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Resources for GP’s and Practice Nurses

<https://asthma.org.au/manage-asthma/asthma-action-plan/>

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/endorsed-guidelines/australian-asthma-handbook>

Other information, websites and resources

<https://asthma.org.au/>

<https://www.nationalasthma.org.au/>

<https://lungfoundation.com.au/patients-carers/living-with-a-lung-disease/other-lung-conditions/asthma/>

Possible QI activities

* Patients with Asthma Dx with no smoking status recorded.
* Patients with Asthma Dx who are regular or irregular smokers with no spirometry recorded in the last 12 months.
* Patients with Asthma Dx with no CDM GPMP claimed in the last 12 months. 🡨

**MBS Billing Opportunities**

[MBS Online - CDM GPMP](https://www9.health.gov.au/mbs/search.cfm?q=GPMP&Submit=&sopt=S)

[MBS Online - Spirometry](https://www9.health.gov.au/mbs/search.cfm?q=spirometry&sopt=S)

It is recommended that your practices utilise yourPDSA with your Pen CS clinical audit tools and the PHN Exchangeto enhance your QI outcomes and to meet the recording requirements of the PIP QI incentive.

**CAT4 Recipe**

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**Note:** Select which CDM MBS Items you would like to recall. It does not need to be all three, especially if the numbers are high. Please ensure your PDSA reflects the filters and reports you select so that it accurately identifies your patient cohort. It is also worth noting that the MBS (not recorded) filter will only take into account MBS items not claimed at your practice. You may find that some patients have had the item billed at another clinic. However, as we have filtered for ‘active’ regular patients, these sorts of assessments should, ideally, be completed at your clinic.

**Pen CS Topbar MBS App**

<https://help.pencs.com.au/display/TUG/MBS+App>

To access the MBS App click on the 'MBS' title in Topbar. This will display guidelines for eligible patients. Apps in Topbar are by default only displayed when there is any activity indicated for the patient open in the clinical system.

A screenshot of a video game

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The MBS app can assist a provider in determining which MBS item is relevant for the patient currently open in the clinical system.  Topbar looks at the billing history of the patient at the clinic only - Medicare does currently not allow third party access to information about billing elsewhere.

If your clinic would prefer a more specific notification for cervical screening ONLY, you can create a CAT Prompt.

**Pen CS CAT Prompts**

https://help.pencs.com.au/display/CP/Topbar

CAT Prompts are created in CAT4 (on the practice level). Prompts created in CAT4 in the practice are effective immediately and don't need any further activation in Topbar to be displayed.

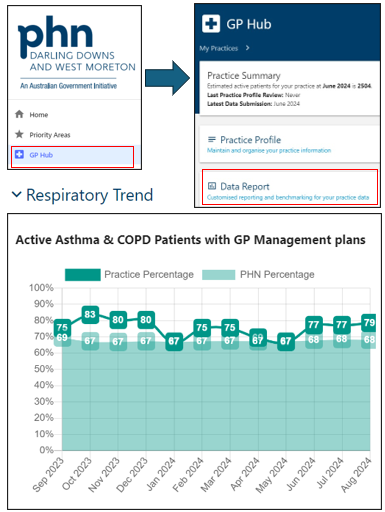
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If you would like some assistance creating a CAT Prompt for your Topbar notifications, please contact the PHN via [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)

**PHN Exchange: GP Data Reports**

The PHN Exchange is your practices benchmark reporting tool. You will be able to view trends over a 12-month period via your ‘GP Hub’.



[PHN Exchange Login](file:///C:\Users\Ashleigh.Nelson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\QMMRBTF1\PHN%20Exchange%20Login)

If you require assistance logging into your practice’s PHN Exchange, please email [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)

**HOW TO USE THE INFORMATION**

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1. Benchmarking Performance** | Compare your practice’s percentage to the PHN average to see how well you are doing. Identify months where your practice is above or below the PHN average. |
| **2. Identifying Trends** | Look for patterns or trends, such as whether your practice’s percentage is increasing or decreasing over time. Use this data to inform your quality improvement activities. |
| **3. Setting Goals** | Set realistic goals for your practice based on the PHN average. Aim to meet or exceed the PHN average to improve patient care. |
| **4. Planning Interventions** | Use the data to identify when interventions might be needed to make an improvement. Monitor the effectiveness of any changes by observing subsequent data points. |

**NEXT STEP…**

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Asthma patients who are smokers and have not had a spirometry recorded in the last 12 months.



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| **Practice name:** | **Date:** |
| **Team member:** | |
| **Q1. What are we trying to accomplish? (Goal)** | |
| *By answering this question, you will develop your GOAL for improvement* | |
| Our goal is to:   * Increase the proportion of patients with an Asthma diagnosis have had a CDM GPMP recorded in the last 12 months.   **This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.**  **So, for this example, a better goal statement would be:**  *Our S.M.A.R.T. goal is to:*   * Increase the proportion of regular (active) patients with asthma who have had a CDM GPMP claimed at the practice in the last 12 months by 15% by the end of the PIP quarter. | |
| **Q2. How will you know that a change is an improvement? (Measure)** | |
| *By answering this question, you will develop MEASURES to track the achievement of your goal.*  *E.g., Track baseline measurement and compare results at the end of the improvement.* | |
| The measures we will use are:   * Record the baseline percentage of active patients with asthma who have had a CDM GPMP claimed at the practice in the last 12 months. * Compare results at the end of the PIP quarter. * Aim to achieve our SMART goal target (refer to Q1.).   **Baseline Measurement:** [Insert Baseline]  - Date: [Insert Date]  **Results Measurement:** [Insert Results]  - Date: [Insert Date]  **Difference:** [Insert % Difference]  **Was there an improvement?** Yes/No | |
| **Q3. What changes could we make that will lead to an improvement? (List your IDEAS)** | |
| *By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal.*  *You may wish to BRAINSTORM ideas with members of our Practice Team.* | |
| Our ideas for change:   1. Conduct a team meeting to ensure all relevant team members are aware of the PIP QI focus for the quarter and highlight the importance of asthma patients having a Chronic Disease Management Plan completed every 12 months. 2. Complete a CAT4 search for eligible patients and recall those who have not had their CDM GPMP completed in the last 12 months. 3. Regularly use Pen CS CAT4 and/or Topbar to track and report the percentage of eligible patients in this cohort. Save and document these reports throughout the PIP quarter (ensure all staff are aware that a PDSA is to be completed and filed each quarter should your practice be audited). 4. Display Asthma awareness materials in the clinic waiting room. 5. Use PHN Exchange to track Asthma GPMP trends over time to see if we are continuing to improve. 6. Utilise Topbar MBS app. Consider creating a specific CAT Prompt Topbar notification for this patient cohort.   <https://help.pencs.com.au/display/CP/Topbar> | |

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 | | | Describe the brainstorm idea you are planning to work on. (Idea) | |
| *Plan the test, including plan for collecting data* | | | *What exactly will you do? include what, who, when, where, predictions, and data to be collected* | |
| A diagram of a plan  Description automatically generatedIdea: Increase % of patients by the end of the current PIP quarter [insert date]  What: QI staff will navigate to the Pen CS CAT Recipe website and complete the instructions provided.  Who: QI Staff - [List names of QI staff involved]  When: Start [insert date] [insert PIP quarter]  Where: Within the practice  Prediction: The practice has not specifically focused on identifying Asthma patients who have not had their CDM GPMPs recorded in the last 12 months. As such, it is likely that the baseline percentage will be high. The campaign is expected to increase awareness and improve this percentage by the end of the improvement period. | | | | |
| DO | **Who is going to do what? (Action)** | | | |
| *Run the test on a small scale* | *How will you measure the outcome of your change?* | | | |
| Data collection as outlined in Q2. Record the percentage of active asthma patients who have not had their CDM GPMP recorded at the practice in the last 12 months at the beginning and end of the PIP QI quarter. This will establish the outcome of the QI activity, indicating whether it was successful. Run the awareness campaign on a small scale within the practice. QI staff will be responsible for communicating the importance of asthma patients having their CDM GPMPs completed every 12 months, as is the gold standard, to the practice staff. | | | | |
| STUDY | | **Does the data show a change? (Reflection)** | | |
| *Analyse the results and compare them to your predictions* | | *Was the plan executed successfully?*  *Did you encounter any problems or difficulty?* | | |
| Date Completed: [Insert Date]  Results: [Insert Baseline, Results, and Difference]  [List if plan was executed successful and any problems of difficulties encountered]  Example: [Insert start date] Approx. 300 patients appeared in the CAT4 search. At the end of the QI activity [insert results date] there were 200. QI activity was successful with a 33% improvement overall. Some difficulties were that there were limited GPs available for the number of appointments required when we sent out our HotDoc Broadcast to 300 patients. Next time, we will send out the Broadcasts in increments over the course of the PIP quarter to make the activity more manageable. | | | | |
| ACT | | | | **Do you need to make changes to your original plan? (What next)**  **OR did everything go well?** |
| Based on what you learned from the test, plan for your next step | | | | *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. Consider organising training sessions, possibly through clinical software vendor, to ensure staff are aware of correct clinical coding procedures and/or a training session with an asthma educator to improve staff knowledge. 2. Arrange a practice team meeting to reinforce the importance of providing asthma patients with regular GPMPs as they are an at-risk group. GPMPs also bring additional billing opportunities to the practice. 3. When completing this QI activity in the future, ensure all HotDoc Broadcasts are sent in manageable numbers. | | | | |