

Practice Incentives Program Quality Improvement

PIP QI



GENERAL PRACTICE HANDBOOK
SEPTEMBER 2019

PIP QI

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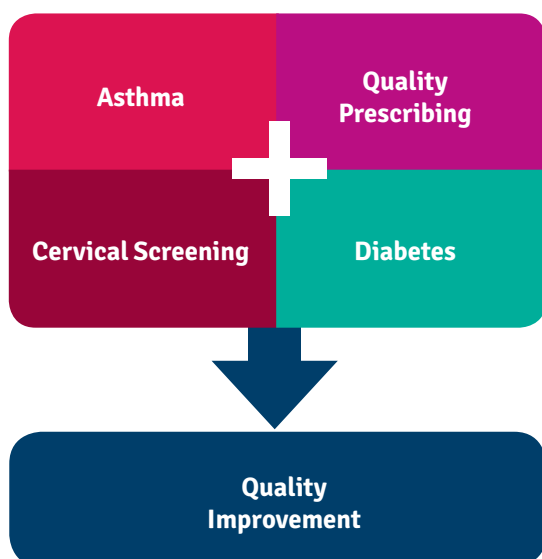
Darling Downs and West Moreton PHN is committed to providing timely and accurate information on the changes to the Practice Incentives Program (PIP) and can provide practical advice and resources to help you plan and implement quality improvement (QI) activities in your practice. The PHN's team of Primary Care Liaison Officers are available to assist general practices who participate in the PIP QI Incentive.

The new PIP Quality Improvement (QI) Incentive

In 2016, the Australian Government announced that aspects of the PIP would be redesigned through the introduction of a new incentive, the PIP QI.

The PIP QI is designed for general practice to encourage changes that are relevant to your patient population. It allows you to focus on improving patient outcomes and access to care while also developing a more effective business.

The new incentive aims to improve patient care in aspects such as management of chronic conditions, performance and safety. As of 1 August 2019, the PIP QI Incentive will replace the following PIP incentives:



How the new payment works

The PIP QI is a new type of payment to general practices who choose to participate in quality improvement activities to improve patient outcomes and deliver best practice care.

Practices can register from 1 August 2019 and first quarter payments will be made from 1 November 2019.

General practices will need to work with the PHN to undertake the collection, submission and review of a de-identified set of data in order to qualify for the incentive.

As with all other PIP incentives, registration and payment for the PIP QI Incentive is through the Australian Government Department of Human Services (DHS) which administers the PIP on behalf of the Department of Health.

Participation in this incentive is voluntary, and practices may withdraw at any time through the DHS website: humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program-guidelines/managing/withdrawing-from-pip

Eligibility criteria

To be eligible to receive a PIP QI Incentive payment, general practices must:

- Be eligible for the PIP and hold a PIP identifier
- Register for the PIP QI Incentive Payment via Health Professional Online Services (HPOS): humanservices.gov.au/organisations/health-professionals/forms/ip001
- Electronically submit the PIP Eligible Data Set (comprising of 10 Improvement Measures) to Darling Downs and West Moreton PHN quarterly
- Undertake quality improvement activities in partnership with the PHN.

Qualifying for the PIP QI Incentive payment

In order to qualify for the PIP QI Incentive payment, general practices must:

- Participate in continuous quality improvement activities
- Submit the PIP Eligible Data Set to our PHN.

For a more comprehensive list of guidelines, visit: https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

How to apply

From 1 August 2019, practices can apply for the PIP QI Incentive through the Health Professional Online Services (HPOS) using your Provider Digital Access (PRODA) account: humanservices.gov.au/organisations/health-professionals/forms/ip001

It is important to let our PHN know if you are interested in participating in PIP QI, and provide our PHN with your PIP identifier, so our Primary Care Liaison Officers can support you in this process.

After you apply

Partner with our PHN to:

1. Enter into data sharing and licencing agreements.
2. Plan and implement quality improvement activities.
3. Monitor and report to meet the requirements of PIP QI.



The 10 Improvement Measures

To meet the PIP QI Incentive eligibility requirements, general practices must submit the below de-identified PIP Eligible Data Set. The data set is comprised of 10 Improvement Measures which represent key health priority areas. The areas of chronic disease are those which are largely responsible for the burden of disease in Australia, and their associated risk factors.

Data-informed quality improvement in these areas may help to delay progression of chronic conditions, improve quality of life, increase life expectancy and decrease the need for high cost interventions. The de-identified data will also aid public health policy, planning, service delivery, and trend analysis.

Improvement Measures

Proportion of patients with diabetes with a current HbA1c result 1	Proportion of patients with a smoking status 2	Proportion of patients with a weight classification 3	Proportion of patients aged 64 and over who were immunised against influenza 4	Proportion of patients with diabetes who were immunised against influenza 5
Proportion of patients with chronic obstructive pulmonary disease who were immunised against influenza 6	Proportion of patients with an alcohol consumption status 7	Proportion of patients with the necessary risk factors assessed to enable cardiovascular disease assessment 8	Proportion of female patients with an up-to-date cervical screening 9	Proportion of patients with diabetes with a blood pressure result 10

Practices can focus their quality improvement activities on these 10 Improvement Measures, noting there are no prescribed targets associated with any of the measures. Practices will be required to show evidence of quality improvement activities in other areas which meet the needs of their practice population.

Darling Downs and West Moreton PHN's role

Our PHN's role is to support general practice with continuous quality improvement activities through the collection and review of practice data on the above 10 Improvement Measures.

Practices will be required to share de-identified data with our PHN, such as the number of patients who are diabetic, the percentage who smoke and their weight profile.

There is no requirement for individual patient data, and any measures from an individual practice will not be available to the Department of Health. More information on general medical data collection can be found on the Department of Health's website: health.gov.au/internet/main/publishing.nsf/Content/Data-Access-Release-Policy

Data sharing

Practices commence monthly data sharing with our PHN on 1 September 2019.

Practices are strongly encouraged to submit their de-identified population health data set to our PHN using a compatible data extraction and clinical audit tool, such as CAT Plus. This can be obtained under license with our PHN. Please contact us for more information.

It is also recommended that practices install the CAT Plus Scheduler to automate the task of submitting the de-identified data set to our PHN. This will help ensure your data is submitted on the first day of each month, in a safe and secure method.

Automatic data submissions have been scheduled for those practices using the Scheduler, for the early morning hours on the first day of each month. This has been arranged to ensure there is no disruption to the normal operations of your practice. Practices using the Scheduler are requested to leave their servers and internet connections on overnight to enable the extraction to occur.

Practices who choose to submit their de-identified dataset manually need to do so on the first day of each month, or next business day.

If your practice does not want submit your data set through the PHN preferred process, you will need to apply for an exemption to the Department of Health.

For guidance on this process, please visit the Department of Health's website:
health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

This is a one-off, time-limited exemption from submitting your data set while you work with us and your software vendor to develop an appropriate submission process.

During the exemption period you will still be eligible for the PIP QI Incentive payment provided you meet all other eligibility requirements.

Practices who wish to only share the PIP Eligible Data Set comprising of the 10 Improvement Measures will still need to apply for the PIP QI Incentive through HPOS and provide our PHN with their PIP Practice Identifier.

General Practice Data Report

Practices sharing data with our PHN will be provided with access to the PHN Exchange and a General Practice Data Report. This is a web-based, printable summary of individual practice data which tracks trends over time and provides a visual snapshot of your practice and benchmarking.

When you first use the PHN Exchange, it is important to record your PIP Practice Identifier and to check your practice details, to support the PIP QI submission process.

Key features include:

- Web-based data reporting system tailored to individual general practice
- Automated with 15-month trends updated monthly
- Provides data quality reporting for PIP QI.

Actionable data includes:

- Demographic data
- Disease prevalence
- Screening rates
- Chronic disease management
- Identifies clinical care, quality and business opportunities.

The report is available to practices who data share with our PHN and is displayed on the secure PHN Exchange platform. The report is confidential and is not shared with any other practice.

The report is not intended to replace your own practice data analysis but uses your de-identified data to display data quality trends over time.

If you would like further information about this report, please contact your local Primary Care Liaison Officer.

Privacy and data governance

The data sharing arrangement will be managed under our PHN's data governance framework to assure our community their health information is safe and secure, that the privacy of their health information is respected, and their rights protected.

Prohibited use

The PIP Eligible Data Set is prohibited from being commercialised by any Data Custodians. Patient information within the PIP Eligible Data Set remains de-identified at regional and national levels. The only Data Custodian who can access identified information is the Local Data Custodian (participating general practices).

For more information about the PIP QI data governance arrangements, download the PIP Eligible Data Set Data Governance Framework:

health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

Quality improvement

Quality improvement is a system of monitoring and refining processes in order to improve coordination of care and deliver better health outcomes for patients.

The Royal Australasian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice. The primary aim is to monitor, evaluate and improve the quality of healthcare delivered to patients.

Undertaking quality improvement activities leads to positive change in practices, particularly when implemented using a whole practice approach. It aims to refine systems and workflows, resulting in sustainable improvement. Improving aspects of your practice helps you to deliver better care and health outcomes to your patients. Participating in quality improvement also makes the practice a better place to work and encourages a stronger and more viable business.

Most health services will have a significant amount of data about their patients. This data can provide a powerful insight into a patient's current and potential future state of health. Quality improvement activities encourage use of this information at a practice level.

Benefits and outcomes of quality improvement are often categorised into the following areas:

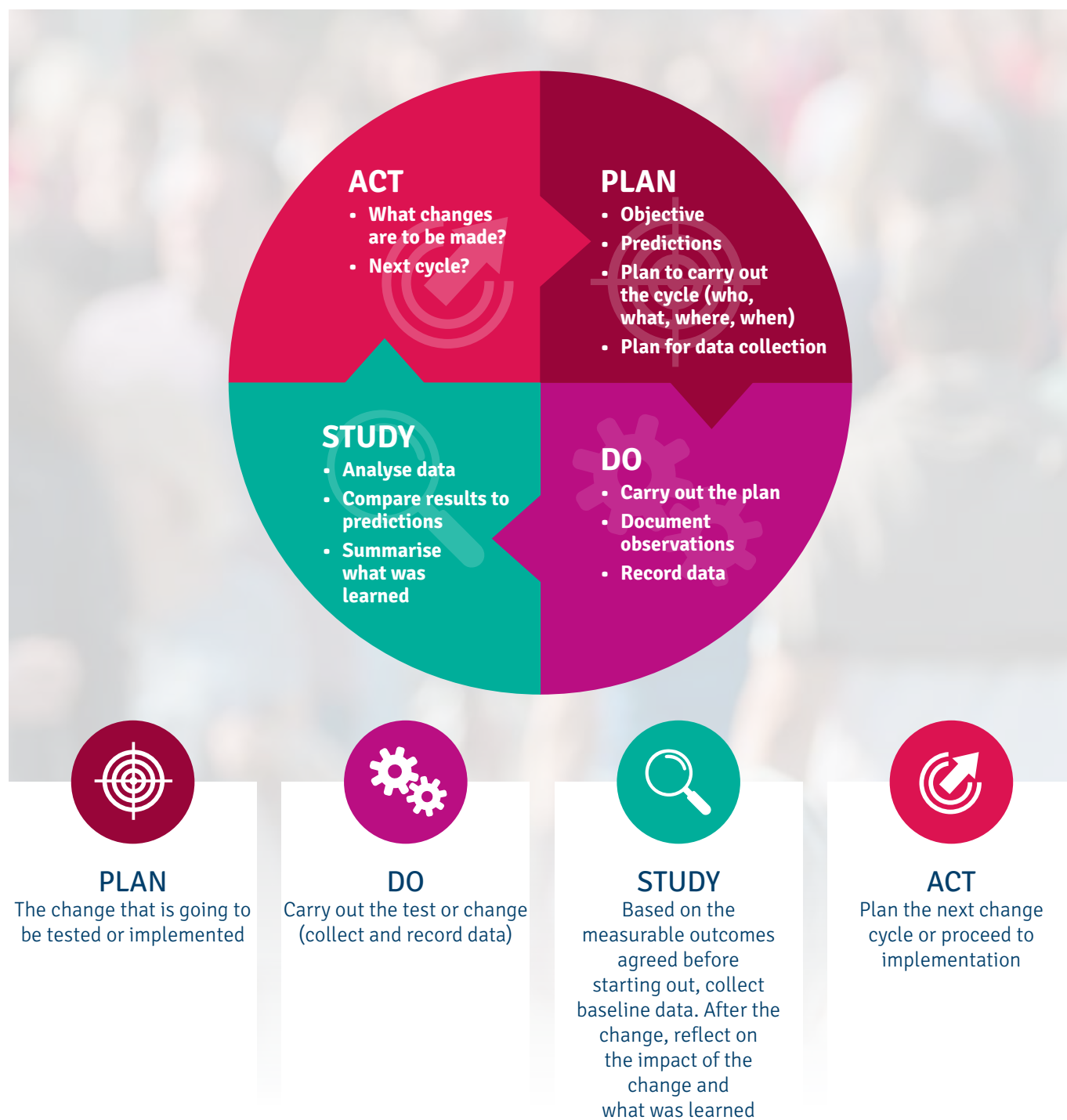
- Improving patients' access to quality and safe care and delivering better health outcomes
- Enhancing staff satisfaction, morale and teamwork, and building a sustainable workforce
- Reducing the burden of disease, avoidable hospitalisations and health inequalities locally
- Minimise costs by improving the return on innovative investments and managing the cost of providing care.

EXAMPLES:

Immunisation	Promote influenza immunisation to persons aged 65+ to improve by 5%
Chronic disease	Increase uptake of asthma care plans by 20% by January 2020
Digital health	Increase number of Shared Health Summaries by 15% of active patients
Workforce	Undertake a team health check before December 2019 and identify opportunities for professional development for each staff member

Conducting a quality improvement activity

Plan, Do, Study, Act (PDSA) is a model for improvement which provides a handy framework for testing, developing and implementing change.



Source: pointofcarefoundation.org.uk/resource/using-patient-experience-for-improvement/improving-care/model-for-improvement-pdsa-cycles/

When to use the PDSA

When planning any change or improvement workflows, it is essential to identify what you want to achieve and how improvement will be measured. A PDSA cycle enables practices to test out smaller scale changes in a structured way. Plan, Do, Study, Act cycles are a good tool to test if a proposed change will succeed and as a result, encourage learning from the ideas that were successful, and those which weren't.



How to use the PDSA

Some key questions to answer before testing an improvement concept:

- What are you trying to achieve?
- How will you know if the change is an improvement?
- What measures of success will you use?
- What changes can you make that will result in improvement?





Quality improvement is an ongoing process. The completion of each PDSA cycle should lead directly into the start of the next cycle.

Your practice should learn from the test:

- What worked
- What didn't work
- What should be kept, changed, or abandoned.

This new knowledge is then used to plan the next test. Your team continues in this way, refining the change until it is ready to implement.

Sample PDSA template

PLAN 	What are you going to do? Who will be involved? When will it take place? How will it be done? What will you measure?
	What are your expectations?
DO 	How did you implement the plan? Did you encounter any unexpected issues? Did you achieve any unexpected benefits?
STUDY 	What results did you achieve? Did they differ from your expectations? How? What have you learnt from this cycle?
ACT 	What action will you take to refine or retest the improvement activity? How will you implement and embed the change/s?

Does every idea need a PDSA cycle?

Not every idea needs to be tested through a PDSA framework as they may be simpler or administrative-based tasks. An example in this context could be putting up promotional material in your waiting area to increase awareness of bowel cancer screening.

Implementing a change

Once you have tested a change and determined that it is effective, you will need to implement the change and make it a sustainable process within the organisation. For simple changes, implementation will be relatively straightforward. For other changes, effective implementation will require training and ongoing monitoring to ensure that the team does not return to the 'old way' of doing things.

When considering implementation, ask yourself, what other changes are needed to support implementation of this change long term? Your new way of working may require modifying supporting material such as job

descriptions or policies.

For example, you could add regular review of the accuracy of patient registers as a part of the practice nurse's role to ensure routine coding by staff is maintained.

Initially, testing the change may only involve a small group of people, however, implementing the change may affect others. You will need to consider how to engage staff who may be resistant and how you will promote the benefits of the 'new way' of working. You may find that the data you collect through testing provides valuable information to help convince the wider team about the benefits associated with the change you are proposing. For example, you could print monthly graphs showing the improvement achieved after implementing the ideas tested in your PDSA cycles and present them at your clinical meetings. You may consider auditing the new system twice a year. For example, an audit of whether the patient registers are being appropriately maintained.

Data analysis tools

To meet the PIP QI data reporting requirements, data must be collected and stored correctly. There are various clinical audit tools available to extract, report and visualise data. Our PHN's preferred tools are CAT Plus, which includes CAT4 and Scheduler, and the PHN Exchange GP Data Report.

Data quality improvement support

Identifying patients for QI activities and communicating with them relies on recording accurate patient information, including date of birth, address, ethnicity and mobile phone number. It also relies on test results and text recorded. For example, effective immunisation numbers rely on all the data elements to be accurate and recorded in the correct place within your clinical software.

Your local Primary Care Liaison Officer can also assist you with data cleansing through the PHN Data Quality Program.

Recommended approach to sustainable quality improvement

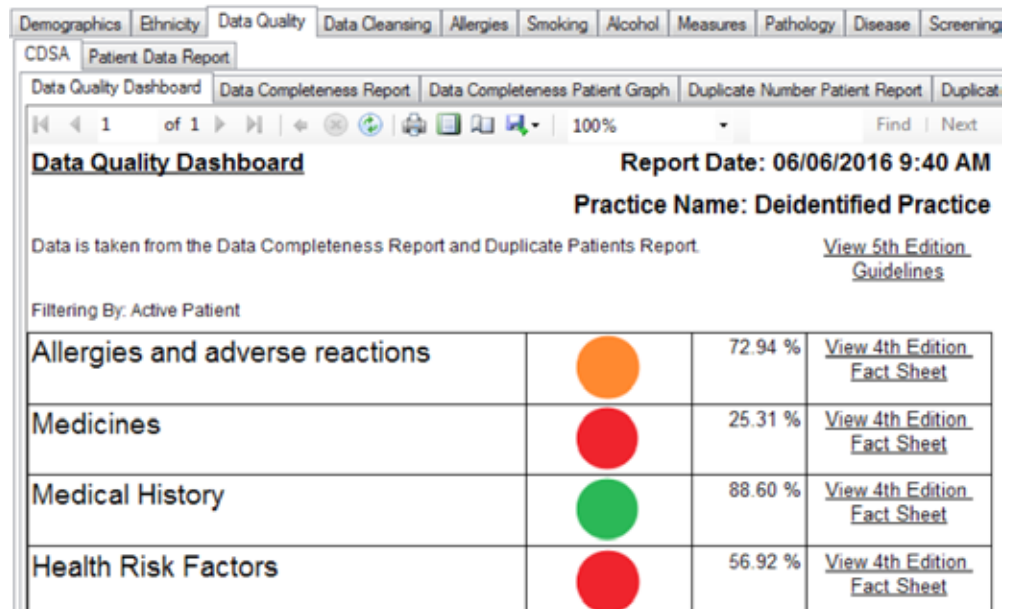
1. Implement a sustainable data collection, recording and maintenance process
2. Develop an understanding of how clean and complete your clinical database is and identify any gaps
3. Work with your team and discuss any missing or inaccurate data you've found and then identify gaps in the collection, recording and maintenance process. A detailed list of CAT recipes can be found here: help.pencs.com.au/display/CG
4. Our PHN's Online Learning Portal provides targeted, localised education for primary health care professionals. This learning module has been developed in line with the 10 Improvement Measures identified in the Practice Incentive Payment (PIP) Quality Improvement (QI) Incentive and provides CAT4 recipes aligned with the measures <https://www.ddwmpnh.com.au/online-education>





Example: Using CAT Plus

To view your current data quality in your CAT 4, simply open your Data Quality report tab. Ensure you have applied the Active (3x visits in 2 years) filter to give you the most accurate results.

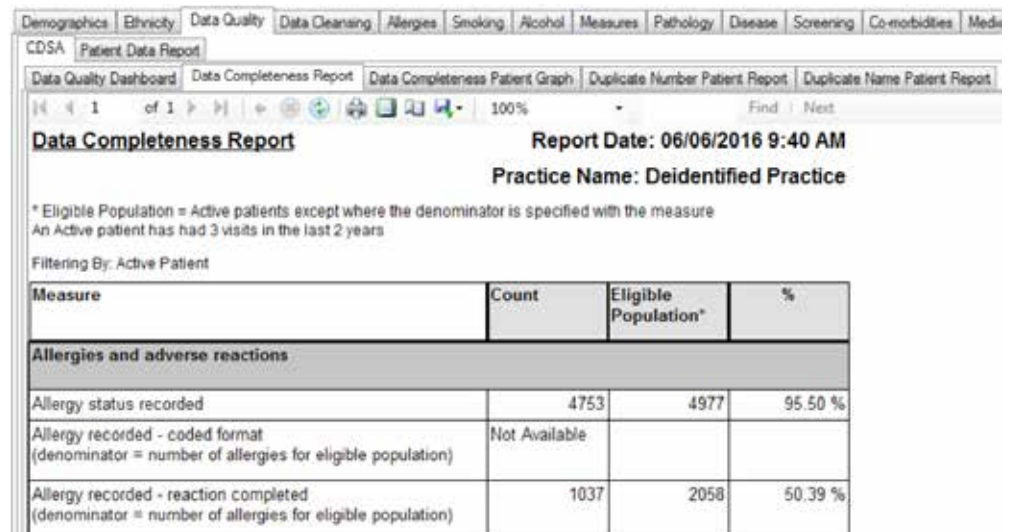
EXAMPLE: Data Quality Dashboard

This dashboard provides a report indicating the overall status of data quality based on the data indicators. It displays each data content section with a traffic light status icon calculated from the percentage completeness of each data indicator within the section. This feature provides practices with an overview of their data quality.



Demographics	Ethnicity	Data Quality	Data Cleansing	Allergies	Smoking	Alcohol	Measures	Pathology	Disease	Screening
CDSA	Patient Data Report	Data Quality Dashboard	Data Completeness Report	Data Completeness Patient Graph	Duplicate Number Patient Report	Duplicate Name Patient Report				
		1 of 1		100%		Find Next				
		Data Quality Dashboard		Report Date: 06/06/2016 9:40 AM						
				Practice Name: Deidentified Practice						
		Data is taken from the Data Completeness Report and Duplicate Patients Report.		View 5th Edition Guidelines						
		Filtering By: Active Patient								
		Allergies and adverse reactions				72.94 %		View 4th Edition Fact Sheet		
		Medicines				25.31 %		View 4th Edition Fact Sheet		
		Medical History				88.60 %		View 4th Edition Fact Sheet		
		Health Risk Factors				56.92 %		View 4th Edition Fact Sheet		

For a more detailed analysis, practices can view the Data Completion Report. This report provides a percentage of completeness for each data indicator.



Demographics	Ethnicity	Data Quality	Data Cleansing	Allergies	Smoking	Alcohol	Measures	Pathology	Disease	Screening	Co-morbidities	Medi
CDSA	Patient Data Report	Data Quality Dashboard	Data Completeness Report	Data Completeness Patient Graph	Duplicate Number Patient Report	Duplicate Name Patient Report						
		1 of 1		100%		Find Next						
		Data Completeness Report		Report Date: 06/06/2016 9:40 AM								
				Practice Name: Deidentified Practice								
		* Eligible Population = Active patients except where the denominator is specified with the measure An Active patient has had 3 visits in the last 2 years										
		Filtering By: Active Patient										
		Measure		Count		Eligible Population*		%				
		Allergies and adverse reactions										
		Allergy status recorded		4753		4977		95.50 %				
		Allergy recorded - coded format (denominator = number of allergies for eligible population)		Not Available								
		Allergy recorded - reaction completed (denominator = number of allergies for eligible population)		1037		2058		50.39 %				

EXAMPLE: Data Cleansing - CAT 4 Recipes

Improve patient demographic information

1. Duplicate patient report, by name: This report will enable you to view, print and/or save a list of patients with matching demographic information. You can also use the 'Duplicate Number Patient Report' to view patients with matching Medicare number, HCC numbers or DVA number.
 - Click on the 'Clear Filters' button from the menu bar before starting a new search
 - Click on the 'Recalculate' button from the menu bar

The screenshot shows the CAT 4 interface with a menu bar at the top. The 'Clear Filters' and 'Recalculate' buttons are circled in red. Below the menu bar, there are several tabs: General, Ethnicity, Conditions, Medications, Date Range (Results), Date Range (Visits), Patient Name, Patient Status, Providers, Risk Factors, and Saved Filters. The 'General' tab is selected, showing various filters for Gender, DVA, Age, Activity, and Postcode. The 'Clear General' button is at the bottom right.

- In the report section of the screen, select the 'Data Quality' tab
- Select the 'Duplicate Name Patient Report' sub tab.

The screenshot shows the 'Data Quality' section of the interface. The 'Data Quality' tab is selected, and the 'Duplicate Name Patient Report' sub tab is also selected. The report title is 'Duplicate Name Patient Report'. The report date is '01/10/2018 3:04 AM' and the practice name is 'Deidentified Practice'. The report content includes a match criteria section: 'Match on ALL of: surname, first name initial, gender and DoB'. The filtering criteria are: 'Filtering By: Conditions (Diabetes - Yes), >= 2 Visits last 6mths, Last Results <= 12 mths'. The name matches section shows a patient count of 262. The table below lists the patient details.

Surname	First Name	Sex	D.O.B.	Age	Address	City	Postcode	Medicare	HCC No	DVA No	ID
Surname	Firstname	M	01/10/1951	67	12 Jogger St	Suburb Town	5930	123412341234			7711

Online resource: [youtube.com/watch?v=GfJVJLWOU3A&feature=youtu.be](https://www.youtube.com/watch?v=GfJVJLWOU3A&feature=youtu.be)

2. Patient with no date of birth entered: This report will enable you to add a note into the patient's file as a prompt to update the missing information during their next appointment.
 - Click on the 'Clear Filters' button from the menu bar before starting a new search
 - From the filters panel under the 'General' tab select the 'No Age' box under the Age column
 - Click on the 'Recalculate' button from the menu bar
 - Click on the 'View Population' button in the menu bar to view the results.

Best Practice, Live Database; Extract Date: 06/06/2016 9:40 AM

Demographics | Ethnicity | Data Quality | Data Cleansing | Allergies | Smoking | Alcohol | Measures | Pathology | Disease | Screening | Comorbidities | Medications | Diabetes SIP Items | CKD | Musculoskeletal | CV Event Risk

Online resource: youtube.com/watch?v=g5e3gQRLN7E&feature=youtu.be

3. Patient with no gender entered: This report can be used to identify and correct patient's records with no gender recorded.
 - Click on the 'Clear Filters' button from the menu bar before starting a new search
 - From the filters panel under the 'General' tab select 'Other' under the Gender column
 - Click on the 'Recalculate' button from the menu bar
 - Click on the 'View Population' button in the menu bar to view the results.

Best Practice, Live Database; Extract Date: 25/07/2017 9:51 AM; Filtering By: Other, Active Patient

Demographics | Ethnicity | Data Quality | Data Cleansing | Allergies | Smoking | Alcohol | Measures | Pathology | Disease | Screening | Comorbidities | Medications | Diabetes SIP Items | CKD | Musculoskeletal | CV Event Risk | CHADS-VASC Score | Immunisations

Population Pyramid | Age Profile (RACGP)

Select All | Show Total Counts

Export | Age bracket | 5 | 15 | Print

Demographic Breakdown by Age [population = 5]

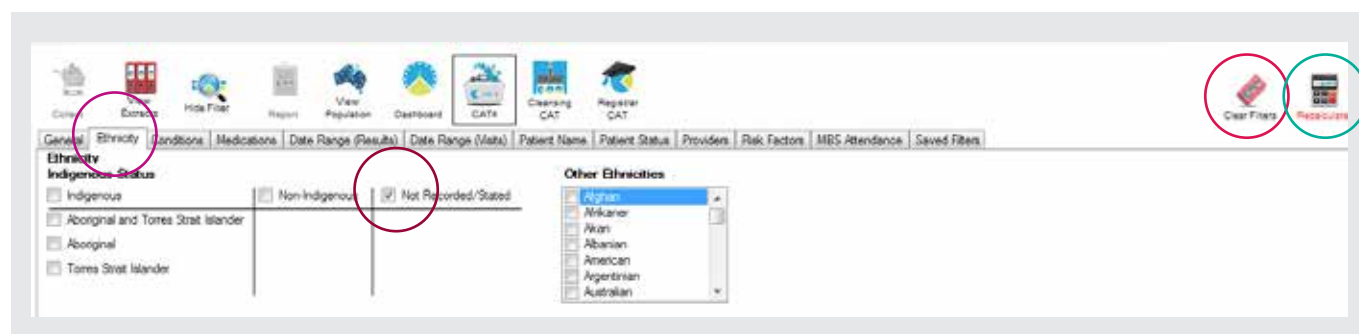
Online resource: youtube.com/watch?v=R3_8KcznQus&feature=youtu.be

EXAMPLE: Data Cleansing - CAT 4 Recipes

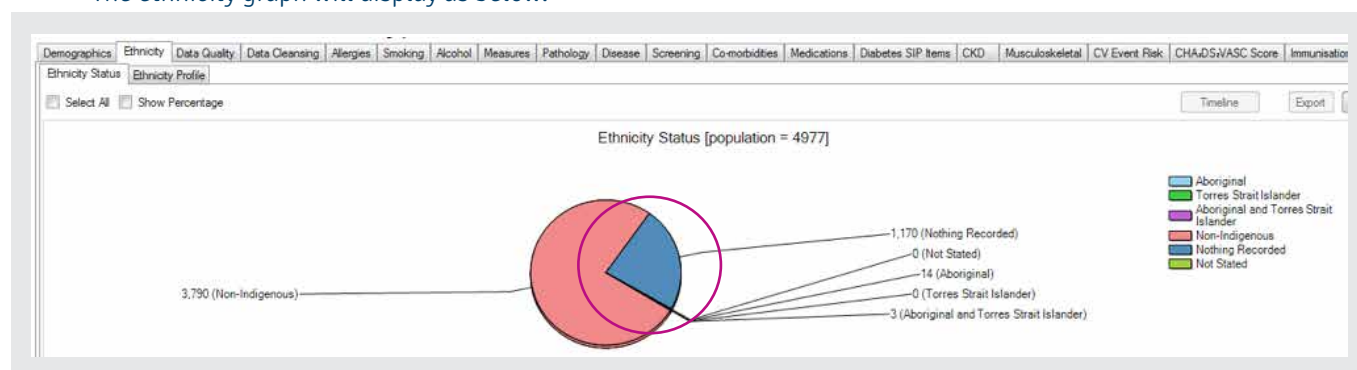
Improve recorded patient risk factor information

1. Identify patients with missing ethnicity status

- Click on the 'Clear Filters' button from the menu bar before starting a new search
- Click on the 'Recalculate' button from the menu bar
- In the apply filter section of the screen, select the 'Ethnicity' tab
- Select the 'Not Recorded' slice of the graph



- The ethnicity graph will display as below.



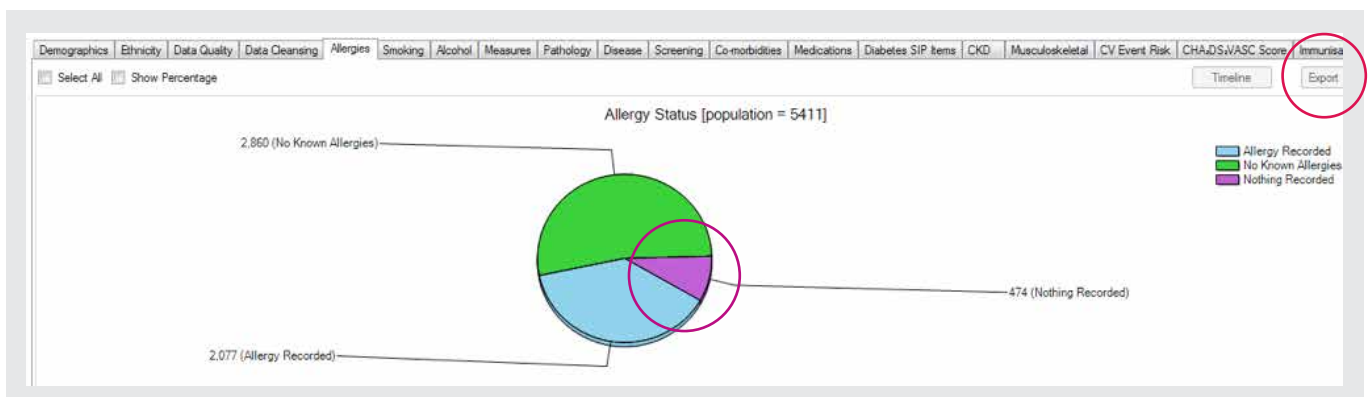
Online resource: help.pencs.com.au/display/CG/Ethnicity

2. Identify patients with missing allergies and/or adverse reactions

- Click on the 'Clear Filters' button from the menu bar before starting a new search
- From the filters panel under the 'General' tab select the 'Active (3x in 2yrs)' box
- Click on the 'Recalculate' button from the menu bar

The screenshot shows the 'General' filter tab with various demographic and clinical filters. In the 'Activity' section, the 'Active (3x in 2yrs)' checkbox is selected. In the top right corner, the 'Clear Filters' and 'Recalculate' buttons are circled in red.

- In the reports pane select the 'Allergies' tab and click on the 'nothing recorded' slice of the graph
- Click 'Export' on the top right of the graph window. This will show a list of all patients with no allergy status recorded.



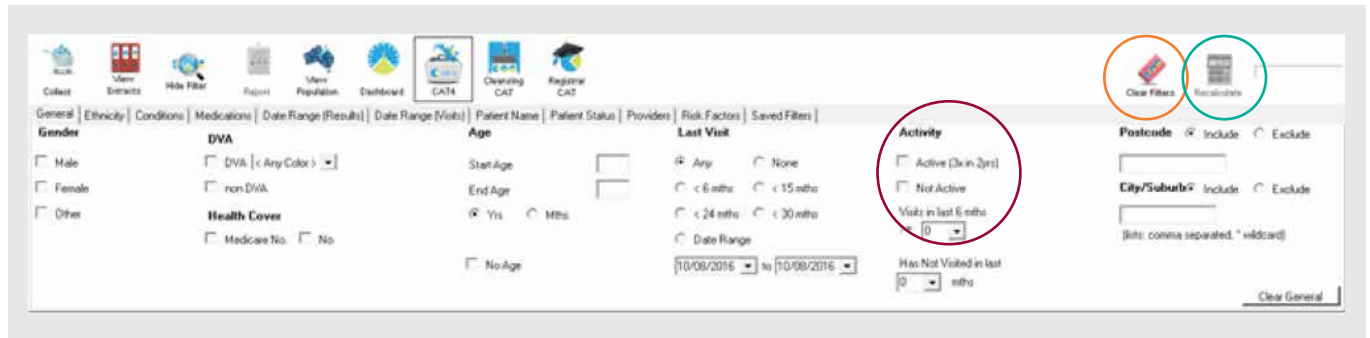
Note:

- To identify patients with no smoking status recorded, the process is exactly the same, only that you use the 'Smoking' tab on the reports pane.
- To identify patient with no alcohol status recorded, the process is exactly the same only that you use the 'Alcohol' tab on the reports pane.

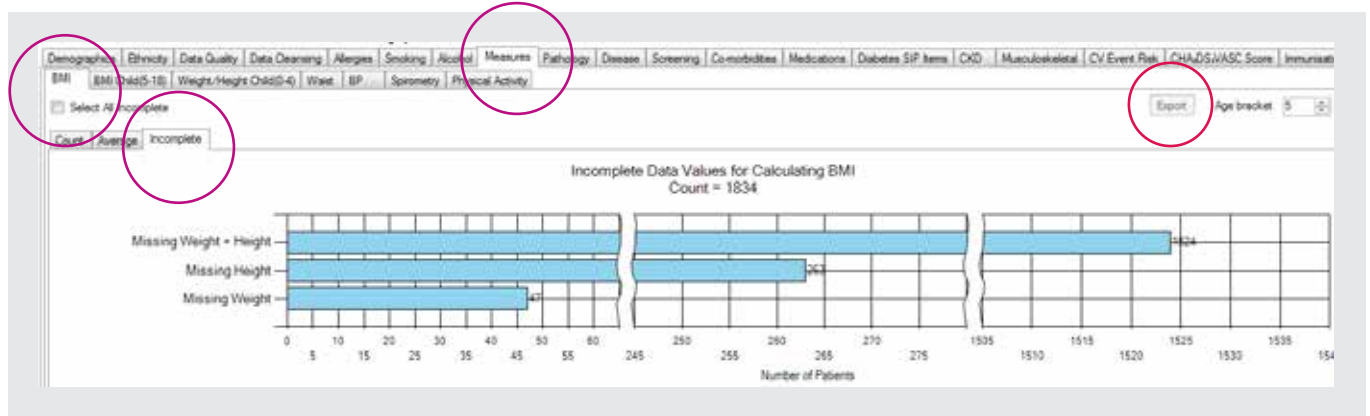
EXAMPLE: Data Cleansing - CAT 4 Recipes

Add weight, height and waist measurements to patient record

1. Identify patients with missing weight/height
 - Click on the 'Clear Filters' button from the menu bar before starting a new search
 - From the filters panel under the 'General' tab select the 'Active (3x in 2yrs)' box
 - Click on the 'Recalculate' button from the menu bar



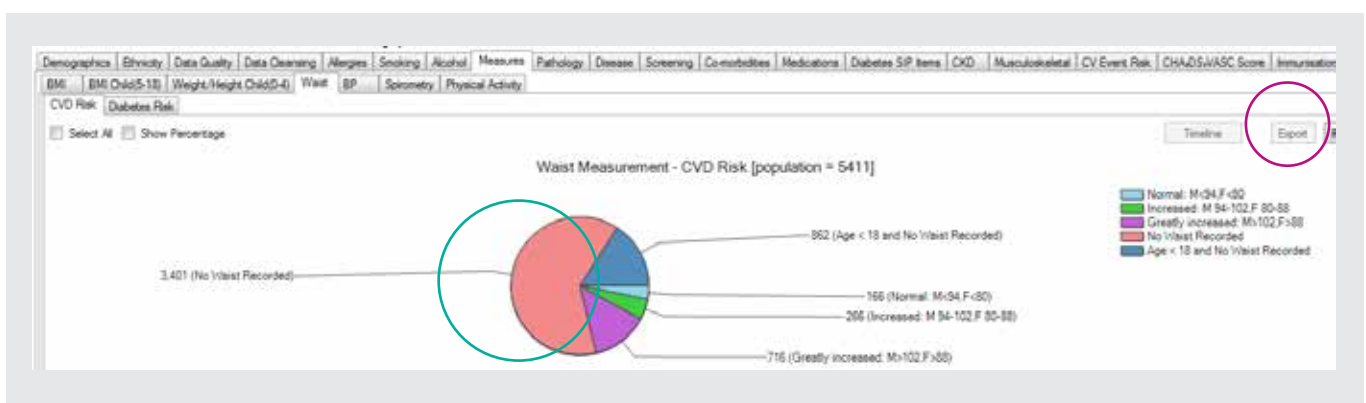
- In the reports pane select the 'Measures/BMI/Incomplete' tab. This will show you the numbers of patients with missing weight, height or both values
- Click 'Export' on the top right of the graph window. This will show a list of all patients with no weight/height measures recorded.



2. Identify patients with missing waist: Waist is generally measured for adults. The age group of interest is dependent on your population and risk factors.

- Click on the 'Clear Filters' button from the menu bar before starting a new search
- From the filters panel under the 'General' tab select the 'Active (3xin2yrs)' box
- On the 'General' filter tab, enter the 'Start Age' where prompted
- Click on the 'Recalculate' button from the menu bar

- To find patients with missing weights use the 'Measurements/Waist' tab. There are two different graphs available, one for cardiovascular disease (CVD) risk and one for diabetes risk.
- Click once to select 'no waist recorded' slice of the graph
- Click on 'Export'. This will create a list of patients with no waist recorded.



Online resource: Additional Data Quality CAT 4 Recipes including bulk cleansing can be accessed on the PEN CS Help website: <http://help.pencs.com.au/display/CR/Improve+Data+Quality>

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