**Appendix T: Practice Information Statement**

**TITLE:** Quality in General Practice - trial of a funding model in primary care.

**INVESTIGATORS**

|  |  |  |
| --- | --- | --- |
| Prof Andrew Bonney | A/Prof Jan Radford | Prof Grant Russell |
| Graduate School of Medicine, University of Wollongong | School of Medicine, University of Tasmania | School of Primary Health Care, Monash University |
| Email: abonney@uow.edu.au | Email: J.Radford@utas.edu.au | Email:grant.russell@monash.edu |
| Telephone: (02) 4221 5819 | Telephone: 0419 885 285 | Telephone: (02) 4221 3712 |

**What is the purpose of the research?**

This research is being conducted collaboratively by the University of Wollongong, Monash University and the University of Tasmania. The purpose of this research is to investigate the effects of an alternate care provision and funding model in the primary health setting. To do this, we are conducting a randomised controlled trial which will compare an intervention and a control group. The intervention group will provide care using the alternate model and the control group will provide usual care. Your practice may be randomly assigned to either of these groups – not all participating practices will use the alternate model.

The alternate model provides quality of care payments that reward General Practitioners (GPs) for health system improvement linked to specific performance indicators. For example a payment would be made to incentivise an increase in the number of enrolled patients under 16 years seen on the same day and would be linked to a reduction in potentially avoidable hospitalisations. The research aims to test the impact of payments on longer consultations, same day access and rapid follow up after hospitalisation – all linked to performance indicators including decreased prescriptions, reductions in selected pathology and imaging tests as well as reduced potentially avoidable hospitalisations.

**What are the incentive payments?**

This trial includes quality of care payments as well as payments to support practice participation in activities such as patient recruitment and data collection. A table listing the maximum possible incentive payment for each of these activities and quality improvements is below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity or quality improvement** | **Available to study groups** | **Incentive structure** | **Maximum incentive achievable** |
| Recruit / enrol 50 patients | Intervention & Control | $20 per patient (pp) | $1000 |
| Data collection | Intervention & Control | $20 pp @ baseline, 3, 6, 9 & 12 months  $100 pp at 12 months | $9000 |
| Longer consultation | Intervention only | $10 - $15 per extra 5 minutes to max of 125 minutes - conditional on 25% reduction in combined prescriptions, pathology, , imaging | $250 pp  $7500 total |
| Seen same day | Intervention only | $30 pp – conditional on percentage of reduction in potentially avoidable hospitalisations | $600 |
| Seen within 7 days of hospital discharge | Intervention only | $90 pp - conditional on percentage of reduction in potentially avoidable hospitalisations | $2700 |
| Reduction in potentially avoidable hospital admissions for adults | Intervention only | $200pp – conditional on percentage of improvement | $6000 |
| Reduction in potentially avoidable hospital admissions for Under 16’s | Intervention only | $60 pp - conditional on percentage of improvement | $1200 |

Payments are scaled to reflect proportional improvement over the 12 month trial period and will be made quarterly for data collection and after conclusion of the trial for quality improvement incentives.

**What will you be asked to do?**

**Practices in both intervention and control groups will be asked to:**

* Recruit a cohort of 50 patients. Recruitment methods include search of practice database to identify eligible patients and posting out provided information packs to 200 potential participants (usually undertaken by Practice Nurse/Manager).
* GPs, Practice Nurses or other staff may be asked to engage in direct recruitment (handing information packs to eligible patients) if required.
* Complete a Practice or Practitioner Attributes Survey at commencement and conclusion of trial. These take about 20 minutes each to complete.
* Conduct baseline data collection regarding demographics & primary diagnoses, preferred provider (GP) nominated for the study, hospitalisation details (when & why, time elapsed between hospitalisation and follow up).
* Conduct quarterly audits of patient database to extract data regarding number of consults, length of consults, MBS item numbers, whether preferred provider for each consultation, hospitalisation details (when & why, time elapsed between hospitalisation and follow up), occurrence of same day access (for <16s only) and mortality. This may take up to 4 hours per quarter (usually undertaken by Practice Nurse/Manager).
* Agree to the installation of the MedicineInsight data management program which will be used to collect baseline, 6 month and 12 month data. There is no cost to the practice and MedicineInsight runs alongside – not replacing – existing practice management software.
* Provide access to quality improvement education materials supplied in hardcopy and online formats, a quality improvement manual and education sessions.

Patients in this study will be asked to complete a survey at the commencement and end of the trial. They may also possibly be involved in an interview about their current care.

**Only practices in the intervention group will asked to:**

* organise patient enrolment with their preferred GP or micro-team of GPs
* ensure enrolled patients have access for to a minimum of three longer appointment types over a twelve month period
* ensure enrolled patients attend a review visit for within 7 days of admission to either an emergency department / hospital attendance or other significant health event
* ensure enrolled patients aged under 16 are seen on the same day as requested for acute conditions

Staff may be asked to take part in a 30 minute qualitative interview to understand clinicians, and where possible, the practice’s approach to access, relational continuity and on approaches to prioritisation of clinical activity.

As part of the project, the GPs and other members involved in the care of chronically ill patients will be provided with education and training in:

* Using clinical record search tools
* Quality improvement resources
* Record keeping process for requests of same day access and longer consultations
* Information about payment incentives in study

An intervention facilitator will be available to support practices randomised into the intervention group. They will be able to answer questions and will be available via phone and email for the first six months of the study. They will be available to meet regularly with practice members and assist them with any queries they may have regarding the set-up and running-of of the trial.

**What are the risks?**

We can foresee no direct risks for your practice. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time. Refusal to participate in the study will not affect your relationship with the researchers or the University of Wollongong.

There may be some initial disruption to practice workflow in the intervention group as the longer consultations (with patients over 65 or those 18-65 with a chronic disease) and same day access appointments (for flagged patients under 16) are integrated into the practice systems. Practices will have support via the intervention facilitators to set up systems in the practices.

**What is the time commitment required?**

**For practices in intervention and control groups**

The baseline and quarterly chart audits for consultation time and appointment access by practice staff is expected to take up to approximately 4 hours per quarter (every 3 months). A template for the chart audit will be provided to practices at the commencement of the trial. Only health information pertinent to the 50 trial participants will be audited; a whole practice audit is not required.

The Practice or Practitioner Surveys take approximately 20 minutes to complete. We will provide a paper copy to the practice at the commencement and conclusion of the trial to return via a reply paid envelope.

**For practices in the intervention group only**

Patient induction with the Practice Nurse will occur either face to face, over the phone, in group information sessions or via a combination of these. Patients will discuss with the nurse: enrolling with a preferred provider; information about the study; accessing longer consultations or same day access (for patients under 16 years and their guardians).

Staff members may be invited to take part in a 30 minute interview which will take place over the phone and at a convenient time for the participant.

**What benefits will the research provide?**

Practices who take part in the research may benefit from the quality improvement education provided in the trial but are unlikely to receive any other direct benefit. We hope that all participants will receive some benefit from knowing they have contributed to research that is intended to improve quality of care in the primary care setting.

**ETHICS REVIEW AND COMPLAINTS**

This study has been reviewed by the Human Research Ethics Committee of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UOW Ethics Officer on (02) 4221 4457. Thank you for your interest in this study.

If you would like further information about this study please contact Chief Investigator Prof Andrew Bonney (02 4221 5819).