No dynamic use

PHNs – handcuffed
- No actionable data/information
- Poor indicator for PHN performance
- Difficulty engaging GPs

General Practice
- PPH Indicator has no relevance
- No incentives to participate with PHNs
- No internal audits for GP to monitor their population
Goal 1 – A robust indicator for GP based potentially preventable hospital admissions

Changed the Name “General Practice based Potentially Preventable Hospital Admissions”

Structured Technical review of all coding practices

Structured clinical review of all clinical items & issues of “preventability”

Goal 2 - National Integrated system to improve preventive care and to prevent hospitalisation
Reconfigure PPH Indicator

- Robust development
- Truly reflect preventive activity of General Practice
- Multi-perspective analysis
- Ongoing National monitoring / QA

PHN implementation

- Deliver PPH indicator information as implementable actions
- Local interventions for local priorities
- GP support for interventions

General Practice

- PPH relevance
- Have practice based indicators of care related to the PPH indicator
- Incentives to address issues
- Population management
Similar model applies to ...

Antimicrobial Stewardship
Drugs of Dependency (Opioids)
Overdiagnosis
Medication safety
All preventive care
High risk population management
WHAT DOES IT ALL MEAN?

Strategic use of health data to improve health outcomes
The big picture ....

- Quality & Safety issues in Primary Care are complex, subtle and often unseen.
- Require multiple health databases
- Share with trusted partners: have collaborative agreements: harness respective expertise & roles
- Begin with end in mind: Solve the BIG problems
- Join the dots from Government to the Health coalface; GP
Primary Health Care: Data Gaps and Development

Prof Don Matheson
General Manager of the Health Alliance
Metro North HHS and Brisbane North PHN

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Outline

• Primary Health Care requires whole of system information
• Silos are growing exponentially
• Trust, ownership and governance are being left behind
• North Brisbane Initiatives
What data does Primary Health Care require?

Informs a set of **values** including improving health equity and ending exclusion.

Sees health in broad terms, including across sectors and the **social determinants** of health.

Informs primary care as the “**Hub**” of the patient's journey.

Enables patients in their **own care**.

Enables participation in **co-design** of care.
Open data

To increase access to services for citizens or organisations.

To plan public service delivery and make service delivery chains more efficient; direct beneficiaries are commissioners, managers and frontline public service workers.

To inform policymaking; direct to beneficiaries and elected representatives, policymakers and citizens who want to influence policy.
Trust and confidence

• Are lagging behind the technical developments.
• Require inclusive governance arrangements.
North Brisbane Health Information Initiative

- The Health Alliance
- Partnership MNHHS, Brisbane North PHN, QHCED
- Governance and management arrangements
- Data storage and data use
  - Identifiable, de-identified, anonymised
  - Personal care, population and business intelligence, research.
Improving Health and Wellbeing of Older People

• Prince Charles catchment: 22,000 older people
• Rising hospitalization (ED, IP) decreasing OBD.
• The Health Alliance approach:
  – The People, GP, Ambo, RACF, NGO, Hospital.

• Shifting from Activity based to Outcomes based approach
Appendix 4: Draft outcomes framework

Integrated

Supporting older people to stay healthy, well and independent in their own home and community

Patient experience measured

Frailty identified in community settings

Continuity of care in GP and RACF

Increased coverage of Health Assessments

Transition care and HITH

Palliative care in RACF and Homes

RACF for Indigenous

People-centred

Make every day count

Improved access to specialist care in community

Improved timeliness and scope of home care plans

Diversification of QAS response

vi Actual

vii Brisbane North PHN and MSH engaged over 50 older people at Kenora Sanatorium, Mount Victoria.