



Train IT Medical
Competence with Confidence

Implementing Quality Improvements

- PIP QI -

Presented by:

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Learning Objectives:

1. Explain the new Practice Incentive Payment Quality Improvement (PIPQI)
2. Develop an understanding of relevant data systems
3. Design Quality Improvement activities.
4. Create a practice plan to meet eligibility for PIPQI.

Learning Objective 1:

Explain the Practice Incentives Program (PIP) – Quality Improvement (QI)





PIP QI supports general practices that encourage:

Continuing
Improvements

Quality care

Enhancing
capacity

Improving
access and
health outcomes
for patients



Practice Incentive Payments

1. PIPQI - *started 1 August 2019*
2. eHealth Incentive
3. After Hours Incentive
4. Rural Loading Incentive
5. Teaching Payment
6. Indigenous Health Incentive
7. Procedural General Practitioner Payment
8. General Practitioner Aged Care Access Incentive



PIP QI from 1 August 2019

- First quarter payments (covering 1 August to 30 October) made 1 November.
- General practices complete an annual confirmation statement each year declaring compliance.
- Must maintain evidence of compliance for 6 years (not PHN responsibility)
- Dept Health conducts audits & compliance checks of payments made under the Practice Incentives Program.

Katrina's tip: Document every improvement activity you do & celebrate each achievement

PIPQI Preparation Checklist

☐ DO NOW

- ☒ Practice accreditation
- ☒ Review data sharing agreement with CESP HN
- ☒ Set up PRODA so you can apply online for PIPQI on 1 August

☐ DO NEXT

- ☒ Install & learn Pen CS or Polar (data extraction tools)
- ☒ Review the Improvement Measures
- ☒ Start Implementing Quality Improvement Activities

PRODA? Provider Digital Access

What is PRODA?

PRODA is an online authentication system used to securely access certain online services including HPOS and the NDIS.

Designed as a two-step verification process, it requires a username, password and verification code to login. It is a portable solution that requires no additional hardware or software and is available to those who need access to these services.

PRODA Login

If you have already created your PRODA account, log in here.

Username:

Enter username

Password:

Enter password

Verification Code:

Enter verification code

Log In

Don't have a PRODA account? [Create one](#)

Australian Government
Department of Human Services

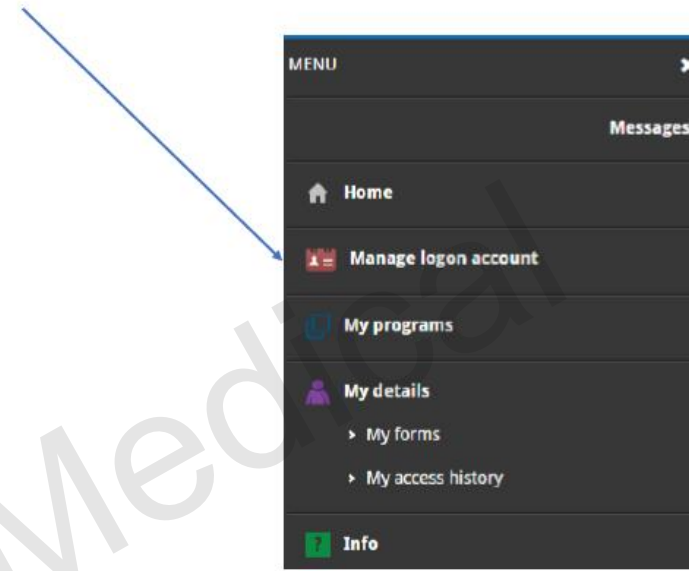
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Used to securely access government online services

Access to PIP via PRODA

You may have previously provided your Individual HPOS PKI RA number to the PIP team to permit you to update the Practice PIP details. As you have a separate PRODA RA number, you will need to ensure this number is linked to PIP. To find your PRODA RA number, you will need to CLICK on **Manage logon account**



You will be taken to the following screen: Hover over the MENU button until you see the following icons:

Click on My Login Details:





PIP QI – Eligible data set - Improvement measures

1. Proportion of patients with **smoking** status recorded
2. Proportion of patients with **alcohol** status recorded
3. Proportion of patients with **weight** classification recorded
4. Proportion of patients with up-to-date **cervical screening**.
5. Proportion of patients with **diabetes with blood pressure recorded**
6. Proportion of patients with **diabetes with current HbA1c result**
7. Proportion of patients with **diabetes immunised against influenza**
8. Proportion of patients **COPD & immunised against influenza**
9. Proportion of patients **over 65 immunised against influenza**
10. Proportion of patients with **necessary risk factors to enable CVD assessment**



QUESTION:

What are the prescribed targets?

ANSWER:

There are no prescribed targets associated with any of the Improvement Measures.




QUESTION:

Do you have to focus your quality improvement activities on the 10 Improvement Measures?


ANSWER:

No.

Focus on areas which are informed by your clinical information system data and meet the needs of your practice population.



“The PIP QI Incentive will give practices increased flexibility to improve their detection and management of a range of chronic conditions & to focus on issues specific to their practice population”



Practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.

Learning Objective 2:

Develop an understanding of relevant data systems



MedicalDirector®



POpulation Level Analysis & Reporting

The screenshot shows a web browser window with the URL <https://polarexplorer.org.au>. The browser tabs include 'Education and Support - POLAR', 'Home - POLAR', and 'polar reporting logo - Bing image'. The website header features the POLAR logo and navigation links: Reports, Management, Downloads, and Contact Us. A user greeting 'Hello Sue' and a 'Log off' link are visible in the top right corner.

The main content area has a blue background with silhouettes of people. It features the POLAR logo and the title 'POLAR - Population Level Analysis and Reporting'. Below the title are three white boxes with blue borders:

- About Us**
POLAR Explorer tools are an easy-to-use web-based interface that allows health data to be analysed instantly.
- Reporting**
POLAR Explorer Reports include GP's, Health Services and Population, Community Health. To experience our solution [run reporting...](#)
- Support**
To request support, provide feedback, or contact us for another reason, use our [Contact Form...](#)

At the bottom of the page, there is a copyright notice: '© Copyright 2018 Outcome Health | Terms of Use | Privacy Policy | Accessibility | 1.3.9.1669'. The Windows taskbar is visible at the bottom of the screen.

Set a baseline for QI Activities



Baseline



RECORDED PATIENT CLINICAL DATA

Quality Param Medical	% Recorded	Target
Alcohol	54.3%	75%
Allergy	95.0%	90%
Allergy Reaction	97.7%	75%
BMI	42.7%	75%
Smoking	77.3%	75%

Use data analytic tools to identify improvements eg alcohol recorded



File Edit View Tools Data Submission Prompts Help

Collect View Extracts View Filter Report View Population Dashboard CAT4 Cleansing CAT Registrar CAT

Medical Director 3, HCN Sample Data; Extract Date: 12/02/2015 9:57 AM; Filtering By: Conditions (Asthma - Yes)

Data Cleansing

Missing Demographics Missing Clinical/Accreditation Items Indicated CKD with no diagnosis Indicated Diabetes with no diagnosis Indicated Mental Health with no diagnosis Indicated COPD with no diagnosis Medication Review

Patient List [count = 4]

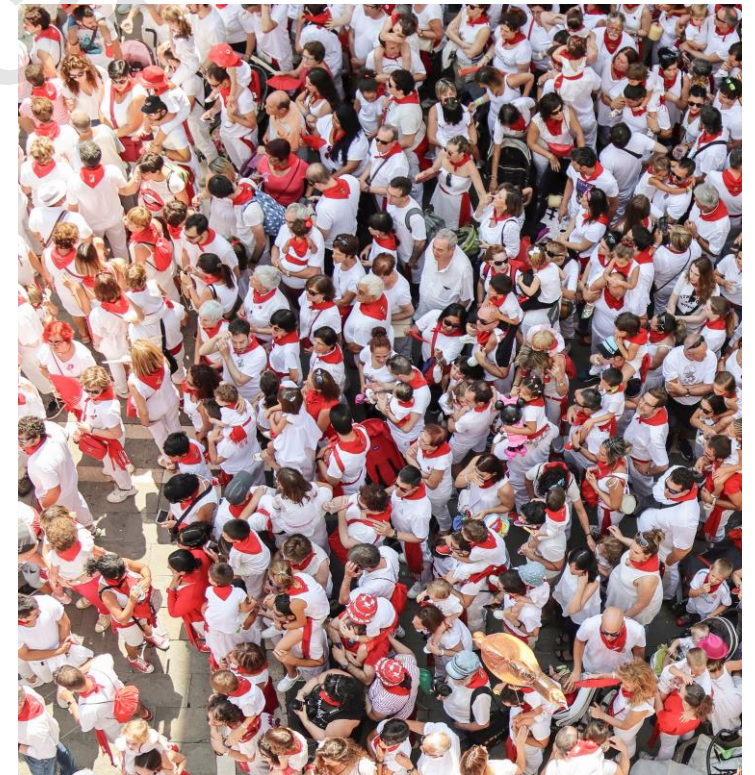
Show/Hide Columns Export

Double-click a patient to open it in your clinical system (MD,BP,Zedmed) Page No. Go Prev Page Next Page

	Surname	Firstname	Date of Birth	Sex	Allergies	Height	Weight	Alcohol	Smoking	Assigned Provider
	Sumame	Firstname_1442	12/02/1955	M	Recorded	171.5	115		Ex smoker	Sumame
	Sumame	Firstname_184	12/02/1934	F	NKA	152	102.9		Smoker	Sumame
	Sumame	Firstname_385	12/02/1941	F	Recorded	166.5	100		Ex smoker	Sumame
	Sumame	Firstname_858	12/02/1949	M	Recorded	182	88		Never smoked	Sumame

Start with simple searches


- ✓ *Patients aged over 65*
- ✓ *Active vs inactive patients*
- ✓ *Patients who smoke*



Lead your team in continuous quality improvements



Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW



*Evidence has shown that
**quality improvement activities lead
to positive change in practices,**
particularly when a
whole practice team
approach is adopted.*



Criterion QI1.1 – Quality improvement activities

Indicators

QI1.1►A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1►B Our practice team internally shares information about quality improvement and patient safety.

QI1.1►C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1►D Our practice team can describe areas of our practice that we have improved in the past three years.

Measure
1. Proportion of patients with smoking status recorded
2. Proportion of patients with alcohol status recorded
3. Proportion of patients with weight recorded
4. Proportion of patients with up-to-date cervical screening.
5. Proportion of patients with diabetes with blood pressure recorded
6. Proportion of patients with diabetes with current HbA1c result
7. Patients with diabetes immunised against influenza
8. Proportion of patients with COPD & immunised against influenza
9. Proportion of patients over 65 immunised against influenza
10. Proportion of patients with necessary risk factors to enable CVD assessment

Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
13697	2488	1996	921	1718	1839	936	604	686	43
28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
9576	1866	1628	684	1192	1445	795	397	514	30
17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
141	28	11	13	21	6	12	5	6	0
35	5	2	3	11	2	7	0	3	0
27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
0	0	0	1	0	0	0	0	0	0
1	0	0	1	0	0	0	0	0	0
3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
94	5	2	3	0	12	2	1	2	0
288	29	55	6	8	131	10	6	17	1

Measure	Practice Target	Practice Baseline	GP1 Result	GP2 Result	GP3 Result	GP4 Result
1. Proportion of patients with smoking status recorded	90%	44%	23%	20%	55%	12%
2. Proportion of patients with alcohol status recorded	75%	23%	5%	8%	6%	2%
3. Proportion of patients with weight recorded						
4. Proportion of patients with up-to-date cervical screening.						
5. Proportion of patients with diabetes with blood pressure recorded						
6. Proportion of patients with diabetes with current HbA1c result						
7. Patients with diabetes immunised against influenza						
8. Proportion of patients with COPD & immunised against influenza						
9. Proportion of patients over 65 immunised against influenza						
10. Proportion of patients with necessary risk factors to enable CVD assessment						
11. Proportion of patients aged 75+ with a Health Assessment in < 12 months	50%	2%	3%	6%	6%	8%
12. Proportion of patients > 50 years with bowel screening test done in last 2 years	65%	1%	3%	7%	10%	16%

PIP QI - 10 Improvement Measures

70%

1- **Diabetes** and **HbA1c** recorded

Status: **Missing**

2- **Smoking** status recorded

Never smoked

3- **BMI** recorded ≤ 12 months

22.5 3/6/2019

4- **Age** ≥ 65 and immunised for **influenza** ≤ 15 months

This patient does not meet the eligible population criteria.

5- **Diabetes** and immunised for **influenza** ≤ 15 months

4/3/2019

6- **COPD** and Immunised for **influenza** ≤ 15 months

This patient does not meet the eligible population criteria.

7- **Alcohol** Consumption recorded

Status: **Missing**

8- **Female** b/n 20-74 years and **cervical screening** recorded ≤ 5 years

Status: **See results**

9- **CVD Risk** factors recorded

Smoking status: **Missing**

Diabetes diagnosis or screening HbA1Ac or FBG: **Diabetes**

Systolic Blood Pressure: **Missing**

Cholesterol: **Pathology results required**

HDL: **Pathology results required**

Age: **45**

Gender: **Male**

10- **Diabetes** and blood pressure recorded ≤ 6 months

Status: **Missing**

[Download PEN CS PIP QI booklet](#)

You are PIP-QI data compliant this quarter (2019 Quarter 4 - Cut-off date 15/10/2019)

Last successful extraction of your data was: 19/08/2019

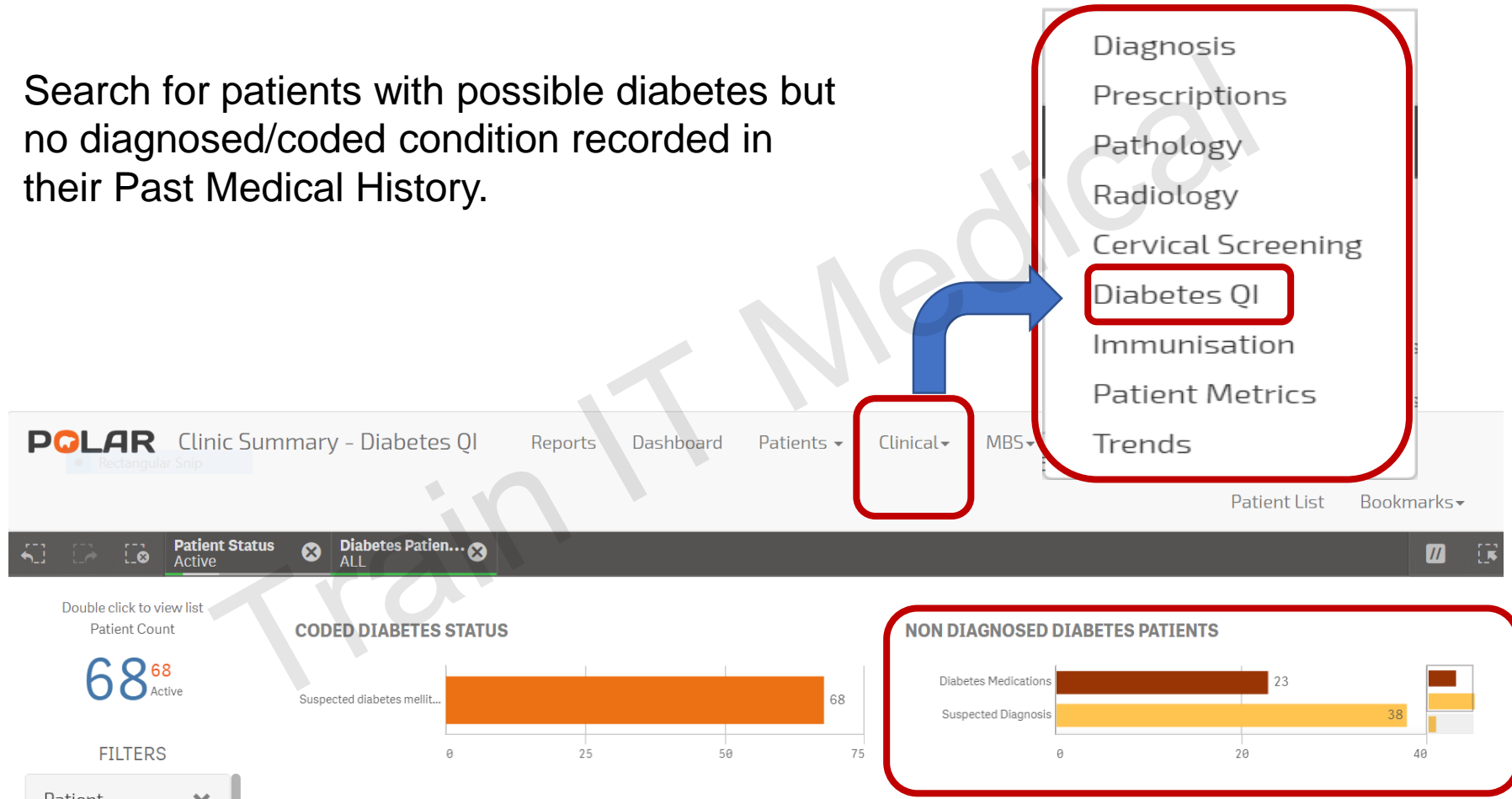


Quality Improvement Measure	Chart	Sub-Measure	Patient Counts
QIM 1 - Patients with diabetes with a current HbA1c recorded (<12 months)		Type 1	12 / 20
		Type 2	96 / 144
QIM 10 - % of patients with diabetes and BP recorded			94 / 164
QIM 2 - Patients with smoking status recorded		Current Smokers	185 / 5404
		Ex-Smokers	1045 / 5404
		Non-Smokers	3739 / 5404
QIM 3 - Patients with BMI recorded		BMI >30	166 / 5399
		BMI 25 - <30	188 / 5399
		BMI 18.5 - <25	179 / 5399
		BMI <18.5	17 / 5399
QIM 4,5,6 - Influenza vaccinations given in past 15 months, by patient groups		Patients > 65	975 / 1254
		Patients with diabetes	105 / 153
		Patients with COPD	28 / 33
QIM 7 - % of patients with alcohol status recorded		Currently Unavailable	0 / 0
QIM 8 - CVD calculation elements - risk factors		Smoking Status, Systolic BP, Total & HDL Cholesterol etc.	951 / 2792
QIM 9 - Cervical screening		2 year screening	1431 / 4270
		5 year screening	1437 / 4270

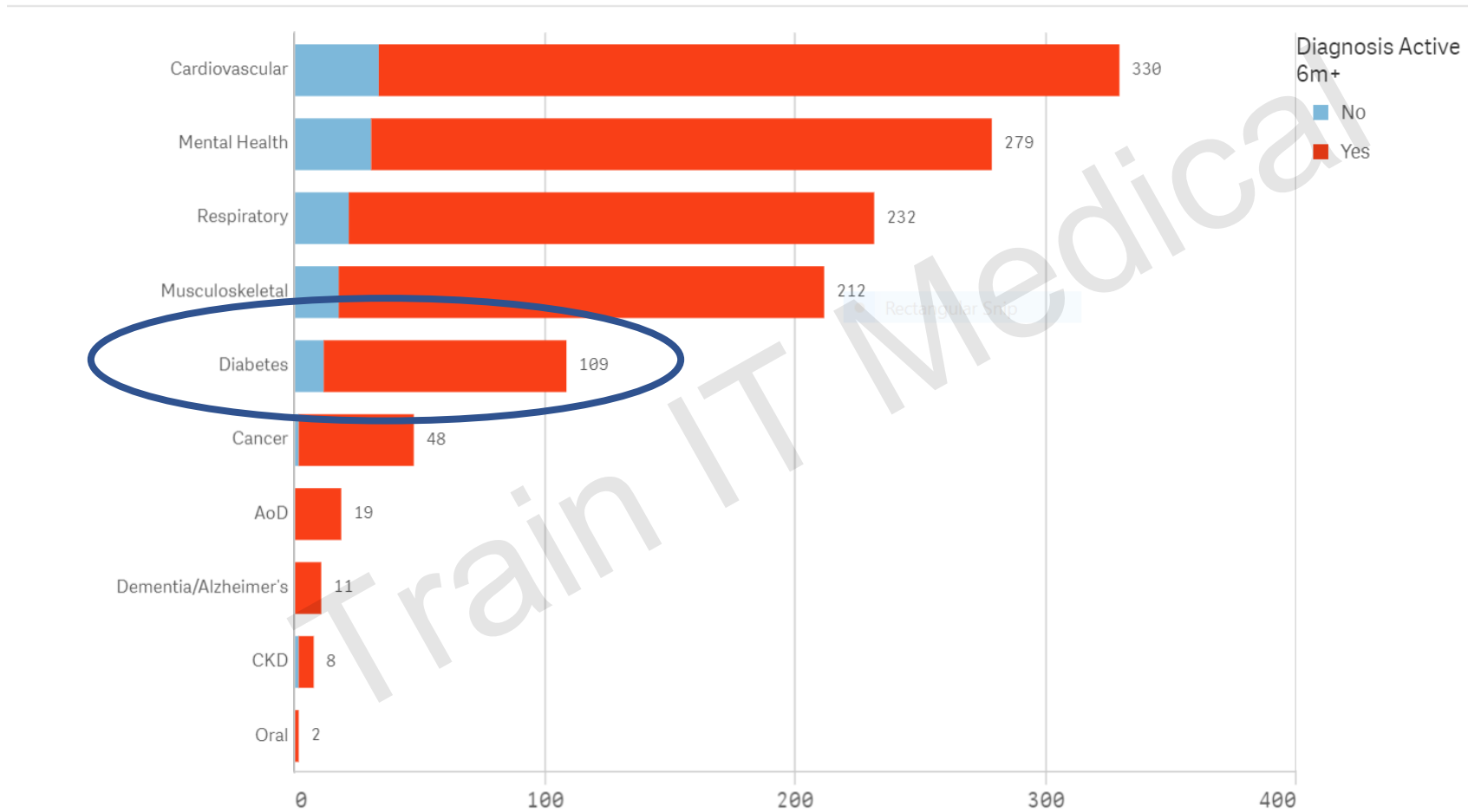


Improve diabetes management

Search for patients with possible diabetes but no diagnosed/coded condition recorded in their Past Medical History.

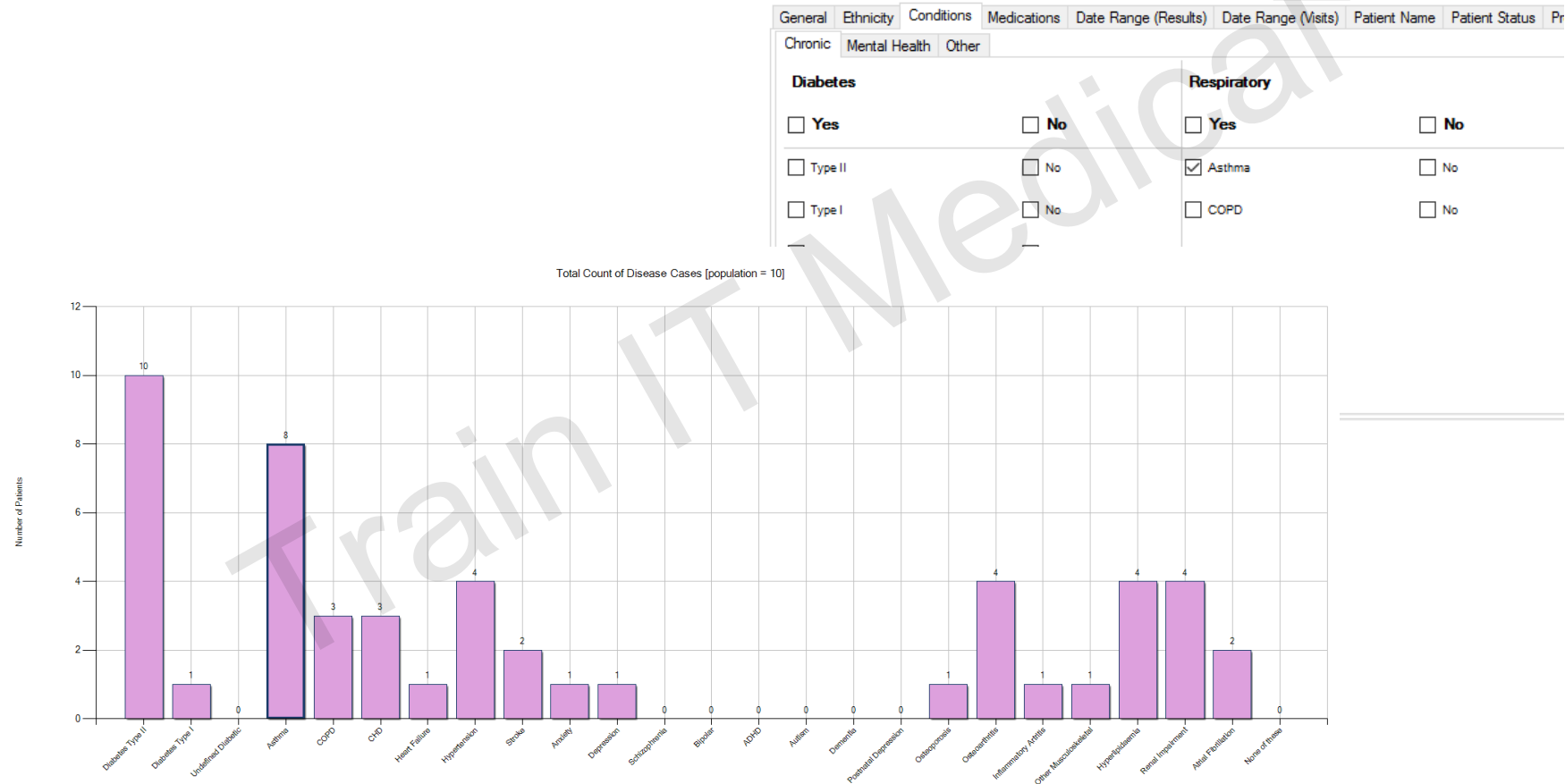


Chronic disease management



Proactive Population Based Approach

Build a Register of patients with a particular condition e.g. Diabetes etc



The data [coding]

'Past History'

Past History

Date: / / 2013 9/12/2017

Condition: Total knee replacement

Keyword search Synonyms

Condition

- Total knee replacement
- Total knee replacement revision

☒ Left ☐ Right ☐ Bilateral

☐ Acute ☐ Chronic

☐ Mild ☐ Moderate ☐ Severe

☐ Active ☒ Inactive

☐ Provisional diagnosis

Fracture:

☐ Displaced ☐ Undisplaced

☐ Compound ☐ Comminuted

☐ Spiral ☐ Greenstick

Further detail:

Dr Mary Smith - St George Hospital

☒ Send to My Health Record

☐ Confidential

☒ Include in summaries

Save Cancel

BEST TIP!!

Add detail/comment
eg Care team involved

ONLY for Chronic conditions &
significant active or inactive
'events' eg CKD

Edit History Item

Year: 2017 Date: 05/10/2017

Condition

☒ Pick from list (coded)

CKD (Chronic Kidney Disease) Stage 2

CKD (Chronic Kidney Disease) Stage 2

☐ Free text (uncoded)

☐ Left ☒ Active problem

☐ Right ☐ Confidential ☒ Summary

Comment:

Under care of Dr Rayna Simpson, Renal Physician

OK Cancel

SAMPLE

Quality Improvement Activity:

Goal

What are you trying to accomplish?

Improve the accuracy and completeness of the diabetes register by June 30th 2019

Measure

How do you know that change is an improvement?

Compare

- The number of people on the diabetes register at the **start** of the improvement activity (baseline)
- The number of people on the diabetes register at the **end** of the improvement activity

Ideas

What changes can you make that will lead to an improvement?

1. Archive all patients that do not fit within the practice's definition of active patients
2. Review definition of diabetes and code Type 1 and Type 2
3. Search for all patients on relevant medications that are not coded as having diabetes and code correctly
4. Search for all patients that have had a relevant test performed (e.g. HBA1c) but are not coded with diabetes and code correctly

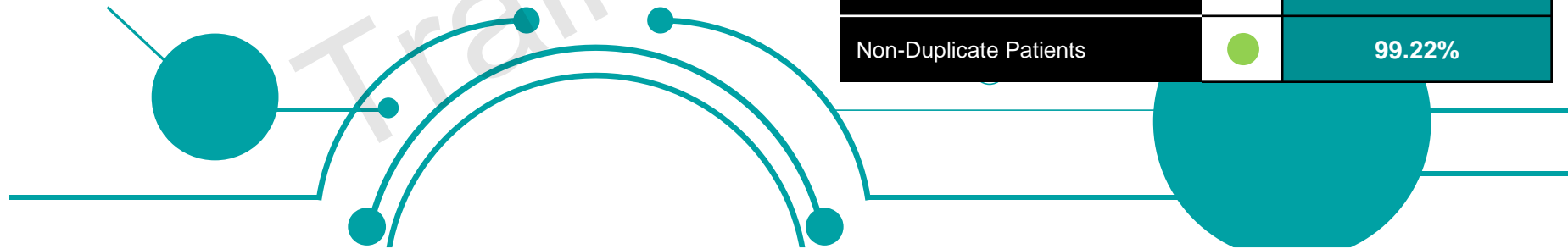
What is our GOAL (what are we trying to accomplish)		Raise Awareness of Clinical Coding <ul style="list-style-type: none"> ▪ Code diagnoses ▪ Enter reason for visit ▪ Enter for reason for medication ▪ Maintain updated allergy detail 		
What measures will we use? (i.e. data)		Data Extraction Tools eg. Pen CAT or POLAR		
What ideas can we use? (how are we going to achieve our goal)		<i>List ideas here to work on in table below</i> Start a Quality improvement folder Team meeting Attend education eg. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit		
IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

Create an Improvement Culture - with evidence-based improvements

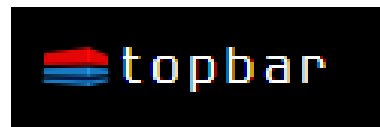
Example of coding improvement activity

- **Generate Data Quality Dashboard in data extraction tool e.g. Pen CAT4 for individual providers (evidence based approach showing real data rather than assumption).**
- **Create PDSA to support Quality Improvement Activity**

Allergies and adverse reactions	●	89.24%
Medicines	●	48.03%
Medical History	●	88.56%
Health Risk Factors	●	68.34%
Immunisations	●	64.45%
Relevant Family History	●	54.30%
Relevant Social History	●	93.52%
Non-Duplicate Patients	●	99.22%



Use TopBar for continual improvements



Proactive reminders (filters)



topbar cleansing⁶ waiting room² phs mbs⁴ MR GERT FOURIE feedback

Data Cleansing

DEMOGRAPHIC³ CLINICAL³ INDICATIONS FILTERS

Cleansing & Waiting Room Filters [hide](#)

Modify the below filters to exclude items from the Cleansing and WaitingRoom apps

<input type="checkbox"/> Demographic Items	<input checked="" type="checkbox"/>	<input type="checkbox"/> Clinical Items	<input checked="" type="checkbox"/>	<input type="checkbox"/> Indicated Conditions	<input checked="" type="checkbox"/>
Date of birth	<input checked="" type="checkbox"/>	Allergies	<input checked="" type="checkbox"/>	CKD	<input checked="" type="checkbox"/>
Gender	<input checked="" type="checkbox"/>	Allergy Reaction	<input checked="" type="checkbox"/>	Mental Health	<input checked="" type="checkbox"/>
Address	<input checked="" type="checkbox"/>	Height	<input checked="" type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>
Suburb	<input checked="" type="checkbox"/>	Weight	<input checked="" type="checkbox"/>	Chronic Obstructive Pulmonary Disease	<input checked="" type="checkbox"/>
Postcode	<input checked="" type="checkbox"/>	Smoking	<input checked="" type="checkbox"/>		
Contact	<input checked="" type="checkbox"/>	Alcohol	<input checked="" type="checkbox"/>		
First Name	<input checked="" type="checkbox"/>	Family History	<input checked="" type="checkbox"/>		
Last Name	<input checked="" type="checkbox"/>	Immunisations	<input checked="" type="checkbox"/>		
Ethnicity	<input checked="" type="checkbox"/>	Physical Activity	<input checked="" type="checkbox"/>		
Next of Kin	<input checked="" type="checkbox"/>	<input type="checkbox"/> Diagnosis Coded	<input checked="" type="checkbox"/>		
Medicare Number	<input checked="" type="checkbox"/>	Start Date	<input checked="" type="radio"/> All Time		
Emergency Contact	<input checked="" type="checkbox"/>	<input type="radio"/> Last 3 months	<input type="radio"/> Last 6 months		
Private Health	<input checked="" type="checkbox"/>	<input type="radio"/> Last Year	<input type="radio"/> Last 2 years		
		<input type="text" value="27/12/2016"/> <input type="button" value="📅"/>	<input type="radio"/> Fixed Date		

Learning Objective 3:

Design Quality Improvement activities & a plan to meet eligibility for PIP QI.



POLAR Privacy Notice

A graphic for the POLAR Privacy Notice. The top half features a blurred image of a doctor in a white coat with a stethoscope. Overlaid on this are five circular icons: a pill bottle, a heart, a pill blister pack, a stethoscope, and a microscope. The bottom half is a dark blue curved banner with white text and logos.

POLAR:
Working for you and your community

Doctors at our clinic use POLAR software to help us provide you with the best medical care.

The information is secure, cannot identify patients and is shared with your local Primary Health Network to improve health services in the area.

The information is used for planning health services across your community.

Please let our reception staff know if you do not want your information to be included.

POLAR  **phn**
OUTCOME HEALTH An Australian Government initiative

Pen CS Privacy Notice

A graphic for the Pen CS Privacy Notice. The top section has the PenCS logo and an illustration of two people with a large padlock and the word 'PRIVACY'. The middle section has a heading and text about the use of Pen CS products. Below that is an illustration of people interacting with a globe and various icons. The bottom section has more text and logos for CAT Plus, topbar, CAT4, and PAT CAT.

 **PenCS**

PRIVACY

Working for you and your community

At our clinic we use Pen CS products such as CAT Plus suite of tools, CAT4, Topbar & PATCAT to help us provide you with the best medical care. The information is secure, cannot identify patients and is shared with your local Primary Health Network to improve health services in the area.

The information is used for planning health services across your community. Please let our reception staff know if you do not want your information to be included.

 **CAT Plus**  **topbar**  **CAT4**  **PAT CAT**



VISION



SKILLS



INCENTIVES



RESOURCES



ACTION PLAN

= CHANGE!

Katrina's tips for a successful, happy practice of the future:

- Set small, easily achievable goals (eg coded diagnosis, smoking status)
- Focus on key data items
- Celebrate progress – no matter how small
- Document and review improvement activities
- Train all staff on software & new processes
- Create a team spirit
- Monitor and communicate performance





Improving health record quality in general practice

How to create and maintain health records that are fit for purpose

[Access RACGP resource](#)

Data Quality Checklist for all 'active' patients

- 1 Demographics – are the contact details up-to-date?** ☐
 - Double-click on the patient's telephone number to check and update details
- 2 Medication List – is the Current Meds list accurate?** ☐
 - Right click to delete/cease medications no longer relevant (they can then be found in the Old/Past Scripts thereafter)
 - If none, tick No medications
- 3 Past History List – does it contain only significant conditions that a hospital or specialist would need to know?** ☐
 - Right click to edit, delete or add new
 - If none, tick No significant past history (PMH) box
- 4 Allergies – have you also recorded adverse reactions?** ☐
 - Double-click in allergies box and Add, Edit, Delete
 - If none, tick No Known Allergies/Adverse Reactions/Nil Known
- 5 Immunisations – have immunisations been recorded?** ☐



[Download the 'Data Quality' Checklist](#)

Extra Learning Resources



RACGP

[Improving health & record quality in general practice](#)

[RACGP – Standards for General Practice \(5th Edition\)](#)

[Using Data for Better Health Outcomes](#)

Australian Digital Health Agency:

[Importance of Data Quality](#)

[Data Cleansing & Clinical Coding](#)

[Data Quality Checklist](#)

Train IT Medical

[Practice Management Free Resources](#)

[Digital Health Free Resources \(including Pen CAT4\)](#)

[5 Steps to Data Quality Success](#) (blog)

[Cheatsheets to enter cervical screening in MedicalDirector and Bp Premier](#)

[Pen CAT4 summary sheet](#)



More Learning Resources

Practice Incentive Payments

[Practice Incentives Program Guidelines](#)

[Eligibility for the PIP](#)

Data Analytic Systems

[CAT4 Recipes](#)

[Topbar video](#)

[Polar Learning & Support](#)

PRODA

[PRODA E-Learning](#)

[PRODA Registration](#)

[DHS – Link your PRODA Account to HPOS](#)

Quality Improvements

[CESPHN](#)

[APCC – Model for Improvement](#)

[APCC - PDSA template](#)

[Model for Improvement video](#)

Your PHN is here to help!

Train IT Medical



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Thank you! With best wishes, Katrina Otto