

COVID-19: Pump-priming positive healthcare reform

Claire Jackson, Wendy Burton,
Caroline Nicholson

ON 2 APRIL 2020, Queensland's largest public maternity service at the Mater Mothers' Hospital (MMH), South Brisbane, changed ongoing provision of antenatal care, effective immediately. Wherever possible, women determined to be at low risk were to receive all antenatal care in the community, with the assumption that those women whose general practitioners (GPs) had completed the GP Alignment Program¹ would participate in GP Shared Care. The majority of visits were to occur via telehealth, with face-to-face visits kept to 15 minutes or less and reduced to 3–4 visits for the entire pregnancy. Parent education classes and hospital tours were offered online. The Mater Alignment Program had been introduced in 2008 to support GPs who wished to share maternity care with the MMH, allowing them to maintain and demonstrate their skills and familiarity with new protocols and approaches.

Such a transformative change was enabled by four elements:

- the external threat presented by COVID-19 to the wellbeing of women and to their necessary antenatal support
- a large, well-trained GP shared care workforce, immediately identifiable and ready
- an established and effective communication link between all groups able to rapidly respond
- a hospital clinician and executive culture that valued the ability, patient focus and flexibility of the general practice model of care.

Such necessary prerequisites for effective change did not happen accidentally. They were the result of 20 years of maturing partnership, clinical leadership, care innovation and hard work, which created the right environment to enable change when needed. This case study provides an interesting lens through which to view the current opportunities for improved healthcare partnerships as we respond to the COVID-19 challenges – now and beyond.

Mater Mothers' Hospital/GP Share Care Alignment Program

In the late 1990s, the MMH recognised the importance of an established and ongoing GP relationship for pregnant women and their families in areas such as preconception planning, family dysfunction, mental healthcare, lifestyle intervention, and the prevention and early detection of gestational diabetes. The hospital established a formal partnership between local Divisions of General Practice, The Royal Australian College of General Practitioners (RACGP; Queensland Faculty) and all MMH service delivery teams to develop a shared care pathway for all providers. With it came an established and ongoing communication strategy, liaison function and education program.² Over time, many GPs participated in regular evening and weekend continuing professional development sessions to maintain and build skills. GP Liaison Officers based within the Mater's UQ Centre for General Practice and Integrated Care supported the program, and quarterly stakeholder meetings committed to maintenance and

upgrade. A regular newsletter was sent to all GPs with protocol updates and hospital service improvements. Community/hospital networks and electronic linkages were created. Currently, a more formal Alignment Program operates. All GPs sharing care are required to undertake formal training and assessment each RACGP triennium – demonstrating they are up to date with the latest changes in maternity care and aware of the hospital's current care protocol.¹ Each RACGP triennium, GPs attend the relevant alignment seminar/s (RACGP Category 1 event) and complete an online assessment based on the content.¹ All GPs sharing maternity care are required to be 'aligned' with the MMH.

Given the tertiary nature of the MMH, approximately 20% of women at the time of booking are allocated to either obstetrician (high risk) or specialist midwifery care. In 2014, of the remaining 80% of women determined to be at low risk, approximately half at the time of booking were allocated to midwifery care and half to continuity of care models – equally distributed between GP Shared Care and Midwifery Group Practice. By December 2019, one-third of women who were low risk at the time of booking were allocated to midwifery care, and two-thirds were allocated to continuity of care, with GP Shared Care doubling during the five-year period. More than 1000 GPs have now participated in the Alignment Program throughout Queensland, and of the 330 practices in the Mater catchment, 87% currently have one or more aligned GPs. Forty per cent of all women now referred to this tertiary service, with more than 5000 public births annually, are receiving GP Shared Care.

Enter COVID-19

Maternity care and subsequent support for families is undoubtedly one of general practice's most enjoyable and important elements, binding the practice and family into a long-term partnership in physical and emotional wellness. While the clear advantages of antenatal and postnatal continuity are often acknowledged, the benefits of the general practice model of care are often lost in the battle for resourcing and focus on shorter-term birthing outcomes.

Where the enabling service infrastructure exists, COVID-19 has provided the 'burning platform' to drive reforms long discussed but difficult to progress. Telehealth expansion, tethered to a continuity of care anchor, moved further in 10 days than in 10 years as our health system looked to the primacy of patient safety and access, rather than billing and service tradition. The protection of patients and healthcare workers led to increased flexibility regarding setting and deliverer of care. We learnt much regarding the best balance between virtual and face-to-face care, and the issues of established provider, flexibility and continuity of care highlighted the strengths of the general practice model.

This case study identifies the opportunity to now leverage existing partnerships with compelling general practice workforce models, building on the skill and reach of our sector. Priority groups include the patients who are frail and elderly, patients marginalised by mental illness, and at-risk families – all able to benefit greatly from the ongoing relationship, community support and innovative care access possible from rapidly emerging general practice models at this time.

Alongside service upheaval, COVID-19 has delivered our health system a sizable reform opportunity; we should not let it pass us by. The general practice sector should work with state governments and hospitals, Primary Health Networks and existing community service providers to deliver more accessible, person-centred and flexible models of care for the significant health challenges ahead.

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Authors

Claire Jackson MBBS, MD, MPH, CertHEcon, GradCertManagement, FRACGP, FAICD, Director, Centre for Health System Reform and Integration, Mater Research Institute – University of Queensland, Qld; Professor, Primary Care Research, Primary Care Clinical Unit, Faculty of Medicine, University of Qld, Qld. c.jackson@uq.edu.au

Wendy Burton MBBS, FRACGP, Clinical Lead Maternity Care, Brisbane South Primary Health Network, Qld

Caroline Nicholson PhD, MBA, GradDipPhy, GAICD, Deputy Director, Centre for Health System Reform & Integration, Mater Research Institute – University of Queensland, Qld; Director, Care Innovation Centre, Mater Misericordiae Ltd, Qld; Honorary Senior Lecturer, Primary Care Clinical Unit, Faculty of Medicine, University of Queensland, Qld

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