# Managing patients with heart failure in primary care - quality improvement project for general practice

Expressions of interest are invited from 5 general practices to participate in a heart failure quality improvement program.

Applications close on Monday, 9 January 2023 at 3pm (AEDT).

PART A: The Activity 1

1. Background 1

2. Activity purpose and term 2

3. What’s required 2

PART B: How to Apply 5

1. Application submission 5

2. Assessment process 5

3. Contractual Arrangements 6

4. No contract or warranty 7

PART C: About North Western Melbourne Primary Health Network 7

PART D: Application Form 8

## PART A: The Activity

### Background

**The Victorian Department of Health has partnered with Eastern Melbourne, Gippsland, Murray, North Western Melbourne and Western Victoria Primary Health Networks to support general practices build their capacity to manage patients with heart failure in primary care.**

**The program, scheduled to run from January to August 2023, is in line with best practice guidelines and public health recommendations.**

**This will enable people with heart failure to access the right care, in the right place, at the right time.**

**Participating practices will be** **supported by clinical experts, including a heart failure clinical nurse consultant from Northern Health.**

Heart failure is a complex clinical syndrome that affects an estimated 480,000 Australians. Multiple hospitalisations are common for people with heart failure. Prognosis is generally poor, with 20 to 30 per cent of patients with mild to moderate heart failure dying within one year of diagnosis, rising to 50 per cent for severe cases. On average, Aboriginal and Torres Strait Islander people experience heart failure at a younger age than the general population and have a higher rate of death from the condition.

The rising proportion of older people in the population, and the increase in deferred care because of the COVID-19 pandemic are also contributing to the burden of heart failure on the health care system.

This project will provide funding, education and comprehensive support to general practices to complete quality improvement (QI) activities by applying a whole-of-practice approach.

Activities include attending collaborative workshops and completing Plan-Do-Study-Act (PDSA) cycles provided by the Novartis Pharmaceuticals *HeartPlan in a Box QI Toolkit.* General practices will be supported to align their management with recommendations from the [*National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018.*](https://www.heartfoundation.org.au/bundles/your-heart/conditions/heart-failure-clinical-guidelines)

Each participating PHN is recruiting participants in its own region, but Eastern Melbourne Primary Health Network (EMPHN) is the lead agency undertaking evaluation of this project.

### Activity purpose and term

NWMPHN is seeking to engage 5Royal Australian College of General Practitioners (RACGP) accredited general practices within its region to participate in this project, which will run from January to August 2023. Successful applicants will be supported by clinical experts including a heart failure clinical nurse and NWMPHN program officers.

Funding of $7,000 (ex. GST) will be provided to support the required activities. Practices will be contracted to participate. The contract will be established for a term of 8 months, including 6 months of QI activity and data sharing, and 1 month of program evaluation. The agreed dates for participation will be advised in the [Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b).

### What’s required

General practices will be supported to undertake a minimum of 3 *HeartPlan in a Box QI Toolkit* QI activities during the program period, with 9 weeks to complete each.

Participants must select at least 3 of the following to complete during each cycle:

1. Data-driven improvement
2. Diagnosis of heart failure
3. General Practice Management Plans (GPMPs) and Team Care Arrangements (TCAs)
4. Optimisation of heart failure treatment
5. Recall of patients for review
6. Patient education
7. End-of-life care planning

Here are the indicative key program deliverables:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Phase** | **Description** | **Indicative delivery date** |
|  | Induction | 1. General practice project team attend Workshop 1 2. Review QI activities (PDSA cycles) and select at least 3 to complete during the project 3. Collect and submit appropriate baseline data 4. Complete pre-project survey | 30 January 2023 – 17 February 2023 |
|  | Quality Improvement | 1. Complete selected QI activity 1 – 3 and associated data report submission 2. General practice project team attend Workshop 2. 3. General practice project team to schedule a 2-hour session with a heart failure Clinical Nurse Consultant. The session will provide clinical and practice advice regarding health failure management that is targeted to the practice. 4. Attend QI support meetings with NWMPHN program officer (monthly, or as required) | 20 February 2023 – 25 August 2023 |
|  | Program completion and evaluation | 1. General practice project team attend Program Workshop 3. 2. Complete post-project survey and evaluation | Week of 28 August 2023 |

**Schedule of payments**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Indicative description** | **Amount** | **Indicative date** |
|  | Induction and completion of deliverables 1a, 1b, 1c and 1d. | $2,000 | 28 February 2023 |
|  | Quality Improvement; completion of deliverables 2a, 2b, 2c, 2D, 2e and 2f. | $4,000 | 31 August 2023 |
|  | Program Completion and Evaluation; completion of deliverables 3a and 3b. | $1,000 | 15 September 2023 |
|  | **Total** | **$7,000 (ex. GST)** |  |

* Participating practices will be required to share de-identified aggregated data with NWMPHN. All participating PHNs will share such data with EMPHN, which is the lead agency evaluating the project.

1. Eligibility requirements

General practices must meet these criteria:

* RACGP accredited
* Have Pen CAT installed, or agree to have it installed, before starting the program
* Have and nominated a Project team (minimum of 3 practice staff and inclusive of a GP, Practice Nurse and Practice Manager) to attend 3 program workshops over the activity period, have a consultation with a heart failure Clinical Nurse Consultant and complete the QI activities.
* Acknowledge that NWMPHN will share practices de-identified (at the practice and patient level) aggregated data with EMPHN for the purposes of evaluation of the project.

1. Draft Contract

Please see this [Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b) as an example of a draft contract.

## PART B: How to Apply

### Application submission

Applicants must complete and return the Application Form (Part D) and email it with supporting documentation to the NWMPHN Primary Care Team: [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au)

Applications close at 3pm (AEDT) on Monday, 9January 2023.

Please direct all queries to [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au)

NWMPHN is not obliged to accept any proposal received after the submission deadline. Where an applicant provides evidence of exceptional circumstances affecting on-time submission, NWMPHN may decide to accept an application received after the submission deadline but is not obliged to do so.

### Assessment process

All compliant applications received by NWMPHN will be evaluated in accordance with the assessment criteria in Part D.

NWMPHN may also consider other factors relevant to the Applicant’s suitability including conflicts of interest, financial viability, current insurance and any other information that is publicly available.

NWMPHN will contact referees (if sought) and use their responses for the evaluation.

NWMPHN may contact the applicant if it considers that an application contains an ambiguity, unintentional error or minor omission which requires clarification. It will not do so where this would unfairly disadvantage other applicants.

NWMPHN may conduct interviews with some or all applicants to assist in making a final decision. Interviews are an opportunity to ask questions to better understand a submission, not an opportunity to make changes or submit new material.

Applicants must clearly specify and justify all proposed departures from the Draft Contract in their EOI response, using the form provided in Attachment 3. Applicants will be disqualified if departures are not submitted with the EOI application form but are sought at later stages of the process. NWMPHN is not obligated to accept proposed Draft Contract departures at any stage of the EOI.

Applicants will be notified of the outcome of their submission. Unsuccessful applicants may apply for written or verbal feedback at [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au)

This table summarises the key stages and indicative dates related to the EOI for *Managing patients with health failure in primary care* – *quality improvement project for general practice.*

|  |  |
| --- | --- |
| **EOI Key Stages** | **\*Estimated Date** |
| Release to the market | 23 November 2022 |
| Application closing date | 9 January 2023 |
| Evaluation & shortlist applicants | by 11 January 2023 |
| Notification of successful and unsuccessful applications | by 11 January 2023 |

*\*These dates are indicative only and subject to change without notice at NWMPHN’s discretion to meet the necessary process requirements.*

### Contractual Arrangements

NWMPHN receives funding from the Australian Government, the Victorian Government, and other government and non-government sources. Each funding source may have particular requirements regarding consultancies and sub-contractors. Successful applicants must comply with these.

A successful applicant will be expected to:

* enter into an agreement in a form specified by NWMPHN
* sign a confidentiality and non-disclosure agreement
* provide due diligence information such as a statement of solvency
* provide certificates of currency for relevant insurances:
  + Workcover or similar
  + Public liability to $20 million any one claim
  + Professional indemnity to $10 million any one claim
* undertake a financial audit for services exceeding $100,000.00 in the aggregate per financial year
* consider itself a “Commonwealth service provider” for the purposes of the [*Ombudsman Act 1976*](https://www.legislation.gov.au/Series/C2004A01611)
* ensure that personnel, including sub-contractors, who may come into contact with vulnerable people as part of the work, have undertaken a national police check, a Working with Children check and if relevant have developed a risk assessment and management plan
* comply with relevant legislation as specified from time to time
* comply with NWMPHN credentialing policy requirements

Applicants must disclose any actual, perceived or potential conflicts of interest. A conflict of interest arises where a person makes a decision or exercises power in any way that may, or may be perceived to be, influence by either professional, commercial or personal interests or associations. NWMPHN maintains a *Register of Conflicts of Interest and Related Entities* and reports its contents back to our funding bodies as required.

NWMPHN may seek formal government approval and will disclose contract details including legal and trading name of successful applicant, the nature and duration of the work to be undertaken, and the procurement process. Approval is granted at the discretion of the government department. Relevant departments may require additional information at any time which NWMPHN is obliged to provide. Relevant departments may list this information on their websites from time-to-time.

Please note that the Australian or Victorian Government reserves the right to terminate NWMPHN funding at its convenience. This requirement is passed through to the successful Applicant. Expenses incurred and committed up to and including the termination date will be paid.

### No contract or warranty

No legal relationship is created by the issue of this Expression of Interest, or the submission of any application in response to it.

NWMPHN is under no obligation to award a contract to any Applicant as a result of this process.

NWMPHN has taken reasonable steps to ensure that all information presented in this Expression of Interest is accurate at the time of issue. However, NWMPHN accepts no responsibility for errors or omissions and recommends that Applicants make their own enquiries about any matter relevant to the preparation of an application.

## PART C: About North Western Melbourne Primary Health Network

Melbourne Primary Care Network (MPCN) trading as North Western Melbourne Primary Health Network (NWMPHN) is an independent, locally governed and run, not for profit organisation dedicated to improving primary healthcare in local communities. NWMPHN is one of 31 Primary Health Networks (PHNs) across Australia, in operation since 1 July 2015.

PHNs were established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place, at the right time.

PHNs work with the primary health care sector to improve frontline services and collaborate with local hospital networks to ensure better integration between primary and acute care services.

NWMPHN is the largest PHN in Victoria. Its region covers approximately 3,200 square kilometres across the Melbourne CBD, north and western suburbs and adjacent rural areas, encompassing 13 Local Government Areas.

NWMPHN works to improve health outcomes for communities by fostering innovation, leveraging and coordinating existing community and organisational assets, and driving value for money.

NWMPHN has four key strategic objectives:

* **To transform primary health care** by supporting the delivery of high-quality, integrated and person-centred services in its region.
* **To undertake strategic, evidence-based and targeted commissioning** that improves health outcomes and demonstrates value for priority populations through the delivery of high quality, equitable and accessible care.
* **To activate community and partnerships** by contributing to the development of an interconnected health care system in its region through community and stakeholder engagement, research activities and partnerships.
* **To strive for excellence** in our culture and organisational capability to deliver impact.

## PART D: Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant name:** | | | |
| **Name of practice:** | | | |
| **ABN/ACN:** | | | |
| **Address:** | | | |
| **Applicant details:** | **Phone:** | **Email:** | |
| **Practice manager details:** | **Phone:** | **Email:** | |
| **Practice principal details:** | **Phone:** | **Email:** | |
| **ELGIBILITY QUESTIONS**  **Please check the boxes to confirm compliance** | | | |
| Mandatory criteria:  I, the applicant, confirm that:  the practice is accredited under the RACGP standards for general practice or working towards accreditation though being registered with an accredited provider  the practice has Pen CAT installed or is willing to have Pen CAT installed prior to project commencement  agree to provide weekly protected time for project activities to be undertaken  agree to have nominated staff (including at least one GP, practice nurse and practice manager) attend 3 online workshops and one online consultation with a heart failure clinical nurse consultant  agree to complete required surveys and submit de-identified Pen CAT data for reporting and sharing with the project evaluators  agree that NWMPHN will share practice’s de-identified (at practice and patient level) aggregated data with EMPHN for the purposes of evaluation of the project | | |
|  | | |
| Eligibility criteria  Applicants should not exceed the prescribed word limit. Additional words will not be considered for evaluation. Applicants are not obliged to reach the word limit. | | **WEIGHTING** | |
| 1. **Please list the name of the general practitioner, practice nurse and practice manager who will be participating in the program.** | | 10% | |
| 1. **Please provide a brief outline of the weekly projected time each team member will be allocated to undertake activities and how the practice will support the team to complete these. (Max 200 words.)**   **Applicant response:** | | 25% | |
| 1. **What motivates your practice to apply for this project? (Max 200 words.)**   **Applicant response:** | | 20% | |
| 1. **Describe your current management practice for patients with heart failure. Consider how you identify patients with a diagnosis of, or who are at risk of, developing heart failure? How do you utilise MBS items to manage patients with heart failure? What do you think works well? What could be improved? (Max 300 words.)**   **Applicant response:** | | 20% | |
| 1. **How will the practice team educate the broader clinical team regarding their new skills and knowledge? How will you plan to make changes sustainable beyond the project? How will the practice incorporate these skills into current workflows? (Max 200 words.)**   **Applicant response:** | | 25% | |
| **ADDITIONAL QUESTIONS** | | **NON-WEIGHTED** | |
| **Has your practice previously been involved with previous quality improvement projects? If so, give details. What sustainable improvements were made to your practice systems, processes or patient outcomes? (Max 300 words)**  **Applicant response:** | | - | |
| **Please provide any additional information to support your application.**  **Applicant response:** | | | |

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

