Using HealthPathways to upskill and enable GPs to work at the top of their scope

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Background

To ensure patients receive timely and appropriate care, GPs and other clinicians in the H&NE HealthPathways community collaborate to identify clinical service issues and deliver solutions through existing services or service redesign, using the H&NE HealthPathways website to document the agreed pathway for care and store resources to support GPs in the provision of care.

Aims

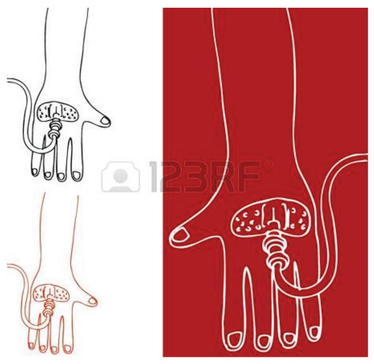
- To upskill, enable and support GP practice teams to manage conditions that are potentially within their scope of practice but have traditionally been referred to tertiary services.
- Improve patient and provider experience of care
- Improve patient and population health outcomes
- Reduce per capita cost by addressing timeliness and variation in care.
- Free up specialist services for complex cases.

Methods & Results

Through a collaborative process[1,2] involving clinicians from primary and tertiary health services, 230 clinical pathways have been published on H&NE HealthPathways website (as at end of July 2016). Four examples of HealthPathways that have supported upskilling and enabling GPs to work at the top of their scope are:

- Cellulitis
- Developmental Dysplasia of the Hip
- ENT HealthPathways and GP led ENT clinics
- Endometrial Cancer Low Risk Follow Up

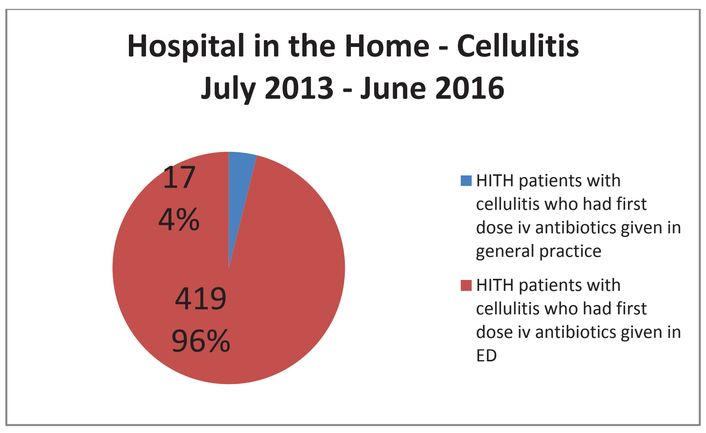
First dose IV antibiotics for cellulitis



Intravenous Antibiotic Therapy by Hospital in the Home — Cellulitis

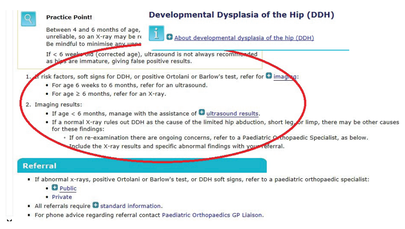
Note: Only available for general practitioners who have received orientation to the process and have been provided the kit including necessary documents and supplies.

1. Consider IV antibiotics after an adequate trial of oral antibiotics.
2. Identify if patient is suitable for IV antibiotic therapy with cephazolin at home: GP Direct Referral to Hospital in the Home (HITH). Not all patients are suitable.
3. Check contraindications to cephazolin and probenecid. If eligible for Hospital in the Home, obtain patient's consent.
4. Contact Hospital in the Home Intake Nurse, phone **0408-267-227** to confirm eligibility and provide clinical handover.
5. Mark border of cellulitis.
6. Swab for microscopy, culture and sensitivity (MCS) of any associated wound or ulcer (see example form).
7. Collect blood for FBC, UEC, LFTs, CRP if feasible. If not feasible, Hospital in the Home will collect the next day (see example form).
8. Chart medications:
   - Cephazolin 2 g IV daily (reduce dose in renal impairment).
   - Probenecid 500 mg twice a day (if eGFR > 30).
9. Give probenecid ≥ 30 minutes before cephazolin administration.
10. Obtain IV access and give first dose IV cephazolin in general practice rooms. Ensure access to anaphylaxis kit and guideline for management of mild/moderate and severe anaphylaxis.
11. Observe patient for ≥ 30 minutes after cephazolin administration for any adverse effects.
12. Send patient home with completed medication chart, pathology request form (if needed), probenecid tablets, Hospital in the Home contact details, and Cellulitis Patient Information.

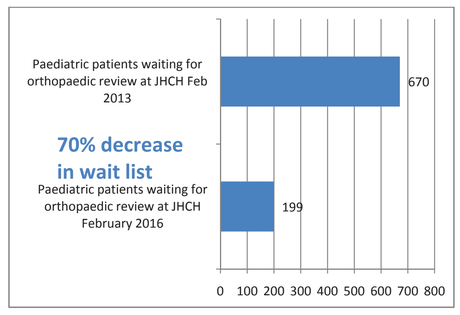


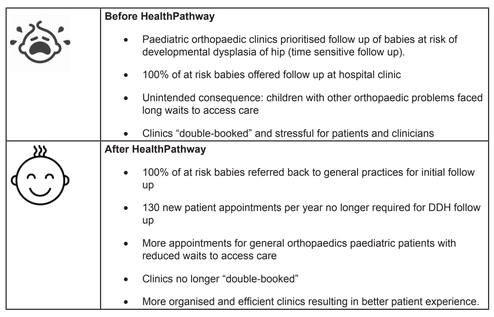
Data from Service Manager, Hospital in the Home, Newcastle Community Health Centre, August 2016

- There is potential to increase the proportion of patients who have treatment started in general practice to achieve:
- Greater patient convenience & avoidance of patient waiting time at ED
- Less delay in time to commencement of treatment
- Reduced demand on ED
- Discussion has commenced to improve uptake of this initiative.



Primary care follow-up of developmental dysplasia of the hip





Before HealthPathway

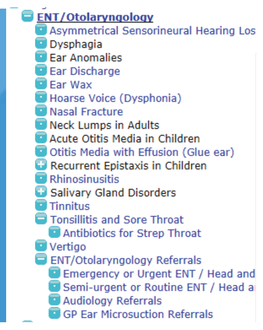
- Paediatric orthopaedic clinics prioritised follow up of babies at risk of developmental dysplasia of hip (time sensitive follow up).
- 100% of at risk babies offered follow up at hospital clinic
- Unintended consequence: children with other orthopaedic problems faced long waits to access care
- Clinics "double-booked" and stressful for patients and clinicians

After HealthPathway

- 100% of at risk babies referred back to general practices for initial follow up
- 130 new patient appointments per year no longer required for DDH follow up
- More appointments for general orthopaedics paediatric patients with reduced waits to access care
- Clinics no longer "double-booked"
- More organised and efficient clinics resulting in better patient experience.

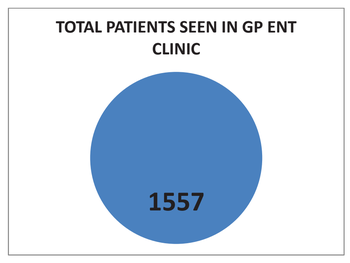
Data from Nurse Manager, Paediatric Ambulatory Care, John Hunter Children's Hospital, August 2016

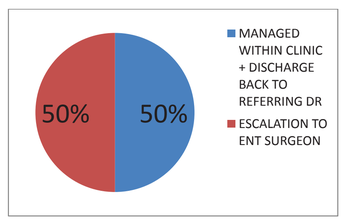
GP Led ENT Clinics

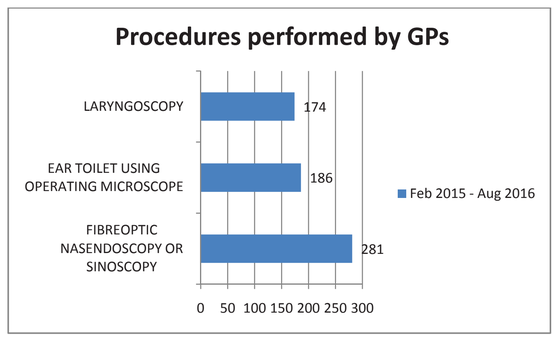


16 localised ENT HealthPathways pages

Total patients seen in GP ENT clinic

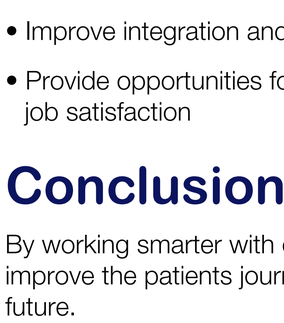


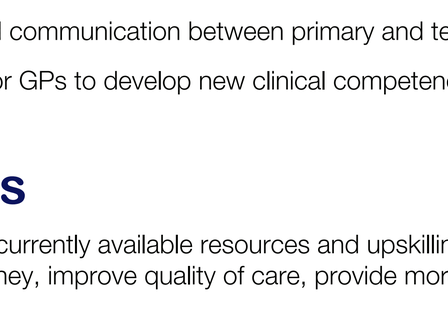




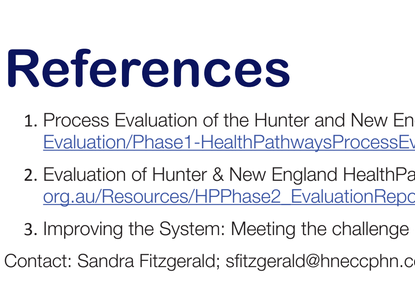
Data from Service Manager, Royal Newcastle Centre, John Hunter Hospital, August 2016

Endometrial Cancer Low Risk Follow Up

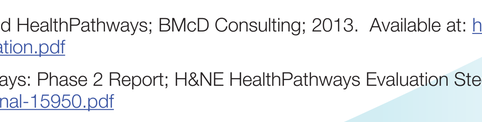




Data from http://www.statistics.cancerinstitute.org.au/ [Accessed 31 August 2016]



Data from http://www.statistics.cancerinstitute.org.au/ [Accessed 31 August 2016]



Through evidence[3] from similar initiatives, we anticipate that these initiatives will:

- Increase capacity, quality and range of services delivered in primary care
- Reduce unnecessary referrals to the acute sector
- Increase patient satisfaction with more convenient, timely services
- Improve integration and communication between primary and tertiary clinicians
- Provide opportunities for GPs to develop new clinical competencies, undertake a greater variety of clinical activities and increase job satisfaction

Conclusions

By working smarter with currently available resources and upskilling our GP workforce to work at the top of their scope, we hope to improve the patients journey, improve quality of care, provide more timely and convenient access to care and build capability for the future.

References

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