

GP READINESS INDEX

Are you ready for Multidisciplinary Care Planning?

July 2001

Assessing your readiness for Multi-Disciplinary Care Planning

The GP Readiness Index (GPRI) has been developed in collaboration with GPs and allied health workers in response to GPs becoming more involved in the coordination of multi disciplinary care for patients with a chronic illness and/or complex care needs. The GPRI provides GPs with a self assessment of six key factors that are important in providing multi disciplinary care planning to their patients.

Multi Disciplinary Care Planning has been defined for this activity as a process of deliberation, working with at least two other health and care providers and the patient, to maximise the quality and adequacy of care received by the patient through the development of a comprehensive, individualised, longitudinal plan.

Instructions:

Please rate each statement from 0 to 10 where **0** means “Disagree as strongly as possible”, **10** means “Agree as strongly as possible” and **5** means undecided. There are no right or wrong answers. Your individual responses are solely for your information and use. Your honest opinion will provide an accurate assessment of where you are placed in readiness for multi disciplinary care planning.

19	Multi-disciplinary care planning will improve patient outcomes	1	2	3	4	5	6	7	8	9	10
20	Patients are more likely to comply with decisions on care when involved in a care plan	1	2	3	4	5	6	7	8	9	10
21	If multiple providers are involved in care planning then <u>usually</u> services will be more effectively co-ordinated	1	2	3	4	5	6	7	8	9	10
22	Patient needs will be met better if more than one discipline is involved in planning their care	1	2	3	4	5	6	7	8	9	10
23	Multi-disciplinary care planning will assist with timely and effective review of care	1	2	3	4	5	6	7	8	9	10
24	Other service providers have a role to play in planning patient care	1	2	3	4	5	6	7	8	9	10
25	Overall, I believe that <u>a significant proportion of my patients</u> will benefit from multi-disciplinary care-planning	1	2	3	4	5	6	7	8	9	10

Total beliefs: Add above items = _____ / 70

FACTOR 5 Practice management structure

26	I am able to allocate enough time to communicate about my patients with other health service providers	1	2	3	4	5	6	7	8	9	10
27	I have an appointment system that includes the capacity to see patients for longer consultations.	1	2	3	4	5	6	7	8	9	10
28	The practice staff find it easy to make referrals to community based agencies	1	2	3	4	5	6	7	8	9	10
29	I am involving other practitioners from my practice in multi-disciplinary care planning. <i>(Solo practitioners tick here <input type="checkbox"/>)</i>	1	2	3	4	5	6	7	8	9	10
30	This practice has a range of activities that encourage patients to take an interest in managing their own health	1	2	3	4	5	6	7	8	9	10
31	The practice currently has clinical discussions about complex patients. <i>(Solo practitioners tick here <input type="checkbox"/>)</i>	1	2	3	4	5	6	7	8	9	10

Total: Add above items = _____ / 60

FACTOR 6 Information management systems in place

32	I find service pathways useful in the management of patients (<i>eg flowcharts with guides about when and how to refer</i>)	1	2	3	4	5	6	7	8	9	10
33	I have an effective recall process to call back patients	1	2	3	4	5	6	7	8	9	10
34	The practice has an up-to-date database of service providers that is quick and easy to use	1	2	3	4	5	6	7	8	9	10
35	The practice medical records make it easy to follow-up and review past plans and actions	1	2	3	4	5	6	7	8	9	10
36	GPs in the practice are using computers for a variety of clinical and administrative purposes	1	2	3	4	5	6	7	8	9	10

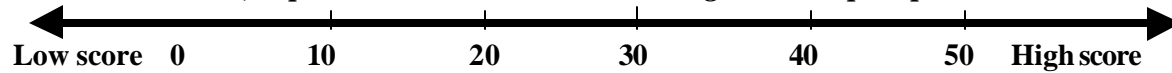
Total information management: Add above items = _____ / 50

37	How ready are you and your practice to take on multidisciplinary care-planning as a regular part of your work?	1	2	3	4	5	6	7	8	9	10
38	How useful do you believe multi-disciplinary care planning will be to you in your clinical work?	1	2	3	4	5	6	7	8	9	10

Upon completion of the 38 statements tally the total score for each factor. Then mark your score on the self assessment rating scale attached. Read through the suggestions and tick those suggestions that you think are particularly relevant to you .

Multi-Disciplinary Care Planning (MDCP) – Your self assessment rating scale

Factor 1 *Demand, experience and interest in working with complex patients*



Generally you treat the presenting problem and work in an episodic fashion. You may be unsure of the number of patients that have a chronic illness or complex care need within your practice.

You are likely to have a high number of complex patients, you enjoy working with them and encourage their review.

Suggestions for GPs with low to middle range score:

- Consider your patient population. Do you have a high prevalence of any particular disease types or elderly patients with complex care needs? (Diabetes, asthma, mental illness, palliative or rehabilitative care).
- Talk with other GPs who are interested in working with complex patients.
- Discuss with your peers, what might be the benefits of working with a longitudinal perspective rather than an episodic one.

Factor 2 *Knowledge of and relationships with other providers*



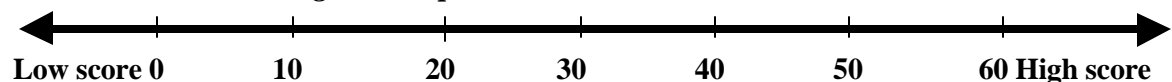
You have an understanding of how to work with other agencies, but you are unsure of the providers in your area. You generally respond to rather than initiate contact.

You are proactive in working with other providers and have regular contact with them, your work with them is purposeful.

Suggestions for GPs with low to middle range score:

- You need to identify who the key agencies are that you could work with.
- Ensure that someone in your practice does a 6 monthly update of your 10 most frequently used service providers.
- Can you build on the relationships that you have already? Eg. If you have a high population of diabetic patients in your practice can you work with the local Community Health Centre with their diabetes educator and dietitian?
- Contact your Division and obtain the latest service directory.
- Take the opportunity to be a contributor to a care plan initiated by other providers. (MBS Item 726).

Factor 3 *EPC knowledge and experience*



You are not familiar with the requirements of the EPC care planning item.

You have had some experience with the EPC items or doing similar assessment and planning tasks with your patients. Still some uncertainty of financial benefit to yourself and the practice.

Suggestions for GPs with low to middle range score:

- Begin by doing health assessments in your surgery with five of your elderly patients. This will help you think through the process of assessment and patient involvement in their own care and planning.
- Have you considered that the payment for care planning is six times the normal item 23?
- Read the RACGPs summary guide on care planning. (EPC Standards and guidelines).¹
- Ask your Divisional officer to come for a practice visit to you, or better still to all GPs in the practice.
- Enquire about the RACGPs audit (available 2002) and do five care plans with their support.

¹ indicates median score from Divisional sample. ¹ Enhanced Primary Care: Standards and guidelines for the Enhanced Primary Care Medicare Benefits Schedule items. The Royal College of General Practitioners.

Factor 4 Beliefs in the benefits to themselves and their patients.



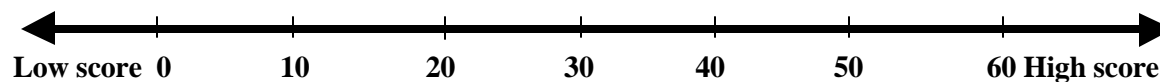
You do not see that MDCP will benefit many of your patients and you are unsure if MDCP actually helps with effective co-ordination.

You believe that MDCP is beneficial to the practice and your patients. That it is better to have more than one discipline involved and that it assists with timely and effective review of care.

Suggestions for GPs with low to middle range score:

- Consider ways that MDCP would be appreciated and valued by your patients. e.g Patients enjoy the attention, coordinated involvement of other professionals will maximise care and regular reviews will assist you to monitor progress.
- Discuss the benefits of a team of professionals assisting in the care of a patient. In which situations has it worked? Your peers may have the answers.

Factor 5 Practice has management strategies in place



Your practice may be slow to adopt new ideas and you need to be convinced before you start to implement new strategies.

You and your practice are highly organised and have a range of systems in place that allow flexibility and also allow you to handle a range of logistic tasks.

Suggestions for GPs with low to middle range score:

- Find a proforma for care planning that you are happy with. (RACGP or DVA or create one).
- Inform your practice staff of the new items and that more time can be spent with certain patients.
- If you have a practice nurse keep them informed. Make sure they are attending divisional support programs for practice nurses and they are asking how other practices are implementing the new items.
- A MDCP is likely to take two consultations. The first for the assessment and identification of current other providers, the second for the finalisation of the plan. In between these two consults you can discuss the care plan with the other providers.
- The MDCP item covers non patient contact time. Consider ways to streamline this contact during 9-5 when the other providers are available. (Ex. Involve practice nurse in making contact).
- Consider ways for your practice nurse to assist with assessment tasks or linking with other agencies.
- Discuss with your practice/business manager the impact of spending more time with less patients. Are there ways to ensure that the total number of patients to your practice does not decrease?
- Develop a business plan that incorporates each GP doing a certain number of MDCP and create an incentive for employee GPs to be involved. (This may enable you to receive PIP payments).

Factor 6 IT systems are in place to support care planning process.



You are slowly adopting computers into your daily routine. Further work is required to realize the potential benefits of electronic files and electronic communication with other providers.

You are using computers for a variety of clinical and administrative purposes and you have an up to date data base of service providers. You can access these through your clinical software.

Suggestions for GPs with low to middle range score:

- You may need several computer sessions to get you up to speed.
- Develop a computer standard (e.g all GPs use prescription software by Dec 2001) across the practice, that encourages all GPs to achieve this minimum.
- Encourage one person in the practice to consider the impact of MDCP on your computer systems.
- You can begin to develop a disease registry with your electronic clinical file. This will enable you to monitor your patient population and to complete simple recalls for your patients with a chronic illness or complex care need.