Development of online information to support palliative care delivery by general practitioners – issues and opportunities

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Palliative Care Conference 2007
Welcome to CareSearch. CareSearch is an online resource of palliative care information and evidence. All materials included in this website are reviewed for quality and relevance.

For Patients, Caregivers, Families & Friends:
Palliative care will affect all of us at some stage in our lives as a patient, carer, family member, neighbour or friend. The following resources may help:
- For Patients
- For Carers
- For Families & Friends
- State-based resources
- National Palliative Care Program

For Health Care Providers:
There are different disciplines and individuals involved in providing palliative care. These resources provide information and resources for health care professionals.
- General practitioners
- Health care providers
- Education and Training
- National Palliative Care Program
- Published Searches

For Researchers and Palliative Specialists:
Palliative care researchers and palliative care specialists may benefit from a range of specific resources and tools including:
- Non-indexed databases
- Finding evidence
- Research and Grants
- Published Searches
- Research Data Management System
- Conferences
- Care Providers

What's new on the site: CareSearch promotional materials... Indigenous Resources... click for more
What's new in the Palliative Care Community: Communicating prognosis guidelines... NHMRC National Statement Information Sessions... click for more
Have you heard?... CareSearch visitor numbers and community feedback

By using this site you are agreeing to the terms and conditions of this site.
Background to CareSearch

- Commonwealth initiative – Evidence-Based (Palliative Care) project
  - to develop a repository of “missing” palliative care literature,
  - to make this literature accessible to inform best practice; and
  - to promote evidence-based practice (EBP) in palliative care
- Initially aimed at palliative care providers and researchers
- However, over the last two years CareSearch has been evolving …
Background to CareSearch

- Now aiming at a broader audience
  - All those providing care (GPs, allied health, volunteers etc)
  - All those affected by palliative care (patients and families, friends, neighbours)
- GP webpages released in March 2007, along with webpages for patients, caregivers, families and friends of patients
Aims of the GP webpages

• To support GPs with access to clinical guidance as well as an approach to palliative care
• To provide links to local service providers that encourage interaction and referral
• To give GPs access to good quality patient information which they can use to help meet the information needs of their patients
• To encourage an awareness of the need for evidence based approaches in palliative care
Palliative care for GP's

Quick clinical guidance

- Assessing prognosis
- Pain and symptom management — link to the online Palliative Medicine Handbook
- Effectively communication strategies for difficult situations
- Practical skills - systemic or parenteral pumps, syringe drivers, medication changes
- Optical information
- The dying patient and their caregivers
- Palliative care emergencies

Palliative care in practice

- GPs as palliative care providers
- The palliative approach in general practice
- Providing palliative care in aged care facilities
- Further training opportunities for GPs
- Getting help with difficult problems

Your palliative care reference library

- Online Palliative Medicine Handbook
- Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer (NHMRC)
- Medical Care of Older Persons in Residential Aged Care Facilities (RACP "Silent Book")
- Pain in Residential Aged Care Facilities: Management Strategies (Australian Pain Society)
- Multicultural palliative care guidelines (Palliative Care Australia)
- Providing culturally appropriate palliative care to indigenous Australians (Department of Health and Ageing)
- Until the chemist opens: palliation from the doctor's bag (Australian Family Physician article)

Complete list of Patient Resources
Complete list of Assessment Tools
The policy context for GP involvement in palliative care

“Not all patients for whom death is expected will need specialist care”

Palliative Care Service Development: A population based approach, PCA 2005
The policy context for GP involvement in palliative care

National policy defines the relationship between specialist palliative care services and primary care providers:

- Specialist services should be allocated on the basis of need, not diagnosis or prognosis
- Needs assessment model being developed at present

- Implication → much of end of life care will be, and should be, provided by general practitioners
The policy context: other factors

RACGP curriculum

- Draft palliative care curriculum for general practice is being developed
- Content is presented in 5 domains
  - Communication / doctor-patient relationship
  - Professional knowledge and skills
  - Population health and context
  - Professional and ethical aspects
  - Organisational and legal aspects

Community expectation

- Ongoing involvement of GPs with their palliative care patients is highly valued by patients and their families, with accessibility of the GP being a key factor

Norman A et al, Can Fam Phys 2001
Mitchell GK, Pall Med 2002
Grande GE et al Br J Gen Pract 2004
And in the real world …

… GPs may well ask, “Why should I be involved when there is a specialist palliative care unit in the district?”

Mitchell GK, MJA 2004
• Most GPs see few palliative care patients each year (median of 5-6 per annum)

• Increasing burden of chronic disease vies for the attention of the GP – palliative care but one amongst many

• Hierarchy of interest and involvement in palliative medicine amongst GPs, ranging from:
  – Those with a particular interest, act as leaders
  – Those who are committed - willing to keep up to date
  – Those who prefer not to provide palliative care, and may not take advantage of opportunities to increase their skills

Education, Training and Support for General Practitioners in Palliative Care, Department of Health and Ageing, 2004
• GPs are often “out of the loop” during active phase of treatment - relationships may not be re-established

• Demographics of general practice - less GPs doing home visits and nursing home visits

• Structural constraints affect GPs’ ability to support caregivers and participate in / collaborate with multidisciplinary teams

• Acknowledging the important contribution of GPs in care

• Generational differences – attitudes to IT and to EBP

• Economic pressures
Developing the CareSearch GP webpages – what we learned
• Grassroots consultations to help us develop it

• Not all GPs are the same – need different levels of information

• Approach versus “quick clinical guidance” → want a formulary

• How do you find out about the site? What does “authoritative” mean?

• Are we filtering or are we censoring?

• Links must go to online resources

• Which is faster – surfing or phoning?
The first six months of the GP webpages
## Page views (April 1 – June 30)

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**Total page views** 8754
Some of the weblinks to the GP pages (the ones we know about)

- Mallee DGP Weekly Fax
- SADI quarterly newsletter
- Quarterly Adelaide Hills Division Newsletter
- Tasmanian GP Atlas (rural general practice on line)
- SA Divisions of General Practice Inc - Weekly News Bulletin
- North East Valley Division of GP - Resources and Downloads
- GP Connections Resource Materials
- odgp.com
- Mackday Division Of General Practice - Palliative Care
- NSW Central West Division of General Practice Ltd Newsletter
- North West Melbourne Division of General Practice - Friday Facts Newsletter
- Mid North Division of Rural Medicine - Weekly Murmors Newsletter
- Central West Gippsland Division of General Practice
- General Practice Cairns - Northern Exposure Newsletter
- Monash Division of GP
- General Practice South
- Blue Mountains Division of GP
- NSW Rural Doctors Network (RDN) newsletter
- Western Melbourne Division of General Practice website.
- ACTDGP
- National Divisions in GP
- The Border Division of GP - educational long weekend
- 2007 General Practice & Primary Health Care Research Conference (GP Fact sheets)
- AGPN Forum (Fact sheets in Nov)
- Border division of GP for all GPs and Practice Staff
- North West Courier (GP Newsletter)
- Top End Division of General Practice
- Riverland Division of GP
- RBC Divisional GP
- Adelaide Central & Eastern Division of General Practice
- HKR Division of general practice
- North Coast GP Training
- Monash Division (spill on GPs)
- Logan Area Division of General Practice
- North East General Practice News
- Tweed Valley Division of GP
- Townsville Division of General Practice
- NSW Outback Division Of GP
- GP Focus Groups
- Mornington Peninsula Division of GP
- Townsville Division of General Practice
- ACTDGP
- Canning Division of General Practice
- Tweed Valley Division of GP
- Pilbara Division of General Practice
- Lime Juice - Limestone Coast Division of General Practice
Balancing conflicting expectations

- How to do palliative care in “two clicks” versus depth of content
- Providing evidence versus providing the answer
- Filtered for quality and manageability versus “censored”
- Patient led versus doctor led
- Applicability of what we learn in multidisciplinary teams to the private practice GP setting
- Creating expectations that are difficult for GPs to meet?
The challenge of knowledge translation:

“I use the site to confirm my judgement or refresh my memory, but it won’t change the way I practice …”

Focus group participant, Adelaide, June 2007.
Conclusions
• GPs and primary practice are using the resources
• The ideals of palliative care and the ideals of evidence based practice are both really tough for GPs in practice
• Need to recognise the diversity of GPs and match information and resources if possible
• Policies and information alone are not enough to change practice
• Web-based information is very accessible, and can be instantly updated (if the resource is maintained)
• Web-based information can meet some but not all needs of GPs, and not all GPs will be willing to use it (In the future this will probably change!)
• Patients may actually lead this change – we can help by giving them high quality resources
Acknowledgements

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In May 2008, CareSearch will become CareSearch *palliative care knowledge network*

More evidence, resources and information at your fingertips.