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Medicine, Nursing and Health Sciences

Expanding after hours primary care services in a disadvantaged community in Australia: Lessons for policy and practice

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Today

- Evidence base on after hours primary care
- Australia's approach
- Stories from a regional pilot intervention to increase after hours primary care access
- Insights from evaluation



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Access to after hours primary care

- The holy grail: "Reducing ER attendances"
- 2013 systematic review → no primary care access intervention shown to reduce ER attendances.
 - Ismail SA et al Br J Gen Pract. 2013;63(617):e813-20.
- 2013 cross sectional study: association between ease in contacting after hours family physician and ↓ ER attendance.
 - O'Malley AS. Health Aff (Millwood). 2013;32(1):175-83



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2003 narrative review of AH primary care

Six main models (not mutually exclusive):

- Practice-based services,
- Deputizing/locum services,
- Emergency Departments,
- Co-operatives,
- Primary care centres, and
- Telephone triage and advice.



- Variable outcomes
 - Inconsistent reduction of medical workload
 - Minimal impact on clinical outcomes
 - Consistent patient dissatisfaction with telephone consultations

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Australian primary care

Dimension	Activities and policies
Health insurance	<ul style="list-style-type: none"> Universal insurance for medical care and most pharmaceuticals
PHC Physician remuneration	<ul style="list-style-type: none"> Fee for service. GPs may bill co-payments –rarely in disadvantaged areas Some blended payment incentives for preventive + after hours care.
Patient rostering	<ul style="list-style-type: none"> None
Primary care reform agenda	<ul style="list-style-type: none"> Incremental change <ul style="list-style-type: none"> Mandatory GP training Practice accreditation Practice nurse incentives Primary care meso organisations – Medicare Locals

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Meso organisations - Medicare Locals

- A regional network of 61 Medicare Locals
 - Based on earlier Divisions of General Practice
 - Arose from Australian National Primary Care Reform (2011)
 - Link macro (policy/ funding) and micro-level (individual clinicians)
- New role in after hours care
 - Assessing regional AH needs
 - Implementing innovations
 - Administer AH incentives
- Professional suspicion...



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Slide 5

GR1 Think about the large Catalyst table
Grant Russell, 11/23/2012

The South-Eastern Melbourne Medicare Local Region:

1840 km²

Victoria

medicare local

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South-Eastern Melbourne Medicare Local

- Pop > 540,000.
- Older urban centre (Dandenong)
 - 3000 resettled refugees per year
 - Australia's highest region of urban disadvantage
- Newer urban centre (Casey)
 - young families, low SES
 - 10% growth rate.
- Vast semi-rural region (Cardinia)
 - sparsely populated, few services

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After hours needs assessment 2011

- Lack of GP services after 7pm in urban areas
- Few AH services in the semi-rural Cardinia region.
- Poor coordination / awareness,

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Pilot 12 month intervention

Priority gaps	Pilot Interventions
1) Extending clinic opening times	<ul style="list-style-type: none"> Promote after hours incentives. Underwrite expanded GP capacity ER Liaison GP.
2) Increasing AH coverage of semi-rural region	<ul style="list-style-type: none"> Expand deputising reach Community education
3) Fostering coordination regionally	<ul style="list-style-type: none"> Regional AH Steering Committee Governance

Aim

- What was the capacity and utilisation of after hours services in the region?
- What were the processes and stakeholder experiences around development, provision and utilisation of the pilot?
- How did the pilot components operate?

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Priority gaps	Pilot Interventions	Measurement				
		2 nd data	Surveys	Daily templates	Chart audit	Qualitative
1) Extending clinic opening times	<ul style="list-style-type: none"> Promote after hours incentives. 		✓			✓
2) AH coverage of semi-rural region	<ul style="list-style-type: none"> Underwrite expanded GP capacity 	✓	✓	✓	✓	✓*
	<ul style="list-style-type: none"> ER Liaison GP. 					
	<ul style="list-style-type: none"> Expand deputising reach 	✓				✓*
3) Fostering coordination regionally	<ul style="list-style-type: none"> Community education 					✓
	<ul style="list-style-type: none"> Regional AH Steering Committee 					✓
	<ul style="list-style-type: none"> Governance 					

FINDINGS



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Story # 1 - Extending GP clinic opening times

- **The pilot:** Practice visits to recruit for after hours incentive
- **The measure:**
 - Practice survey (opening hours)
 - Secondary data on incentive payments
- **The result:**
 - 35% increase in GP availability across catchment
 - 16 GP clinics expanded operating hours to 9pm.

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Story # 1 - Clinics and AH incentives

Region	Year	Population	Total number of clinics	Total clinics paid after hours incentive	Clinics open till 9pm
Dandenong	2012	145,786	73	19	2.0
	2013		79	43	8.2*
Casey	2012	309,910	59	31	10.6
	2013		66	48	13.2*
Cardinia	2012	88,082	12	10	0.6
	2013		13	11	3.6*

*Significant increase in the mean number of clinics open from 2012 to 2013 (t-tests, p<0.01).

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Story # 2 adding services to semi-rural region

Pilot: Funded AH GP in 2 outlying clinics + ED-based GP

Results:

- Clinic 1 withdrew
 - "inadequate funding and staff buy-in"
- Clinic 2 had major delays
 - difficulty recruiting a GP
 - low utilisation
 - 26% of appointments filled
 - 4 Months - 259 visits GP clinic; mostly for non-urgent needs with only 4% likely to have sought ED care



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Story # 2 - Minimal ED impact

Triage Category	Seen by 'GP'	All presentations
4	104	8,051
5	16	1,380
Total	120	9,431

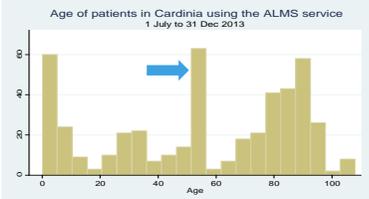
Table 11: Category 4 and 5 presentations seen by the GP liaison at the regional ED compared to all presentations in these categories in the after hours between 1st July 2013 and 16th March 2014. NB 46 working days.

- Position never filled by a GP – coordination not achieved

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Story #3 Deputising service expansion

- 400% increase in service delivery to semi-rural region
 - 470 calls in 6 months
 - 42% to residential aged care



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Story #4: System coordination

- Organisational relationships had to come first:
 - "We're at the point now that everyone has agreed to moving forward... but it's taken that time to actually trust, or sit around the table and build that trust You can't just walk in the room and say "Okay we're going to do this tomorrow," when you've never sat around the table before." (SEMML).

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Bringing the stories together



- A pilot in a contested space
 - No quick fix
 - Effort >> result.
 - Minimal evidence → the art of the possible.
- Routines
 - Incremental routine changes (ie expanded locum) more feasible than whole-of-organisation re-orientation (ie adding a new role).

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Bringing the stories together



- Routines and Stability – "as long as an existing routine gives satisfactory results, no cognitive problem solving is required to do anything different"

Becker MC. Organizational routines: a review of the literature. Industrial and Corporate Change. 2004;13(4):

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Evaluating the pilot



- The "best laid plans".
 - Despite
 - Potential access to administrative data (varying access to multiple providers/owners)
 - Robust instruments
 - Good engagement with the pilot program.
 - It was difficult to quantify impact in the real world.

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Epilogue

- Having a meso organisation is one thing...
 - But its a fragile thing...
 - Has potential to strengthen regional PHC delivery
 - Role in translating policy into practice
 - engaging clinicians in change; maintaining satisfaction
 - catalysts for local innovation
 - Balance government priorities with regional/local needs



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Pippa's story

- Pippa is a 23 year old mother of 2
- Lives Melbourne urban fringe
- Husband drives only car 50 km to work
- Unsettled child
- GP 5 km away, but
 - no public transport in her area.
 - The clinic closes at 5pm



- Few other local health services, while families continue to move into the area to escape the property market boom

Utilisation 2013

	Population ^a	After Hours GP Helpline	General Practice	Locum		Emergency Department ^b	Ambulance Victoria ^c	
				Social	Unsocial		Social	Unsocial
Whole SEMLL Region	543778	3,566 ^b	326,955 ^d	8,661	1,720	72,416 ^b	12,190 ^c	9,296 ^c