

# **Module 1: Population Health, Primary Health Care and Continuous Quality Improvement**

## ***Introduction***

Hi, I'm Josie and I'm a One21seventy educator.

I'll be guiding you through the three introductory open access modules in this e-learning package.

The package has been designed for the workforce to support continuous quality improvement in Aboriginal and Torres Strait Islander primary health care.

As you work through the e-learning modules you will meet people with leadership roles in quality improvement, and hear from health service staff whose involvement is critical to successful quality improvement processes and outcomes.

Let's start.

## ***Overview***

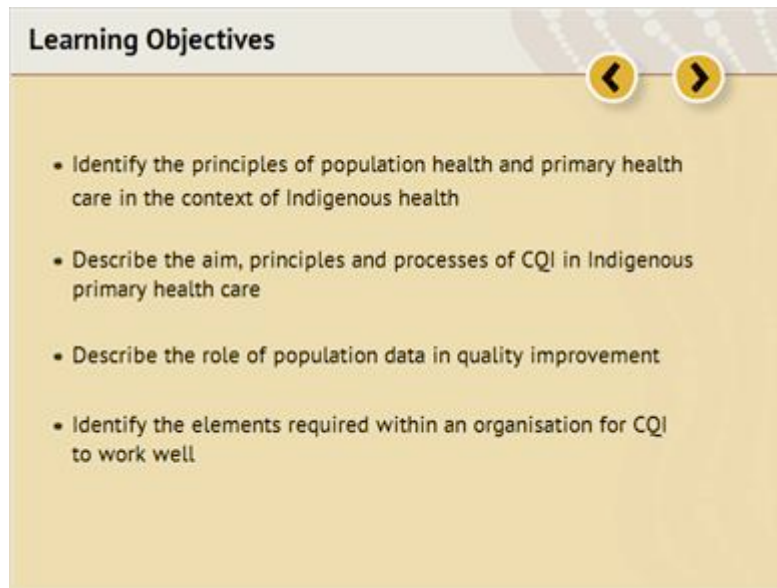
Module 1 - Population health, primary health care and continuous quality improvement - presents an overview of key concepts and approaches used in quality improvement in Aboriginal and Torres Strait Islander primary health care.

If your service is registered with One21seventy, these concepts underpin the quality improvement tools and processes being used in your workplace.

Before talking about continuous quality improvement - or CQI - I'll be introducing the principles of population health, its relevance to primary health care and the role of population health approaches in improving the quality of health services for Aboriginal and Torres Strait Islander people.

First, let's hear from an experienced clinician.

## ***Learning Objectives***



**Learning Objectives**

- Identify the principles of population health and primary health care in the context of Indigenous health
- Describe the aim, principles and processes of CQI in Indigenous primary health care
- Describe the role of population data in quality improvement
- Identify the elements required within an organisation for CQI to work well

### ***CQI in primary health care***

In the clip, Christine Connors, a general practitioner, public health physician and leader in quality improvement research, talks about the principles and benefits of CQI in Aboriginal and Torres Strait Islander health centres.

### ***Population Health Approach***

Population health can be described as the study of health and disease in defined populations. It is an organised response to protect and improve health outcomes of a population.

In population health there is a focus on populations as entities (as opposed to a focus on individuals who make up the population), an emphasis on health promotion and disease prevention strategies at a population level, and concern with the underlying social, economic, biological, genetic, environmental and cultural determinants of health of the whole population.

*References:*

1. Australian Institute of Health and Welfare, *Population Health FAQ*, <http://www.aihw.gov.au/population-health-faq/#ind>

## **Population Health Approach**

CQI in health care is based on a population health approach. In a population health approach, analysis and intervention is aimed at population level rather than individuals.

For example, one would ask 'why does this particular population have a high incidence of diabetes or renal disease?', whereas working from an individual level one might ask 'why did this person develop diabetes or renal disease?'.

Population health interventions typically go 'upstream' to consider causes of ill-health and disability that are fundamental aspects of the social, political, economic and/or cultural aspects of the society.

Most other health services focus 'downstream' on treating individuals who have become sick or injured. Individual service provision, however, can inform population health strategies, such as when client records are used in CQI processes to pick up trends in the population's health and in local service delivery.

Population health responses often involve changes to policies, systems and structures not only to maintain and improve the health status of a population - a key aim is to reduce inequities in health status between population groups by prioritising the needs of the most disadvantaged.

### *References:*

2. Dade Smith, J. 2005. *Educating to improve population health outcomes in chronic disease: A curriculum package to integrate a population health approach for the prevention, early detection and management of chronic disease when educating the primary health care workforce in remote and rural northern Australia.* Menzies School of Health Research, Darwin

3. Health Canada, Population and Public Health Branch, Strategic Policy Directorate, 2001. 'The Population Health Template, Key Elements and Actions That Define a Population Health Approach'. Health Canada  
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## **Population health and primary health care**

Population health shares many principles with comprehensive primary health care.

Comprehensive primary health care includes needs based planning and decentralised management, locally based and acceptable services, education, intersectoral cooperation, multi-disciplinary health workers and a balance between health promotion, disease prevention and treatment.

Shared principles with population health are the focus upon holistic health and equity, community empowerment, inter-sectoral collaboration, health promotion, integrated services, multi-disciplinary teams and evidence based practice.

These principles align well with the holistic definition of Aboriginal health.

It is widely accepted that a comprehensive primary health care approach can improve population health outcomes. It can link and strengthen health systems to meet population health needs. For information about primary health care see module readings.

*References:*

4 & 5. Rogers, W., Veale, B. for National Information Service, Department of General Practice, Flinders Medical Centre, 2000, *Primary Health Care and General practice: a scoping report*, Flinders Press  
[http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded\\_files/publications/pdfs/phcris\\_pub\\_1150.pdf](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/phcris_pub_1150.pdf)

6. Lunnay, B., and McIntyre, E. *Fact Sheet: Primary Health Care Matters*, Primary Health Care Research and Information Service  
[http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded\\_files/publications/pdfs/phcris\\_pub\\_8371.pdf](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/phcris_pub_8371.pdf)

7. National Aboriginal Health Strategy Working Party (1989), *A National Aboriginal Health Strategy*. NAHSWP, Canberra.

## ***Aboriginal and Torres Strait Islander people***

Evidence tells us that Aboriginal and Torres Strait Islander Australians, as a population group, continue to suffer a greater burden of ill health than the general population.

The Aboriginal and Torres Strait Islander population is disadvantaged with poor social determinants of health, such as high rates of unemployment, low household incomes, limited education opportunities, poor access to transport, quality food and housing, and social policies of the past that separated Aboriginal families.

Despite the efforts of many, Indigenous peoples experience less access to health services, are more likely to be hospitalised for most diseases and conditions, to experience disability and reduced quality of life due to ill health, and to die at younger ages, than other Australians. Indigenous Australians also suffer a higher burden of emotional distress and possible mental illness than the wider community.

Population health approaches, comprehensive primary health care, Aboriginal community control of health services and evidence-based improvements in the quality of health service delivery are key elements in the urgent work of closing the gap in health inequality

## ***Continuous quality improvement***

Continuous quality improvement in health care is an approach to health service management. CQI uses an ongoing or cyclical process of evaluation in order to improve health service performance, sustain improvements and focus energy on agreed priorities.

Historically, many CQI approaches are based on a 'Plan-Do-Study-Act' cycle, which involves collecting and assessing information, using the information to plan change, taking action and reviewing the action in order to begin the process again.

The next module presents the One21seventy CQI cycle, which applies this approach by guiding staff through practical steps, using specific CQI tools and services.

Emphasis on local context and flexibility, participation by the people being studied (in this case the workforce) and cyclical investigation and change makes CQI processes similar to action research.<sup>9</sup>

*References:*

9. *Baillie, R., Si, D., O'Donoghue, L. and Dowden, M. 2007, 'Indigenous health: effective and sustainable health services through continuous quality improvement'. MJA Vol. 186, Number 10, 21 May 2007, pp 525-527.*

## ***Quality improvement principles***

When the World Health Organisation identified five essential health care competencies for the 21st century, quality improvement was one of those competencies.

Globally endorsed principles of quality improvement are:

- linking improvement to evidence;
- raising the general standard of care (rather than doing a few things really well) and;
- making incremental and continuous changes.

Quality improvement is about putting systems in place to support and sustain changes (especially important with high staff turnover), and not blaming. Research shows that to work well within organisations, CQI requires accurate data that reflects current practice, and good leadership.

These international findings are supported by evidence from CQI research in Aboriginal and Torres Strait Islander healthcare settings, which also links improved health outcomes with involvement of Aboriginal and Torres Strait Islander workers, who bring community knowledge and cultural insights to their roles.

*References:*

10. *WHO 2005, 'Preparing a healthcare workforce for the 21st century', World Health Organisation, Geneva.*

## ***Quality improvement competencies***

As a health workforce we need to be competent in quality improvement.

Our participation in making evidence-based improvements in the quality of health services delivered to Aboriginal and Torres Strait Islander populations contributes to closing the gap in health inequality as we provide day-to-day care.

Being competent in quality improvement means: understanding systems; understanding change management; understanding data collection, analysis, and feedback; and being familiar with a range of CQI tools.

Module two tells the story of One21seventy, The National Centre for Quality Improvement in Indigenous Primary Health Care. In explaining the One21seventy CQI cycle and background, it sets the scene for understanding more about CQI and using CQI tools.

## **ASSESSMENT**

You can now complete the assessment task.

You can either do the brief assessment quiz, or complete the optional task, which is designed for individual reflection or group discussion with colleagues who have completed the module.

The optional task won't be assessed - so you are encouraged to discuss your work with your local CQI facilitator.

Once you begin the quiz, you can't exit until all questions are answered.

If you would like to review module content before starting, use the navigation menu on the left to go back through the module.

### ***Choose the two correct statements about population health.***

Correct	Choice
	'Population health' is an alternative term for 'primary health care'.
	Population health is an organised response to protect and improve health outcomes of a population.
	A population health approach considers underlying social, economic, biological, genetic, environmental and cultural determinants of health.

### ***When taking a population health approach to chronic illness interventions, one would ask:***

Correct	Choice
	Why does this particular population have a high incidence of diabetes or renal disease?
	Why did this person develop diabetes or renal disease?
	What care, support, medications and medical advice do these chronically ill patients need?

**Select the answer that is NOT a shared principle of population health and PHC.**

Correct	Choice
	Commitment to equity in health care
	Incremental and continuous improvements in health care
	Holistic understanding of health

**CQI is a cyclical process of evaluation to improve performance, sustain improvements and focus on agreed priorities.**

Correct	Choice
	True
	False

**CQI is about ensuring a few procedures are done really well.**

Correct	Choice
	True
	False

***CQI emphasises incremental and continuous improvements to raise the general standard of care.***

Correct	Choice
	True
	False

***CQI aims to strengthen systems to sustain improvements.***

Correct	Choice
	True
	False

***CQI processes make individual staff responsible for improving performance.***

Correct	Choice
	True
	False



***Drag and link the boxes to correctly complete these statements.***

Correct	Choice
Population data can identify	engagement of managers and practitioners.
Evidence shows that for CQI to work well it requires	trends in service delivery and health indicators.
Population health responses often involve	involvement of Aboriginal and Torres Strait Islander workers.
CQI research in Indigenous health care has linked improved population health outcomes to	changes to systems, structures, and policies.