

Meeting the business support needs of rural and remote general practice

Kelli Porter¹, Lawrence Donaldson²

¹Rural Health West, ²Rural Health Workforce Australia

Kelli Porter holds qualifications in health promotion and health policy and management. She has over 15 years' experience working in health within the government and not-for-profit sectors, and the private medical arenas of general practice, travel health and occupational health. In her current role with Rural Health West as Manager Workforce Development, Kelli promotes rural Western Australia to the future health workforce, contributes to regional planning towards health workforce solutions and provides business support to rural general practices.

Lawrence Donaldson has worked for more than 20 years in the health sector, with nationwide experience covering tertiary hospitals and general practice. He has worked as a business manager in a range of clinical divisions including those at Westmead Hospital in Sydney, Launceston General Hospital in Tasmania and the Sunshine Coast Area Health Service in Queensland. With qualifications in human resource management, workplace relations, health administration and health informatics, he maintains a passionate interest in the sustainability of regional health services. In 2002 he commissioned GP Training Tasmania, the regional GP training provider for the State. As Workforce Planner with Tasmania's rural workforce agency, he conducted business viability consultancies with rural practices and in recent years he coordinated a series of rural health sustainability projects developing strong collaborative networks with counterparts in other jurisdictions. In 2004 he was instrumental in the design of the Tasmanian GP Census, which has now been adopted by many GP Divisions as their principal workforce data collection. His original work in the development of GP workforce forecasting models has received national attention. At Rural Health Workforce Australia he is involved with national workforce policy development and seeks to develop a leadership role in this regard. When not trying to 'put the world to rights' with friends over a glass of red, he enjoys watercolour painting and the company of his family.

Background

The **Business Support Pilot Program** commenced in 2009, resulting from an initiative of the Department of Health and Ageing (DoHA) and Rural Health Workforce Australia (RHWA). The program aimed to provide business support services to rural and remote general practices in Australia.

Support was provided in a range of areas including governance, finance, business systems and personnel management. It was anticipated that providing business support through this pilot project to general practices in country Australia would support operational processes and therefore facilitate recruitment and retention of general practice staff.

There is documented Australian and international evidence that the viability of rural and remote general practice rests not only upon such factors as financial incentives and rural training but also upon issues to do with the business and human resource management of rural practices. Enhancement of both rural workforce recruitment and retention initiatives can be achieved through systemic measures which support and sustain practice viability.¹

While the literature on the contribution of business support to the sustainability of rural and remote general practice is sparse, data exists to suggest that the dynamics of the practice business are fundamentally altered in a rural and remote context. Practising medicine in rural areas is influenced by community expectation where practices are required to provide services regardless of profitability and without due recognition of the personal costs to the individual general practitioner (GP) 1.

Pilot sites

Two rural workforce agency (RWA) pilot sites, General Practice Workforce (GPW) Tasmania and Rural Health West in Western Australia, were selected by RHWA and funded through DoHA to develop and deliver the Business Support Pilot Program. In addition the Rural Doctors Workforce Agency South Australia, which has operated a business support unit for over five years, was contracted to provide technical advice to the pilot sites throughout the program.

The pilots operated over nine months from October 2009 to July 2010 and targeted rural and remote general practices in Tasmania and Western Australia. The pilot sites offered commercial non-clinical support to

practices in a range of business areas. Pilot sites were encouraged to apply a structured approach to the identification of business support service clients, with priority given to solo and small group practices in the more remote areas.

In order to identify a range of appropriate service methods and resource requirements, the two pilot sites developed individual methods of service delivery. GPW Tasmania applied their program to all rural practices in their State and developed a suite of generic resources. Rural Health West provided a targeted program to 15 pilot practices in WA developing resources specific to their individual needs.

Business support services

Forty-four rural and remote general practices were provided with business support services by the two pilot states during the nine month period. The majority of practices that received support were from outer regional areas, with a small number of remote practices being provided with services. Only eleven per cent of the episodes of service were provided to solo practices.

Most services provided were general business support, with the second most frequently provided service being assistance with human resources. Approximately 20 per cent of support received was focused on employment contracts, with five per cent of support provided in the areas of practice restructuring, service redesign and/or financial modelling.

Jurisdictions reported that focusing on one specific type of business support (e.g. HR or legal) is essentially limiting and that the conduct of the pilot has made it clear that an integrated approach is needed which is reflective of the interrelationships between corporate structure, revenue, infrastructure and practice financing.

Progress reports from the pilots evidenced the potential diversity of business support needs of rural practices. All aspects of practice operation provide opportunities for assistance including human resource management, business compliance, risk management, revenue and financing, accounting, inventory and facilities management.

The experience of the pilots shows that business support services are part of an ongoing conversation with a client practice which sees needs either disclosed or progressively revealed as trust develops. The action of delivering one type of business support service invariably reveals other needs. To illustrate, a concern over poor GP retention illustrates shortcomings in contracting processes with subsequent revenue shortfalls and diminishing remuneration outcomes.

Reports and case studies provided throughout the project by the pilot sites have demonstrated how well-targeted business support services may:

- avert unnecessary GP turnover
- increase the attractiveness of practices to GP prospects
- enhance the competence of practice managers
- enhance financial viability/ profitability
- improve the quality of working life for staff
- reduce business risk and improve compliance
- support business succession planning and infrastructure renewal.

Rural Health West Targeted Service Program

The targeted service program implemented by Rural Health West established specific areas of support required by pilot practices. An initial visit was made to each practice where priority areas of support were identified with the practice manager and practice principal, along with areas where business support may be required in the future. Where possible these requirements were met through the development of resources, sourcing of material and information or brokering of external services.

Priority areas for support included:

| Personnel management | Business systems and processes | Revenue and finance | Governance |
|--|---|--|---------------------|
| Development of employment contracts for general practitioners and staff, employed and contracted | Practice accreditation | Medicare updates and Medicare Benefit Schedule billing | Succession planning |
| Practice nurse employment-viability, tasks and utilising related Medicare item numbers | Information technology requirements | Submission development for Round 4 National Rural and Remote Health Infrastructure Program | |
| General human resource issues, including job description forms and wages information | Website development | Letters of support for funding submissions | |
| Dispute resolution processes | Development of business plans | Practice Incentive Payments | |
| Cultural awareness training | Assistance with initial set up of a general practice | | |
| Practice Management training | Chronic disease management templates for clinical software | | |
| | Training on pathways for overseas trained doctors | | |
| | Medicare processes including item number clarification | | |
| | Mental health training providers | | |
| | GP management plans | | |
| | Policy and procedure manuals and templates | | |
| | Becoming a paperless general practice | | |
| | How to run a viable general practice | | |
| | Summary of National eHealth Transition Authority (NeHTA) activities | | |

The business support service type continuum

An analysis of the scope of business support services provided shows that they exist on a continuum from generic supports through to comprehensive and resource intensive regional primary health sustainability interventions. Complexity, intensity and cost of the services are seen to increase from left to right. Therefore, local areas or jurisdictions will need to consider cost and intensity when they choose how to implement business support services. For example while interventions on the left side are cheaper to implement, they also have the least impact within an individual general practice while moving towards the right leads to higher costs but also higher impact for a given practice.

| Generic business supports | Business skills development | Referral/broker | Direct service provision | Sustainability interventions | Practice operation |
|--|--|--|--|---|--|
| Non practice specific activities (no intervention) | Non practice specific activities (no intervention) | Brief practice specific advisory service | Brief practice specific service intervention | Intensive services with reference to local context and sustainability | Involves an ongoing commitment |
| - relies on a level of existing business capacity and the availability of pre-existing tools | - seeks to build capacity through training opportunities for practice managers/ staff. | - involves operatives referring or brokering access to external business services. | - involves staff directly providing services to client practices | - may involve an intensive remodelling of a regional health economy | - involves taking over practices at time of market failure |



Results and conclusions

A key finding is that practices rarely approach an organisation to ask for business support services. It is most often an approach to the Rural Workforce Agency for assistance with recruitment of a GP or because another has left the practice. Critically, it is the workforce needs of practices that drive the desire for business support services. In the jurisdictions it was often the recruitment case managers who first identify the need for business support services as a consequence of failed recruitment or retention. Therefore the services are best embedded as part of a broader service philosophy rather than as a distinct separate service.

Another important insight provided by the jurisdiction is that practices in need of business support are often reluctant to acknowledge this due to fears of being viewed as inadequate by peers. It is often the RWA recruitment team that is able to identify the deficiency and broach the issue once a level of trust has been established. As a result the discernment of business support needs cannot be achieved by structured surveys alone or even putting out the business support shingle as an isolated service. The pilot sites found that client trust is a crucial element to a successful business support initiative.

Pilot sites reported increasing demand from rural and remote GP practices for the business support services as the projects progressed. The demand for business support services from RWAs suggests that the RWA is in many cases the preferred supplier. Presumably it is the relationship established through recruitment supports which is a decisive factor in practice behaviour.

Importantly, the evaluation found that practices were not applying to receive business support services specifically, but were more likely to seek help in the context of workforce issues. This insight is critical as it urges an embedding of business support services within the normal business and operations of recruitment and support agencies like Rural Workforce Agencies.

There is increasing acknowledgement from all involved parties that practice vitality and ultimate viability is inherently associated with business and management practices and these are all foundational to the clinical performance of the service entity. The availability of business support services are therefore considered crucial to the survival of many rural practices.

The pilots provide strong qualitative evidence to support the contention that business support services are important adjuncts to the other government programs that seek to improve the sustainability of rural general practice. The inherent benefit of business support services has been established but further studies are needed to quantify the value that attach to specific interventions.

Recommendations for the future

This project demonstrated a clear demand for business support from rural and remote general practices in Australia, evidenced through the volume and types of requests received by the RWAs. A diverse range of support was requested and provided through the development of new resources, the identification and adaptation of existing resources, performance of clearing house activities and brokerage of external services. The Business Support Pilot Program has established that RWAs are well positioned to provide business support, resources and services to rural and remote general practices across Australia.

Practice manager development

The paucity of proactive practice management across the rural GP sector also became self evident to the business support service program managers and this presents perhaps the best opportunity for improving practice viability. It is interesting to note that all jurisdictions actively targeted Practice Manager Development as central to their business support services. This capacity building work is essential to provide a solid foundation for sustainable rural general practices.

Practice managers involved in the Rural Health West pilot program indicated a willingness to undertake further training but reported that upskilling is difficult in rural and remote areas, with cost and accessibility listed as primary barriers.

Industry-recognised professional practice manager development programs are available and may be undertaken by distance education. The provision of standardised practice management training throughout

the rural sector would enhance the skills of practice managers, and result in increased practice viability and improved ability to recruit and retain clinical and administrative staff.

The role of the rural general practice manager could be further supported through the establishment of a rural practice manager network that includes a mentor and mentee practice management program, an email discussion forum and annual face-to-face meetings with educational components. This would also assist in reducing the feeling of professional isolation cited by many practice managers working in the rural sector.

Sponsorship and provision of formal practice management training and practice manager support should be key considerations for future business support activities. Rural Workforce Agencies are ideally placed to administer rural practice manager networks and coordinate formal practice management training.

Clearing house activities

Business support requests received from general practices throughout the pilot program have demonstrated a clear need for a service that facilitates and simplifies information transfer between general practices and stakeholder organisations. Clearing house activities would ensure easy access to current and relevant information for general practitioners, nursing and allied health staff and administrative staff.

Rural Workforce Agencies, as key stakeholders for rural general practice, are well positioned to provide clearing house services through the collection, interpretation and dissemination of information from local, state and national sources.

GP and practice orientation packages

Requested assistance throughout the Business Support Pilot Program included support in setting up a new practice, or providing business assistance to a GP new to a practice. These needs could be met through the development of orientation packages tailored to the practitioner, practice and practice location.

Orientation packages should contain local, state and national information and include information on grants and incentives, navigating Medicare and other stakeholder organisations, setting up or transferring ownership of a general practice, education and training options for clinical disciplines and administrative staff, negotiating employment contracts and general business support. Local information, including professional contacts and related health service directories to facilitate pathways for referral, should be provided to supplement orientation information.

GP and Practice Orientation Packages will enhance the viability of the practice and promote options and support for GPs and general practices. This will facilitate an easier transition for the general practitioner new to the community and for the new general practice service provider.

Staff employment contracts

Many general practices are exposed to high levels of business risk through a lack of employment contracts, or unsuitable employment contracts, in place for their staff. Provision of comprehensive independent education and assistance to general practices when negotiating or developing employment contracts would negate this risk. Rural Workforce Agencies could assist in the development of education programs and supportive resources to assist rural general practices when negotiating employment contracts.

References

1. Jones J, Humphries J, Adena M. Doctors' perspectives on the viability of rural practice. *Rural and Remote Health* 2004; 4: 305, [cited 20 Jan 2011] Available from URL: <http://www.rrh.org.au/articles/subviewnew.asp?articleid=305>