QI4GP – is it real???

“So WHAT IS QI4GP?”

Good question and one frequently asked.

I acknowledge that this is a jointly sponsored project between IPAC and the RNZCGP. Together our ideas on this initiative are rapidly evolving.

The concept of a “quality and information strategy for general practice” emerged during the IPAC- led General Practice Leaders Tour to the UK in October 2006.

Some horrendous medical disasters in the UK and here (Bristol, Shipman, Bottrill, National Womens) and the reality that everyone has a story to tell about a bad experience with the health system, lingered in our minds following the 2006 IPAC conference a week before the tour.

Stimulated by some of the quality initiatives and excellent PMS systems we saw on the UK tour, we returned to NZ enthusiastic to do better in our own patch.

NZ did not want an over incentivised tick-box QOF in our view, but a quality framework driven “bottom up” by general practice, supported by excellent information systems. Our PMS systems were ageing and not up to the task of providing accurate secure data which could be appropriately anonymised and filtered for multiple purposes all triggered by the single consultation between clinician and patient.

In March 2007 we were more convinced than ever that we needed to take control of our own information when it became known that patient data was being extracted from our PMS systems without our explicit knowledge, and certainly without the permission of our patients. A media furore followed, and some remedial measures have since been put into place. The 2009 IPAC privacy policy, endorsed by the privacy commissioner, now sits on our website.

QI4GP, the acronym adopted for the quality and information strategy, had its material beginnings in 2007, when IPAC and the RNZCGP decided to jointly sponsor this project, endorsed by the GPLF.

Work began on the concept, with the College working on the “Q” and IPAC the “I”, as the vision was explored. While the College worked on the “Q” in 2008 as part of their “Voyage to Quality” initiative, the “I” went into reflective mode for a year through a lack of funding, and qi4gp became less visible.

Earlier this year, the IPAC Executive reaffirmed that quality and safety in general practice, as part of primary care, and the health system at large, must be a key strategic priority for organised general practice. IPAC members contributed to a fund to support the initial business case to attract further funding, and the “I” of the qi4gp project was re-initiated as a major piece of work for ipac.

What we now have is a project which is gaining momentum week by week. IPAC and the College recognize it as a single project with several work streams. We share the same business consultants who have brought the strands of activity together, and we meet regularly to discuss next steps.

We have realised that qi4gp already exists, in the form of numerous initiatives across the primary health sector, both in information and quality. These are being driven by the College (e.g. Cornerstone), by IPAC's and other networks, and in some cases by the Ministry or DHBs. But many wonderful initiatives remain well kept secrets to date.

Sharing this activity across general practice and ultimately across primary care in a meaningful way may well be one of the first tasks of qi4gp, as was identified at a workshop primarily for IPAC members on June 5th. Partnering with some existing initiatives may also be a plank for qi4gp in its early days. Driving primary care initiatives in quality and information from within primary care to improve patient health outcomes is the long term direction of travel.

Since 2006 we have slowly recognized that the simple idea of a quality and information strategy is in fact hugely complex. Quality itself is complex, with multiple components. Enablers of quality are more than just great PMS systems, but this is nevertheless pivotal and will need to be an early consideration.

We have also recognized that general practice is not an island, but part of an integrated health system. We need to develop this initiative in a way which integrates with other parts of the health sector. Importantly though we need to focus on general practice in the first instance as we learn to walk, while having ongoing discussions with our colleagues in wider primary care, secondary care and beyond.

Our patients should expect the same security and connectivity in health as they receive from banking and the airline industry. It is hard to understand why we put up with less, and yet we do.

Being able to access one's medical record on contact with the health system at any point is not just a convenience – it is a quality and safety issue. Ensuring safe handover of care with complete accurate and current records between primary and secondary systems should be routine.

NZ could and should have the best primary care in the world. Our widespread penetration of computerized systems, well established local and regional primary care networks, and good relationships between national organizations are great building blocks. We believe it can happen. Avoidable errors are inexcusable.

The way of the future is that this needs to be led by primary care, and driven by primary care. QI4GP is finally starting to draw breath.

We will change the QI4GP acronym – it was a working title which escaped its cage.