GRIFFITH UNIVERSITY

Coordinating Complex Care: A General Practice Perspective

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Published

2010

Conference Title

2010 Primary Health Care Research Conference: Primary Heath Care Research and Health Reform - Improving care

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Including nurses in chronic condition care coordination: challenges and opportunities in General Practice

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THE PROBLEM

•***Coordinated care*** is considered an appropriate mechanism for reducing care fragmentation.

•Chronic conditions are predominantly managed ***in general practice*** (Rothman & Wagner, 2003).

•The effectiveness of coordinating care in general practice settings ***is not well established*** despite accumulating evidence for its overall efficacy (Wagner, Davis, Schaefer, Von Korff, & Austin, 2002).

THE CHALLENGES

•The healthcare system in Australia is oriented towards acute and episodic care of people rather than toward ***chronic and ongoing care management*** (Duckett, 2007).

•General practice in Australia is located ***within a private business framework***.

•GPs need to manage the tension between providing acute specialised treatment and cost-effective ongoing chronic condition care ***whilst being remunerated on a fee for service basis*** (Southern, Young, Dunt, Appleby & Batterham, 2002).

POTENTIAL SOLUTIONS

•Involve non-physician personnel, particularly practice nurses

•Empirical support for ***an extended role for practice nurses was identified in the 2004*** Queensland Coordinated Care Demonstration Trials (see Patterson, Muenchberger & Kendall, 2007)

ADDITIONAL CHALLENGES

•Improving the chronic care expertise in ***non-physician workforces*** (Wolff & Boult, 2005) will require systems that enable them to practice appropriately

•Improving the effectiveness, efficiency and responsiveness of health systems must incorporate a change in ***skill-mix*** (Sibbald, Shen & McBride, 2004).

•The role of GPs and nurses are distinct and ***must be integrated to achieve a total package of care***, with a unique contribution from each (Way, Jones, Baskerville, & Busing, 2001).

THE RESEARCH GAP

Few demonstrations of coordinated care have been delivered within the general practice setting resulting in unrealistic goals, diffuse targets and insufficient resources for sustainable program implementation.

Demonstration projects often have unrealistic goals, diffuse targets and insufficient resources; and frequently pay little attention tot he difficulties associated with managing co-morbid conditions and complex life situations (Wolff & Boult, 2005).

RESEARCH OBJECTIVE

To identify the types of supports considered necessary to assist practice nurses to deliver evidence-based care coordination within the general practice setting

METHOD

•Focus group data collection

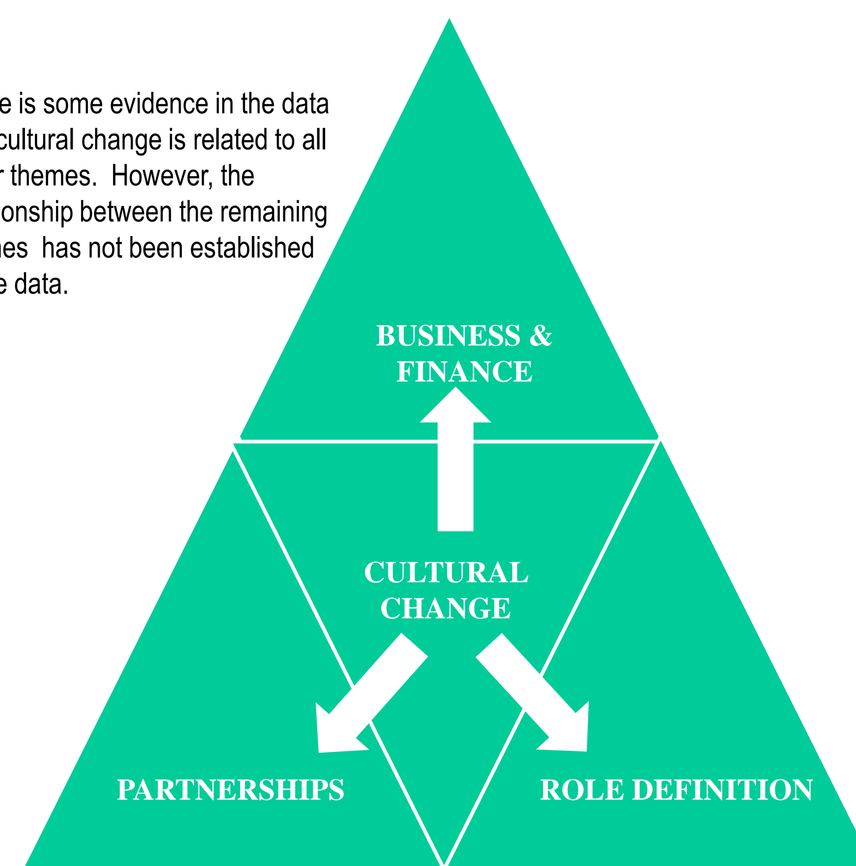
•Thematic analysis (DeSantis & Ugarriza, 2000).

•Participants
- •4 male GPs
- •5 female practice nurses
- •4 Division of general practice staff

RESULTS

Four key themes emerged from qualitative analysis, namely Cultural Change, Partnerships (Internal and External), Financial Models and Role definition .

There is some evidence in the data that cultural change is related to all other themes. However, the relationship between the remaining themes has not been established in the data.



Theme One: Cultural Change

Overall, coordinated care was considered a *'fuzzy"* term that was not easily distinguished from usual good quality practice that GPs had *"been doing for years"*.

•There needs to be a gradual shift towards extended roles and practice-based care that would require :

[not]*"get[ting] to the solution too quickly"*.

•Attitudinal shifts would be required in some instances for GPs to trust nurses to engage in extended activities and for all parties to understand the nurse's role:

***"I'm just trying to get around why suddenly we need a coordinator to do the stuff that we've [GPs] been doing for years"*.**

•Time would have to be allocated for the nurses to expand their role because coordinated care requires that nurses have:

***"isolated time"*.**

•Education was required to ensure that patients understood the value of extended care:

"They're [patients] either going to be people who do it [engage with the coordinated care process]… or they're just like the rest of us: they don't really look after their health. They think it's a good idea when they talk to you, but how many people maintain a healthy lifestyle?"

•Coordinated care would require voluntary opt-in:

***"There are lots of patients that I have… They'll sit there and listen because they're nice and polite, but it might mean nothing to them. Or they might just say thank you, goodbye. There are patients that have never cooperated"*.**

Theme Two: Internal and External Partnerships

Relationships were considered integral to extending the role of practice nurses to include coordinated care. Relationships were the key for establishing local area knowledge.

•Nurses need to be supported internally by team members:

***"I think our receptionist would know more than both of us about who to ring for this and who to contact for that, because they are often asked and they'd know more about that sort of thing than me"*.**

and externally by key organisations:

***"The Division [of general practice] is very good"*.**

•Partnerships are built on personal relationships that are trust based:

***"You work with your nurse a lot… you are always talking to your nurse… you talk to your nurses far more than you talk to your [practice] partners"*.**

***"…so I had to prove myself, that I wasn't going to mismanage and I wasn't going to overrule what they [the GPs] were saying… initially, they'd email me and they'd say 'Mrs Jones for a GPMP. She needs this, she needs that, and that.' And now I get a name – no comment, no disease mentioned, and I have to do all the research. Half the time I have to go into the past history, there's nothing… so they've [the GPs] gotten lazy now"*.**

•Relationships with external service providers are frequently based on pragmatism:

***"…what I always did was, first and foremost, spoke with a doctor and asked who the people were that the doctor liked to use and what providers the doctor was engaged with, because it's their patient… Then, I would contact those providers and ask if they are interested in being part of our EPC program"*.**

***"The way I choose them is whether they will answer my faxes. And if they've got their systems worked out, I'll work with them. But if their systems are diabolical like most of them, I won't [work with them]"*.**

Theme Three: Business Models and the Financial Context

General practices operated with a small-enterprise agenda which inevitably influenced the workforce profile, and will impact the development of a coordinated care role for practice nurses.

•The small business nature of general practice means that practices operate differently:

***"…in some practices there's lots of GPs and patients see whichever GP is available. In other practices presumably most of the patients come because of the GP they see"*.**

***"Different surgeries do it in different ways, I think. Some surgeries, particularly when they've got full-time doctors, perhaps have a nurse just to do EPC…"*.**

•Coordinated care needs to be financially viable:

"Depending on the type of practice you have, there's no way any surgery could fail having a practice nurse"

But this was not a view shared by all:

"They'd [the practice] go broke **[if they employed practice nurses solely for coordinated care]*"*.**

Thus it was important to:

***"...mak[e] the item numbers work proactively for you with little effort and with the best remuneration"*.**

Theme Four: Role Definition, Development and Recognition

Despite the advantages of incorporating practice nurse in the GP context, there was continued uncertainty as to how this role was best defined and managed.

•There is a role for practice nurses in care provision:

***"I totally agree with all the journals that there are lots of things a practice nurse can do quite easily that we do"*.**

•Nurses do not always have capacity to extend their role:

"There's no way we could do it. It's not possible. I don't have enough hours in the day now to be able to do that role"

***"There's nowhere near enough of it [training, resources, support], because there is no real model of what coordinated care is, and … the expected knowledge that you would have"*.**

•Nurses require a supportive team:

***"It has to be a team"*.**

•Professional isolation needs to be addressed:

"That's a big thing in general practice… they're [practice nurses] working isolated

DISCUSSION

•Any model of care coordination must be supported by ***developmental processes*** that engender ***cultural change***, increase ***capacity*** to develop internal and external ***partnerships***, adequately develop and ***recognise*** the ***nurses' role***, and ***identifying financial models*** that could support care coordination.

•Some practices provided diverse opportunities and resources for nurses to be involved in coordinated chronic condition care were inconsistent across practices.

•The findings suggested a need for ***a flexible model of practice-based coordinated care.***

•Practices worked differently, even in relation to the same activity, concept or process.

•Complex interventions such as care coordination initiatives are not likely to be embedded into practice unless the interactions between people and practices are known; the integration between existing knowledge and relationships is explored; the current division of labour is explicit and considered; and the contextual integration of the intervention with the organisation is respected (May, 2006; May, Finch, Mair, Ballini, Dowrick, Eccles, et al. 2007).

•The new way of practicing ***must be seen as delivering some kind of advantage***

•The process of implementing an expanded role for practice nurses in Australia will need to maintain and ensure financial viability of the business enterprise while simultaneously seeking to change practice.

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***ACKNOWLEDGEMENTS**

This paper was prepared as part of a primary health care research collaboration between Griffith University and General Practice Queensland. The work was made possible by funding from the Gold Coast Division of General Practice, Queensland Health and the Motor Accident Insurance Commission