

Quality Improvement Collaboratives are particularly useful for improving General Practice.

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They are useful for...

1. Improving Target Topics

 - Clinical outcomes
 - Process outcomes
 - Sustained change
2. Developing Practices and Providers

 - Including patients in care
 - Administrative systems
 - Patient Care
 - Improving Teamwork
 - Building skills and knowledge
 - Engagement and motivation
3. Developing the Health System

 - Regional practice support
 - Implementing regional innovation
4. Building Quality Improvement Capacity

 - Patients in Quality Improvement
 - QI knowledge and skills
 - Establishing QI culture
 - Protected time
 - Provision of practice data
 - Improvement champions

How do we know?

One qualitative systematic review

The role of quality improvement collaboratives in general practice: a qualitative systematic review.

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Knight AW, Tam CWM, Dennis S, Fraser J, Pond D.
BMJ Open Qual. 2022 May;11(2):e001800. doi: 10.1136/bmjopen-2021-001800. PMID: 35589275; PMCID: PMC9121486.

15 qualitative and 18 mixed methods studies of QICs in general practice were included. Data were grouped into four analytical themes (see above). General practice collaboratives were reported to be useful for improving target topics. They can also develop knowledge and motivation in providers, build systems and teamwork in local practice organisations, and improve support at a system level. Collaboratives can build quality improvement capacity in the primary care system. These roles suggest that QICs are well matched to the improvement needs of general practice. General practice participants in collaboratives reported positive effects from effective peer interaction, high-quality local support, real engagement with data and well-designed training in quality improvement.

Four quality improvement reports

Improving primary care in Australia through the Australian Primary Care Collaboratives Program: a quality improvement report

1185 health services participated in 13 waves between 2005 and 2011. 83% of Australian divisions of general practice participated, and 262 support staff received quality improvement training. Key measures show improvement. 397,111 patients were on the disease registers.

Knight AW, Caesar C, Ford D, *et al*
BMJ Quality & Safety 2012;21:948-955.

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The eCollaborative: using a quality improvement collaborative to implement the National eHealth Record System in Australian primary care practices

The collaborative methodology was adapted for implementing innovation and proved useful for engaging with multiple small practices, facilitating low-risk testing of processes, sharing ideas among participants, development of clinical champions and development of resources to support wider use.

Knight AW, Szucs C, Dhillon M, Lembke T, Mitchell C
International Journal for Quality in Health Care 2014;26:4, 411–417

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The Australian Primary Care Collaboratives Program: improving diabetes care

743 health services participated in seven waves between 2004 and 2009 serving approximately 150 000 people with diabetes. Mean numbers of patients at target HbA1c levels improved by 50% from 25% at baseline to 38% at month 18.

Knight AW, Ford D, Audehm R, *et al*.
BMJ Quality & Safety 2012;21:956-963.

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A quality improvement collaborative to build improvement capacity in regional primary care support organisations

This program demonstrated using the Breakthrough Collaborative methodology to increase quality improvement capacity in the sector. After initial challenges, repeated cycles recorded greater than 30% improvement in the measured competence of participants in quality improvement activities.

Knight AW, Dhillon M, Smith C, *et al*
BMJ Open Quality 2019;8

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