Primary care quality digest

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The breadth of primary care

The authors of this paper note that although ‘there is general agreement that primary care is the linchpin of effective health care delivery’ there are no systematic reviews of the evidence which may support this. This study aimed to identify the core dimensions of primary care, assessing the evidence for their relation with and relevance to outcomes.


Cardiovascular risk reduction

This randomised controlled trial compared the effectiveness and cost-effectiveness of three approaches to risk reduction in patients identified as having cardiovascular risk factors – a proactive cardiovascular risk reduction (CaRR) clinic; nurse telephone calls; or usual care. The authors reported the clinic to be more effective, and no more expensive, in reducing risk after one year.

Mills M, Loney P, Jamieson E, Gafni A and Browne G. A primary care cardiovascular risk reduction clinic in Canada was more effective and no more expensive than usual on-demand primary care – a randomised controlled trial. Health and Social Care in the Community 2010;18:30–40.

Documenting preventive screening interventions

This Canadian study used an audit of patient visits during a two-year period to assess the extent to which general practitioners had documented their recommended screening interventions for eligible patients. The authors found that although the primary care setting has a key preventive role due to the frequency of contact with patients, the documentation of preventive screening interventions was relatively low compared with the number of eligible patients.


Estimating the benefit of interventions in diabetes and heart failure

This paper tested whether local population data, including the chronic disease registers, the Quality and Outcomes Framework, hospital episode statistics and risk data for heart failure and diabetes could be used in applying population impact measures to estimate the benefit of primary care interventions in these two areas. The authors reported that local data, when combined with risk estimates, could produce a figure for the number of events prevented in a particular

**General practitioner attitudes towards clinical decision support in e-prescribing**

This study of over 260 general practitioners in counties in the West of Ireland used a questionnaire to evaluate their current use of and attitudes towards clinical decision support for electronic prescribing, as an element of evidence-based practice. Hor CP, O’Donnell JM, Murphy AW, O’Brien T and Kropmans TJB. General practitioners’ attitudes and preparedness towards Clinical Decision Support in e-Prescribing (CDS-eP) adoption in the West of Ireland: a cross sectional study. *BMCMedical Informatics and Decision Making* 2010;10:2.

**Implementing the ‘communities of practice’ model in cancer care in Canada**

Communities of practice have been described as a ‘collaborative learning platform’ with a bottom-up rather than top-down focus upon integrating knowledge and best practice across complex geographical and organisational healthcare systems. This paper evaluates whether a ‘communities of practice’ model can be successfully implemented into cancer control in Canada. Bentley C, Browman GP and Poole B. Debate: conceptual and practical challenges for implementing the communities of practice model on a national scale – a Canadian cancer control initiative. *BMCHealth Services Research* 2010;10:3.

**Improving primary care for chronic heart failure**

This pilot study of 19 general practices in the Netherlands evaluated the impact and feasibility of a programme with both educational and organisational components which aimed to improve the primary care of chronic heart failure patients. Van Lieshout J, Wensing M and Grol R. Improvement of primary care for patients with chronic heart failure: a pilot study. *BMCHealth Services Research* 2010;10:8.

**The importance of place in primary care research and practice**

This paper discusses the concept of ‘place as a vital sign’, presenting a view of the role of geographical information systems in primary care research and practice in providing data which could identify neighbourhood environments associated with health and using these to measure the individual’s opportunities for accessing health-promoting resources. Berke EM. Geographic information systems (GIS): recognizing the importance of place in primary care research and practice. *Journal of the American Board of Family Medicine* 2010;23:9–12.

**Markets and quality**

The ‘Head to Head’ feature in the *British Medical Journal* brings together experts in particular fields to present opposing sides of an argument. The ‘yes’ argument for the question ‘Will a market deliver quality and efficiency in health care better than central planning ever could’ was presented in two papers by James Gubb, Director of the Civitas Health Unit and Stephen Smith, Principal at the Imperial College Faculty of Medicine, while on the ‘no’ side, papers by Neal Lawson, Chair of Compass and Jonathon Tomlinson, a general practitioner at the Lawson Practice, were published. Gubb J, Smith S, Lawson N and Tomlinson J. Will a market deliver quality and efficiency in health care better than central planning ever could? *BMJ* 2010; 340:c1297–c1302.
Organisational identity in primary care groups of practice

An innovative model of primary care organisation, ‘family medicine groups’, was implemented in Quebec in 2002 against the background of a reorganisation of primary care aimed at improving performance. This paper assesses the early years of this implementation, discussing organisational identity, the creation of the primary care team and the role of this team in quality improvement.


Patient engagement in an evidence-based hypertension intervention

Two papers present the patient and provider perspectives of, and receptivity to, a ‘patient activation intervention’, whereby patients with hypertension were sent letters asking them to contact their provider to discuss thiazide diuretics, recommended as a first-line therapy but often under-prescribed.


Patient reported outcome measures

The King’s Fund and the Office of Health Economics have jointly published a guide to patient reported outcome measures describing how this quality of life data can be used, and the benefits of using it. Getting the Most out of Patient Reported Outcome Measures (PROMs) looks at the role of PROMs in assessing value for money and in benchmarking performance, thereby strengthening the commissioning process.

www.kingsfund.org.uk/publications/proms.html

Quality care for gout

This review examines current barriers to the implementation of optimum gout management in primary care practices, including ‘ten common myths’ which place barriers to evidence-based practice, and proposes educational interventions which may improve this care.


Quality improvement for indigenous populations

This paper explores how primary healthcare organisations have implemented often complex continuous quality improvement processes for the health of indigenous Australians, examining policy, organisational structure and practice to see how services’ participation in the programme is either supported or hindered.


Review of health system report cards

The authors of this paper have reviewed the extensive body of literature on health system quality reporting, cataloguing and characterising the research papers and additional resources to create a repository for use by researchers and stakeholders with an interest in quality reporting.


Targeted quality incentives and recording of risk factors

The authors of this paper set out to assess whether the 2004 Quality and Outcomes Framework (QOF), providing financial incentives for performance on specific
targets, has had unintended consequences for activities which were not targeted. Using data from over 300 general practices the authors estimated both intended and unintended consequences of the QOF, focusing on blood pressure, body mass index, smoking/alcohol status and cholesterol. Their findings led them to conclude that investments made in targeted quality improvements had benefits beyond the QOF scheme.


REFERENCE


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