Report

An Australian GP Futures Conference

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Introduction

In Australia, General Practitioners (GPs) are supported through local member based associations called "divisions". Divisions are funded by the federal government to serve a health reform function, but also to serve their local doctors. The Future of General Practice Conference, organised by the Brisbane Inner South and Redcliffe Bribie Caboolture divisions of GP was held in Brisbane at the Novotel on the 11th and 12th February, 2000. This was the first conference of its kind to be attempted within the realm of General Practice in Queensland.

In developing the concept of such a Conference, informal discussions had been held over several years by a small group of divisional General Practitioners (GPs) and Chief Executive Officers interested in the relationships between 'health futures' and general practice.

The group was fortunate to have access to two internationally eminent futurists: Professor Rick Slaughter (Swinburne University of Technology) who was involved from the earliest days, and, as the project matured, Professor Sohail Inayatullah (Queensland University of Technology) became involved in the Conference design and planning process.

A funding opportunity was provided by the Commonwealth Department of Health and Aged Care (DHAC), via the Australian Divisions of General Practice (ADGP) Innovative Projects Grants Program.

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Conference Rationale: The Changing Face of General Practice

The General Practice profession has experienced considerable change over the last two decades. Some of the changes include:

- A movement away from solo or small practices to larger group and corporate practices.
- A continued expansion and proliferation of medical specialisation leading to a progressive de-skilling of the workforce.
- Consumer demands for improved services, access and products.
- Government demands for measurable quality improvements and a cost effective health system.
- Government & community demands for action on population health issues including improved integration between GPs and other health services.
- Demographic changes within the General Practice profession.
- An increased use of alternative health treatments.

Along with these changes there appears to be a perception among GPs that their status and remuneration relative to other professions has diminished[1].

Drivers of Change in General Practice

The key drivers of change and continuity within health include economic/commercial, technological/telecommunication, educational, cultural and demographic forces (including consumer needs, GP workforce issues, and Government acountability demands). The HealthCast report[2] has argued that the three major forces of change in international health care over the ensuing decade will be e-commerce, genomics, and changing consumer expectations and demographics.

Australian Government concerns about health include potential 'blowouts' in health care costs due to a growing population of older people, and the use of increasingly sophisticated and costly diagnostic and treatment options. Internationally, governments have shown concern with both cost containment, and ensuring the provision and coordination of high quality health services which meet consumer needs[2,3]. Changes in computing and telecommunication mechanisms are also impacting on the structure of health service provision and the measurement of quality assurance, as are increased consumer empowerment and consumer awareness of health treatment options[4]. It was argued in the project funding submission that these forces would continue to influ-

ence both the structure and provision of health services and general practice. In discussions held with representatives of the general practice community it was perceived that there was both an opportunity and an imperative for the general practice profession to examine the causes of these changes, to explore likely future changes, and to consider ways of influencing the future of general practice and primary health care through divisions of General Practice.

Conference Goals

The GP Conference was used as a forum to:

1. Develop 'Futures Studies' skills among participants.
2. Identify the structural and socio-cultural levers to create a 'systems map'.
3. Use the systems map to identify likely future scenarios for the profession.
4. Develop vision(s) about their preferred futures (preferred scenarios).
5. Develop strategies to bring about 'preferred futures' (backcasting).

Developing a 'Systems Map'

An initial analysis of the 'systems of influence' in general practice produced a series of dimensions or 'slices' which in turn provided the organisers with a way of structuring the content of the conference. The initial 'slices' included: Government (state and federal) health plans; existing and alternative health systems; the GP professional organisations; hospitals; health related businesses (pharmaceutical companies, pathology companies, telecommunications companies). Futurists (and futures techniques) themselves were included as an important 'slice' because of their proactive stance on creating preferred futures.

National and international speakers were identified within each of these 'slices' to offer content input (the knowledge base) and to help create dialogue among the participants (see webpage). Participant involvement was facilitated by structuring the conference into 'passive' and 'active' sessions. The passive sessions involved discussions from stakeholders within each of the slices, and included panel discussions. The active sessions entailed group work with 12-15 participants per group, and were facilitated by professional futurists whose role was to enable the participants to both question and operationalise the knowledge base,

to help participants to develop their own 'systems maps', and to facilitate the development of probable and preferred scenarios. These outputs were subsequently discussed at the final plenary session.

Conference Outputs: the Scenarios

Key conference outputs included the group systems maps, and 'probable' and 'preferred' scenarios. Once the probable scenarios had been delineated by a group, they then generated a 'preferred scenario'. This was followed where possible by a process of backcasting to identify a path from the 'future scenario' back to the present.

The groups developed a range of scenarios which shared several similarities. The variations and similarities were analysed by Professor Sohail Inayatullah and refined to produce a final series of four scenarios. These are as follows:

High Tech (Possible alternative titles: digital doc, dr. robot, IT).

1.Drivers - Technology and image of progress

2.Time: 2010-2050

Features of this future include:

- Germ line engineering (eliminating genetic defects for current and future generations).
- Genomics (customized gene therapy).
- Pharmaco-genomics (the study of how a patient's genes determine his or her response to a drug).
- Robodocs and smart cards (ephysicians.com and edr.com and health-bots (interactive wearable computers that monitor one's health).
- While technology is the driver, the key to the high-tech scenario is that technology is miniaturized to meet the needs of patients.
- Doctors, while overwhelmed in this future, become far more holistic in their treatment, focusing on what technology does not give patients.
- Divisions are bypassed, as middle-man type management and information services become redundant.
- Funding for GPs could come from Health Care Organizations (which would include hospitals) or Large Internet Corporations or Giant Pharmaceuticals.

Corporatist (possible alternative titles include: Big business, piracy)

Drivers: Economy, efficiency and corporatist worldview

Time: 1999-2010

- Consumers will gain because of lower cost and seamless service.
- However, for GPs there would be a loss of control with a faceless executive making health decisions.
- In time, the overall quality of health services will decline since cost considerations would become primary and managerialism would take over as the dominant organizational model.
- Alternatively, it could be possible for GPs to develop a national corporation which has equity in, and market control over, services such as radiology, pharmaceuticals, nursing homes and private hospitals. GPs would then lead the money instead of follow the money as they do now. This variation would allow benefits to consumers while keeping health GP-led.
- Funding comes from the Commonwealth (either through fee for service or a GP works for the government as a salaried professional) or as employees of large corporations.

Worst case (Possible alternative titles: Drone, More of the Same, 'Big'

Drivers: power, technology, big capital and values

Time: 2000-2035

Possible features of this scenario include:

- Doctors lose their autonomy and feel disempowered.
- In the Big Brother scenario, "technological developments play into the hands of centralists by both increasing specialist monopolies and also eroding the meaningful relationships that are at the core of the GP Ethic".
- Clinical governance creates a hegemonic culture wherein GPs lose their maneuverability in creating the futures they desire. They feel trapped.
- The opposite of this scenario is the return to basic values - doctors as caring and concerned professionals. Listening to patients and developing wisdom.
- Funding comes from Giant Multinationals and the Commonwealth. Divisions play very little role in financial management.

Networking/multidoor (possible titles include: back to values, quality & network, division cooperative, GP & consumer ownership, medi-network.)

Drivers: Values, consumer needs, democratic image of health

Time: 2005-2025

This future consisted of a more diverse but strongly connected system - creating a feeling of community.

- The central point in these networks/multiple doors is that doctors

remain the gatekeepers with divisions or associations playing a systems coordinating role.
- Partnership with other GPs.
- Empowerment of patients.
- Focus on Quality of Life.
- Community instead of hospital focus.
- Family friendly and community members feel part of the system.
- Divisions provide the following roles: (1) advocacy with local services, (2) research interpretation (separating the gold from the crap on the web), (3) brokerage role through virtual amalgamations) as well as a (4) funding role.
- Funding comes through divisions (via DHAC). Additional income is generated through patients.

Conference Evaluation Summary

A total of 140 participants attended representing 19 of the 20 Queensland Divisions of GPs, various state support groups, some private industry groups, and a small number of international presenters. The conference objectives are shown below:

Table 1: Specific Conference objectives

To develop an understanding of:
1.The tools of Futures Studies (eg. Macro causal analyses, scenario development)
2.The Key drivers of change in General Practice
3.Possible Futures for General Practice
4.Visions of preferred Futures for General Practice

Evaluation Design

The conference evaluation design addressed facilitators' and participants' perceptions of success vis a vis the conference objectives (above). Emphasis was placed on the qualitative responses of the facilitators, including their judgement of the participants' knowledge gain, attitudes and preparedness for behaviour change. The participant responses generated quantitative data which enabled triangulation with facilitator

feedback. A 'lead facilitator/futurist' was also appointed to gather data from a focus group conducted with all facilitators immediately following the conference in order to obtain their views on the success of their 'work-groups'.

Other conference components investigated within the evaluation were **program reach, participant satisfaction, quality assurance and impact evaluation.**

Program Reach

Program reach was 140 participants on each of 2 days. Of this group, approximately 37% were GPs, some 50% were divisional staff, with the remainder coming from a range of health industries.

Participant Satisfaction & Impact evaluation

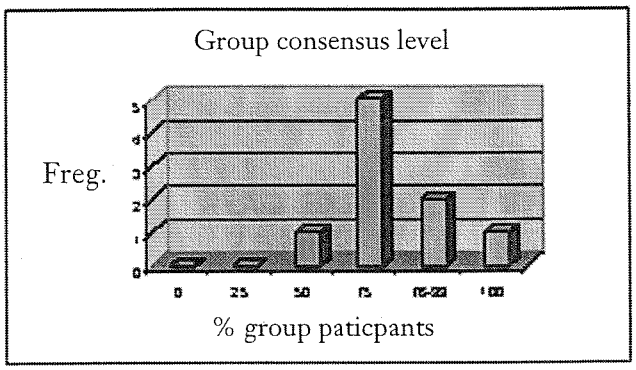
Participant satisfaction and impact evaluation were measured via two instruments incorporating both qualitative and quantitative items. Two instruments were used to measure the conference effectiveness from both the facilitators' and the participants' perspective. Both instruments were designed to ascertain perceptions of the level of participant understanding of key conference aspects such as 'drivers of change' and 'preferred GP Futures'. Data collected from both participant and facilitator perspectives enabled cross comparisons to be generated. All nine facilitators completed a survey while 52 participants completed a survey, giving approximately 41% response rate.

Results

With respective to Objective 1 ('Futures' tools e.g. Macro causal analyses, scenario development), 52% of the participant sample made reference to Futures Studies (FS) as one of the main 'learnings' derived from the conference. From the facilitators' perspective, the average group proportion suggested to have achieved an understanding of FS was reported as 62.5%.

With respect to Objective 2 (key drivers of change in General Practice), 61.5% of participants referred to Information Technology as one of the key drivers of change in GP, while 52% reported consumer demand and patient expectations to be key change factors. Forty six

percent (46%) made reference to the importance of issues relevant to the management of General Practice, with specific comments addressing GP leadership, partnerships, competition issues, GP morale and career dissatisfaction. Facilitators perspective on the level of group consensus regarding the identified drivers of change was 78% (see below).



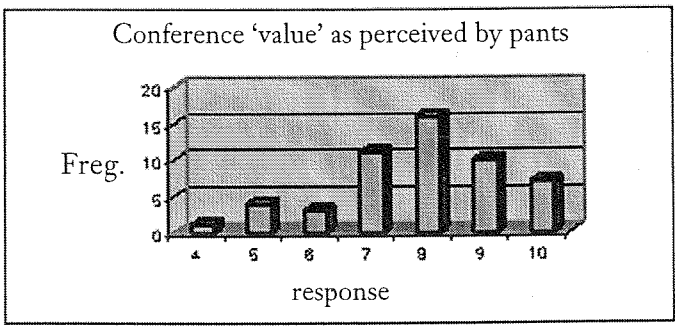
With respect to Objectives 3 and 4 (possible and preferred futures for General Practice), 46% of respondents stated that their understanding of both had improved. All facilitators expressed their perception that participants now had an enhanced capacity to create their preferred futures due to an increased level of awareness. Additionally, eight of the nine facilitators indicated that participants had taken on some degree of ownership over their preferred futures, referring to specific statements of positive participant behavioural intentions. For example, one facilitator commented "*...all [group members] identified their desire to engage positively in generating actions as our conference outcome*".

Participant Satisfaction

With respect to the overall success of the conference, on a scale of one to ten, the average score indicated by respondents was 7.8. Similarly, 67% of facilitators offered comments such as, "*generally excellent*" and "*excellent two days*".

Further evidence of the degree of conference success is found in participant responses, to the question of their overall conference experience, where 80% of the participant sample referred to the program design itself. Comments here included, "*quality of presenters excellent*"; "*exposure to good balance of professional expertise*"; and "*broader range of issues than*

normally undertaken at GP conferences".



In answering this question reference was also made specifically to the facilitation and participation aspect of the conference design, by 31% of the participant sample. Voluntary feedback included 17% of the sample making positive comments about the future of General Practice, for example - "*some great options for GP*"; "*GP has begun to look at its Future*". Conversely, 9.6% of the sample also viewed the Future of General Practice as negative, citing the issues of uncertainty and discomfort ahead. 15% of the sample also suggested that missing elements of the conference included consumer and indigenous groups.

Overall, 33% of respondents made unsolicited positive references to the conference success. In summary, it is evident that the process of 'futuring' has some practical relevance to issues impacting on General Practice, and on GPs themselves. As one participant stated, "***...it will be impossible to do business 'the same old way' again! Well done!***"

Conclusions

The original 'slices' (Pp.2) used by the Conference organisers to structure the Conference content were modified by the participants. A modified 'systems map' of the drivers of change in General Practice can now be argued to include:

- General Practice 'corporates',
- Hospitals/Pathology/Radiology companies,
- IM/IT & Telecommunications products and providers,
- Government demands for quality, accountability, and cost-effectiveness through system level controls (MBS, PBS, HIC, GP MoU) and related incentives,

- Consumer demands for quality, diversity, access and price,
- The General Practice profession through the strategic plans of its professional bodies including Divisions of GP,
- Developing health systems modeling (e.g., co-ordination, integration of care), and developing evaluation techniques including system performance measurement, quality assurance, cost effectiveness,
- Impact of competing health philosophies (e.g., primary health care, preventive approaches) on existing systems and GP cultures,
- Remote/rural health issues, health inequalities, and the socio-economic determinants of health.

This 'systems map' helps to explain some of the current approaches or models being developed to address the various 'tensions' and demands on the Australian health system; for example, the trialling of various models of health service integration, and the trialling of various models of health financing including variations on purchaser/provider splits, and budget-holding.

Conference Proceedings

The proceedings of the Conference have been posted on a website which is accessible at www.gpfutures.com.au

Notes

1. *General Practice in Australia 2000* General Practice Branch, Commonwealth Department of Health & Aged Care, May 2000.
2. *An overview of health status, health care and public health in Australia.* Occasional papers Series No.5 Commonwealth Department of Health and Aged Care, Population health divisions, Jan. 1999.
3. Frenk. J. (1994) "Dimensions of Health System Reform." *Health Policy* no.27 Pp. 19-34.
4. *HealthCast 2010*, PriceWaterhouseCoopers Nov. 1999.

INVITATION FOR AUTHORS

The *Journal of Futures Studies* (JFS) is published by the Center for Futures Studies, College of Education, Tamkang University, Tamsui, Taipei, Taiwan. The editors invite contributors in the areas of foresight, forecasting, long-range planning, visioning and other related areas. Contributors should be based on the critical and/or empirical research in the field of Futures Studies. The journal attempts to attract contributors who can offer distinctive viewpoints on a broad range of future-oriented issues. Contributors also should comply with the following guidelines:

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References Following Endnotes List authors alphabetically, by surname. Spell out first names of all authors and editors. For authors with more than one work cited, list works earliest to latest. For articles, next give title of article (caps and lower case), name of journal, volume number, and pagination. For books and monographs, give title, followed by publisher.

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