

★ Lessons from the best to better the rest: quality improvement in Indigenous primary health care

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Providing high quality primary health care services to Aboriginal and Torres Strait Islander people in rural and remote Australia is a vital component of any “closing the gap” strategy. Although overall, Continuous Quality Improvement (CQI) processes appear successful in improving the quality of care in Indigenous primary health care (PHC) services, there is a high degree of variability in the response of services to these activities. Understanding this variability is necessary before effective scale-up of CQI activities and benefits can be achieved; what works, in which settings, done by whom? This collaborative project arose from the ABCD National Research Partnership, involving peak bodies, universities and over 175 Indigenous PHC services.

The “Lessons from the Best” project is an NHMRC funded three year project involving partners from James Cook University, Menzies, AMSANT, UWA and QAIHC as well as service partners. The aims of this project overall are to: 1) identify six high-improving services (HIMPS) that have shown consistent improvement over three or more audits in two or more audit tools; and 2) explore using case studies the strategies used to support quality improvement within these HIMPS, including engagement and support of a stable workforce, linkages with organisations in the broader health system, supportive funding and policy platforms and other factors.

We are using a participatory approach to design and refine the methodology. Analysis of audit data from more than 130 services was used to identify six high improving services according to strict criteria. Multivariate analyses have revealed no consistent association between remoteness, size, accreditation or governance model and being a “high improving service”. Multiple case study methodology and a mixed methods data collection approach is underway, with cases defined as a primary care service and its staff, patients and community. Case study profiles are being developed using existing quantitative data encompassing governance, location, accreditation, use of recall and record systems and CQI (one21seventy) audits with ABS demographic data, human resources data and systems assessment tool reports where available. This is combined with detailed qualitative data from interviews and focus group discussions with health care providers, managers and consumers of health services at each site. The six HIMPS located across the Top End of Australia are remote and rural and predominantly serve Aboriginal and Torres Strait Islander communities. There are both community controlled and government PHCs.

Preliminary qualitative analysis of the initial 45 interviews has identified a number of early themes. These include: importance of regular discussion about CQI; working in partnership; ability to use results to impact change; competing demand; system challenges; and workforce stability as important but not everything. The interplay between context and people influences how these factors play out in each of the settings.

Understanding variability in response to CQI initiatives is vital to comprehend how PHC services can operate successfully in remote and Indigenous communities. Lessons from these HIMP’s may then be transferred and applied to other similar services to assist them improve the quality of care they provide.

Presenters

Annette Panzera (BMgt, MPH) is a project manager/senior research officer with the ABCD Case Studies project “Lessons from the best to better the rest” at the Anton Breinl Research Centre for Health Systems Strengthening, James Cook University (JCU), north Queensland. This project is NHMRC funded research and looks at the role of continuous quality improvement (CQI) in six high performing remote primary health care centres. She has also worked with Queensland Health (QH) in north Queensland on several clinical redesign projects. Previous to coming to JCU/QH in late 2010 she spent 10 years working at the Organisation for Economic Cooperation and Development (OECD)

as a statistician and policy analyst in Paris. Here she focused on producing quantitative health, education and family policy research. Some examples of OECD health publications that she contributed to include Health at a Glance (in particular Health Quality and Care Indicators), Child Health Indicators for the OECD Family database, and several case studies on the role that private health insurance plays in OECD member's health systems (including Australia).

Professor Sarah Larkins is an academic general practitioner and Associate Dean, Research in the College of Medicine and Dentistry, James Cook University. Sarah has particular skills and experience in Aboriginal and Torres Strait Islander health research and health services and workforce research and is an internationally recognised expert in social accountability in health professional education. Sarah is also Co-Director of the Anton Breinl Research Centre for Health Systems Strengthening, a centre of the Australian Institute of Tropical Health and Medicine.