

World IPCRG Conference - Respiratory Diseases in Primary Care

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ABI001: Is it cost-effective to prompt Australian parents to bring their children with asthma to the general practitioner for proactive review under the asthma 3+ visit plan? *Prim Care Respir* 2002 **11**(2) 54

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The aim of this project was to perform an economic evaluation of the implementation of the Asthma 3+ visit Plan in Australia, in parallel with a randomised controlled trial. The trial involved 24 GPs and 174 children aged 5-11 years with moderate to severe asthma, cluster randomised into two groups by medical practice. The control group received usual asthma care, while the intervention group were reminded to attend by the researchers prompting practices to recall patients according to the recommended schedule.

The evaluation focused on the marginal costs of promoting the Asthma 3+ Visit Plan to GPs and patients, and compared the costs with the economic consequences of the plan on attendance rates, use of other health services and use of medication. Analysis was done of the difference in costs of asthma care between the two groups over a twelve-month period. A societal perspective was taken, with both direct and indirect costs being considered as they impacted on general practitioners, other health providers, patients and their families.

While there was a statistically significant increase in the number of asthma-related GP visits by those in the intervention group, there was no statistically significant difference in the total number of visits, nor in the associated travel and time costs for parents of the children. The number and cost of referrals to specialists and allied health professionals were lower for the intervention group, while the use and cost of diagnostic tests was higher, but neither were statistically significant. The proportion of patients incurring any medication costs was lower in the intervention group, with a reduced cost per patient. The costs to implement the plan averaged approximately \$400 per GP, with the prompts to practices costing \$100 per GP. This study suggests that the 3+ plan is cost-effective when implemented with children with asthma.

ABI002: Implementing the 3+ visit plan policy initiative: barriers and facilitators to national implementation.

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To guide the national implementation of the 3+ visit plan policy initiative in Australian general practice a number of GP and patient focus groups were completed. The process involved collecting qualitative data through focus groups with general practitioners (GP - 67) and patients (42) in both urban and rural settings. All focus groups were transcribed and analysed using NUDIST.

Perceived barriers to the implementation of the 3+ plan nationally included

- issues of compliance
- how to establish fostering continuity of care in a systematic way, under a fee-for-service funding framework.
- lack of consistent information from all GPs and other providers of care
- denial or non-acceptance of the diagnosis of asthma
- spirometry assessment being seen as useful but confusing to interpret.

Suggested facilitating factors included

- educating consumers about the initiative.
- instilling confidence in the GP to manage the 3+ visit plan framework
- consumers taking more responsibility to manage their own condition
- using multiple groups to facilitate patient education
- establishing formal recall and reminder systems (but some consumers were unclear whether they would return)
- ongoing partnership with divisions of general practice, pharmacists, rural hospitals and local asthma educators.

Three different possible working general practice based models were identified that could develop as the 3+ visit plan is rolled out:

1. Whole approach - GP does everything for the patient including providing education
2. Practice team approach - GP works with an Asthma Educator/nurse (in the practice)
3. Local team approach - GP does initial diagnosis and assessment, and refers patient on to local Asthma Educator outside the practice

The implementation of the 3+ visit plan will require consistent information being provided from all primary care health professionals and consumer organizations. The actual endpoint of this policy initiative is unclear but will require constant monitoring and evaluation.