

PRIORITY AREA 5: CHRONIC DISEASE

Objective Description

Domain	National Objective	Rationale
ASTHMA	Divisions will support general practices/GPs to provide optimal asthma care for patients and contribute to the best possible health outcomes for patients with asthma	Optimal asthma care can be defined from Cochrane reviews. It includes proactive care (regular review) in conjunction with written asthma action plans (WAPs), training in self-management, and appropriate use of inhaled corticosteroids.

National Performance Indicators

Level	Indicator	Results for the reporting period	Explanatory Text
1	N_ASM 1.1 Division collaborates with other organisations, service providers and consumer/carer groups to facilitate patient access to optimal asthma care.	<p>Significant Achievement</p> <p>Aim: Maintain lead role within local networks established to address asthma-related issues within the primary and community care sector</p> <p>Actions Taken:</p> <ul style="list-style-type: none"> • Participated in Asthma Working Group activities • Established network of practice nurses with interest in asthma, and facilitated six monthly meetings • Arranged for medical supply companies to provide training and resources to practice nurses • Liaised with Asthma Association and local hospitals • Organised asthma information in several languages for distribution to practices <p>Outcomes:</p> <ul style="list-style-type: none"> • Asthma nurses trained in use of all asthma medical equipment (inhalers, etc) and are supported by peers through asthma nurse network • Priority actions identified, discussed with stakeholders and documented for forthcoming year (i.e. schools) 	Asthma Working group focus has changed over 12 month period – from schools to pre school sector. Also limited focus on pharmacy staff.
	N_ASM 1.2 Division takes a systematic approach to support general practices/GPs to provide optimal asthma care.	<p>Significant Achievement</p> <p>Aim: Improve use of spirometers in GP</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Produced spirometer use quality assurance information • Purchased 3 litre calibration syringe to assist practices in quality assurance • Visited practices to discuss Asthma Care Planning <p>Outcomes:</p> <ul style="list-style-type: none"> • Several practices performing regular calibration of spirometer, leading to increased use of spirometer for asthma patients 	Ongoing support provided to practices - YTD: 30 phone queries.
	N_ASM 1.3 Division facilitates access to effective Continuing Professional Development (CPD) for asthma care.	<p>We undertook Quit training (July 06 – 2 nights)</p> <p>Comments Attended by 35 GPs, Spirometry resources ordered for attendees.</p>	
	N_ASM 1.4 Number and proportion of GPs from whom	Table N_ASM 1.4	Table N_ASM 1.4

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Level	Indicator	Results for the reporting period	Explanatory Text
	the Division is receiving electronic patient records to provide feedback for quality improvement in asthma care		
	N_ASM 1.5 Division takes a systematic approach to support general practices/GPs to consistently capture and record Aboriginal and/or Torres Strait Islander origin for patients with asthma.	<p>Significant Achievement</p> <p>Aim: To encourage GPs to collect and record ATSI data in patient records</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Consulted with practices/GPs re data currently captured on their RRR systems • Researched sources of Indigenous Australian patient information to identify a standard approach to data collection and capture • A draft 'information pack' for delivery to practices on cultural awareness and what and how best to ask appropriate Indigenous Australian questions has been completed • Data collection / capture trial conducted in 12 practices <p>Outcomes:</p> <ul style="list-style-type: none"> • Increased awareness of areas of data discrepancies and various collection methods • Significant progress achieved in drafting an effective method to consistently capture and record this information • Successful data collection / capture trial conducted. Data collected and captured from all 12 practices - 2 patient records updated to reflect ATSI origin • Improved collaboration with GPs/practices and other stakeholder groups 	These practices will be encouraged to review patient data entry prior to next reporting round.
2	N_ASM 2.1 Number and proportion of general practices using a practice register/recall/reminder system to identify patients with asthma for review and appropriate action.	Table N_ASM 2.1	Table N_ASM 2.1
	N_ASM 2.2 Number and proportion of general practices with access to spirometry.	Table N_ASM 2.2	Table N_ASM 2.2
3	N_ASM 3.1 Number and proportion of patients on practice register/recall/reminder systems with asthma aged 10 years and over with a record of smoking status	Table N_ASM 3.1	Table N_ASM 3.1
4	N_ASM 4.1 Number & prop of patients on the practice register/recall/reminder systems with asthma ≥10 years of age recorded as a current smoker.	Table N_ASM 4.1	Table N_ASM 4.1

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Table N_ASM 1.4 Number and proportion of GPs from whom the Division is receiving patient records to provide feedback for quality improvement in asthma care. Black Division, June 2006.

	Receiving records & providing feedback	Not receiving records	Total number of GPs in Division
Number	30	520	550
Percent	5.5%	94.5%	100
Explanatory text: A slight improvement on last year's numbers. Education on the benefits of providing patient-level data for aggregation to enable the Division to provide targeted feedback to GPs is conducted as part of regular site visits.			

Table N_ASM 2.1 Number and proportion of general practices using a practice register/recall/reminder system to identify patients with asthma for review and appropriate action, Black Division, June 2006

	No Practice register/recall/reminder system (No to Q(1))	Practice register/recall/reminder but not used for identifying patients with asthma for review and appropriate action (Yes to Q(1) and No to Q(2))	Practice register/recall/reminder used for identifying patients with asthma for review and appropriate action (Yes to both Q(1) and Q(2))	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number	50	55	55	40	160	200
Percent	31%	34.5%	34.5%	N/A	100	N/A
Explanatory text: A 5% improvement on last year's numbers. Education on the benefits of using a computerised practice register/recall/reminder system is conducted as part of regular site visits.						
QA: How were these data obtained? Division's annual survey						

Table N_ASM 2.2 Number and proportion of general practices with access to spirometry Black Division, June 2006

	No access to spirometry (No to Q(1))	Access to spirometry at own practice (Yes to Q(1) and box 1 of Q(2))	Access to spirometry by others (Yes to Q(1) and box 2 of Q(2))	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number	20	40	100	40	160	200
Percent	12.5%	25%	62.5 %	N/A	100	N/A
Explanatory text: A good improvement on last year's numbers but more work needs to be done to provide access at practices. Spirometers are promoted and samples provided during regular site visits.						
QA: How were these data obtained? Division's annual survey						

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Table N_ASM 4.1 Smoking status of patients on practice register/recall/reminder systems with asthma aged 10 years and over, all, Aboriginal/Torres Strait Islander origin and age/sex. Black Division, June 2006

	Not current smoker		Current smoker		Smoking status not recorded		Totals	
All (numbers and percents)								
Number	709		892		1160		2761	
Percent	26%		32%		42%		100	
Aboriginal/Torres Strait Islander origin (numbers)								
ATSI	0		0		0		0	
Non-ATSI	0		0		0		0	
Origin missing	709		892		1160		2761	
Age/sex (numbers)								
	Male	Female	Male	Female	Male	Female	Male	Female
<15	30	14	10	20	162	126	202	160
15 - 24	50	70	57	105	147	151	254	326
25 - 34	65	100	85	136	74	88	224	324
35 - 44	60	70	73	90	48	76	181	236
45 - 54	43	45	51	79	40	73	134	197
55 - 64	29	45	30	50	28	47	87	142
65 - 74	15	30	20	32	24	36	59	98
75+	14	20	22	30	12	25	48	75
Age and/or sex missing	9		2		3		14	
Explanatory text:								
Patient data provided by 5 practices – each practice used different methods of data extraction and provided a sample from their patient data base only. 3 further practices unable to provide their data at this stage.								
What number and proportion of GPs in your Division contributed data for this indicator?								
Number:	28		Proportion:	10%				
What number and proportion of those GPs provided the data to you using electronic patient records?								
Number:	28		Proportion:	100%				

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Domain
ASTHMA

Reflection on work towards all objectives within this domain

Notable achievements and key contributing factors	<p>Through the work of the Asthma Working Group, 90% of local schools are now registered to become asthma friendly.</p> <p>Increased Spirometry resources purchased and provided to several practices.</p>
Notable challenges and key contributing factors	<ul style="list-style-type: none"> • Data collection from individual practices remains a challenge due to poor internal procedures and inadequate software. Data cleansing required to ensure that statistics are available and reliable. • Access to individual practice records by the Division can only occur after hours in many practices to avoid interfering with their routine operations . • Most GPs feel confident in asthma management skills and have placed a low priority on improving access to asthma care.
What did the Division learn from the strategic approaches used?	<p>The quality of patient record data varies greatly throughout individual practices.</p>
How were community needs met?	<p>Through the work of the Asthma Working Group, 90% of local schools are now registered to become asthma friendly.</p>
Recommendations	<ul style="list-style-type: none"> • Develop strategies to increase uptake of 3+ Plan by GPs • Continue to roll out ATSI data collection / capture guidelines to practices to improve the quality of patient record data • Continue to support practices in promoting spirometry and to update GP asthma management skills