Practice-level indicators for primary health care

Submission to the consultation paper developed by the Australian Commission for Safety and Quality in Health Care

October 2011
The National Heart Foundation of Australia is an independent charity. Over the past five decades, the Heart Foundation has championed the hearts of Australians by funding world class research, supporting health professionals in their practice and promoting health in the community.

The Heart Foundation’s mission is to reduce suffering and death from heart, stroke and blood vessel disease in Australia. Our vision is for Australians to have the best cardiovascular health in the world. Among the key aims of our current strategy “Championing hearts’ (2008-12), the Heart Foundation aims to ensure that all Australians have improved access to prevention and treatment of cardiovascular disease (CVD).

Cardiovascular disease (defined as heart, stroke and blood vessel disease):
- kills one Australian almost every 10 minutes
- affects more than 3.5 millions Australians
- prevents 1.4 million people from living a full life because of disability
- was suffered by one in six Australians in 2009 and affected 2 out of 3 families.

For further information regarding this submission, contact:

Christopher Poulter
Policy Project Officer
Ph: (03) 9090 2038
E: christopher.poulter@heartfoundation.org.au
Executive Summary

The Heart Foundation welcomes the opportunity offered by the Australian Commission on Safety and Quality in Healthcare to provide comment to the consultation paper ‘Practice-level indicators of safety and quality for primary health care.’

The Heart Foundation strongly supports the development and implementation of quality and safety practice-level indicators across primary health care. It is well documented that the use of quality and safety indicators to identify treatment gaps and inform quality improvement initiatives is fundamental to delivering best practice care.

The proposed list of candidate practice-level indicators outlined in the consultation paper provides a sound platform for the development and implementation of a national set of safety and quality indicators for primary health care (beyond general practice). The establishment of a nationally defined set of quality and safety indicators should complement other valuable quality improvement initiatives such as the Australian Primary Care Collaboratives program.

Primary health care and particularly general practice is well placed to take a leadership role in chronic disease prevention and management by implementing evidence based guidelines into practice. There is growing evidence to demonstrate the gap between best practice care and the management of patients in primary care. This practice gap is compromising both the quality and safety of care that is delivered.

In 2009 cardiovascular disease (CVD) accounted for nearly 33% of all deaths in Australia, including 30% for males and 35% for females. One in six Australians are affected by CVD and a number of significant treatment gaps for the prevention and management of CVD currently exist within Australia. As CVD is one of the seven identified national health priority areas, the Heart Foundation strongly recommends a purposely developed set of quality and safety primary health care indicators to support the prevention and management of CVD across primary care. Quality and safety indicators for CVD should encompass the following key clinical and system components of care:

- Absolute CVD risk assessment
- Adherence to evidence-based guidelines
- Systematic patient-centred care planning, supported by robust referral mechanisms to ensure a multi-disciplinary model of care.
- Prescribing treatments (lifestyle and/or medicines), and mechanisms to ensure quality use of medicine.
- Registers and recall reminder systems
- Continuity of care, potentially supported by hand-held records, or patient electronic healthcare records.
- Aboriginal and Torres Strait Islander awareness and sensitivity
- First contact to service wait time for patients with life-threatening emergencies

A sample list of quality and safety indicators for CVD is tabled in appendix A.

The ACSQHC is invited to consider this response.
Candidate practice-level indicators

The Heart Foundation supports the proposed list of candidate practice-level indicators outlined in the consultation paper as the basis to formally establish a national set of quality and safety indicators for primary health care. As highlighted in the consultation paper, quality and safety indicators for primary health care should be underpinned by the following attributes:

- Definable
- Measureable
- Achievable
- Reproducible
- Reliable
- Comparable
- Able to identify treatment gaps that inform quality improvement initiatives

Acknowledging that services would select a ‘local bundle’, the Heart Foundation believes the list of candidate practice-level indicators are relevant for primary healthcare services, beyond general practice. In addition, in response to possible ‘gaps’ in the proposed candidate practice-level indicator set; the Heart Foundation recommends a number of indicators are reviewed and strengthened (see additions* in Table 1.0) to appropriately capture all facets of relevant care and practice-level processes.

<table>
<thead>
<tr>
<th>Quality dimension</th>
<th>Proposed revised candidate indicator</th>
<th>Proposed revised or additional description</th>
<th>#</th>
</tr>
</thead>
</table>
| Accessibility     | First contact to service wait time for patients:  
- Assessed as high priority;  
- Assessed as life threatening.  | The proportion of patients who:  
- Are high priority according to locally agreed criteria and whose wait from first contact to first service is within the locally agreed timeframe.  
- Are assessed as having life threatening conditions and where emergency care has been implemented.  | 1 |
| Appropriateness   | Health summary  | The proportion of regular patients with a comprehensive health summary, including information on allergies, current/past medical history, medications and risk factors, which was updated on an equivalent to an appropriate practice-level register system within the previous 12 months.  | 5 |
| Appropriateness   | Complete care plan  | The proportion of patients with multiple or complex needs who have a complete care plan (aligned to respective clinical guidelines).  | 8 |
| Appropriateness   | Registers, recalls and reminders  | The proportion of patients with a complete care plan who were given calls or reminders as recommended in the care plan, through the support of an appropriate practice-level register system.  | 9 |
| Effectiveness     | Patient improvement  | The proportion of regular patients whose condition has improved, measured using a validated tool or clinical guideline (for conditions where improvement is expected, e.g. diabetes, weight reduction, smoking cessation, adherence to medicines).  | 22 |
| Continuity of care | Ongoing prevention management  | The proportion of patients who are:  
- identified as being at high risk of developing a chronic disease and listed on an appropriate practice-level register system for ongoing prevention management.  
- referred to available multi-disciplinary lifestyle management programs as appropriate.  | Add |

*Proposed inclusions in italic font
Candidate indicator 1: First contact to service wait time for patients

The Heart Foundation recommends candidate indicator number two be extended to incorporate a category or urgency that identifies patients presenting with suspected life threatening conditions such as warning signs of heart attack and stroke. Primary must have effective triage systems in place to identify patients with life threatening emergencies so that these patients can be referred immediately to emergency care such as calling an ambulance. Prompt identification of patients presenting with suspected life-threatening signs within primary care is a significant patient safety risk as nearly always, the first point of contact is a non-clinically trained staff member (i.e. receptionist). Patients may present by direct walk-in or more commonly by telephone. From a general practice perspective, the relevant accreditation standards clearly outline that practices need to be able demonstrate how they identify and respond to life-threatening medical matters. There is significant scope to improve patient identification and triage systems (and subsequently patient safety) by providing all primary care services with appropriate safety performance measures for patients presenting with urgent or life-threatening matters. In addition primary care has a responsibility to provide non clinical (reception) staff with appropriate training, tools and support to implement triage protocols.

Candidate indicator 5: Health summary

The Heart Foundation recommends that this candidate indicator is extended to incorporate the use of appropriate register systems to capture a patient’s health summary and in particular to monitor risk factors.

Candidate indicator 8: Complete care plan

Increasingly, national clinical guidelines are being developed and structured to guide the multi-disciplinary management of patient co-morbidities. The Heart Foundation recommends that patient-centred complete care plans are developed that are aligned to clinical guidelines.

Candidate indicator 9: Registers, recalls and reminders

The Heart Foundation recommends that candidate indicator number nine be extended to incorporate the use of appropriate register systems to support patient recalls and reminders. The use of an electronic register system (incorporating other functionality such as data extraction and decision support) to facilitate appropriate patient recalls and reminders is a critical component of delivering high quality care, particularly for chronic diseases (such as CVD). The Australian Primary Care Collaboratives program is an excellent example of a register system in practice to improve outcomes for patients with chronic disease.

Candidate indicator 22: Patient improvement

The Heart Foundation recommends that adherence to prescribed medicines is included in this candidate indicator. Quality Use of Medicines (QUM) is one of the central objectives of Australia’s National Medicines Policy. QUM applies equally to decisions about medicine use by individuals and decisions that affect the health of the population. QUM includes:

- Selecting management options wisely
- Choosing suitable medicines if a medicine is considered necessary
Using medicines safely and effectively.

Continuity of Care: Additional Candidate indicator - Ongoing prevention management

A key national aim of the Heart Foundation is to help all Australians have improved access to prevention and treatment of cardiovascular disease. The Heart Foundation recommends active clinical management across primary care to prevent the development of chronic disease. This would be an important inclusion to the candidate indicators.

On a broader level, the Heart Foundation believes appropriate e-infrastructure is essential to enable practices to effectively implement and track various performance measures such as patient identification, assessment and review, adherence to clinical guidelines, tracking of referral processes, and also to allow performance benchmarking with other service providers. It is also noted from the consultation paper that practice-level indicators will be designed for ‘voluntary inclusion’ at the local service level. The Heart Foundation recommends that services are strongly encouraged to implement practice-level indicators, and that appropriate incentive strategies (i.e. financial support, opportunities for support and collaboration) are also developed to foster the uptake of candidate indicators.

Quality and Safety practice-level indicators for Cardiovascular Disease (CVD)

Turning to a proposed set of indicators that would support the Heart Foundation’s aim to ensure that all Australians have improved access to prevention and treatment of CVD, we have outlined a proposed bundle of indicators specific to CVD (see Appendix A, table 1.1).

Please note: table 1.1 provides a sample indicator set only and in no way represents an exhaustive list of quality and safety indicators for CVD.

The ‘bundle’ proposed by the Heart Foundation is based upon existing evidence-based guidance in the following areas:

- An absolute risk assessment approach for CVD is considered best practice and is supported by both the Australian National Service Improvement Framework for Heart, Stroke and Vascular diseases and the World Health Organisation (WHO). The benefit of using an absolute risk approach is that it enables health professionals working in primary care to risk stratify patients so that treatment can be directed to those patients who are most at risk and therefore have the potential for greatest benefit. Risk identification and stratification is a key step in developing safe and efficacious pathways of care. The Heart Foundation recommends establishing indicators that support and monitor the uptake of evidence-based absolute risk health checks for CVD. Indicators should also be established for specific population groups who have an increased risk of CVD, such as Aboriginal and Torres Strait Islander persons.
• Prevention of CVD supported by increased uptake of programs that support the reduction of modifiable CVD risk factors. Given that CVD is largely preventable, Australian and overseas primary care guidelines emphasise comprehensive risk assessment to enable effective management of identified risk factors through lifestyle change.

• First contact to service wait time for patients with life-threatening emergencies. This was described in detail earlier, however from a CVD perspective, research shows that approx. 15% of patients will either call or attend a primary healthcare service when experiencing a suspected heart attack.\(^\text{13}\)

• Reducing treatment gaps in identified high risk population groups. In particular for Aboriginal and Torres Strait Islander peoples who suffer three times as many coronary events as non-indigenous Australians, yet are likely to receive significantly less medical treatment.\(^\text{14}\)

• Identifying patients at risk of CVD and patients with CVD requiring review, supported by the increased use of registers and recall reminder systems (as described earlier).

• Fostering adherence to medication and lifestyle recommendations. With the support of Heart Foundation Pharmaceutical Roundtable, the Heart Foundation is leading a project to help people adhere to medication prescribed by their doctor, and recommended lifestyle adjustments.

• Coordination/Continuity of care - more than 41,000 Australians were hospitalised due to chronic heart failure in 2005-2006.\(^\text{15}\) The Innovative Care for Chronic Conditions framework (adapted from the Chronic Care Model)\(^\text{16}\) is an example of a useful framework for structuring healthcare planning and delivery across all levels of service provision (a multi-disciplinary approach).
### Appendix A

Table 1.1: Assessing quality/safety of care for patients with CVD in primary health care

<table>
<thead>
<tr>
<th>Quality dimension</th>
<th>Candidate indicators</th>
<th>Description</th>
<th>Aligns with #</th>
</tr>
</thead>
</table>
| Accessibility     | First contact to service wait time for patients:  
- Assessed as high priority;  
- Portray possible life-threatening signs. | Proportion of patients who:  
- Are high priority according to locally agreed criteria and whose wait from first contact to first service is within the locally agreed timeframe.  
- Portray possible life-threatening signs and receive immediate attention by a clinical staff member. | 2 |
| Appropriateness   | Patient assessment   | % of people aged 45 to 74 years without CVD who have had an absolute risk assessment within the past five years.  
>80% of eligible Indigenous Australians having at least one risk assessment within each two-year period. | 6 |
| Appropriateness   | Health summary       | % of adult patients with smoking status, alcohol intake, physical activity, weight, height and waist circumference (SNAP risk factors) recorded in their medical records. | 5 |
| Appropriateness   | Registers, recalls and reminders | The proportion of primary care services using electronic register/recall/reminder systems to identify patients with CVD for review, and appropriate action. | 9 |
| Appropriateness   | Medication review    | % of patients on the practice CHD register who are recorded as being prescribed an:  
- anti-platelet agent  
- ACE inhibitor or ARB  
% of patients who have been prescribed an antihypertensive agent and who were not at their target blood pressure (BP) | 12 |
| Appropriateness   | Complete care plan   | % of patients with a multidisciplinary CVD care/management plan | 8 |
| Effectiveness     | Patient improvement  | % of patients whose CVD risk factor status has improved over a 12-month period, measured using a validated tool or clinical guideline | 22 |
| Coordination of care | Timely communication to GP/specialist doctor | % of patients at risk (identified from SNAP risk factors) offered education or referred to appropriate lifestyle programs where appropriate. | 28 |

**Please note:** table 1.1 provides a sample indicator set only and does not represent an exhaustive list of quality and safety indicators for CVD.
References


8. Improvement Foundation. *Australian Primary Care Collaboratives program measures*. Adelaide. 2009


13. National Heart Foundation. Warning Signs baseline national survey 2008. (internal document only)

