



# **Enhancing Integration: The General Practice Liaison Officer Model**

**A Queensland Health and General Practice Queensland collaborative project; funded by Queensland Health through General Practice Queensland and prepared by Healthy Futures Australia Pty Ltd together with a State wide Steering Committee.**

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## The current environment

Much work has already commenced within the hospital and primary care settings to improve the patient journey. However, many opportunities still exist to maximise the impact of the work to date through more systematic and strategic management of outpatient services. The current challenge for the health sector is to ensure more extensive and harmonised implementation of evidence-based best practice and tested management improvement solutions across the hospital and general practice interface. In the short term, this would reduce outpatient waiting times through better referral and discharge management, enhance service quality through standardization and ultimately improve the patient journey across the continuum of care.

Improving the hospital and primary health care interface is also a key objective of the national health reform agenda. It is well recognised that this will be a prerequisite for the realisation of many health reform goals such as enhancing equitable service delivery throughout the State and Territories. The Australian Government Department of Health and Ageing has outlined that a fundamental element of the national health reform agenda is

*...“ensuring that there are appropriate clinical pathways between settings, such as clinical handover or on discharge from hospital; better integration of services; and identifying and addressing service gaps especially at the interface between primary and acute care” (Australian Government Department of Health and Ageing, Medicare Locals Discussion Paper on Governance and Functions, November 2010).*

In Queensland various models of general practice integration positions have emerged to support improvements in the integration of care across the general practice-hospital interface. The model and role specifications outlined in this paper draws on the recommendations of the scoping project conducted by General Practice Queensland (GPQ) with funding from Queensland Health. The aim of this paper is to ensure that learnings from international literature and previous investments are shared, and to promote a consistent approach to the role out of general practice liaison positions throughout Queensland.

## What the evidence indicates

International literature indicates that general practice liaison positions have emerged as critical change management positions in influencing successful outcomes including:

- Reducing patient hospital usage;
- Improving communication between primary and hospital sectors (Akbari et al., 2008; Communications Team, 2009);
- Increasing the skills of primary care team and reducing workload burden of health professionals through supporting a coordinated, integrated collaborative service delivery model (Naccarella et al., 2010a; Zwar et al., 2007; Harris et al., 2009);
- Addressing ‘long wait’ patients awaiting specialist outpatient appointments (Queensland Health, 2007);
- Improving treatment compliance; and
- Reducing unnecessary referrals to the hospital sector (Communications Team, 2009; Jackson & Nicholson, In Press; Queensland Health, 2007).

## Opportunities

The following two examples highlight potential opportunities for general practice liaison positions in improving general practice-hospital integration.

Example one:

A dedicated general practice liaison position could assist in reaching the four hour access target for hospital emergency departments by coordinating general practice-hospital integration activity through:

- Providing GPs with information on ED and access to ED physician hotlines to assist in patient management;
- Improving referral and communication processes to reduce re-presentations;
- Developing local social marketing strategies to encourage appropriate use of ED services and access to PHC; and
- Developing models of care such as colocated clinics and building linkages with after hours services.

Example two:

A dedicated general practice liaison role could contribute to meeting elective surgery access targets through facilitating general practice-hospital integration by:

- Ensuring GPs have access to info on Specialist Clinics (E.g. wait times) so GPs can provide patients with options around care;
- Assisting GPs to have access to pre-referral guidelines and specialist support to manage non-urgent patients in the community;
- Improving discharge communication; and
- Ensuring GPs are provided with guidance on management of condition in preparation for surgery.

## The model

The proposed general practice liaison officer (GPLO) model is intended to support a consistent approach to the implementation of general practice liaison roles across Queensland. This model recognises the pivotal role of the positions as 'change agents' in facilitating cross sector integration and coordination of care. It must also be acknowledged that this role is one of a number of mechanisms for improving integration between the general practice and hospital sectors.

There is a need to create a long-term sustainable model for building the GPLO workforce across the state. There is evidence of the impact of the collaborative activity GPLOs have undertaken in improving communication and connectivity across the sectors including impact on hospital demand management. The proposed model includes establishing 'collaborative units' known as General Practice-Hospital Integration Units (GP-HIU) which provide a team based strategy for positioning the roles as key integration 'boundary spanners' at the interface between future Medicare Locals (MLs) and Local Health and Hospital Network (LHHNs). The positions and GP-HIU will be integrated within and across health sectors to address improvements in service integration including progressing key priorities for health reform. This

supports vertical and horizontal integration within the different layers at the system and organisational levels.

### ***Core GPLO role functions***

GPLOs will act as change agents within their locality working as a team, as well as statewide as a network. Through their change agent role, GPLOs are encouraged to develop their role in the following five key areas. These are consistent with the Core Elements as part of the Framework for General Practice-Hospital Integration. They include:

- Governance and Partnership
- Leadership and Change Management
- Service Re-Design and Improvement
- Communication and Connectivity
- Education and Training

*Overarching support is required including policy development and coordination.*

Further information on activities to address the five core elements of the GPLO role are listed below.

#### **1. Executive policy support and coordination**

*To influence policy development of integrated health services within the locality as a clinical champion*

- Advocate for corporate and policy support for sustainability of the model and positions.
- Work with all stakeholders in an advisory capacity to ensure that cross sector integrated services are appropriate to local needs and in line with state and national priorities (planning and engagement).
- Ensure representation by GP-HIS and GP-HIP professionals at executive level partnerships, networks and other relevant groups to enable clinical involvement in commissioning decisions.
- Support development of statewide network to enable cross sector learning, sharing of resources, knowledge translation and reporting.
- Seek opportunities within emerging health care planning to improve continuity of care and patient journey.
- Advocate for quality and patient safety as a priority.
- Ensure consumer engagement strategies are developed to support the implementation of integration activity.

#### **2. Governance and Partnership**

*To support clinical governance and collaborative partnership development*

- Participate in clinical governance and partnership development between government and the non-government sector.
- Ensure partner bodies have a clear understanding of the requirements of the initiative.

- Members play an active part in identifying partner organisations and facilitating relationships.
- The executive governing partners have a clear understanding of the initiative (model of general practice-hospital integration) and strongly support the work.
- Improve communication between health service districts and primary care services to support collaborative strategic and business planning.
- Assist in partnership development and service planning in order to direct patients to the most appropriate care setting.
- Work collaboratively to enhance continuity of patient care in local priority areas.
- To measure performance of cross sector activity through joint key performance indicators (KPIs)
- Assist in the development of indicators for measuring KPIs (under Core Elements of the Framework).

### **3. Leadership and Change Management**

*To provide integrated health leadership and representation to inform and advise on the delivery of care for Queensland people*

- Work collaboratively to influence and facilitate change and improvement in the delivery of care.
- Enable the implementation of change that is both grounded and innovative.
- Enable a culture of change through communication and motivation.
- Clinical leadership provided in supporting quality improvement and change cycles.
- Build on workforce expertise and understanding of primary care and hospital cultures and context.

### **4. Service Redesign and Improvement**

*To work with GPs, Consultants, executive level partnerships and other stakeholders to support care pathway and service redesign taking account of state and national priorities (as above) while responding to local need.*

- Develop sustainable systems for timely and appropriate exchange of patient information between district health services, general practice and primary care service providers, using the GPAC Continuity of Care Planning Framework for Queensland.
- Facilitate integration of care pathways across general practice-hospital services.
- Assist in the development of systems to improve partnerships between divisions of general practice, local district health service, general practitioners and primary care service providers to implement models of shared care and to direct patients to the most appropriate setting.
- Contribute to service planning and implementation of integrated shared care models.
- Explore new and emerging models of care using evidence based best practice

(including evaluation).

- Explore development of shared data sets.
- Harness opportunities for redesign in alignment with health reform.
- Evaluate and monitor service outcomes and activities.
- Build research and innovation capacity.
- Incorporate Queensland Clinical Senate principles and the principles developed for this model to guide integration activity across the general practice-hospital interface.
- Incorporate patient advocates and strategies for engagements with consumers.

## **5. Communication and Connectivity**

*To enhance communication and connectivity between general practice and hospital to promote seamless services and improved patient experiences.*

- Improve lines of communication between all providers, with particular attention given to the interfaces between primary, secondary and tertiary care, Out-of-Hours providers and social care providers.
- Increase shared electronic patient information.
- Assist in the development of sustainable systems to enhance communication between primary and acute sectors prior to hospital admission and following hospital discharge.
- Expand on effective modes and transfer of communication (eHealth).
- Expand the suite of communication tools available for cross sector use including; directories, guidelines, care pathways, referral templates and discharge summaries.
- Provide support to ensure general practice systems are capable of supporting connectivity, including maintenance of electronic systems.
- Ensure that developments are grounded in the views of patients' and address issues of diversity.

## **6. Education and Training**

*To both facilitate and enable the education of primary health care teams, GPs, hospital residents, registrars and consultants working with and through other stakeholders as required.*

- Increase knowledge and awareness of integration activity.
- Enhance the knowledge and skills of clinicians from both sectors to ensure the delivery of optimal care.
- Determine educational needs and priorities at the local level.
- Educational activity must target gaps in knowledge to ensure it is meaningful and useful.

- Enhance knowledge and provide information on the availability of local services to promote access to services. This should encompass all sectors and take account of human services.
- Work collaboratively on mutual education activities to improve understanding of each sectors contribution to care.
- Training developed for clinicians and support staff on the use of electronic tools.
- Training provided to primary care providers on the use of directories, minimum data sets and quality referral.
- Training of registrars and existing hospital workforce on communication tools and quality of discharge summary.
- Develop training and knowledge translation strategy for hospital staff on general practice service capacity.
- Build expertise of the workforce.
- Develop team-based approach to multidisciplinary care.

### ***GPLO skill set***

GPLOs require a unique skill set, which assists to facilitate system change and improvements at the general practice-hospital interface by optimising service delivery and health sector integration. The following skills are highly recommended:

- Experienced, well regarded GP (with current medical board qualifications and vocationally registered) who is known to both sectors and has a good understanding of the clinical demands;
- Exceptional communication and relationship management skills;
- The ability to liaise, negotiate and problem solve;
- Good listening skills, the ability to work as part of a team and coach and mentor colleagues;
- Confidence and the ability to communicate and work across all levels of hospital and primary care including administration, nursing and specialist consultants;
- Need to be assertive and diplomatic in their approach and advocate for both sectors, not just general practice;
- Open to the views and opinions of both sectors and have good conflict resolution skills;
- Good oral, written and organisational skills are an advantage with the ability to be confident in public speaking;
- Demonstrates flexibility, optimism and shows initiative;
- Demonstrates a proactive approach and creates opportunities to progress health service innovation and system change; and
- Passionate about the health care of the population and improving local service delivery.



\*Note - In exceptional circumstances, individuals who have training, experience and a background in health (e.g. nurse, allied health professional) and have an intimate knowledge of both general practice and hospital settings could be considered for the GPLO position. Whilst a GP is the preference for the GPLO role, a degree of flexibility needs to be taken into account, particularly in communities where there are workforce shortages such as rural communities. It is also possible for the GPLO role to be separated into two part time positions as follows:

(1) strategic/system level GPLO that has a work focus on:

- providing clinical leadership and change management;
- governance mechanisms (including executive and clinical reference groups);
- service level planning and re-design;
- progressing KPIs as part of joint accountability across sectors; and
- service level planning and re-design;

(2) Project / special interest based role that has a focus on:

- care pathways and triage for clinics in supporting the feedback loop from pre-referral to discharge from the hospital for ongoing GP care in the community;
- building sustainable partnerships;
- increasing the mutual understanding between GPs and hospital doctors and the restrictions and pressures experienced by both sectors;
- education and training; and
- improving communication and connectivity.

### ***Governance and Partnership***

Executive level commitment through collaborative approaches from both primary care and hospital sectors is required to progress the proposed integrated model of general practice-hospital integration. The governance model (see Figure 1 below) will be underpinned by collaborative and integrated partnership approaches which bring together key stakeholders across both sectors. This includes clinical governance mechanisms for clinician engagement and developing clear channels of authority and responsibility within the model for implementing defined activity. Clear goals around strategies to support integration and coordination of care will be jointly implemented through the key performance measures developed under each core role functions identified within the Framework.

Recommended line management, accountability and funding for the GPLO position(s) is demonstrated in Figure 1.0.

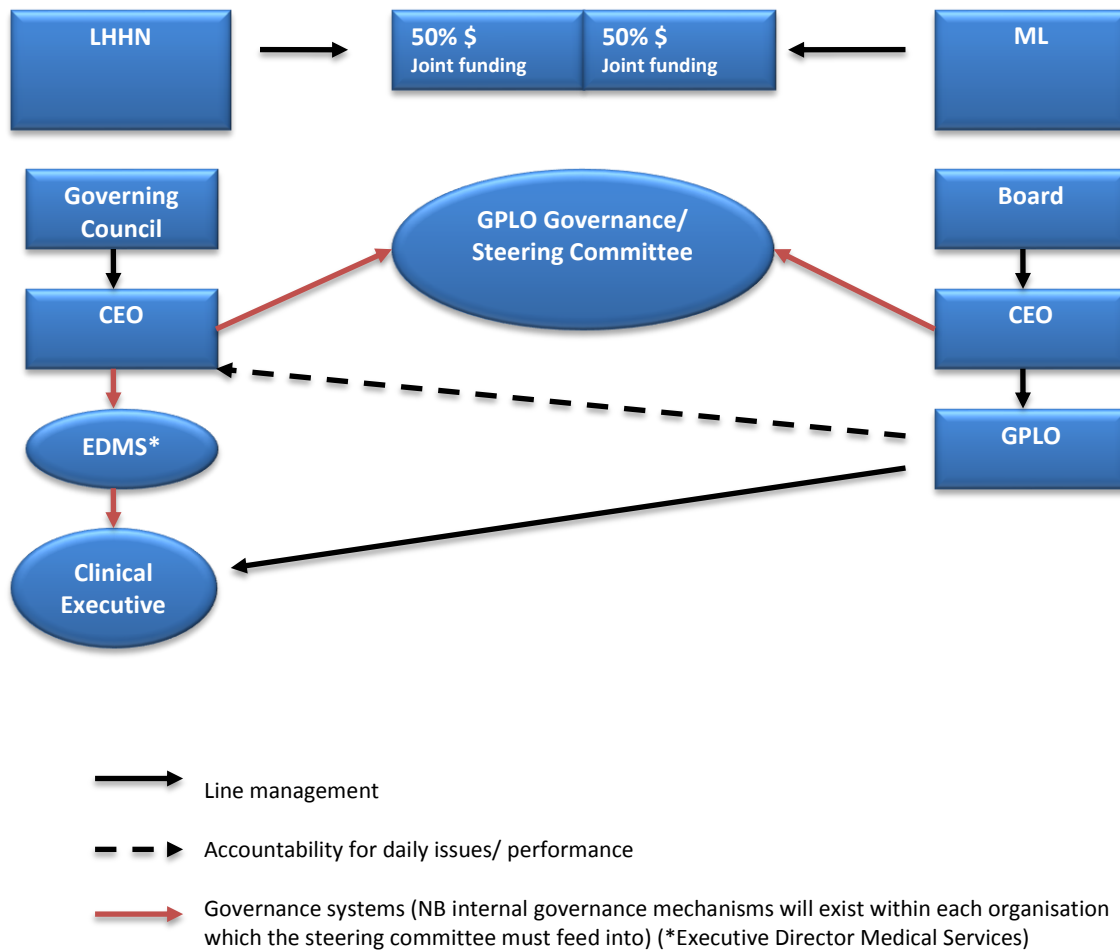


Figure 1 – GP-HIU Local Governance Model and Cross Sector Relationships

### Infrastructure

It is recommended that the GPLO(s) will be supported by a project officer who is based in the primary care setting. It is also recommended that existing liaison roles, which are based within the hospital system, align closely with the GP-HIU. The model requires flexibility to be able to adapt to the local setting, however, it is recommended that the core functions the GPLO(s) and project officer remain consistent.

It is recommended that the GP-HIU be auspiced by the ML, with the project officer based in the ML. Space will be required at both the ML and hospital sites for the general practice liaison position(s) to have a presence and dedicated place to conduct meetings. The position(s) are highly mobile, working across both the general practice and hospital settings and require flexibility and autonomy based on the direction of local activity.

### ***Joint appointments***

It is recommended that the general practice liaison position(s) is/are a joint appointment (including co-funding arrangements) between Medicare Locals (ML) and Local Health and Hospital Networks (LHHN), with positions auspiced by the ML for day-to-day management functions (reporting to ML Executive Management). The position(s) will also report to the local collaborative units (GP-HIU) Steering Committee for meeting the objectives of the partnership/service agreement. The core element indicators from the Framework will be used as a guide for local GP-HIUs to determine priority health service integration activity.

### ***Remuneration***

It is recommended that funding remuneration for the roles is recognised at visiting medical officer (VMO) rate or equivalent. This level of funding and status is in recognition of the pivotal integration and quality improvement focus of the position as well as the recognition for the role of the GP as a generalist and their ability to engage hospital staff across multiple departments. This is also in recognition of the unique skill set required to fulfill the GPLO role. It is recommended that the GPLO position(s) have the same working conditions as Queensland Health staff. This would also provide access to hospital records and provide incentives for working within the newly proposed model.

### ***Hours Dedicated to the Roles***

The GPLO position(s) requires a minimum of 20 hours per week and a maximum of 32 hours per week to support the proposed model and achieve the proposed outcomes for the position(s). Between 16 and 24 hours per week of this time should be dedicated to a system level focus across multiple hospital departments and education for general practices. It is recommended that between four and eight hours also be dedicated to strategic activities such as participating in hospital Steering Committee(s)/Advisory Group(s).

### ***Statewide support***

Statewide support activities could include further developing the model, assisting to implement the model in new sites, providing future policy and business case support, supporting implementation of key performance indicators (KPI), building network capacity, sharing learning and resources through a centrally managed community focussed resource centre, and coordinating a statewide network of GPLOs. It is recommended that GPQ, in partnership with Queensland Health, provide state wide support for these activities.