Framework for the Victorian General Practice Liaison Program

2007

A Victorian Government initiative

Victoria
The Place To Be

Framework for the
Victorian General Practice Liaison Program

2007

Contents

Executive summary

Victoria's General Practice Liaison (GPL) Program is comprised of health service based GPL units supported by a statewide program coordination service that is focused on systems change and improvement at the interface between hospitals and general practice.

The *Framework for the Victorian General Practice Liaison Program* follows a formal review of the GPL Program in 2006 and is a resource providing an overall structure and strategic direction for GPL services operating in the State's public hospital system.

The framework sets the context for the GPL program by charting the development of GP-hospital integration services and outlining the relevant state and national policy directions. It delineates the role of the GPL Program and its core functions, outlines the structure, governance and coordination of the program and establishes the strategic directions and associated planning processes for the program.

The role of the GPL Program is to promote an integrated, person-centred health care system providing quality care and better health outcomes for Victorians. In particular, the GPL Program has a role in:

• improving access to services
• promoting continuity of care across health sectors and services
• building strong working relationships that promote sustainable collaboration and partnerships between services
• improving the quality of health care
• contributing to a reorientation of the health system so that the mix of hospital and community-based services ensures care is provided in the most appropriate setting and minimises the need for acute care
• optimising resource use and the efficiency of care across multiple providers.

The core functions to be performed by the GPL Program reflect six functional areas identified in the role statement:

• access to services
• service integration
• service coordination and information exchange
• quality health care
• reorientation of the health system through service development and system redesign
• optimising resource usage.

The framework outlines a service and governance structure that ensures the GPL Program has a strategic, cross health service function with a focus on systems change and improvement.

The structural arrangements for GPL services need to incorporate the following features:

• GPL services to be located within health services.
• GPL units to employ a team structure with an appropriate mix of general practitioner and support staffing functions.
• GP representation is a minimum requirement for all services.
• GPL units to have formal links with associated GP divisions.
• GPL units to maintain organisational links with health service programs and services engaged in primary care liaison.

The governance structures for the GPL Program need to include the following features:

• GPL services to be placed in an organisational structure that facilitates:
  • high-level executive support
  • clinical leaders or champions
  • capacity to develop a profile within and outside the health service

- formal relationships between the health service and key stakeholders in the primary care sector
- involvement in the planning and development of heath service information management and technologies.
- GPL services to participate in systematic planning and reporting processes at both the state and health-service level.
- GPL services have capacity to collaborate with other health services on projects of common interest.

The framework establishes a statewide program coordination structure that:

- establishes a network for disseminating and sharing information and innovative practices
- facilitates systematic planning and reporting processes at both the state and health service level
- facilitates professional development and training
- promotes collaboration between health services
- facilitates consultation processes between the department, health services and GPL services on policy-related matters.

The framework supports the three-year planning process developed for the GPL program services to ensure alignment with government and health service policy directions and to promote accountability, information sharing and outcome measurement. It outlines statewide strategic goals for the GPL Program for the period 2007–10 and sets key departmental strategic directions in the areas of:

- emergency care
- primary health
- outpatients
- elective surgery
- subacute care
- mental health
- maternity services.

The framework delineates the steps involved in the planning cycle and the processes governing the preparation and review of annual action plans.

1.0 Introduction

The *Framework for the Victorian General Practice Liaison Program* has been developed by the Department of Human Services (DHS) in conjunction with the Emergency Access Reference Committee – Primary Care Sub-committee and key stakeholders. It has been primarily informed by the review of the GPL Program[1] commissioned by the department in April 2006.

The framework has been developed as a resource for health services providing a General Practice Liaison (GPL) Program. It is intended to promote consistent program development and support continued service improvements. Service integration is a key focus of the framework, one that reflects the breadth of hospital services that interface with general practice.

Victoria's GPL Program is comprised of health service based GPL units supported by a statewide program coordination service provided through General Practice Victoria (GPV). The program is engaged in systems change and improvement.

The framework provides an overall structure and strategic direction for the GPL Program operating in Victoria's public hospital system. The framework:

- delineates the role of the GPL Program and its functions across six key areas
- outlines the structure, governance and coordination of the program
- establishes the strategic directions and associated planning processes for the program.

1.1 Background to the acute – primary care interface

This section of the paper outlines the changing nature of the acute-primary care interface, the responses of the Commonwealth and state governments and the progressive development of Victoria's GPL services.

1.1.1 Commonwealth initiatives

Over recent decades there has been a change in communications between the acute and primary medical care sectors in Victoria, throughout Australia, and other health care settings around the world. The reasons are numerous and include:

- the decline in general practitioner (GP) participation in hospital-based care – currently only a small proportion of metropolitan-based GPs retain hospital-visiting privileges
- differences in service orientation – acute services are more focused on complex and intensive interventions and community-based services are more directed towards prevention, early intervention and treatment of chronic and less acute conditions
- growth in medical knowledge and consequent specialisation of acute services, particularly the specialisation of emergency medicine in the early nineties
- the division of responsibility for primary medical care and acute services between the Commonwealth and the states.[2]

1 Amos Consulting 2006, *Department of Human Services review of the General Practice Liaison Program*, Melbourne.

2 Ibid

The issue of GP–hospital integration gained momentum in 1992 when the Commonwealth introduced the divisions of general practice and the funded numerous GP–hospital integration projects. In the late nineties funds were provided for the General Practice Division Victoria (GPDV) Hospital Integration Project,[3] which saw the formation of teams of clinicians to examine systems that would improve the patient journey. The National Demonstration Hospitals Program Phase 3[4] added to the developing body of knowledge around GP–hospital integration by producing a model for collaboration between hospitals and divisions and a set of principles underpinning the provision of integrated health care.

In mid 2001 the Centre for General Practice Integration Studies[5] (CGPIS) produced a framework that identified four purposes of GP–hospital integration activities and nine main models or program types. The purposes established were: preventing the need for acute care; shifting care to the most appropriate setting; improving transitions of care and building better relationships between GPs and hospitals. Under the CGPIS framework GPL services were not classified as an integration model but a general activity designed to improve relationships and the potential for integration.

1.1.2 Victorian initiatives

The Victorian Hospital Admission Risk Program[6] (HARP), which was implemented in late 2001 as part of the Hospital Demand Management Strategy, included a focus on strengthening the continuum of care through a range of strategies including creating greater cohesion between public hospitals and the primary care and sub-acute sectors.

GP liaison within hospitals was identified as a model of GP–hospital integration that fostered connections and relationships leading to successful partnerships and service integration. Up until mid 2001 there were seven part-time GP liaison officers located in Victorian public hospitals. HARP funding was provided in 2001–02 for a further eight Acute Primary Care Liaison (APCL) initiatives. In July 2002, the HARP GP–Hospital Interface Working Party[7] identified the need to ensure consistent outcomes for APCL initiatives and integration of the initiatives with HARP objectives. The working party recommended a framework be developed for APCL initiatives.

1.1.3 Review of the GPL Program

In 2004–05 HARP was mainstreamed into HARP Chronic Disease Management (HARP-CDM) and program responsibility for Victoria's GPL Program was separated from the HARP-CDM program. The department commissioned a review of the GPL Program in April 2006 to identify the breadth of GP liaison practice in metropolitan and rural settings and, cognisant of current policy directions and key stakeholder views, to develop recommendations for the future of the GPL Program.

The final report submitted by Amos Consulting[8] in August 2006 indicated that Victoria's GPL services had achieved significant changes in the areas of information flow, processes of

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3 www.dhs.vic.gov.au/ahs/archive/gp_integration/hosimp.htm

4 Commonwealth Department of Health and Aged Care 2001, *National Demonstration Hospitals Program Phase 3: A resource for integrating health services*, Canberra.

5 Centre for General Practice Integration Studies 2001, *GP–hospital integration – What have we learnt?* Sydney.

6 Department of Human Services 2002, *Hospital Admission Risk Program (HARP) Background paper*, Emergency Demand Coordination Group, Melbourne.

7 Department of Human Services 2003, *Hospital Admission Risk Program (HARP) GP–Hospital Interface Working Party report*, Melbourne.

8 Amos Consulting, op. cit.

care and relationships and communications. These systemic improvements were designed to improve patient experiences and outcomes.

The review also highlighted the need for a service framework that would ensure:

• consistency in the structure and function of the program across the state

• a service delivery model that accommodates difference in regional, district and local level service arrangements in rural areas

• a formal coordination structure to support GPL services, promote accountability and ensure GPL services are aligned with government and health policy directions

• the extension of service partnerships and progressive development of GPL teams to provide a strategic, cross health service function focusing on systems change and improvements.

The framework for Victoria's GPL Program establishes the strategic direction for the program for over the next three years

1.2 Policy context

The *Framework for the Victorian General Practice Liaison Program* has been developed in the context of the following Victorian policy frameworks and national initiatives.

As the GPL Program operates at the interface between hospital and primary medical care, encompasses a number of health sectors and spans Commonwealth and the state government responsibilities, a wide variety of policies are relevant to the GPL Program.

1.2.1 Victoria: A better state of health

The government's 2005 policy *Victoria: A better state of health*[9] outlines five overarching principles that provide a vision for health care in this state. They are:

• best place to treat

• together we do better

• technology to benefit patients

• a better patient experience

• a better place to work.

1.2.2 Metropolitan health strategy

Directions for your health system: Metropolitan Health Strategy[10] (MHS) provides a five-year strategic policy and planning framework that focuses on fundamental system changes required to achieve sustainable delivery of health services that are safe, of high quality, responsive to individual needs, timely and efficient. The MHS identifies four strategic directions to meet future demand for services:

• increased capacity

• redistribute and reconfigure capacity

• service substitution and diversion

• new service models.

The HDM strategy is being updated[11] to take into account the many developments in the health system in the three years since its release in 2003. The revised MHS will provide a clear statement of relevant departmental policy across all program areas and identify future directions for metropolitan health services to improve access, capacity and sustainability.

9 Department of Human Services 2005, *Victoria: A better state of health*, Melbourne.

10 Department of Human Services 2003, *Directions for your health system: Metropolitan Health Strategy*, Melbourne.

11 Health Policy Solutions 2006, *Shaping the strategic directions of metropolitan health services – A discussion paper for the Metropolitan Health Strategy refresh* (unpublished)

Key challenges already identified for the future are:

- development of a strong whole-of-health-system approach to prevention
- reorientation of the health system around a primary health care model
- integration of service planning to promote greater integration across health services.

1.2.3 Directions for rural health

Rural directions for a better state of health[12] provides a framework for rural health services to continue developing and enhancing their roles in the system of care across Victoria. It is intended to help health services orient themselves towards the changing needs of communities and make the best use of available resources to deliver improvements in the health of rural Victorians. The three broad directions that have been identified are:

- promote the health and wellbeing of rural Victorians
- foster a contemporary health system and models of care for rural Victoria
- strengthen and sustain rural health services.

1.2.4 Care in your community

Care in your community: A planning framework for integrated ambulatory care[13] provides a ten-year vision for an integrated and person- and family-centred health system. It is about refocusing and investing in the best mix of hospital and community-based care services to better meet the needs of Victorians. It focuses on integrating the component parts of the system and reforming existing systems, structures and processes to support flexible service delivery and person-focused continuity of care. The planning principles for the policy are:

- consolidate and improve the range, level and quality of community-based services
- services delivered in hospital settings to complement community-based services
- service delivered at people's homes or in the community are the preferred option
- maximise equitable distribution of services with a focus on addressing disadvantage
- maximise ease of access to services
- promote collaborative outcomes based on partnerships focussed on a health-populations approach.

The key enablers of this integrated planning approach are suitable funding models and information management systems, a workforce structured to person-centred care and autonomous organisations working together in partnership.

1.2.5 Better quality, better health care

The Victorian Quality Council (VQC) was established in 2001 to foster quality and safety in Victorian health services. The council's framework *Better quality, better health care*[14] outlines the principles and practices necessary for effective monitoring, management and improvement of health services. The six interdependent dimensions of quality identified in the framework are:

- safety of health care: harm arising from care is avoided and risk minimised
- effectiveness of health care: health care interventions deliver measurable benefit and achieve the desired outcome

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12 Department of Human Services 2005, *Rural directions for a better state of health,* Melbourne.

13 Department of Human Services 2006, *Care in your community: A planning framework for integrated ambulatory care*, Melbourne.

14 Department of Human Services and Victorian Quality Council 2003, *Better quality better health care: A safety and quality improvement framework for Victorian health services*, Melbourne.

- access: there is timely, equitable access to services on the basis of need irrespective of cultural or linguistic background, gender, age or socio-demographic status
- acceptability: health services meet the expectations of patients and feedback is encouraged
- appropriateness: selection of health care interventions is based on the likelihood that the intervention will produce the desired outcome for a patient and on using evidence and established professional standards
- efficiency: resources are utilised to achieve value for money within health settings.

1.2.6 Primary care partnerships

The State Government initiated the *Primary care partnership (PCP) strategy*[15] in 2000 to improve the health of people using primary health care services and to reduce avoidable use of hospital services. The introduction of service coordination process and tools and an integrated health promotion framework have produced significant system improvements and strengthened the primary care sector. The current vision for PCPs includes:

- an integrated health care system, based on partnerships, where providers see planning and working together to better meet the needs of their communities as core business
- widespread consumer, carer and community participation in service design, implementation and evaluation
- consumers' needs identified early and appropriate services delivered promptly
- improved service coordination practice enhanced and embedded in agency practice, streamlining assessment and access to services

- widespread, efficient and effective referral and care coordination between GPs and other health care providers
- reliable information and communications technology infrastructure and agreed standards in place enabling electronic communication, including e-referral
- a health system geared to health promotion, prevention and early intervention for at-risk individuals and groups, minimising the onset of disease and preventing hospital admissions.

1.2.7 General practice position statement

The Primary Health Brach is currently preparing a position statement to strengthen the collaborative interface between the department, state-funded services and general practice to promote integrated services delivery and better health outcomes for Victorians. It provides a framework for a coordinated and consistent approach to collaborative work with the GP sector and highlights opportunities to further align State and Commonwealth agendas for primary health care.

1.2.8 National initiatives

The Commonwealth Government has predominant funding responsibility for the GP sector through fee-for-service payments under Medicare. National health policy directions for primary health care are therefore of importance in the area of GP–hospital integration. The major national policy directions adopted by the Council of Australian Governments in 2006[16] are to:

- strengthen the focus of the health system on health promotion, prevention and early intervention

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15 Department of Human Services 2003, *Primary care partnerships strategic directions 2004–06*, Melbourne.

16 Bracks S 2005, *Governments working together: A third wave of national reform* at http://www.dpc.vic.gov.au and Council of Australian Governments communiqué 2006 at http://www.coag.gov.au

- provide improved access to primary care services that may substitute for other high cost/difficult to access services
- provide improved models of care and better access to services for a range of population groups
- enhance the safety of health care services for patients and improve efficiency of service delivery.

The Commonwealth's strategic goals for the primary health care system[17] are:

- making care more accessible
- focusing on prevention and early intervention
- encouraging better management of chronic disease
- supporting integration and multidisciplinary care
- building the evidence base for effective, quality primary care
- using technology to support best practice
- recognising and respecting the variety of practice styles.

The Divisions of General Practice network provides a national infrastructure focused on primary health care that supports and integrates GPs, primary care and other health care providers. Divisions are implementing a national quality and performance system involving performance indicators aligned with the strategic goals for the primary health care system.[18]
When the new GP Division accreditation system is implemented in June 2008, divisions will be required to support GP–hospital integration and report specifically on the areas of improving local service planning, timely and appropriate exchange of patient health information and integration of care for patients, families and communities.[19]

17 Commonwealth Department of Health and Ageing 2004, *Divisions of General Practice: future directions – Government response to the report of the review of the role of the Divisions of General Practice*, Canberra.

18 Commonwealth Department of Health and Ageing 2005, *Future directions – What have we achieved? Where are we heading? Implementing a national quality and performance system for the Divisions of General Practice Network*, Canberra.

19 http://www.phcris.org.au/divisions/reporting/div/list.php

2.0 Role and functions of the GPL Program

The following section of the framework outlines the role and functions of the Victoria's GPL Program.

2.1 Role statement for the GPL Program

The role of the GPL Program is to promote an integrated, person-centred health care system providing quality care and better health outcomes for Victorians.

In particular, the GPL Program has a role in:

- improving access to services
- promoting continuity of care across health sectors and services
- building strong working relationships that promote sustainable collaboration and partnerships between services
- improving the quality of health care
- contributing to a reorientation of the health system so that the mix of hospital and community-based services ensures care is provided in the most appropriate setting and minimises the need for acute care
- optimising resource use and the efficiency of care across multiple providers.

2.2 Core functions of GPL Program

The core functions to be performed by the GPL Program are detailed below. The activities have been grouped into six functional areas that reflect the role of the program.

2.2.1 Functional area one – Access to services

As GPs are the most frequent point of first contact with the health care system and often act as gatekeepers to other health services, the GPL Program has an important role in ensuring GPs can access acute services or specialist advice for patients in a timely and appropriate manner. The key access points include emergency departments, outpatient, sub-acute, mental health and maternity services and a range of ambulatory care programs.

The core functions undertaken by the GPL Program that facilitates GP access to acute services are listed below.

Service access functions

Systematic development, implementation and maintenance of information, referral practices and tools and information technologies that facilitate GP access to health services available in the acute sector.

Establish and maintain accessible contact points for GPs within health services for clinical advice.

Promote and facilitate access to general practice services from acute services.

2.2.2 Functional area two – Service integration

The broad policy directions articulated by the both state and national governments all focus on the need to establish an integrated service system.

The World Health Organisation's (WHO) definition of health service integration is *bringing together common functions within and between organisations to solve common problems, developing commitment to a shared vision and goals and using common technologies and resources to achieve these goals.*[20]

Victoria's health system spans a number of hierarchically arranged sectors[21] including the primary, acute, sub-acute and continuing care sectors. Integration can take place on a vertical, horizontal or inter-sectorial basis.

- **Inter-sectorial integration** creates links across government departments, service providers, non–government agencies, private providers and the community. Integration at this level involves the development of policies and strategic directions and common understandings, practice and tools that support service coordination and integration.

- **Horizontal integration** connects providers at the same hierarchical level. In Victoria, PCPs are instrumental in the horizontal integration of numerous community–based organisations. The Divisions of General Practice Program facilitates horizontal integration across the primary medical care sector, particularly with private GP practices. The GPL Program links with these established networks to promote horizontal integration across the primary care sector.

- **Vertical integration** links services from different hierarchical levels such as tertiary care provided by hospitals and primary care provided by GPs. Vertical integration is a primary focus of the GPL Program.

The GPL Program contributes to service integration at all levels. Table 1 shows the key organisations the GPL Program maintains relationships with at the intersectorial, horizontal and vertical levels.

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20 World Health Organisation 1996, *Technical Report series 861: Integration of health care delivery. Report of WHO study group,* Geneva.

21 Queensland Health 2002, *Implementing integration – A guide for health service integration in Queensland,* Brisbane and Simoens S, Scott A 1999, Towards a definition and taxonomy of integration in primary care HERU discussion paper 03/99.

Table 1: Hierarchy of service integration

Hierarchical level	Key organisations
Inter-sectorial	Department of Human Services General Practice Victoria Community based services Local government Private hospitals Residential aged care
Horizontal	General Practice Victoria • GPL Program Coordination Service GP divisions Primary Care Partnerships General practices
Vertical	Health services • Emergency departments • Outpatients • Elective surgery • Sub-acute care • Ambulatory care • Mental health services • Maternity services GP divisions General practices Primary Care Partnerships

The core functions undertaken by the GPL Program that facilitate service integration are listed below.

Service integration functions

Inter-sectorial integration

Contribute to the development of policies, strategic directions and service developments that support the coordination and integration of primary and acute medical care.

Vertical integration

Systematic development of relationships and service partnerships that support communications between the acute and primary medical care services and the broader primary health sector by:

- representing the health service to primary medical care services
- advocating for general practice within health services
- facilitating GP representation at health service strategic planning and service-development activities
- facilitating representation of health services in the primary care sector.

Establish and maintain a key contact point for GPs and divisions within the health service for information, advice and complaint resolution.

Horizontal integration

Systematic development and maintenance of stakeholder relationships and partnerships that support communications between the acute and primary medical care services and the broader primary health sector including:

- representing the health services in divisions of general practice
- contributing to the development and maintenance of strategic relationships between health services and divisions
- introducing and adapting effective primary care service coordination models and protocols established by PCPs and HARP-CDM to promote consistent practice across the acute and primary health sectors
- extending links and partnerships with representative organisations from the broader primary care sector using PCPs as a platform
- developing organisational links within health services with departments and programs engaged in providing ambulatory and primary care type services
- collaborating with other health services on projects of common interest.

2.2.3 Functional area three – Service coordination and information exchange

Service coordination and information exchange both underpin and facilitate service integration. Service coordination is based on different service providers meeting and agreeing on how they will coordinate their services and practices and communicate with each other so consumers experience greater continuity of care.

Effective information exchange involves the identification, collection and sharing of relevant information in a timely manner. It also includes the development of technology-based tools and processes that support information exchange. Service coordination practice precedes information exchange.

In 2007 the Department of Human Services released the *Victorian service coordination manual*[22] and associated documents, which provide a statewide protocol for service coordination. These documents and the work already undertaken by PCPs provide a basis on which the GPL Program can build in the area of service coordination.

The transition of patients between community-based care and acute care and the underlying practices and systems that support continuity of care are a primary focus of the GPL Program.

The core functions undertaken by the GPL Program that facilitate service coordination and information exchange are listed below.

Service coordination functions

Building on the *Victorian service coordination practice manual* and the work of PCP by:

- systematically developing, implementing and maintaining service coordination practices, systems, tools and information technologies that facilitate the timely exchange of clinical information between primary and acute medical care services

- participating in the development and implementation of health service systems, practices and protocols that improve patient transitions from the acute to primary medical care sectors

- developing consistent service and program guidelines and protocols across various health services.

2.2.4 Functional area four – Quality health care

There has been an increasing emphasis on continuous quality improvement in Victoria's health system over the past decade. Literature clearly demonstrates commitment to quality improvement results in benefits for patients and organisations, including improved clinical outcomes, lower costs and greater efficiency.[23] The Department of Human Services requires public hospitals to maintain accreditation and produce annual quality of care reports. The GPL Program contributes to quality improvements in the acute sector by undertaking the following core functions.

The core functions undertaken by the GPL Program that facilitate quality health care are listed below.

Quality functions

Conduct audits and evaluations and review complaints to identify service gaps and areas for improvement in the quality of services provided by the health service.

Provide advice and contribute to the development of quality improvement initiatives involving the integration of acute and primary medical care services

Undertake or contribute to evaluations of health service programs and initiatives that involve GP services.

Establish and maintain a key contact point for GPs and divisions within the health service for information, advice and complaint resolution.

Promotion of best practice GP related service developments through GPL Program coordination service.

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22 Primary Care Partnerships Victoria 2007, *Victorian service coordination practice manual*, Melbourne.

23 Department of Human Services 2006, *Better faster emergency care*, Melbourne.

2.2.5 Functional area five – Reorientation of the health system

Victoria's public hospitals have faced sustained demand for acute care over the past ten years. This trend is expected to continue, as the population grows older, the prevalence of chronic and complex diseases increases and the availability of general practice services decline, particularly after hours and in rural and outer metropolitan areas.

The increasing demand for acute services has produced the need for a reorientation of the health system towards a primary health care model that emphasises prevention and early intervention and promotes self-care. Service substitution, diversionary programs, preventative strategies, system redesign and new models of care have been employed to minimise the need for acute care, facilitate the delivery of care in the most appropriate setting and improve transitions between the primary care and acute sectors. In Victoria, new programs and models of care involving general practice have included:

- Hospital in the home (HITH)
- HARP–CDM
- shared care maternity services
- co-located after-hours GP clinics
- minor injury and illness clinics.

The core functions undertaken by the GPL Program that facilitate reorientation of the health system are:

Service development and system redesign functions

Participate in developing and implementing health service programs that involve GPs in shared methods of care.

Participate in developing, modifying and implementing health service programs involving GPs that prevent the need for acute care.

Building on the *Victorian service coordination practice manual*, participate in developing and implementing health service systems, practices and protocols that improve patient transitions from the acute to primary medical care sectors.

Provide advice to health services on developing business and strategic plans, funding and governance models, workforce issues and new models of care requiring the involvement of primary medical care.

2.2.6 Functional area six – Optimising resource usage

The retraction of the health workforce is a national and statewide trend influencing all parts of the Victorian health system. Workforce substitution and the progressive move toward multidisciplinary care is resulting in a shift in type of health care professional delivering services and the nature of the services they provide.

In addition to workforce capacity, service location, governance structures and funding models all contribute to optimum resource usage. The GPL Program has a role in optimising resource use and the efficiency of care across multiple providers and undertakes the following core functions.

The core functions undertaken by the GPL Program that facilitate optimising resource usage are:

Professional development functions

Facilitate the development and provision of professional development activities for GPs and practice staff that:

- build and maintain the capacity of the practice to manage patients in a community setting
- facilitate and maintain GP accreditation to health service shared care programs.

Develop and provide educational activities for health service staff that:

- promote an understanding of and respect for general practice
- facilitate effective communication between the acute and primary medical care sectors.

Provide support and advice to GPs employed or utilised in health service operated programs and services.

Resource utilisation functions

Provide advice to health services on developing business and strategic plans, funding and governance models, workforce issues and new models of care requiring the involvement of primary medical care.

3.0 Structure, governance and coordination of the GPL Program

3.1 Structure and governance of GPL services

The following section outlines the features of the structure, governance and coordination arrangements for the GPL. The structure, governance and coordination of the GPL should support the GPL as a strategic cross health service function with a focus on systems change and improvement.

Service structure

- GPL services to be located within health services.
- GPL units to employ a team structure with an appropriate mix of general practitioner and support staffing functions.
- GP representation is a minimum requirement for all services.
- GPL units to have formal links with associated GP divisions.
- GPL units to maintain organisational links with health service programs and services engaged in primary care liaison.

Governance structure

- GPL services to be placed in an organisational structure that facilitates:
  - high-level executive support
  - clinical leaders or champions
  - capacity to develop a profile within and outside the health service
  - formal relationships between the health service and key stakeholders in the primary care sector
  - involvement in the planning and development of heath service information management and technologies.

- GPL services to participate in systematic planning and reporting processes at both the state and health-service level.
- GPL services have capacity to collaborate with other health services on projects of common interest.

3.2 Statewide GPL Program coordination

The Department of Human Services has funded GPV to provide the statewide GPL Program coordination to support health services to provide GPL services in accordance with departmental policies and strategic directions. GPL coordination is designed to:

- establish a network for disseminating and sharing information and innovative practices
- facilitate systematic planning and reporting processes at both the state and health service level
- facilitate professional development and training
- promote collaboration between health services
- facilitate consultation processes between the department, health services and GPL services on policy-related matters.

The details of the coordination service are outlined in Table 2.

Table 2: General Practice Liaison Program Coordination Service

Aims of the service

The aim of the GPL Program Coordination Service is to support health services to provide a GPL program in accordance with Department of Human Services policies and strategic directions.

Service description

The GPL Program Coordination Service will:

1. deliver an agreed three-year statewide GPL strategy plan consistent with the department's GPL framework and priorities

2. facilitate the preparation of annual health service plans for GPL services that are consistent with the three-year statewide GPL strategy plan

3. act as a conduit for information and issues relevant to the GPL Program

4. coordinate new innovative project-based activities for the GPL Program

5. building on existing service coordination arrangements, facilitate the development of communication and patient-referral processes between health services and primary care services

6. facilitate professional development and training for GPL services

7. facilitate consultation processes between the department, health services and GPL services on policy-related matters

8. contribute to the development of the National GPL network

9. provide regular reports on the activities of the GPL Coordinating Service as part of the funding and service agreement with the Statewide Emergency Program.

Service provider

General Practice Victoria will be funded to provide the GPL Program Coordination Service in Victoria for a three-year period commencing in March 2007.

Relationship with the Department of Human Services

A funding and service agreement will be negotiated between SEP and GPV outlining the role of the GPL Program Coordination Service and its objectives and key performance indicators. GPV will be required to provide regular reports to SEP on the activities of the service. SEP will ensure departmental priorities are prepared as part of the strategic planning process for the GPL Program.

Relationships with health services

The GPL Program Coordination Service will be a central resource that supports health services providing a GPL program. Regular contact will be maintained between health services and the coordination service.
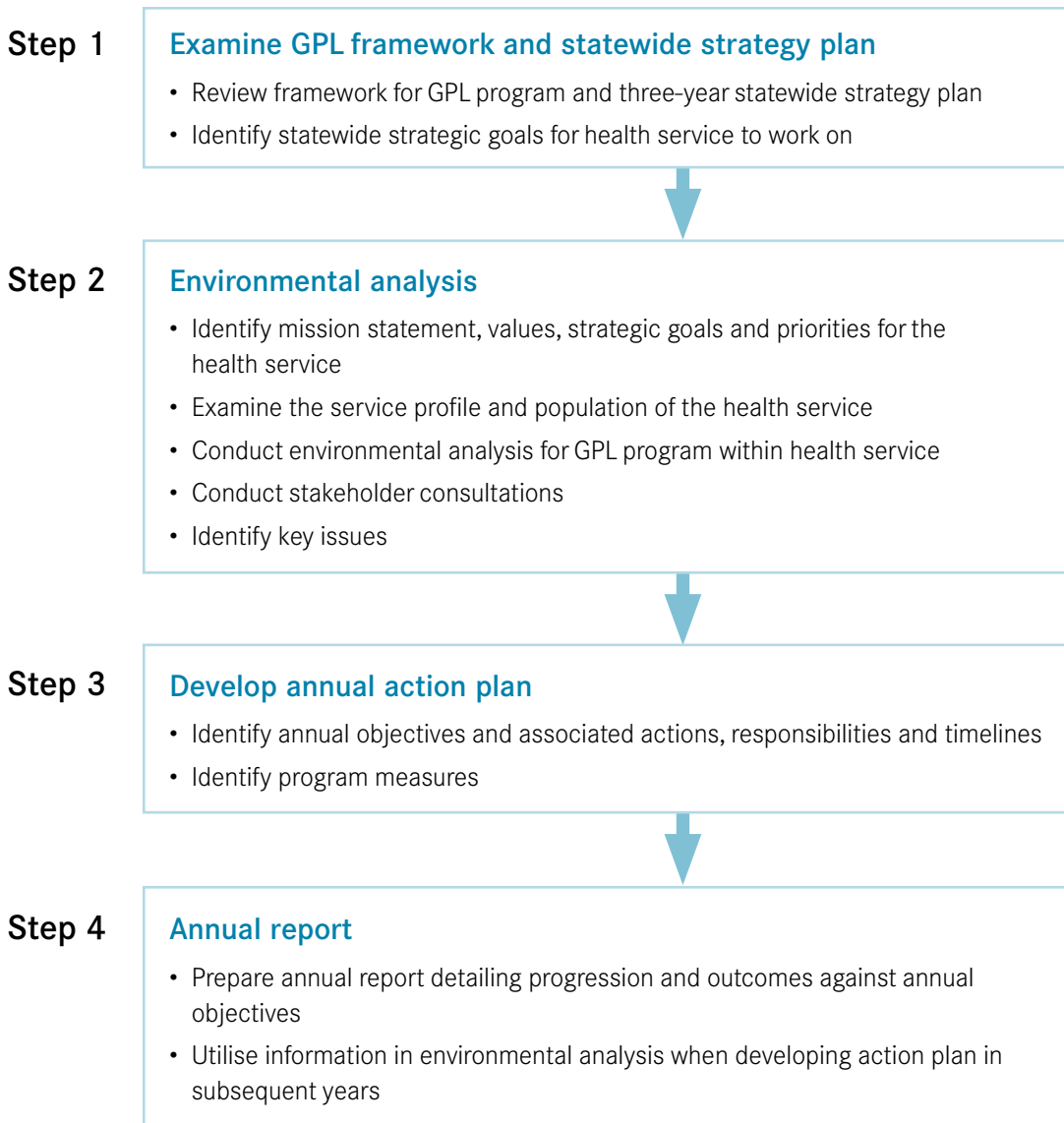
4.0 Planning process and strategic directions for the GPL Program

The following section outlines the planning process and strategic directions for the GPL Program.

In March 2007 the department released *General Practitioner Liaison Program planning process 2007–10*[24] to support the implementation of a three-year planning cycle for GPL services. The planning process is designed to ensure GPL services are aligned with government and health service policy directions and have systematic processes to promote accountability, information sharing and outcome measurement. Figure 1 outlines a diagrammatic representation of the planning process. A more detailed description of the planning process is contained as an appendix.

Figure 1: Summary of annual planning process for the GPL Program

Step 1

Examine GPL framework and statewide strategy plan

- Review framework for GPL program and three-year statewide strategy plan
- Identify statewide strategic goals for health service to work on

Step 2

Environmental analysis

- Identify mission statement, values, strategic goals and priorities for the health service
- Examine the service profile and population of the health service
- Conduct environmental analysis for GPL program within health service
- Conduct stakeholder consultations
- Identify key issues

Step 3

Develop annual action plan

- Identify annual objectives and associated actions, responsibilities and timelines
- Identify program measures

Step 4

Annual report

- Prepare annual report detailing progression and outcomes against annual objectives
- Utilise information in environmental analysis when developing action plan in subsequent years

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24 Department of Human Services 2007, *General Practitioner Liaison Program planning process 2007–10*, Melbourne.

The *Framework for the Victorian General Practice Liaison Program* supports the planning process developed for the GPL Program by outlining the:

- overall policy context for the program at the state and national levels
- statewide strategic goals for the GPL Program for the period 2007–10
- key departmental strategic directions
- processes governing the preparation of annual action plans.

The overall policy context for the GPL Program is presented in section 1.3 of this paper. The other aspects of the planning process are detailed below.

4.1 Statewide strategic goals for the GPL Program

The three-year statewide strategic goals for the GPL Program for the period 2007–10 are presented in Table 3 opposite.

Individual GPL services are required to choose the strategic goals relevant for their health service from the suite of statewide goals. Selections will be based on the service profile of their health service, previous work undertaken by the GPL service and the work programs established by the department to roll out new initiatives. The nominated strategic goals will form the basis of the action plans developed annually by each health service and submitted to the GPL Program Coordination Service.

Table 3: Statewide strategic goals for the GPL Program

Service access goals

Provide information and referral systems that facilitate GP access to the health services available in acute and sub-acute sector.

Facilitate the establishment of key contact points for clinical advice to GPs.

Service integration goals

Contribute to the development of health system policies and directions that influence the integration of primary and acute and sub-acute care.

Systematically develop partnerships between health services, divisions and the broader primary health sector to improve the integration of primary and acute and sub-acute care.

Service coordination and information exchange goals

Develop and maintain systems for the timely exchange of clinical information between primary and acute and sub-acute care services.

Facilitate the use of effective models and protocols for service coordination across the acute primary care interface.

Quality health care goals

Contribute to quality improvement initiatives involving the primary and acute care interface.

Reorientation of health system goals

Participate in the development and maintenance of GP related health service programs and services that involve:

- the transition between primary and acute care sectors
- preventing the need for acute care
- shared care.

Optimising resource usage goals

Develop and provide educational activities for health service staff to:

- promote understanding and respect for general practice
- facilitate effective communication between acute and primary carer services.

Facilitate provision of professional development opportunities for GPs and practice staff to build practices' capacity to manage patients in the community.

Facilitate provision of professional development opportunities for GPs to maintain accreditation requirements for shared care type arrangements.

4.2 Departmental strategic directions

The GPL Program needs to align with government and departmental policy directions. A number of departmental policies and strategic directions have particular relevance to the GPL Program and are outlined in the following sections. Other policy frameworks may also need to be considered as relevant to individual GPL services.

Emergency care

Emergency health care is provided in a wide range of settings within the community including general practice, community-based service providers, ambulance services and hospital emergency departments (EDs). There are 38 public metropolitan and rural hospitals in Victoria with a designated ED. All but one provides a staffed 24-hour service. There are also 50 urgent care centres and 28 primary injury services in rural hospitals that provide varying levels of emergency care supported by GPs on an on-call basis.

Better faster emergency care[25] sets the policy direction for Victorian emergency services with the aim of ensuring equitable and timely access to quality emergency care within public hospitals. It identifies 10 priorities focussed on system improvements, service planning, funding policy reform, workforce development, information technology and data management solutions and partnership development.

The strategic directions that support emergency care and are specific to the GPL Program are as follows.

Emergency care strategic directions

Facilitate direct referrals from GPs to hospital services that provide an alternative to an ED presentation, including Hospital in the Home, co-located after-hours GP clinics and HARP, particularly in care of people with diabetes.

Streamline and improve discharge and referral protocols and information exchange between GPs and hospitals in the areas of:

- discharge notifications and use of standardised statewide referral templates
- provision of GP telephone consultation services in EDs
- transfers between residential aged care facilities and EDs.

Facilitate the provision of professional development opportunities for GPs and practice staff to support emergency care workforce capability in the community, particularly utilising the *Advanced procedural training for GPs and extended skills for GPs in 2006–07*[26] programs.

Develop and implement strategies to improve coordination between EDs, specialist mental health services, GPs and private mental health professionals.

Primary health

Victoria's primary health programs and initiatives include Community, Women's and Dental Health programs, Primary Care Partnerships, NURSE-ON-CALL, early intervention in chronic disease and diabetes management.

25 Department of Human Services 2006, *Better faster emergency care*, Melbourne

26 Department of Human Services 2006, *Advanced procedural training for GPs and extended skills for GPs in 2006–07*, Melbourne and http://www.health.vic.gov.au/workforce/medical.htm

Key strategic directions for primary health care include strengthening and integrating the service system, increasing access to primary health services, embedding service coordination across the human services system and reviewing partnership arrangements between primary and acute health to maximise service capacity and access.

The strategic directions that support primary health care and are specific to the GPL Program are as follows.

Primary health strategic directions

Facilitate and promote quality referrals between the primary health and acute sectors.

Contribute to the development of care pathways for patients with chronic disease.

Facilitate service coordination between agencies and within agencies.

Promote the use of established integration mechanisms including PCPs and divisions of GPs.

Outpatients

Victorian public hospital outpatient departments provide services to non-admitted patients including specialist medical assessment, consultations pre- and post-hospital admission and management of medical conditions, including chronic disease, antenatal and post-natal care.

The Auditor-General completed an audit of outpatient services in 2006. The resulting report *Access to specialist medical outpatient care*[27] highlighted the need for the department to improve strategic planning and performance in relation to outpatient services.

The *Outpatient improvement and innovation strategy*[28] aims to improve the quality and accessibility of specialist clinical services provided to non-admitted patients.

The strategic directions identified under the *Outpatient improvement and innovation strategy* that are specific to the GPL Program are as follows.

Outpatients strategic directions

Streamline referral and discharge processes and improve information exchange between outpatient services and general practice through the development of:

- web portals
- standardised referral information
- localised booking systems
- mechanisms for GP advice
- reminder systems
- discharge criteria.

Develop and implement communication systems between health services and GPs and primary care providers to maximise:

- conservative management of patients to ensure referral is a final option
- patient readiness for initial outpatients appointment
- timely discharge of appropriate patients to GPs and community-based providers.

Participate in the development of patient care pathways.

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27 Auditor-General Victoria 2006, *Access to specialist medical outpatient care*, Melbourne.

28 http://www.health.vic.gov.au/outpatients/index.htm

Elective surgery

Elective surgery is surgical care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for more than 24 hours. Demand for elective surgery is likely to increase at a greater rate in future years, given the trend towards an ageing population, changing levels of private health insurance and new technologies that enable treatment of previously untreatable diseases and conditions. The task of effectively managing waiting lists is increasingly dependent on developing innovative approaches that prioritise patients based on the clinical urgency of their condition and focus on increasing elective surgery throughput while maintaining quality service provision.

The Elective surgery access policy[29] provides a reference for managing elective surgery waiting lists in Victorian public hospitals with the aim of providing timely, accessible and quality patient-centred services. It recognises the requirement for high-quality hospital treatment within clinically appropriate timeframes and the need to maintain an appropriate balance between the demands for emergency and elective services.

The strategic directions that support elective surgery and are specific to the GPL Program are as follows.

Elective surgery strategic directions

Develop and implement communication systems between health services and GPs and primary care providers to maximise:

- conservative management of patients
- patient readiness for initial outpatients appointment and surgery
- timely discharge of appropriate patients to GPs and community-based providers for ongoing care and follow-up

Participate in the development of patient care pathways for surgical specialties.

Sub-acute care

Victoria's sub-acute care service system provides care for older people and people with chronic and complex conditions across the care continuum. It is comprised of inpatient Geriatric Evaluation and Management (GEM), inpatient and ambulatory rehabilitation and specialist assessment services, such as dementia, falls and continence. GEM is sub-acute care of people with chronic or complex conditions associated with aging, cognitive dysfunction, chronic illness or disability. These conditions require inpatient admission for review, treatment and management by a geriatrician and multidisciplinary team.

Sub-acute ambulatory care services (SACS), which include community rehabilitation services and specialist assessment services, extend and complement in-patient services. It is an interdisciplinary model of care that aims to improve and maintain a person's functional capacity and maximise their independence.

Post-acute care (PAC) provides a range of community-based services to assist people to recuperate after leaving hospital including community nursing, personal care and home care services.

HARP–CDM focuses on the management of people with chronic diseases and complex needs who frequently present or are at risk of presenting to hospital. HARP-CDM targets five streams of care: chronic respiratory disease, chronic heart failure, diabetes, people with complex needs and people with complex psychosocial needs. The key objectives of HARP–CDM are to:

- improve patient outcomes
- provide integrated seamless care within and across hospital and community sectors
- reduce avoidable hospital admissions and ED presentations
- ensure equitable access to health care.

29 Department of Human Services 2005, *The elective surgery access policy*, Melbourne.

The Transition Care Program (TCP) is for older people who have completed a hospital episode and require either slow-stream therapy to support recovery or short-term care to maintain their functioning while longer-term care options are considered. TCP is delivered in both bed-based settings and in the person's home.

Improving care for older people[30] sets the policy direction for sub-acute services for older people. It identifies the need for health services to adopt a strong person-centred approach to the delivery of care and services and a better understanding of the complex health care needs of older people. It also calls for coordination and integration of care across care settings.

The *Sub-acute ambulatory care services framework* is expected to be completed by June 2008. It outlines a model of care for SACS that is underpinned by six principles: person-centred care, evidence based practice, an interdisciplinary approach, most appropriate setting, coordination and integration and promoting health independence.[31]

These policies aim to bring about sustainable service improvements for people recovering their health or assist people with chronic and complex health to receive health care in appropriate settings, in a timely and coordinated way to achieve the best outcomes.

The strategic directions that support sub-acute care and are specific to the GPL Program are as follows.

Sub-acute services for older people strategic directions

Facilitate GP involvement in discharge planning processes undertaken in sub-acute services.

Facilitate the exchange of relevant information between GPs and health service staff to minimise the risk of functional decline in older people admitted to a hospital emergency department.

Facilitate professional development opportunities for GPs to improve clinical skills in the care of older people.

HARP-CDM strategic directions

Facilitate GP involvement in recruitment and care planning processes undertaken by HARP-CDM.

Facilitate direct referrals from GPs to community-based specialist assessment and rehabilitation services.

Facilitate the exchange of relevant information between GPs and HARP-CDM staff to minimise the risk of avoidable hospital presentations and admissions.

Provide training and development opportunities for GPs to improve clinical skills in the management of people with chronic and complex care needs.

Post acute care

Facilitate the exchange of information between GPs and PAC staff.

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30 Department of Human Services 2006, *Improving care for older people: a policy for health services*, Melbourne and www.health.vic.gov.au/older

31 Department of Human Services 2006, *Hospital admission risk program public report* and www.health.vic.gov.au/harp-cdm

Mental Health

One in five people in the community experience a mental health problem. Among health service patients, one quarter have a mental, neurological or behavioural disorder. Specialist mental health services, including clinical and Psychiatric Disability Rehabilitation Support services, target only the most serious and complex cases, which comprise around three per cent of all mental health presentations.

Public mental health services are grouped in area mental health services, which are in turn part of designated Health Services. Each area mental health service has an acute inpatient mental health unit and a wide range of community-based mental health services. Mental health care is frequently shared between GPs and specialist mental health services. Primary mental health teams have a particular role in supporting and working with primary health providers.

In 2006 the Commonwealth introduced a number of new Medical Benefit Schedule (MBS) items as part of their contribution to Council of Australian Governments mental health package. These items represent a significant new investment in primary mental health care and are intended to promote a team approach to mental health care, with GPs encouraged to work with psychiatrists, clinical psychologists and other allied mental health professionals to increase the availability of care. The new services are primarily designed for people with mild to moderate mental health disorders such as depression and anxiety. People with severe mental disorders, illness and disability are more likely to use specialist mental health services. From July 2007 funding also became available for specialist mental health nurses in general practice and private psychiatrist clinics to focus on people with more complex presentations.

In terms of the acute and primary medical care sectors, key mental health policy directions for the GPL Program include facilitating access to the new MBS GP and allied health services, building on shared and transitional care arrangements and reducing presentations to EDs for services able to be provided by GPs.

The strategic directions that support mental health care and are specific to the GPL Program are as follows.

Mental health strategic directions

Improve communication and referral and discharge systems between EDs, acute mental health services, GPs and allied health services in conjunction with area mental health services.

Facilitate and promote referrals to GPs and allied health care for people discharged from EDs and other parts of the health service system following a presentation for mental health and/or substance abuse problems.

Continue to promote awareness among health service staff and patients about the key role of GPs in accessing private mental health services through the new MBS services.

Promote the utilisation of the new MBS items and, in conjunction with primary mental health teams, enhance the skill and knowledge of GPs about mental health problems.

In conjunction with area mental health services, develop effective service coordination practices within the health system to prevent service overlap and gaps.

Reinforce the information provided to GPs by primary mental health teams and other services available to support GPs managing mental health consumers in their practice.

Maternity services

The department's policy framework *Future directions for Victoria's maternity services*,[33] includes ensuring access to high-quality services where women are informed and have choices; enhancing a maternity team approach that makes the best use of complementary skills of midwives, general practitioners and obstetricians; achieving the right balance between primary level care and having access to appropriate levels of medical expertise when it is needed; improving outcomes through performance measurement; and equipping the maternity workforce to provide the best possible care and optimal outcomes for women and their babies.

Initiatives currently underway include maternity performance indicators, the Victorian Maternity Record (VMR), education programs, evidence-based guidelines on antenatal care and developments in Koori and rural services.

The strategic directions that support maternity services and are specific to the GPL Program are as follows.

Maternity services strategic directions

Promote awareness about and utilisation of all versions of the Victorian Maternity Record by GP-shared maternity care providers.

Promote the VMR in a manner that ensures it:

- is a tool for improvement in health and satisfaction outcomes
- meets the needs of, and has the support of, shared maternity care providers
- supports and facilitates consistent, efficient data collection and management of health information.

Promote the significance and understanding of the Victorian maternity services performance indicators to GP-shared maternity care providers.

Foster interest and collaboration between health services and GP-shared maternity care providers in:

- the collection of data relating to maternity indicators
- interpreting and understanding results and trends for a particular health service
- performance improvement education and quality activities undertaken by a particular health service.

Facilitate GP-shared maternity care provider participation in continuing professional development and inter-professional forums relating to the provision of safe, accessible and consistent maternity care.

Coordinate the accreditation of GPs and encourage adoption of appropriate hospital protocols.

4.3 Health service annual action plans

Annual action plans will be prepared at the health service level with the support of the GPL Program Coordination Service and the participation of local divisions of general practice.

At the end of each financial year GPL services will prepare an annual report for their health service detailing the outcomes of their activities against their annual objectives. This information will provide feedback on progress and can be used to develop action plans in subsequent years. The planning process will also serve to raise the profile of the GPL Program in the health service.

The annual action plans developed for each GPL service will be forwarded to the GPL Program Coordination Service where they will be collated and a report submitted to SEP.

At the end of the three-year planning cycle SEP will review the planning process developed for the GPL Program to ensure it is the most effective means of ensuring the program is aligned with government and health service policy directions and promoting accountability, information sharing and outcome measurement across the program.

5.0 Conclusion

The *Framework for the Victorian General Practice Liaison Program* provides an overall structure and strategic direction for Victoria's GPL Program by outlining the role, functions, structure, governance and coordination of the program. It also supports the planning process developed for the GPL Program by outlining the department's policy and strategic directions and the statewide strategic goals for the GPL Program for 2007–10.

This paper is a resource for health services undertaking systemic improvements designed to promote an integrated, person-centred health care system providing quality care and better health outcomes for Victorians.

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Appendix - Planning process for the general practice liaison program

The planning process for the annual action plans will take place at the health service level with the support of the GPL Program Coordination Service and the participation of local divisions of general practice. The steps involved in the process are as follows.

Step 1 – Examine GPL program framework and statewide strategic plan

The GPL service plans need to align with government and departmental policy directions and statewide GPL program directions. Each health service will review the GPL program framework and select the strategic goals the health service will address over the years 2007-10.

The environmental analysis outlined in Step 2 will assist in the selection of relevant strategic goals.

Step 2 – Environmental analysis

Health service context

GPL service planning will take place in the context of planning and reporting processes currently utilised by each health service. Each health service will have its own internal strategic and business planning processes, which articulate its mission statement, values, strategic goals and priorities, service profile and the population served by the health service. GPL services need to identify the priorities and types of services and populations that will form their areas of focus in the health service. This material will provide the health service context for the environmental analysis. It is available in the statement of priorities, annual reports and strategic and business plans produced by each health service.

Key issues

GPL services will need to identify the key issues to be addressed in their annual action plans by conducting an environmental analysis and consultations with key stakeholders. Information for an environmental analysis can be obtained from a variety of sources including:

- surveys and other feedback from general practitioners and divisions
- audits of key hospital processes such as discharge summaries and referrals
- analysis of complaints to health services
- analysis of activity data
- IT business plans
- consultations with key stakeholders such as divisions of general practice, departmental heads, HARP services, primary care partnerships and community advisory committees.

The key issues identified through consultations and the environmental analysis will inform the selection of statewide strategic goals to be worked on in the health service during 2007-10.

Step 3 – Develop annual action plan

The broad direction provided by each strategic goal will be developed into annual objectives, which specify the outcomes to be achieved in each financial year.

Each objective will be accompanied by a series of actions that will be undertaken to realise the objective. The individuals and groups responsible for the various actions and the associated timelines (commencement and completion dates) will also be identified and documented.

Program measures will be specified for each annual objective that can demonstrate the extent to which the objectives have been achieved.

The GPL Program Coordination Service will work with GPL services over the three-year planning cycle to progressively develop performance measures that may be utilised in the planning and reporting of GPL services.

To summarise, the annual action plan will be comprised of the following elements:

- statewide strategic goal
- annual objectives
- annual actions
- timelines
- responsibilities
- program measures.

The annual action plans developed for each GPL service will be forwarded to the GPL Program Coordination Service where they will be collated and a report submitted to SEP.

Step 4 - Annual report

At the end of each financial year GPL services will prepare an annual report for their health service detailing the outcomes of their activities against their annual objectives. This information will provide feedback on progress and can be utilised in the environmental analysis when developing action plans in subsequent years. The planning process will also serve to raise the profile of the GPL program in the health service.