Quality Improvement Activity

My health for life using CAT4

For general practice

phn
NORTHERN QUEENSLAND
An Australian Government Initiative

Practice name:			
Team member:		Date:	

Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

Contents

Appendices

The Quality Improvement activity

This Quality Improvement (QI) activity is designed to support your practice to make measurable improvements in proactive patient care using the Model for Improvement.

Throughout the exercise, you will be guided to explore your data to understand more about your patient population and specifically how to identify high-risk patients eligible for referral to the *My health for life* program.

Correlations will be drawn between high-risk patients that meet certain criteria for recall and referral using **CAT4 recipes**.

The Model for Improvement uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- it is a simple approach that anyone can apply
- it reduces risk by starting small
- it can be used to help plan, develop, and implement change that is highly effective.

The Model for Improvement helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Northern Queensland Primary Health Network (NQPHN) if you have any feedback regarding the content of this document.

My health for life

This QI activity focuses on identifying patients eligible for the *My health for life* (MH4L) program, a free, six-month lifestyle modification program where patients work with a health coach to achieve their health goals.

It is a State government-funded initiative, delivered by an alliance of health organisations, and is designed to help Queenslanders stay well and lessen their risk of developing conditions such as type 2 diabetes, heart disease, stroke, high cholesterol, and high blood pressure.

- See **Appendix 1** for an eligibility criteria pathway diagram.
- **Click here** for a FAQ fact sheet for practice staff.
- See **Appendix 2** for an infographic fact sheet on progress so far in North Queensland.
- Visit the **NQPHN website** for more information, resources, and upcoming sessions in Cairns, Townsville, and Mackay.

Acknowledgements

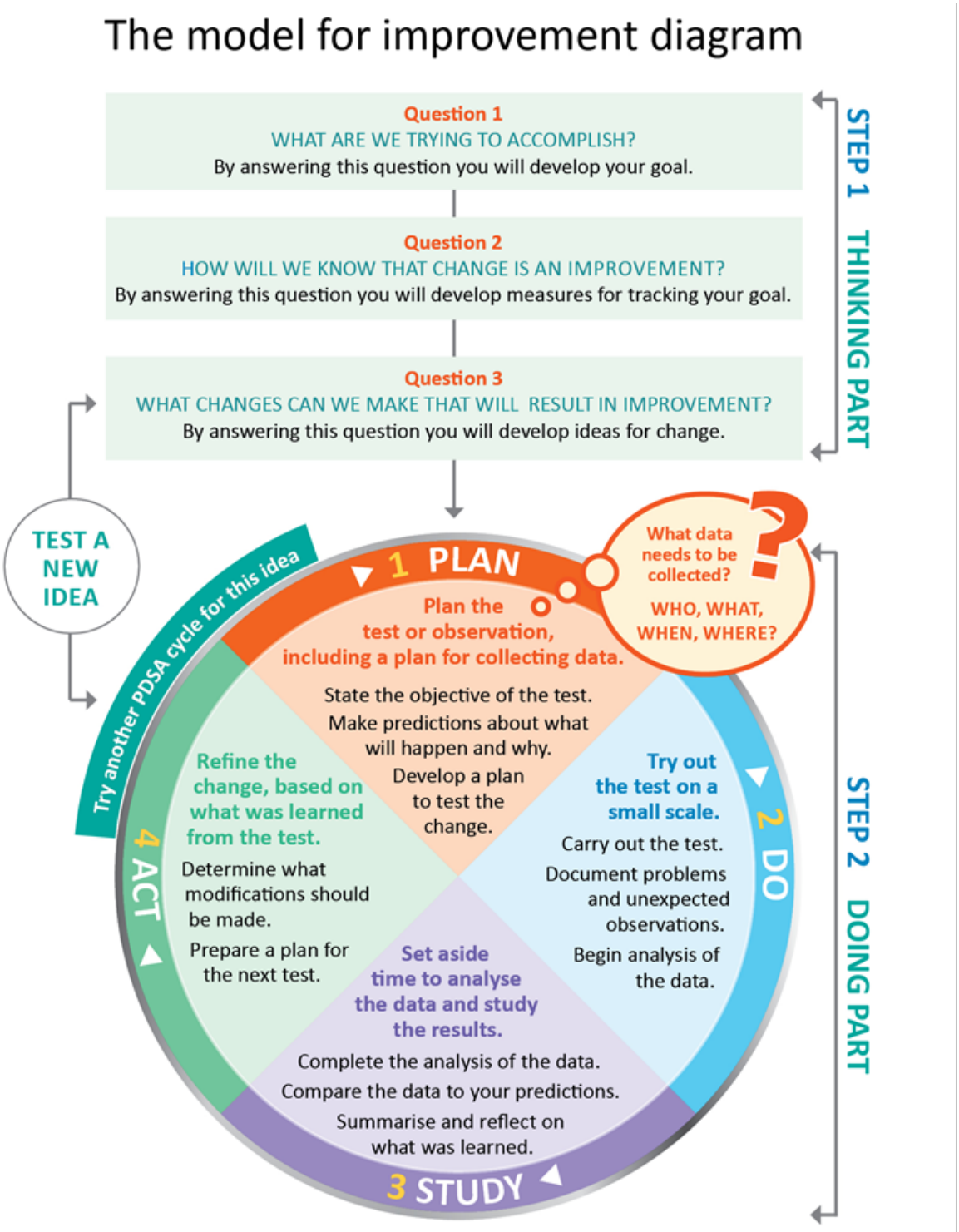
We would like to acknowledge that the Model for Improvement diagram used in this activity has been kindly offered to NQPHN by Brisbane South Primary Health Network (BSPHN). We are grateful for their tremendous contribution and recognise their support towards improving the health and wellbeing of communities across North Queensland.

Using the Model for Improvement to plan recall opportunities

The following Model for Improvement activity is a two-step quality improvement process that uses CAT4 and My Health Record to increase recall opportunities and pro-actively care for patients at risk of developing serious health conditions.

Practice staff may like to complete this activity in a supported learning environment to give them the confidence to effectively use digital programs to plan recall opportunities.

The following diagram shows an overview of the two-step process.



Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

*See **Appendix 3** for a blank copy of this template.*

Step 1: Thinking part – Three fundamental questions

Question 1

Goal: What are we trying to accomplish?

TIP: Embrace change with a S.M.A.R.T. goal that is specific and has a time limit.

Our goal is to:
Use CAT4 recipes to identify eligible patients for the MH4L program and put a recall and reminder system in place to ensure they return to the practice to discuss referral into the program.

Notes:

Question 2

Measure: How will you know that a change is an improvement?

TIP: Develop MEASURES to track the achievement of your goal. For example, track baseline measurements and compare results at the end of the improvement cycle.

Our baseline:

- We will measure the number of identified active patients that meet the MH4L eligibility criteria and measure the number of them that are recalled.
- We'll then measure the number of patients that present to discuss referral to the MH4L program.

Our comparison:

- We'll then contact MH4L to measure the number of patients that sign up to the program.

Notes:

Question 3

List your ideas: What changes could we make that will lead to an improvement?

TIP: List ideas you can use to achieve your goal. These ideas will be used in Step 2 – 'Doing' part.

Our ideas:

- Using CAT4 recipes to identify active patients eligible for the MH4L program
- Recall patients via a phone call or email or SMS
- Set a Topbar reminder to capture patients as they arrive to the practice
- Set reminders in patient files to follow up in a fortnight with patients on the recipe lists
- Book recall patients in to discuss referral to the free program
- Following consent, refer patient to the MH4L program
- After visit, upload a Shared Health Summary to patient's My Health Record for continuity of care
- Contact MH4L program officer in a fortnight to see how many patients show up to undertake the program

Notes:

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

*See **Appendix 3** for a blank copy of this template.*

Step 2: Doing part – The Plan, Do, Study, Act (PDSA) Cycle

Plan

Idea: Describe the brainstorm idea you are planning to work on.

How will you collect your baseline and comparison data?	**What exactly will you do?** *(include who, when, where, what predictions, and data to be collected)*

Who: Nurse (Mary) and Doctor (Bill) **When:** [date] **Where:** At the practice - Dr Bill's office

What: Using the data collection table on the next page, Mary will generate **CAT4** reports listing all active patients eligible for the MH4L program. Mary will then recall eligible patients via a phone call, SMS, or email.

Mary will set a reminder in each patient's file to generate alerts for follow up in a week's time.

Software	How to set a reminder	More information
Best Practice	Click here	Clean up data and reminder reasons
Genie	Click here	
HotDoc	Click here	
Medical Director	Click here	Click here
PenCS Topbar	Click here	Click here

Mary will also set a reminder in her calendar for a fortnight to follow up with the MH4L program coordinator to see how many patients entered the program.

Dr Bill will assess and refer consenting patients into the MH4L program using the template pre-loaded into the supplied templates section of the CIS (Best Practice and Medical Director only).

For more practice software referral templates and resources, see the **NQPHN website**.

Dr Bill or Mary to return referrals via one of the following options:

» Medical Objects: *My health for life* FM4064000RY

» Fax: (07) 3506 0909 or Email info@myhealthforlife.com.au

» Any questions: Contact MH4L on 13 RISK (13 7475)

Mary to upload a Shared Health Summary to the patient's My Health Record, see training **here**.

Prediction: 20 patients will be eligible for the MH4L program.

Notes:

Data to be collected	How	Number of patients
Eligible high-risk patients	Recipe	
Eligible Indigenous patients	Recipe	
Eligible high CV Event risk patients	Recipe	
Eligible patients with familial hypercholesterolaemia	Recipe	
Eligible patients with high BP	Recipe	
Eligible patients with high cholesterol	Recipe	
	TOTAL	
Number of patients recalled		
Number of patients that present for a recall appointment	Cross check CAT4 reports with CIS	
Number of patients that are accepted into the MH4L program	MH4L program coordinator	
Number of patients that had a SHS uploaded to their My Health Record	Recipe	

Do

Action: Who did what?

Follow your plan and note the outcome	Note the actions taken
Completed [DATE] – the nurse contacted NQPHN for support with the PenCS CAT4 search and Topbar prompt function. The data search was conducted quickly, with the nurse being upskilled to conduct further relevant searches. The nurse was further reminded about how to upload a Shared Health Summary to a patient's My Health Record following a consultation.	

Notes:

Study

Reflection: Does the data show a change?

Analyse and compare results to predictions	Did you encounter any problems or difficulty?
1. 20 patients were recalled 2. A total of 18 patients showed up for assessment 3. A total of 14 patients agreed to be referral to the MH4L program 4. 14 patients had a Shared Health Summary uploaded to their My Health Record 5. 12 patients actually entered the MH4L program according to the coordinator	

Notes:

Act

What next: Do you need to make changes to your original plan, or did everything go well?

What did you learn?	If this idea was successful you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.
1. The plan went well and referral to the MH4L program is a relatively easy process 2. It would be useful to extend training to the whole clinical team, giving them an FAQ info sheet on the MH4L program and showing them where to send completed referrals 3. Remind the whole team that quality improvement is an area of focus for the practice	

Notes:

Predicted benefits from above QI activity

Congratulations! Completing the above quality improvement activity potentially earned your practice the following benefits based on the **MBS Online Medicare Benefits Schedule** and assisted with business sustainability.

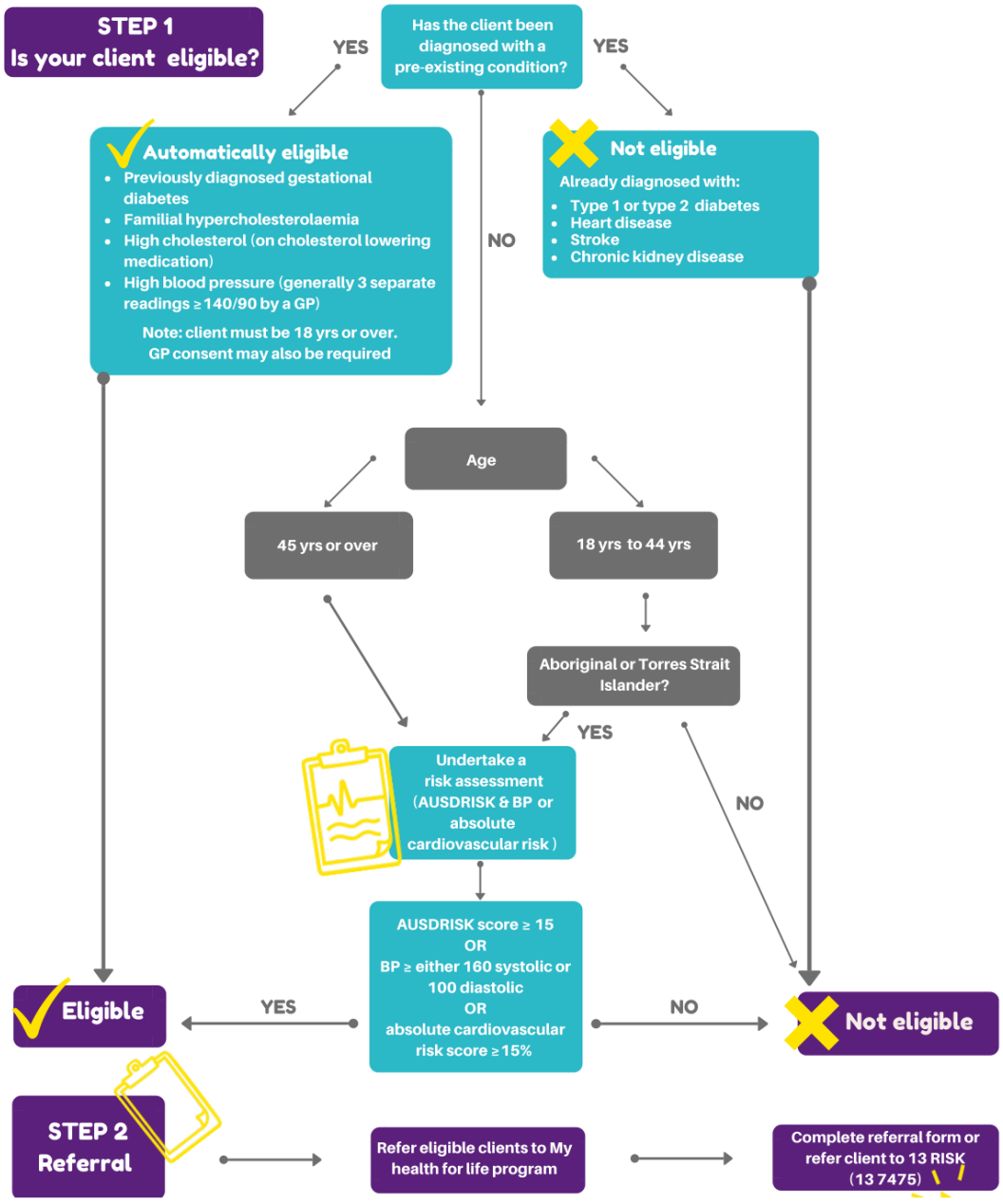
Benefit	Claim per patient in $
MBS #36 Level C 20-40 mins (i.e. patient history, examination, pathology etc.)	$75.05
TOTAL	$75.05
*Based on prediction made in Step 2	Claim per 20 patients*
	+$1,501.00

**Based on prediction made in Step 2. Claim per 20 patients.*

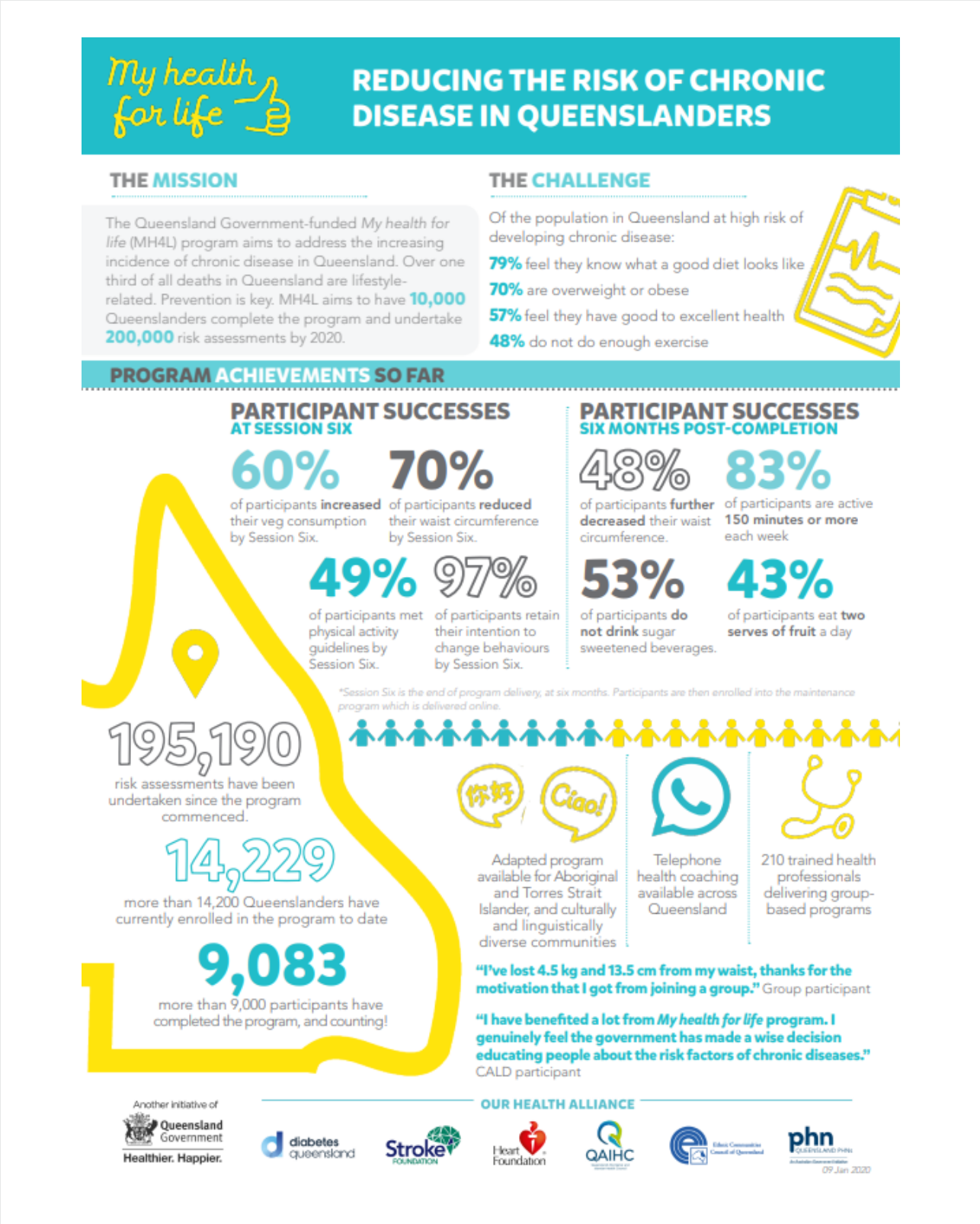
Cost	Claim per patient in $
Cost of SMS at 18c per credit	-$3.6
Cost of CAT4 (free as part of the NQPHN data program)	$0
Cost of MH4L program (free government initiative)	$0
Cost of My Health Record (free as part of the ePIP program)	$0
TOTAL POTENTIAL EARNINGS	+$1,497.40
Note: Activity is expected to take a nurse 2-3 hours to complete.	

Note: The above QI activity may be used as evidence by the practice to satisfy requirements for the **QI PIP**.

Appendix 1:
My health for life eligibility pathway diagram



Appendix 2:
My health for life North Queensland infographic



Appendix 2 (continued)

Appendix 3:
Blank Model for Improvement template

Practice name:

Team member: Date:

Step 1: Thinking part – Three fundamental questions

Question 1

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Question 2

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TIP: Develop MEASURES to track the achievement of your goal. For example, track baseline measurements and compare results at the end of the improvement cycle.

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TIP: List ideas you can use to achieve your goal. These ideas will be used in Step 2 – 'Doing' part.

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Step 2: Doing part – The Plan, Do, Study, Act (PDSA) Cycle

Note: You will have noted your IDEAS for testing when you answered the third fundamental question in Step 1. You will use this sheet to test an idea.

Plan

Idea: Describe the brainstorm idea you are planning to work on.

How will you collect your baseline and comparison data?	**What exactly will you do?** *(include who, when, where, what predictions, and data to be collected)*

Do

Action: Who did what?

Follow your plan and note the outcome	Note the actions taken

Study

Reflection: Does the data show a change?

Analyse and compare results to predictions	Did you encounter any problems or difficulty?

Act

What next: Do you need to make changes to your original plan, or did everything go well?

What did you learn?	If this idea was successful you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.

Repeat Step 2 for other ideas.
What idea will you test next?

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NORTHERN QUEENSLAND

An Australian Government Initiative

Torres and Cape | Cairns | Townsville | Mackay

e: support@nqphn.com.au
w: nqphn.com.au