Victorian Healthcare Association

SUBMISSION

Practice-level indicators of safety and quality for primary health care, Australian Commission on Safety and Quality in Healthcare

2 November 2011

1. Introduction

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide a submission to the Australian Commission on Safety and Quality in Healthcare (the Commission) on practice-level indicators of safety and quality in primary healthcare. The VHA agrees to this submission being treated as a public document.

1.1. Contact details

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1.2. The Victorian Healthcare Association

The VHA is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

1.3. Prefacing comments

Primary healthcare aims to ensure the appropriate level of care is delivered at the first point of contact with the healthcare system. An effective primary healthcare system provides comprehensive services and whole of person care. Primary healthcare considers the broader reasons that people need interventions, rather than solely considering the study of diseases and health-events on a treatment basis. Improving the quality of care of clients and patients requires a focus on people-centred healthcare that considers the social investment in society that is needed to improve their health and wellbeing. The Victorian model of primary healthcare is incongruent with a purely medical approach and the VHA believes that primary healthcare offers much more than treatment for disease or one-to-one service delivery. This gives primary healthcare an emphasis on prevention, health promotion and community development in addition to a focus on management of disease.

The VHA supports the creation of a national set of practice-level indicators to assist primary and community healthcare services in the delivery of high quality healthcare services. Indicators are a key aspect of clinical governance arrangements within healthcare settings to ensure safe, high-quality health services are delivered to consumers. Indicators provide a means to assess and benchmark not only the effectiveness and appropriateness of clinical care but other important dimensions of quality that are relevant to primary healthcare including safety, accessibility, acceptability and coordination of care. Through the monitoring of relevant safety and quality indicators areas for improvement can be identified. The VHA believes indicators should be considered as a tool of improvement, not an isolated data collection exercise. It is therefore recommended that the Commission highlight the need for services to align indicators to specific organisational strategic and quality goals to ensure these indicators are integrated within existing organisational planning and evaluation frameworks and not seen as a stand-alone activity.

The VHA supports the Commission's recommendation that services do not adopt every indicator, but select a 'local bundle' of indicators from the national set that suits their needs. Services will be able to choose indicators that enable them to investigate a

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particular aspect of the service that they would like to improve, or provide general monitoring of a service in its local context. It also ensures that practitioners and services are not overwhelmed by the amount of data that they need to collect to satisfy the indicator requirements. The VHA welcomes an implementation plan that assists local areas and practices to determine the set of indicators most valuable to the monitoring of their service.

The definition of primary healthcare given in the consultation paper (p7) does not adequately encompass the roles that primary healthcare services play. Primary healthcare does include the 'front line services' listed in the document. However, in addition to this direct service provision, a definition of primary healthcare should include community development, health promotion, illness prevention, early intervention, outreach and chronic disease management, and a role in population health planning. In order to develop useful and valuable indicators on the safety and quality of primary healthcare services, it is important to identify not merely the services (types) which could be classed as primary healthcare services, but also the models of care of those services. The VHA defines primary healthcare as an approach derived from the social model of health that addresses the determinants of health. Within Victoria, primary healthcare incorporates responsiveness to local population needs through a balanced system of wellbeing, health promotion, illness prevention, rehabilitation, treatment and effective management with a broad range of allied health practitioners integral to the delivery of services.

As such, the definition provided in the consultation paper needs to more accurately reflect the nature of primary healthcare services, shifting from an emphasis on *who* provides services to one that takes into account the nature of the services that are being delivered. This would enable indicators to be developed that better contribute to the aims of measurement and improvement of practice-level services in a range of primary healthcare activities. Undeniably, it is difficult to develop indicators which are effective at measuring these aspects of primary healthcare. It may be that indicators reflecting these aspects of primary healthcare will need to be developed in the future.

1.4 General Indicator Comments

The key issue facing the effective implementation of any indicator set in primary healthcare services is the ease of data extraction. In Victoria, to date, the ability to extract data related to the proposed indicator set would rely largely on manual audits of files. In recognition of this it may be useful to include advice on sampling size and methodology to assist services in obtaining useful data from a sample of files that can inform quality improvement. In the longer term funding bodies need to consider building in data extraction for quality improvement in any software systems requirements.

Practice-level indicators should, as explained in the consultation paper, "support continuous quality improvement through monitoring of trends over time, and identify issues or significant variances in one or more dimensions of quality of care." The indicators identified in the consultation document could more fully enable the successful evaluation of practice-level care.

Primary healthcare services play a wider community role as a result of their position at the 'front line' of access to health services. Indicators should reflect the extent to which this role is being fulfilled, such as screening for aspects of the social determinants of health, for example substance abuse. Furthermore, additional accessibility indicators could reflect the need to assess the success of primary healthcare services at reaching the communities most in need, ensuring that an equity dimension is added to the

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measure of quality of care. This could be reflected in indicators to determine whether significant sub populations of the community with relatively lower health status had been identified and were accessing suitable services.

The indicators outlined in the consultation paper reflect a patient/service delivery-centric understanding of primary healthcare. This fails to capture the importance of staff training and education in the delivery of safe and high-quality primary healthcare, and an indicator could be developed to reflect this.

The proposed indicator set provides a good range of system and process indicators of primary healthcare direct service delivery. However the section on effectiveness of care is limited reflecting the lack of existing measures in this area. There needs to be considerable future research to identify and measure the indicators of effectiveness of primary healthcare. This research must also make the distinction between effectiveness indicators that can be directly attributable to the interventions of a primary healthcare service i.e. direct impact indicators (e.g. self efficacy, health distress, knowledge, self management) and those that reflect the health status of the client in the long term. Long term outcome indicators (e.g. quality of life indicators) are less directly attributable to the intervention of primary healthcare services due to the contributing factors that exist in the community setting.

Additional measures of appropriateness have been proposed in Victoria due to the lack of relevant validated indicators of effectiveness. The percentage of staff who are appropriately credentialed, had their scope of practice defined , received supervision and performance appraisal are important measures that support the appropriateness of care in the primary healthcare setting.

1.5 Specific Indicator Comments

Accessibility

The indicators in this set represent a good range of accessibility indicators from which agencies can select. Clarification of the definition of first contact needs to be made for indicators 1 and 2. A differentiation needs to be made between first contact with the client and first contact with a referrer to the service. The intent of the indicators needs to clearly reflect the time to service from the first contact with the client to initiation of first service. Additional indicators could be developed in the future to reflect referral acknowledgement and response time.

There is a great deal of variation in client intake processes across Australia which will make the terminology of these indicators challenging and this will need to be articulated in accompanying notes. In Victorian community health the key points of contact are *first contact* of the client with the agency, *initial needs identification* of the client and *first service* with service provider. For many Victorian agencies indicator 2 will be better designed as time from initial needs identification to first service. Accompanying notes could outline that key points of contact need to be identified with relevant timelines so that indicators can be modified to reflect local practice.

Appropriateness

The appropriateness indicators would benefit from an additional indicator that examines the proportion of clients who were screened for a range of health, welfare and social issues on initial intake or needs identification. This indicator would be distinct from the medical focussed health summary and would reflect the role of many primary healthcare providers in comprehensively assessing and addressing the needs of clients.

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Feedback from the Victorian Community Health sector indicates concern that the active participation of clients in the care planning process is not currently reflected in indicators. Indicator 8 includes a reference to a complete care plan. This indicator was derived from an original VHA indicator set which defined a complete care plan as including client agreed goals and objectives and being signed by the client. Any notes accompanying care plan indicators should reflect this important element of care planning.

Acceptability/patient participation

Indicator 16 examining the number of patients using a health status instrument should also have a version that includes the proportion of regular clients that have improved as measured through a validated self rated health status instrument. It could be argued that these measures reflect effectiveness rather than appropriateness.

Effectiveness

Indicator 22 while well constructed assumes the existence of validated tools and guidelines in areas of primary healthcare. While this indicator is worth having to signal the way in which services should ideally measure effectiveness the ability of services to apply this indicator may be limited in many areas. Future research would be welcome in the areas of identifying validated self rated health status instrument that are useful and sensitive enough to measure change at the individual client level and/or funded program level. Many health status measures are designed for the evaluation of larger population groups and are not sensitive enough to detect individual change over time. In addition clarity around clinical pathways for many client groups in primary healthcare would assist in developing indicators around specific appropriateness and effectiveness indicator measures. For example in diabetes management an indicator around whether a clients has been adequately coordinated to receive all elements of the annual cycle of care would be relevant to primary healthcare. The issue of appropriate physiological impact measures needs further thought, for example, whether the client's HBA1c is a good measures of effectiveness is debatable in terms of the attribution of change to non medical staff/ non drug related intervention in primary healthcare.

Coordination of care

The coordination of care indicators in this section reflects key processes in coordination of client care. Feedback received from the sector indicated the need to address effective communication from referrers to primary healthcare as well as from primary healthcare. While effective communication from referrers is essential to appropriate care this element is less directly under the control of the primary healthcare providers that this indicator set is aimed at. However reviewing the effectiveness of referral information and responding appropriately with referrer education and referral templates is an important consideration and may be worth mentioning in any accompanying notes.

Safety

The safety indicators represent a good range of processes related to patient safety.

2. Conclusion

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The VHA strongly supports the development of the practice level indicators for primary healthcare developed by the Commission with the amendments as noted in this document.

The issues of defining key concepts in the indicator set and outlining data methodology approaches will be important in supporting the effective implementation of the indicator set across the jurisdictions. The current indicator set must also be placed in the context of the initial focus on the direct service provision role of primary healthcare providers.

Future research and development work is recommended to devise indicators to reflect the other roles of primary healthcare providers in health promotion, prevention and community development. Additional research and guidance is needed by the sector in the use of appropriate impact and outcome indicators for primary healthcare.

The VHA welcomes the opportunity to provide further information to the Australian Commission on Safety and Quality in Healthcare on this or any other issues relating to health in Victoria.

Please contact me on (03) 9094 7777 to clarify any information in this submission.

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