

CHAPTER 14

DEVELOPMENT AND EVALUATION OF TRAINING FOR GENERAL PRACTITIONERS IN MULTIDISCIPLINARY CARE

Adapted from:

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14.1 Introduction

The study described in this chapter explores GPs' understanding of the roles and skills of other health providers such as allied health professionals. The study has been designed to evaluate the input of a training program to enhance multidisciplinary care in the community. The core elements of rehabilitation, which are multidisciplinary teamwork and care plans, are the key features of the training program, which the author developed for this study.

Enhanced Primary Care (EPC) was introduced in November 1999 with the aim of encouraging General Practitioners (GPs) to conduct health assessments, care plans, and case conferences, and to achieve improved health outcomes for patients with chronic and complex care needs (Commonwealth Department of Health and Aged Care, 1999)¹⁸⁰. The Health Insurance Commission (HIC) released statistics in October 2000 (Department of Health and Aged Care, 2000)¹⁸¹ revealing that while health assessments had been readily taken up by GPs, care plans and case conferencing had not been as readily adopted.

One of the reasons proposed for this slow uptake included lack of training and experience of GPs in multidisciplinary care planning. The previous studies described in this thesis of allied health work practices, poor hospital-to-GP communication and inappropriate admissions of patients with chronic airflow limitation (CAL) suggested a disconnection between GPs and allied health providers.

General practitioners were slow in the uptake of this program within the local government areas of Campbelltown, Camden and Wollondilly, known

collectively as the Macarthur Region of South Western Sydney. As a result, the Macarthur Division of General Practice and Macarthur Health Service were proactive in assisting the author to develop an education package to assist GPs to develop skills in care planning and case conferencing and to improve the uptake of these EPC items.

This intervention commenced in March 2001 through a multifaceted education program and the re-structure of multidisciplinary community health services, which were under the author's administrative portfolio at the time of the study.

14.2 Methods

Development and dissemination of the education program

The target groups for the intervention were the 145 members of the Macarthur Division of General Practice, and 30 Allied Health Professionals together with 18 Primary Health Community Nurses employed by the Macarthur Health Service. These groups were exposed to the first part of the intervention which was an education program designed to improve skills in multidisciplinary case conferencing and an understanding of the skills of the participating health care providers. The second part of the intervention was the removal of barriers, by an organisational restructure, between the health service and general practitioners.

There were two three-hour training and role-playing sessions held in March and July 2001, which the author chaired. The sessions targeted cases and scenarios suitable for case conferencing and multidisciplinary care planning. These sessions were attended by a total of 43 GPs, as well as allied health and nursing

representatives from the Macarthur Health Service. The health disciplines represented were Primary Health, Community Nursing, Physiotherapy, Occupational Therapy, Pharmacy and Social Work.

An interactive computer-based training presentation was developed with a commercial audiovisual company called “The Concept Factory”. The script and case scenarios were developed from the author’s own experience and information gained from the previous review of management of CAL. The cinematography was performed by a professional photographer in the author’s presence and under the author’s direction.

This multimedia compact disc (CD) presentation (Appendix 4) was used to explore the skills, assessment tools, and clinical language of other health providers, as well as including a comprehensive list of conditions that were suitable for EPC care planning and case conferencing. The interactive nature of the CD allowed the GP to develop care planning and case conferencing skills using five case scenarios commonly seen in the community. The involvement of Allied Health staff and Primary Health Nurses, in the production of the educational material, was an exercise that further increased their understanding of EPC.

The Macarthur Division of General Practice Program Manager visited 70 practices (75 GPs), from July 2001 to February 2002, to explain further the system of EPC and to provide personal instruction on the use of the multimedia CD and other written material. An explanation of the EPC item numbers was

published in the Macarthur Division's newsletter, and a duplicate text was published in the Macarthur Health Service newsletter.

Organisational change

Macarthur Health Service developed a single designated primary health nurse position to receive referrals from GPs for the coordination of EPC case conferences in July 2001. Primary health nurses also actively sought GP involvement in care planning for their more complicated cases. The Macarthur Division of General Practice also employed a nurse project officer to develop and disseminate educational material in relation to EPC.

The Executive of Macarthur Health Service and the Macarthur Division of General Practice formed a Liaison Committee, which continued to meet regularly (initially monthly) to discuss EPC and other projects. This promoted the highest level of commitment and communication at an administrative and operational level.

Evaluation of the educational intervention

A pre- and post-knowledge and attitude survey was developed to determine knowledge of Allied Health interventions, the choice of team members for EPC care planning, and the participants' opinion of the usefulness of EPC. This survey was applied pre- and post-session at the second three-hour training seminar, and was completed by 23 of the 43 attending GPs.

The Commonwealth Department of Health and Ageing¹⁸² provided de-identified data (2001-2003) on the uptake of the three groups of EPC item numbers: 700

(health assessment), 720/722 (care planning), and 740 (case conference). Data were available for GPs by division, showing the number of GPs per division that were active (active EPC GP) versus inactive in the uptake of EPC items, and the total usage for each item number. The data were analysed quarterly, comparing the uptake of EPC items pre-March 2001, and in 2001 and 2002. The pre-and post data were also compared to the national average and to the neighbouring divisions of general practice to determine whether a local effect was operating.

14.3 Results

Education and organisational interventions

The pre- and post-tests, conducted at the second three-hour training session, indicated a change in perception of suitable conferencing team members. The priority of health professionals for conferencing, pre- and post-session (Table 14.1), illustrates that prior to education the primary health nurse was perceived by many to be the most suitable professional with whom to consult. After the session, the focus had shifted away from the nurse and onto other health professionals who may have been more suitable to GP and patient needs.

After the training session, GPs were asked “How useful was the training package in improving your understanding of the skills of other health professionals?” On a five-point Likert Scale, where 1 is not useful at all and 5 is extremely useful, the mean score was 3.8 (SD 1.0) with a median of 4.

Table 14.1 **Ranking of GPs' perceived usefulness of health professionals for EPC care planning; n=21**

Discipline	Rank Pre (n)	Rank Post (n)
Dietician	2 (9)	1 (13)
O.T.	6 (6)	2 (10)
Physiotherapist	3 (7)	3 (8)
Diabetic Educator	3 (7)	4 (6)
Social Worker	7 (3)	4 (6)
Community Nurse	1 (12)	6 (5)
Podiatrist	3 (7)	7 (3)

Note: GPs were invited to record on a list from two to four therapists (by discipline) that they considered useful for EPC care planning. The ranks were determined by the sum of the disciplines recorded by the participating GPs.

Medicare data

General practitioners within the Macarthur region demonstrated a low uptake of EPC items in 2000. The percentage of GPs in the Macarthur region using EPC items remained below the state and national figures until the October 2002 quarter. The minor increase in the rate of uptake that followed the intervention may have been coincidental as there was an increase in EPC uptake in all divisions (Figure 14.1).

All parts of the educational intervention related to the EPC item numbers 720/722 for multidisciplinary care planning and conferencing. There was no significant difference between the mean uptake of these item numbers in the Macarthur Division of General Practice (MDGP) as compared to state and national figures (Figure 14.1) The mean of the eight quarterly values (September 2001-June 2003) of EPC per GP was higher for GPs in the MDGP than the mean EPC per GP for all divisions nationally for the same period (Figure 14.2). The

Figure 14.1 Percentage of GPs in Macarthur Division, NSW and Nation using EPC item numbers in 2001/02

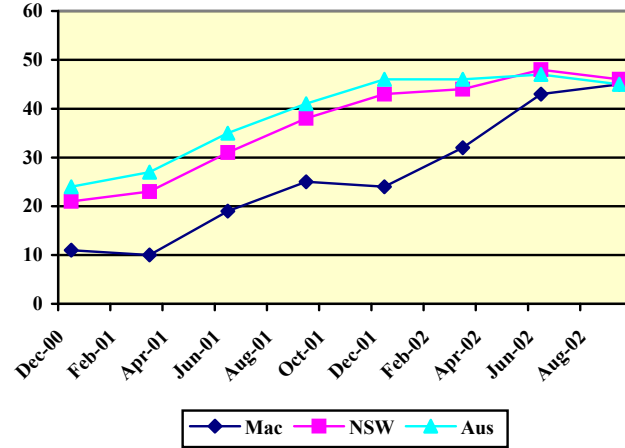
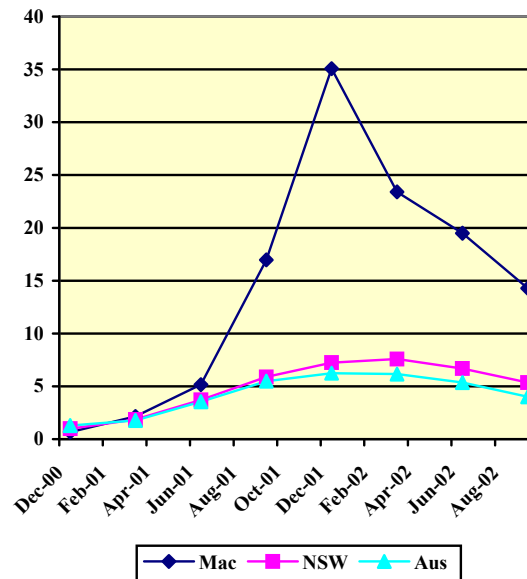


Figure 14.2 Care planning numbers (Item 720/722) per EPC-active GP for Macarthur Division, NSW and Nation in 2001/02



mean for the MDGP was 9.2 EPC per GP (SD 2.2), and the mean for all divisions nationally was 2.4 EPC per GP (SD 0.6), which was a significant difference of 6.8 EPC per GP, ($p=0.004$, 95% CI 5.2 to 8.3).

14.4 Discussion and conclusions

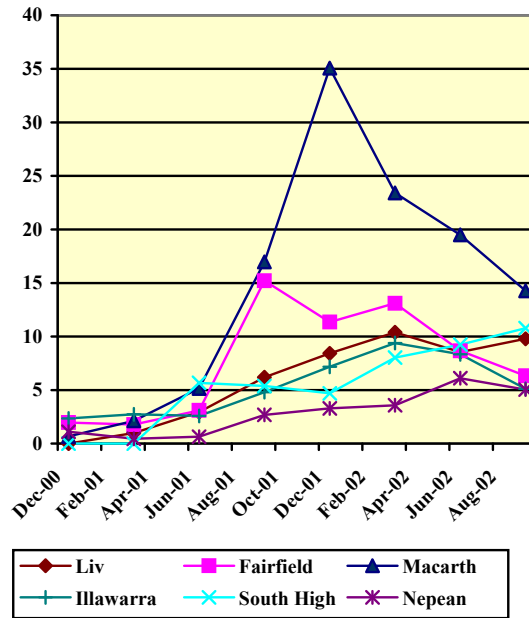
The survey conducted before and after the training session indicated a change of opinion by general practitioners as to the types of other health professionals who could be involved in a multidisciplinary care plan, with services such as social workers and dieticians now being viewed as providing contributions to patient care.

The HIC data showed a rise in all items following the training program that followed the Australian trend for care plans. This increase also occurred concurrently with the practice visits conducted by the Macarthur Division Program Manager, which included personal instruction on the use of the multimedia CD. The increase in multidisciplinary care plans was significantly ($p<0.05$) in excess of the national average. The increase in multidisciplinary care plans did not appear to be a local effect, as all neighbouring divisions had a lower uptake of this item (Figure 14.3).

The pre-post study design implies a level of uncertainty about whether the changes observed were due to the group education and multimedia CD or to other factors, such as explanation of the items provided in the practice visits or to changes in organisational restructure at Macarthur Health Service.

Figure 14.3

Local divisions care planning (Items 720/722)
per EPC-active GP



There continues to be a decline in uptake of EPC planning over time in spite of the continuation of the organisational changes. This suggests that the significantly higher uptake of care planning was associated with the education program, and also that such a program should be repeated at regular intervals to sustain this effect.

These results indicate that the collaboration between Macarthur Health Service and Macarthur Division of General Practice was effective in assisting GPs to take up multidisciplinary care planning to an extent that was significantly greater than the national figures. Multidisciplinary care is clearly possible nationally at a much higher level than currently practised.

This dramatic increase is most likely attributed to a multifaceted programme of education, and engagement between general practice and the Macarthur health service. Education activities may change practice for a period of time.

A key feature in this programme was the acknowledgement of a lack of understanding of the service and skills offered by the health service (multidisciplinary teams) and community (GPs). This has demonstrated that the roles and skills of other health professionals, in particular allied health, should be a feature of education for multidisciplinary care. The establishment of relationships between a broad range of allied health professionals and GPs may be a factor in sustained practice change.