

STRENGTHENING CARE FOR CHILDREN PILOT STUDY

The Royal Children's Hospital (RCH) Health Services Research Unit, and the North Western Melbourne PHN (NWMPHN), are pleased to announce the Strengthening Care for Children pilot project. We seek 6 practices in the North Western Melbourne region to take part in this pilot in 2018. The purpose of this document is to provide prospective applicants with information relating to the project, including requirements that successful applicants will undertake during the project period.

About the Health Services Research Unit, Royal Children's Hospital

The Health Services Research Unit (HSRU) at RCH is the first paediatric health services research unit in Australasia. Founded in 2015 and led by Professor Harriet Hiscock, the unit works in partnership with the Murdoch Children's Research Institute (MCRI). The HSRU supports the development and use of the best available evidence to increase the quality, accessibility, and value of healthcare. It aims to reduce disparities and to improve health outcomes for children across Victoria and Australia.

About the Project

In the UK, a new model of care, *Connecting Care for Children (CC4C)*, was implemented to improve care for common childhood conditions, and to reduce ED and OP referrals. Within the first 12 months of implementing this model, families reported they preferred to see their GP and had increased confidence in doing so. GPs reported improved knowledge of child health and how to navigate the hospital system on behalf of their patients. GPs also reported that the model led to increased trust and collaboration with paediatricians. GP practices and hospitals reported a 39% reduction in new patient hospital appointments; a 19% reduction in specialty referrals; and a 22% reduction in ED attendances.

Based on the model's success in the UK, we anticipate that comparable outcomes could be achieved in an Australian setting. This pilot project, led by the RCH, will implement a version of this model within six GP practices in partnership with the NWMPHN, Werribee Mercy Hospital, Sunshine Hospital, and the HaBIC Research Information Technology Unit at the University of Melbourne.

During the main phase of the project, each practice will be visited monthly by a paediatrician from RCH who will co-lead multi-topic case discussions. Paediatricians will also conduct consulting sessions with participating GPs at your practice to provide shared care to your paediatric patients. Participating GPs will have business day support (via email or phone) from RCH paediatricians so you can get same day advice about a child's care.

About the Grants

To be eligible for the pilot and associated grants, general practices must:

- Be located within and provide services to the North Western Melbourne region;
 - Be accredited or working towards accreditation;
 - Have *Best Practice* or *Medical Director 3* software; and
 - Be able to complete the project between Nov 2017 and Nov 2018.
- Note:* Priority will be given to high referrers to RCH, Sunshine and Werribee Mercy hospitals.



Eligibility Criteria

To be eligible to participate in the project, general practices must:

1. Be located within and provide services to the North Western Melbourne region.

To find out if your general practice is located in NWMPHN catchment area go to:

www.health.gov.au/internet/main/publishing.nsf/Content/phn-locator

2. Be accredited or working towards accreditation.

Accreditation is the process of external evaluation of general practices against the Standards for general practices (4th Edition), developed by the Royal College of General Practitioners (RACGP). Achieving independent accreditation against the Standards indicates the general practice is committed to providing high quality, safe and effective care to standards of excellence determined by the general practice profession. Further information on becoming an accredited general practice can be found through the RACGP's website [here](#). All general practices must be accredited, or working towards accreditation to be eligible for the project. If you are interested in the project, and would like to know how to become accredited visit the program page [here](#) or contact the PHN.

3. Have Best Practice or Medical Director 3 software.

The audit and data collection software that the project will use currently works best with these two versions of the general practice electronic record.

4. Be able to complete the project between November 2017 and November 2018.

All grant funding will be allocated in installments, based on practices meeting scheduled activity and reporting milestones. Mandatory activities are outlined in the participation criteria.

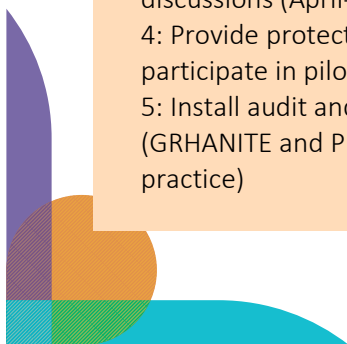
5. Priority will be given to high referrers to RCH, Sunshine and Werribee Mercy hospitals.

General practices who refer high numbers of children to specialist outpatient clinics at RCH and Sunshine hospitals or the ED at RCH, Sunshine and Werribee Mercy hospitals will be given priority. Any high referrers who do not self-nominate through the EOI process may also be contacted by the NWMPHN and invited to participate in the pilot study.

Participation Criteria

Grants will be provided to participating general practices for completion of the pilot project requirements:

- 1: Provide a room on a weekly basis to the visiting Paediatrician (April-Nov 18)
- 2: Manage bookings & reminders for Paediatrician appointments at GP practices (April-Nov 18)
- 3: Attend monthly 90-minute multi-topic case discussions (April-Nov 18)
- 4: Provide protected time for staff and clinicians to participate in pilot activity
- 5: Install audit and data collection software (GRHANITE and PEN CAT; provided free to the practice)
- 6: Attend two days of co-design, education and training events
- 7: Receive regular general practice support visits by the project team
- 8: Receive a HealthPathways demonstration
- 9: Complete all evaluation and research requirements including monthly data submission
- 10: Record coded diagnosis and referral activities for all children (0-18)





General practices who participate in the project will be required to undertake the following:

1. Provide a room on a weekly basis to the visiting Paediatrician (April-Nov 18)

During the main phase of the project (April – November 2018), a poster advertising the project will be displayed in the waiting room of the practice. Practices will be required to have a room available for approximately one session per week for the consulting sessions held by the paediatrician at the GP practices.

2. Manage bookings and reminders for paediatrician appointments (April-Nov 18)

Administrative staff at each practice will be required to manage the bookings and reminders for these appointments. These sessions provide GPs with the opportunity to co-consult on the care of children, and are a major component of the shared care model. Frequency and timing of these sessions will be discussed at the co-design sessions. General Practices will be reimbursed for administrative costs.

3. Attend monthly multi-topic case discussions (April-Nov 18)

Once per month, 90-minute multi-topic case discussions will be held at the GP practice in which GPs are invited to discuss paediatric cases with paediatricians and other allied health clinicians as appropriate (occupational therapists, speech pathologists, psychologists, educators etc). Scheduling of these sessions will be discussed at the co-design sessions.

4. Provide protected time for staff and clinicians to participate in grant activity

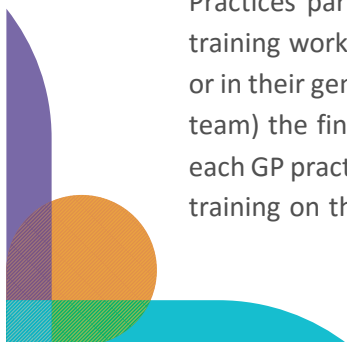
General practices must be able to demonstrate a commitment to participating in the project by allocating the identified dedicated general practice team members protected time to undertake project activities, including attendance at education and training events, approximately weekly co-consultation with paediatricians based at the GP practice, and monthly multi-topic case discussions.


5. Install audit and data collection software

Data for the project will be collected using the audit and data collection software, GRHANITE, developed and managed by the HaBIC Research Information Technology Unit at the University of Melbourne. Once installed, the software does not require GP or administrative time to extract data, as the software pulls information directly from *Best Practice* and *Medical Director 3* medical records. The project team will extract non-identifiable data on every child seen by participating GPs, including diagnosis, prescriptions, testing ordered, and whether a referral was made or not. More information on the software, its capabilities and uses is available on the GRHANITE website, [here](#). Each participating practice will also be provided with a CAT Plus license. CAT Plus enables general practices across the catchment to access the full suite of PCS tools including the PEN Clinical Audit Tool (PEN CAT), more information on these tools can be found [here](#). General practices participating in the project will be required to sign a CAT Plus Agreement, and install CAT Plus and PEN Scheduler. The installation of these tools will allow practices to view and benchmark their performance against other practices in the North Western Melbourne catchment.

6. Attend two days of co-design, education and training events

Practices participating in the pilot will be required to attend two days of co-design, education and training workshops held in February 2018. These activities may be delivered via workshops, webinars, or in their general practice. The purpose of these sessions will be to co-design (GP, paediatrician, project team) the finer details of the model, e.g. frequency and timing of paediatrician consulting sessions at each GP practice, in order to maximise feasibility of the project. In addition, the project team will provide training on the extra data required to be entered into the medical record by GPs (child diagnosis and





referral details). A minimum number of staff/clinicians will be required to represent their practice and share the learnings to other team members within the practice.

7. Receive regular general practice support visits by the project team

The project has a dedicated team who will support successful applicants throughout their participation in the project. Nominated practice staff will meet with the project lead, Professor Harriet Hiscock, the Project Officer from the PHN and the RCH Project Manager and Research Assistant in an initial meeting at the practice, and at the co-design and training days. Initial meetings will provide an overview of the resources available through RCH and NWMPHN that will support the practice throughout the project. Dedicated project staff will be available via phone and email throughout the project, to address any enquiries or issues that arise.

8. Receive a *HealthPathways* demonstration and utilise in practice

HealthPathways Melbourne is a web-based system that helps coordinate patient care across the acute and primary care system. It brings together GPs, specialists, nurses and allied health professionals to create pathways guiding best practice assessment and management of common medical conditions, including when and where to refer patients. The result is a single portal accessed by general practice at the point of care that helps them assess, treat and manage their patients. More information can be found [here](#). Practices who participate in the project will receive an in-practice demonstration of *HealthPathways*, including an overview of the pathways relevant to the project, to be determined during the co-design period.

9. Complete all evaluation requirements including monthly data submission

All practices will be required to participate in the evaluation of the program. For GPs, this will include completing a short survey prior to the main phase of the project (approx. February/March 2018), and a similar survey in approximately July/August 2018. Practice staff may be asked questions related to costs as part of the health economic analyses at completion of the project. Monthly audit and feedback cycles will be conducted by the project staff to ensure that data regarding diagnoses and referrals are being entered in sufficient detail to report on project outcomes. These audit cycles will likely require very little practice administrative time, as the information can be extracted remotely using the GRHANITE software. Families who receive care for their child at participating practices will also be asked to complete a survey in the waiting room of the GP practice.

10. Share learnings, achievements and collaborate with others

In the spirit of quality improvement and collaboration, successful general practices will be required to share learnings and achievements. This may occur at education events, general practice visits, on-line and or through NWMPHN media publications.



Assessment and Selection Criteria

General practice applications will be assessed against the eligibility criteria listed above. A limit of six practices can participate in this pilot project, and priority will be given to high referrers to specialist outpatient clinics at RCH and Sunshine Hospital, and EDs at RCH, Sunshine Hospital and Werribee Mercy Hospital. Preference will also be given to allow a sufficient mix of GP practice types for the pilot. Practices who are involved in other Quality Improvement initiatives through the PHN may be excluded to allow sufficient time to complete pilot activities, however, interested practices are invited to apply and to discuss any concerns with the project team.

Grant Funding and Reimbursement

- Quality Improvement grant paid to each GP practice at project milestones (\$5,000);
- Practice reimbursement for paediatrician session booking/administration costs (\$2,000);
- GP payment for attending 2-day co-design and training workshops;
- GP part-payment for monthly multi-topic case discussions (with remainder bulk-billed);
- GRHANITE software installed FREE;
- PEN CAT licenses installed FREE; and
- RACGP CPD points available.

Timeline

Activity	Date
Applications open	25 October 2017
Applications close	17 November 2017
Practices selected by pilot study panel	November 2017
Orientation meeting with project team	November / December 2017
GP practices enrolled in study	December-January 2018
GRHANITE / PEN CAT installed at each practice	December-January 2018
Co-design and training workshops	February (TBC)
Baseline data collection (GP surveys)	February & March 2018
Commencement of co-located Paediatrician	April – November 2018
Outcome data collection (GP surveys)	July & August 2018
Project evaluation period	September – November 2018

Contact

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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