Cornerstone: The General Practice Accreditation Programme

– a progress report

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Introduction

One year down the track and Cornerstone is now firmly established as the College's general practice accreditation programme. With 300 practices actively involved in the programme and 70 on the waiting list, they represent over one third of general practices in New Zealand.

The Practice Accreditation Advisory Committee, chaired by John Wellingham, and the Professional Development Practice Committee, chaired by Mick Ozimek, have led the development of Cornerstone. It is a general practice accreditation programme that combines quality assurance and quality improvement while supporting practices to achieve the goals in *Aiming for Excellence*.

Based on a peer review process, Cornerstone encourages multidisciplinary teams to be more accountable to patients and funders, to improve their management of clinical risk by improving the quality of systems in the practice, within a clinical governance framework.

Guidance from stakeholder groups combined with investment and support for the programme by the Ministry of Health and ACC has allowed the College to develop a robust, rigorously tested programme and to promote quality improvement to boost the health of their populations.[1]

Based on early feedback and reaction to the programme, the College is in the process of identifying future funding to ensure there is no direct cost to general practices and it continues to explore the impact of indirect costs through evaluation of practice experience.

Specific challenges

Continuous Quality Improvement – CQI

The College was charged with developing a no fail accreditation system that supports practice teams to achieve their goal by working together to develop managerial, organisational and clinical systems to improve the quality of care. CQI principles that have driven all stages of development are now firmly embedded in all tools and processes in the programme.

Aiming for Excellence – guide to interpretation

It is possible for criteria in *Aiming for Excellence* to be interpreted in a number of ways, with consequent potential for different outcomes. A multidisciplinary working group has methodically worked through each criterion to ensure current interpretation is based on what was intended. The guide is held on the Cornerstone online data collection tool so that practices have easy access to the information. All interpretation is based on a CQI approach.

Assessor workforce

There are 40 assessors; GPs, practice nurses and practice managers, working in the Cornerstone programme. They attended a workshop earlier this year to learn to use the new software and are now beginning to feel more confident about using it during an assessment visit.

Assessors must have a good understanding of the scope of general practices and quality improvement to successfully interpret criteria during accreditation visits. They use their skills and knowledge as a peer and use qualitative methods to gather information to identify systems and processes in the practice. The objective is to find out how activities are undertaken and whether the methods are understood or effective. Assessors are trained to lead practice teams to problem solve and develop their own solutions.

Online data collection tool

The online data collection tool developed by GDSL and MedAudit is

an innovation that has enabled the College to develop a 'paperless' system for the data collected by practice teams and assessors. The software contains information sharing and risk management, action plans, a CQI post assessment dialogue section and online support if there are problems with using the software. The software developer has worked with the College to meet the demands as issues arise.

A recent example of his responsiveness was the immediate adaptation of the programme when one GP operating in Macintosh could not operate in a Windows environment.

The interactive CQI process in the post assessment dialogue allows the practice, assessor and the College to work together to resolve criteria that were not met on the day of the visit. Once all outstanding criteria show good evidence of being met it is signed off by the assessor and sent to HDANZ for final verification.

Health and Disability Auditing New Zealand (HDANZ)

HDANZ play a significant role in the Cornerstone process. As a Designated Audit Agency, they provide independent oversight of the overall programme. Each final report submitted by the College is checked to identify whether assessors have provided enough evidence to justify a recommendation for accreditation. They work with principles developed in 1998 by the Goodfellow Unit and endorsed by the College (Table 1).

Table 1. Principles for Reviewing the Practice Assessment Report

Principle	Context for Reviewing Reports
Clarity	How understandable is the report – does the evidence make sense?
Relevance	Is the information provided and methods of assessment pertinent and logical for the indicators and criteria?
Validity	How well does the evidence in the report align with the stated indicator and criteria?
Data availability	Are the sources of evidence appropriate to the indicators and criteria?

HDANZ are able to assist the programme with information for improving assessor skills and have been a valuable partner in the assessor training sessions.

Getting Started Workshops

Assisted by Karen Clarke, the Getting Started Workshops have proven to be successful in helping practice teams move from, 'Can we do this?' to 'We can do this' and 'We want to do this'. Two hundred and eighty participants have attended the workshops this year; in Wellington, Auckland and Hamilton. Those who attended reported that it helped practices identify the barriers to beginning the process and how to work as a team to gather information and close the gaps.

Conclusion

Cornerstone's first year has been an exciting challenge for the College. A number of new tools and processes have been developed and there has been tremendous goodwill as the programme gathers momentum. The early adopters are through the programme and we are gathering feedback on their experiences. This will be important information to allow the College to continue to develop and support general practices through the process. While there have been lessons to learn, the College has used the information to improve the programme, working with CQI as the guiding principle.

References

1. Gillon M, Buetow S, Wellingham J, Talboys S. A practical approach to quality improvement: the experience of the RNZCGP Practice Standards Validation Field Trial. NZMJ Nov 2003; Vol116:No:1186.

Continuity of Care

'Personal continuity of care, defined as an ongoing therapeutic relationship between a patient and one or more health care providers, was rated as highly important by GPs from all 3 health systems [England & Wales, US, Netherlands]. GPs believed that personal continuity was a key aspect of their work and that personal continuity could not be compensated for by better informational or management continuity. These findings are consistent with those of recent surveys of both GPs and GPs in training, which also emphasize the value GPs place on personal continuity of care. Interestingly, personal continuity of care was valued most by US GPs, even though this group of physicians noted, in their qualitative comments, the difficulties forced discontinuity of care (health care insurer changing patient's physician every year) places on the provision of personal continuity in the United States.'

Stokes T, Tarrant C, Mainous III AG et al. Continuity of Care: Is the Personal Doctor Still Important? A Survey of General Practitioners and Family Physicians in England and Wales, the United States, and the Netherlands. Ann Fam Med. 2005;3(4):353-354.