Quality of preventive care in PHC

Mark Harris
Outline

Why is it important?
Current situation
How can make more effective use of data?
Future developments
Trend in Diabetes Prevalence

Australia’s health 2012
Why is it important: Diabetes

Atlantis et al. Obesity Reviews 2009
Current practice across the 5As

- **Assess**
  - Risks + Readiness to change
  - Health literacy

- **Advise**
  - Motivational Counseling and education

- **Agree**
  - Collaborative goal setting

- **Assist**
  - Referral education and support small group sessions

- **Arrange**
  - GP follow up
Opportunity to Ask: Rate of long and prolonged consultations per person within each postcode category

![Graph showing rate of consultations/person against SEIFA IRSD Quantile for 1998-1999 and 1999-2000. The graph displays a trend where the rate generally increases with increasing quantile, with some fluctuations.](image-url)
GP self reported frequency

- Management of high lipids
- Management of high BP
- Management of pre-diabetes
- Management of obesity and overweight
- Referral (SNAPW)
- Advise (SNAPW)
- Assessment stage of change (SNAPW)
- Assessment of risk factors
Prevalence of audited risk factors

- Smoker
- Alcohol > 2 drinks
- Overweight
- Obese
- Waist circ high
- Systolic BP > 140 mmHg
- Diastolic BP > 90 mmHg
Assessment Vs Advice (Pop Survey)

Have you checked your BP, BC, BG?

- BP: 90.6%
- BC: 73.9%
- BG: 69.4%
- Diet: 26.6%
- FV: 15.5%
- PA: 19.9%

BP, Blood Pressure; BC, Blood cholesterol; BG, Blood Glucose; Diet, less fat food; FV, Fruits & Vegetables; PA, Physical Activity.
Advice v Referral
(HIPS baseline 2008/9) 891 patients aged 40-65 yrs
## Sources of information on preventive care

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Making better use of this data

- **Availability**: Permissions to access (Data custodians)
- **Improved tools** to extract (Medicare record data)
- **Improved data quality** (Medical record data)
- **Improved analytic capacity** (researchers, service providers, managers, planners, policy makers)
Linking data

Provider survey

Patient survey

Record Audit

MBS and PBS

Cohort study

Hospital data
Conclusion

• Limited information on preventive care in PHC
• Major gaps in implementation across the 5As.
• There is a need to better link routinely collected, audit and survey data.
• Need to improve
  – the quality of data,
  – methods of access to data and
  – analysis to inform policy and practice.
Thank you

Further information:

m.f.harris@unsw.edu.au
and www.cphce.unsw.edu.au