RACGP submission to the Australian Commission on Safety and Quality in Health Care

Practice-level indicators of safety and quality for primary health care

25 October 2011
1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Australian Commission on Safety and Quality in Healthcare (the Commission) for the opportunity to comment on the practice-level indicators of safety and quality for primary health care consultation paper (‘the consultation paper’).

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Since foundation in 1958, the RACGP has demonstrated its commitment to improving the quality and safety of patient care. The RACGP has established leadership in setting national standards, including the RACGP Standards for general practices which set benchmarks for clinical facilities, equipment, business systems and processes, and the performance of general practice teams – not just general practitioners.

This submission is made in response to the Commission’s consultation paper – October 2011.

2. Overview of response

The RACGP recognises that the key role of the Commission is to lead and coordinate improvements in safety and quality in health care, and that the Commission is required to develop indicators relating to healthcare safety and quality.

The RACGP has an established history and an ongoing commitment to the delivery of safe and high quality care to all patients. Given this commitment, the College encourages all general practices and other primary healthcare providers to establish, implement and maintain reasonable monitoring processes to improve the quality of health services.

Furthermore, the College welcomes and recognises the need for practice-level indicators in the delivery of healthcare in Australia.

The RACGP’s submission outlines some concerns regarding the candidate indicators.

3. RACGP response to the consultation paper

3.1 Project purpose, scope and guiding principles

As the Commission has noted, indicators for general practice have been excluded as the RACGP is currently developing indicators for general practice.

The RACGP concurs that practice-level indicators should be intended to support continuous quality improvement through monitoring of trends over time and to identify
issues or significant variances and that indicators should be generated and reviewed routinely by providers at the local level.

The RACGP supports voluntary inclusion by providers in quality improvement strategies at the local practice or service level and, given the diversity of primary healthcare providers, the flexibility for providers to choose a local bundle of indicators is paramount. The College agrees that practice-level indicators should not be developed to serve as performance indicators.

The College recommends that indicators be evidenced based and should be included as part of the fifth guiding principle. The RACGP believes evidence is an important component to support the rationale, and in particular, to encourage acceptance of the indicators by primary healthcare providers. However, the RACGP notes that documented evidence does not always exist, and where this happens, the indicators should be recommended on the opinion of respected authorities based on clinical experience.

3.2 Best practice in primary health care

The College notes that elements listed for best practice are well covered by the RACGP Standards for general practices (4th edition).

3.3 Candidate indicators

The RACGP notes that the dimension categories for the candidate indicators are also covered by the RACGP Standards.

Given that the candidate indicator set is not designed for general practice, the RACGP does not find it appropriate to provide detailed comment on behalf of non-GPs.

However, overall the RACGP believes the suggested indicators may be difficult to implement or even interpret as most are too nonspecific.

It also appears that the indicators might be inappropriate as blanket indicators in primary care, and would need to be considerably narrowed and refined before they could be considered. For example, yearly medication review is unnecessary for those without chronic illness (ie. patients not taking any medications). Similarly self rated health also seems unnecessary for the majority of patients.

In terms of care plans (Indicators 23 and 24) – the College questions the usefulness of these indicators as primary care professionals cannot be expected to take responsibility for these when patients may choose not to follow the care plans.

The referral content indicator (26) – a clear definition will be required for ‘appropriate’.

The RACGP is also concerned about the capacity of primary health providers to easily capture data. Capturing data requires systems and some form of audit tool at the local level in order to manage and maintain indicators. If these are not set up (a likely scenario), resources, existing systems (include IT systems) and finances will all be impacted, which may potentially be onerous to the service or practice, resulting in lack of interest and uptake of the indicators.
Once the indicator specifications have been designed, the RACGP suggests that the indicators are rigorously tested with piloting in a range of primary care settings to ensure validity and practicability.

4. Conclusion

The RACGP supports the use of practice-level indicators as a tool to assist with continuous quality improvement. An important aspect in the development and implementation of such resources is that their use is voluntary and that healthcare providers can select from a collection of indicators, those that are relevant and important for the service and care they deliver.

It is critical that indicators are not used to measure performance, as the delivery of primary healthcare is complex, and the context and environment in which the care is delivered has a large impact on outcomes and performance. The College is therefore pleased that these factors have been considered within the Commission's consultation paper.