



THEME

Quality framework



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A quality framework for Australian general practice

BACKGROUND

Quality improvement in health care is a priority. After more than a decade of strategic change in Australian general practice, The Royal Australian College of General Practitioners has developed a conceptual framework for quality improvement.

OBJECTIVE

This article provides details of the process that led to the forming of the Quality Framework for Australian General Practice.

DISCUSSION

Quality has dimensions of acceptability, accessibility, appropriateness, effectiveness, efficiency and safety. Domains of professionalism, competence, patient focus, capacity, knowledge and information management, and financing merit consideration at the level of the individual consultation, within the setting of care, and at regional and national levels when designing quality improvement efforts. A quality framework can be used to plan or evaluate quality initiatives, map the current scene, clarify roles and responsibilities and to stimulate broader thinking about quality in general practice.

Quality improvement (QI) is a priority in health care. New research is redefining best practice. Health needs, particularly with an aging population, are changing, as are community expectations, and there is evidence of less than optimal care according to evidence based guidelines.^{1,2}

Australia has introduced many projects to enhance general practice quality in the past two decades. A review of these in 1997³ referred to a 'quality framework' to map multiple initiatives for QI in Australian general practice, but the framework was implicit, not explicit. The Royal Australian College of General Practitioners (RACGP) regards quality as core business and has continued to develop such a framework with assistance from an Australian government grant.

What is a quality framework?

A quality framework is a mental model to help general practitioners, divisions of general practice, policymakers, and professional advocates make a thorough analysis of how to improve quality of care in Australian general practice. As Kernick explains, 'All models are wrong, but some are useful. We need to make sense of the world to act... [so]...

we simplify our environment by constructing models...'⁴ The model is not reality, but a tool to help us to think and act more effectively.

A quality framework needs to be dynamic – versatile and evolving over time – adaptable to different contexts, users, local structures and needs. It should promote creativity in response to problems in quality.

Why is a quality framework important?

Such a framework can highlight achievements and gaps, allowing needs to be targeted without duplication by adding value to existing good quality care. It can facilitate a more systematic and system wide approach to the many initiatives proposed for quality improvement in general practice, while helping clarify roles and responsibilities for these endeavours.

Quality improvement in health care

Initiatives for quality improvement in medical care have historically focused on changing the behaviour of individual doctors using educational, cognitive, social and behavioural approaches.⁵ Examples include Fellowship of the RACGP, vocational training and recognition, and quality assurance and continuing professional development programs. More

recently, the structure and organisation of the health system within which care occurs has become a crucial focus for examining health care improvement (eg. practice accreditation and practice support programs).^{1,6}

These types of quality improvement have been well analysed and often found to have modest results in randomised controlled trials.⁷ There is a sense that multiple interventions tailored to a specific context should be used, however there is neither clear guidance on how to do this nor evidence that this approach is more effective.

Systems approaches to quality improvement have led to new directions for research, such as the exploration of organisational behaviour and change.⁸ Thinking based on a mental model of organisations as orderly machines is giving way to the realisation that they are far more complex. A new image of organisations⁹ is based on emerging complexity science,¹⁰ in which multiple system components are not independent variables but continually adapt to each other and co-evolve, leading to emergence of new order. What is part of the system and what is not may be hard to discern, and unpredictability is an inherent property of the system.

Therefore, the aim of this project was to develop a quality framework that acknowledged the complexity of Australian general practice, was grounded in the realities of this context, and was sufficiently clear to be useful to a wide range of parties.

The process

The empirical process to develop the framework involved three components: a literature review, broad consultation, and design. Initially, the scientific literature and broader policy approaches relating to quality in health care were reviewed. This also served to produce a background briefing paper for the consultations.

Consultations were held with individual GPs and stakeholder groups. General practitioners were recruited through RACGP state and territory offices for a series of focused group discussions to explore concepts of quality and its determinants; barriers and gaps in quality and suggestions for overcoming these; and views on essential components of a quality framework. Key general practice stakeholders were asked about the same concepts in a semi-structured interview.

Finally, a small working group undertook an iterative process over 12 months to design and revise a framework in consultation with a high level stakeholder Quality in General Practice Committee (*Table 1*).

The literature review

The literature review confirmed the need for a broad definition of quality. We used the definition of the World

Table 1. Quality in General Practice Committee Membership

Australian Association of Academic General Practice
 Australian Association of Practice Managers
 Australian College of Rural and Remote Medicine
 Australian Council for Safety and Quality in Health Care
 Australian Divisions of General Practice
 Australian Medical Association
 Australian Practice Nurses Association
 Commonwealth Department of Health and Ageing
 Consumers' Health Forum of Australia
 General Practice Education and Training Ltd
 General Practice Registrars Australia
 National Aboriginal Community Controlled Health Organisations
 National Association of Medical Deputising Services
 Rural Doctors Association of Australia
 The Royal Australian College of General Practitioners

Table 2. Key stakeholder organisations consulted

Australian Association of Academic General Practice
 Australian Association of Practice Managers
 Australian Council on Health Care Standards
 Australian Council for Safety and Quality in Health Care
 Australian Divisions of General Practice
 Australian General Practice Accreditation Limited
 Australian Practice Nurse Association
 Commonwealth Department of Health and Ageing
 Health Consumers Council (WA)
 Health Issues Centre Inc
 Medical defence organisations
 Pharmacy Guild of Australia
 Quality Improvement Council
 The Royal College of Nursing, Australia

Organisation of Family Doctors (WONCA) Working Party on Quality in Family Medicine – 'Quality is the best outcomes possible given available resources and the preferences and values of patients'.¹¹ It also stressed the importance of a systematic approach, ensuring that strategies at the national, state/regional and practice levels are aligned.

Considerable variation was apparent in what people identified as dimensions of quality. Those most common to a number of national and international frameworks were chosen for inclusion in the RACGP Quality Framework for Australian General Practice – acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.

Broad consultation

Four focus groups were held across Australia involving 50 GPs. Rural GPs unable to attend a focus group participated in a teleconference. General practitioners identified important components of a quality framework:

- competent, qualified practitioners and staff, with a

team orientation, in a broad range of practice types and settings

- an environment that supports consistent high quality care, including robust IM/IT and feedback systems, governance structures, rewards for quality, and awareness of the impact of financing systems
- tools that support care at the consultation and practice level, including guidelines, indicators, audit and benchmarking, and
- involvement of consumers in decision making.

Key informants from 14 stakeholder organisations (Table 2) provided interviews. They confirmed the importance of meaningful consumer engagement, competency of practitioners and staff and supportive environments. Stakeholders also suggested:

- linking the general practice quality framework to other national frameworks
- expressly articulating cultural and professional values important to the profession
- using information and communication technology to enhance general practice
- focusing on a systems perspective.

The design

The resultant framework is shown in Figure 1. The central focus is improving quality in general practice. The many factors identified in the literature review and consultations were synthesised into six domains:

- professionalism – the intrinsic values and driving force for GPs pursuing quality care
- competence – the acquired capability of individuals and teams to deliver quality care
- patient focus – the patient/community is central to defining and ensuring quality
- capacity – the system supports to sustain quality care
- knowledge and information management – essential building blocks for quality care, and
- financing – a powerful support or barrier to quality.

Different levels of analysis and action within each domain also need to be considered the:

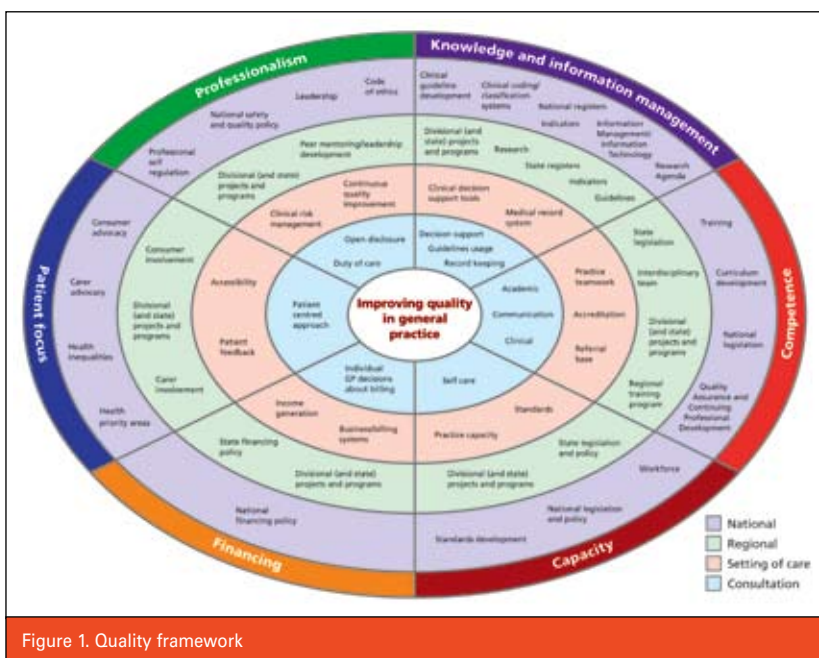


Figure 1. Quality framework

Table 3. Mapping the Immunise Australia Program with the quality framework

	National	Regional	Setting of care	Individual
Professionalism/ values	Vision of high immunisation rate, core GP role	Divisions network priority relating to immunisation	Valuing preventive care by practice	Valuing preventive care by GP
Patient focus	Education campaign, allowances and rebates			Concordance between GP and patient
Competence	RACGP QA&CPD Program	Divisions network support and education programs		Ongoing CPD, mailings
Capacity	Practice nurse program	Division immunisation officers	Practice nurses to assist with immunisations	
Knowledge and information management	Immunisation handbook, ACIR	Resource developed by divisions network	Feedback from ACIR, software prompts and reminders	
Financing	Incentives and outcomes payments	Division infrastructure funding	Practice incentive payments	

- consultation (the traditional level for quality improvement activities)
- setting of care (where practice accreditation and divisional practice support programs are targeted)
- region, chiefly corresponding to divisions of general practice, but also including state health services (which may be regionalised), and
- national level, where government policy and stakeholder advocacy can profoundly influence quality initiatives.

Within the framework examples are given to illustrate possibilities, not to define the content exhaustively.

Discussion

How can such a framework be used? An example is an analysis of the Immunise Australia Program that has seen significant improvements in childhood immunisation in Australia from 1998.¹² *Table 3* shows the interplay of various aspects of the program mapped to the domains and levels of the quality framework. Multiple facets provided mutual reinforcement for a successful program.

A crucial factor lay in the professionalism domain – a vision of immunisation rates in Australia that did not lag behind less developed countries. Embedding the program in general practice reinforced prevention as a core value of the discipline. Patient focus led to education and incentives directed to the community nationally at the same time that the competence of GPs and the capacity of practices were supported through the divisional network at the regional level. The domain of knowledge and information management was also important – with the national publication of the *Immunisation handbook* and establishment of the Australian Childhood Immunisation Register (ACIR) and feedback of data at the level of the setting of care. Specific financing arrangements provided incentives for GPs and patients at the consultation level, as well as infrastructure support in divisions of general practice at the regional level.

Other potential uses of the quality framework include:

- planning QI initiatives at any level – consultation, practice, division, national
- strategic planning at the national/regional level or business planning in the setting of care
- mapping the current QI scene to identify overlaps and gaps (a national level gap analysis has been conducted by the Quality in General Practice Committee¹³)
- analysing existing or past QI initiatives to elaborate factors that contributed to success or failure
- broadening our thinking about what is quality and what contributes to quality.

Other related articles in this issue of *Australian Family Physician* explore the six domains of the quality framework.

Authors provide practical examples as well as theory demonstrating how factors at different levels within each domain influence efforts to improve the quality of care in Australian general practice.

Summary of important points

- General practice in Australia is a complex environment.
- Efforts to sustain and improve quality of care must pay attention to multiple influences – simplistic approaches are rarely helpful.
- Broad consultation identified important influences on quality improvement with domains of professionalism, competence, patient focus, capacity, knowledge and information management, and financing.
- A quality framework is a mental model that can help in planning and analysing quality improvement activities.

Conflict of interest: none declared.

Acknowledgment

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References

1. Committee on Quality of Health Care in America. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press, 2001.
2. National Institute of Clinical Studies. Evidence practice gaps report. Vol 1. Melbourne: NICS, 2003.
3. Department of Health and Aged Care. Report of the General Practice Strategy Review Group. Canberra: Department of Health and Aged Care, 1998.
4. Kernick D. Wanted – new methodologies for health services research. Is complexity theory the answer? *Fam Pract* 2006;23:385–90.
5. Donabedian A. Institutional and professional responsibilities in quality assurance. *Qual Assur Health Care* 1989;1:3–11.
6. Grol R, Wensing M, Eccles M. Improving practice: a systematic approach to implementation of change in patient care. Oxford, UK: Elsevier Science, 2004.
7. Rhydderch M, Elwyn G, Marshall M, Grol R. Organisational change theory and the use of indicators in general practice. *Qual Saf Health Care* 2004;3:213–7.
8. Grimshaw J, Shirren L, Thomas R, et al. Changing provider behaviour: an overview of systematic reviews of interventions. *Med Care* 2001;39(Suppl 2):112–45.
9. Morgan G. Images of organisation. 2nd ed. Thousand Oaks, CA: Sage Publications, 1996.
10. Plsek PE, Greenhalgh T. Complexity science: the challenge of complexity in health care. *BMJ* 2001;323:625–8.
11. Makela M, Booth B, Roberts R, editors. Family doctor's journey to quality. The WONCA Working Party on Quality in Family Medicine. Helsinki: STAKES, 2001.
12. Department of Health and Ageing. Immunise Australia Program. Available at <http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/history#iaspp> [Accessed September 2006].
13. The Royal Australian College of General Practitioners. The RACGP quality framework for Australian general practice – gap analysis. Available at www.racgp.org.au/qualityframework [Accessed October 2006].