Getting GPs involved in case conferenceing and care planning.

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Why?

- Improves patient outcomes in several settings
  
  eg
  Stroke
  COPD
  Palliative care
Stroke

• Care planning with active engagement of GPs improves functional outcome

NNT 7
(same as using latest clot-buster drugs as emergency stroke treatment)
(Fjaertoft 2003, 2004)

• Cursory engagement does not.
## Effects of case conference from time of death

<table>
<thead>
<tr>
<th>Time of Death</th>
<th>Favours intervention</th>
<th>Case conference effect</th>
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</thead>
<tbody>
<tr>
<td>≥183 days</td>
<td>Nausea</td>
<td>McGill generic QoL***</td>
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<tr>
<td>71-182 days</td>
<td>Memory</td>
<td>Help with hygiene/dressing</td>
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<tr>
<td>36-70 days</td>
<td>Ability to concentrate</td>
<td>Ability to do what you like</td>
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<tr>
<td>15-35 days</td>
<td></td>
<td>Sleep</td>
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<tr>
<td>&lt;14 days</td>
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### Favours controls
- Trouble with bowels
- Help with hygiene/dressing
- Help with hygiene/dressing
- Ability to share worries
- Difficulty sleeping
- Meaningfulness of the day

### Effect of teleconferences

*Yellow type denotes $p<0.05$  Normal type denotes trend result –  $0.05 < p < 0.10$  ** control/intervention  *** QoL = Quality of life
Referral

Case conference
- Plans established
- Relationships developed

Stable phase-
- Plans not needed

Illness progresses
- rapid deterioration

Plans implemented

Independent of time from case conference to death
How to engage GPs?

Think like a GP:

- Want to do the best for patients
- Sometimes uncertain of role delineation between specialists and GPs
- Busy – 10-15 mins per patient
- Calls
- Lots of specialists vying for his/her time
Solutions

- Minimise admin burden for GP
- Engage practice staff, esp practice nurse and practice manager
- Try to fit intervention around the GP’s normal work pattern
  (eg while visiting nursing home anyway)
25% not participating

- Part time
- Female
  - Many with family responsibilities
  - Concerns about security
- <10 yrs in general practice
- Worry about house calls
- Worry they are not as competent as the specialists.
- Don’t want the responsibility
The role of experience

- Relationship between years in practice and comfort in palliative care
- Therefore getting young GPs engaged is hugely important
How???
Principles

• ALWAYS give ALL GPs the option of participating (don’t assume the answer will be “no”). Offer different levels of involvement

• Remind the GP we are talking about “their” patient

• When calling, identify it’s about (NAME PATIENT)

• Think about the care of the patient being the general practice’s responsibility – hence practice nurses have a role
• Identify hurdles to participation and possible solutions

• Clear negotiation of roles – positive responsibilities for GPs identified

• Clear lines of communication
Care planning

• Sequential consultation with allied health personnel.
• Chronic disease and complex health problems

• Enhanced Primary Care Plan
  – GP Management plan and Team Care Arrangements
  – Disease specific – asthma, diabetes
  – Mental Health

General Practice (GP and practice nurse) centric
Complex paperwork
Health Checks

- 75+ health assessments
- 45-49 health checks
- Indigenous health checks
- Intellectually disabled checks
Case Conferences

- Simultaneous case discussion between health professionals
- Can be via teleconference
- Can include family and patient but not necessary

Hard to organise because everyone is busy
CC by teleconference

- Organised by specialist service
- Consent held by service
- Book time in GP diary
- At time with routine team meeting
- Notes taken by service (normal practice)
- Copy of notes and consent to GP
Issues

- Service has to see it as important
- Some extra admin
- Work of running teleconference – “artificial”, takes practice
- Ensure truly multidisciplinary and not a dialogue between GP and chair
- Most practical, but not ideal, solution to interprofessional communication.