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An Australian Government Initiative

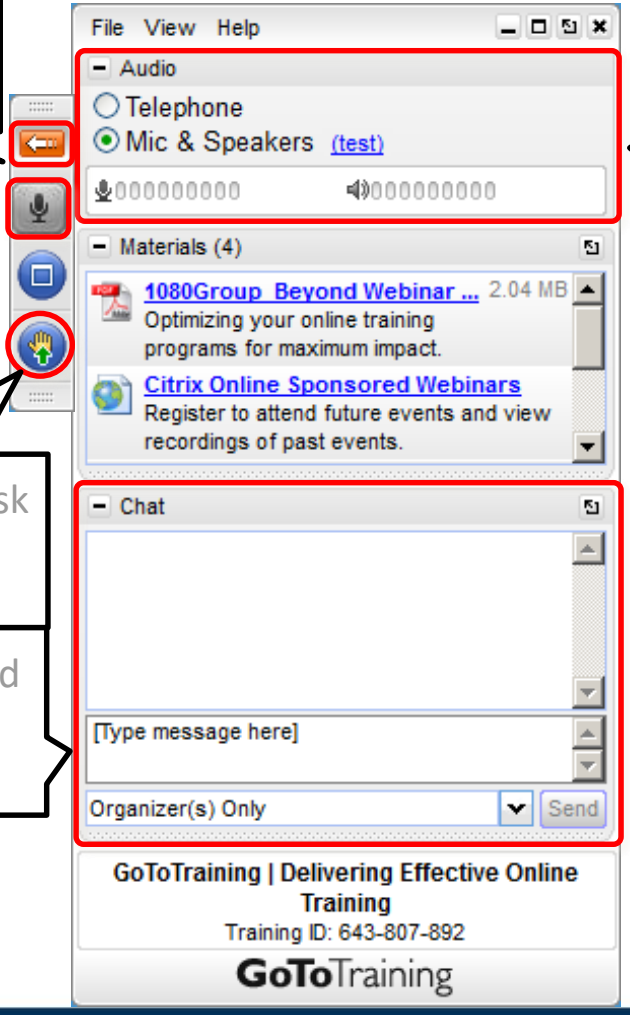
Preparing for PIP QI

Topic: PIP QI Update and Team Roles & Responsibilities

Presenter: Cati Smith, Improvement Consultant

Go to training

Open and hide your control panel



Join audio:

- Choose "Mic & Speakers" to use VoIP or you can
- Choose "Telephone" and dial using the information provided

Raise your hand to ask a question

or

Submit questions and comments via the Chat panel

Learning Objectives

1. Discuss the most recent information about the PIP QI incentive
2. Identify at least two ways reception staff, practice managers, practice nurses and GPs can each contribute to ongoing QI activities

PIP QI Update

- Department of Health
- POLAR
- Gippsland PHN

PIP QI Update

To qualify for the first quarterly payment in November 2019, you will need to:

- Register with the Department of Human Services and submit the PIP Eligible Data Set to Gippsland PHN by **15 October 2019,** and
- Commence, or continue with, a quality improvement activity in partnership with Gippsland PHN by **30 October 2019**.

  - ➢ It is your responsibility to maintain sufficient evidence that a CQI activity has been undertaken.

  - ➢ While the Department of Health does not specify the type of evidence required, practices must retain documentation for 6 years in case they are selected for an audit.

PIP QI Update

How do you submit the PIP QI eligible data set?

Option 1) Utilise POLAR to submit the PIP Eligible Data Set.

Option 2) If you don't have POLAR installed, and you have compatible software (Medical Director, Best Practice and Zedmed), please contact Gippsland PHN to assist with installation.

Option 3) If you do not currently have POLAR compatible software, or do not want to use POLAR to share data with Gippsland PHN, please work with your clinical information system provider and Gippsland PHN to create a compatible system to submit the data set.

Option 3

- The Department has not yet released the exemption application form, instructions or guidance
- Gippsland PHN encourages practices to ensure they understand what responsibilities the practices themselves will be taking on by applying for the exemption.
- Gippsland PHN will be contacting those practices with POLAR incompatible software directly to discuss arrangements.

➢ Gippsland PHN will provide further advice on the exemption as soon as it is available from the Department of Health.

PIP QI Update

When does the PIP QI data set need to be submitted to Gippsland PHN?

Payment month	Data submission period
November	1 August to 15 October
February	1 November to 15 January
May	1 February to 15 April
August	1 May to 15 July

PIP QI Update

What are the privacy controls for the PIP QI data set?

Privacy is maintained in a number of ways:

- ❑ no identified data leaves the practice's software
- ❑ suppression rules are applied by data custodians to prevent the sharing of information where small numbers of patients are involved
- ❑ no data set linkage is permitted if such linkage could reasonably result in re-identification of the PIP Eligible Data Set
- ❑ no commercialisation of the PIP Eligible Data Set is permitted and
- ❑ collection, use and access is prescribed and monitored.

Access to the PIP Eligible Data Set by external researchers and other interested parties will be controlled by the national data custodian (the AIHW) and published on a searchable register.

PIP QI Update

Who are the data custodians?

1. Local Data Custodian: General practice

Role: Ensure the accuracy and completeness of data contained in their clinical information systems and use it to improve the quality of patient care and outcomes.

2. Regional Data Custodian: Primary Health Network

Role: Extract and analyse the PIP Eligible Data Set to support participating general practices implement quality improvement activities.

3. National Data Custodian: Australian Institute of Health and Welfare

Role: Analyse the PIP Eligible Data Set for population health planning, policy development, program management, disease burden analysis, and relevant trends

PIP QI Update

What does Gippsland PHN use the PIP Eligible Data Set for?

The PIP Eligible Data Set will assist Gippsland PHN to work with you to support quality improvement, in areas including:

- providing you with reports based on your practice population data which will help you identify potential areas for improvement and in which you can focus your CQI activities
- providing feedback on the quality of the data submitted
- with your agreement, provide benchmarking against an aggregate of other general practices in the region
- providing advice on managing the patient population indicated in the data.

These data will contribute to service planning and population health mapping at different levels including PHN boundaries, local health districts, jurisdictional boundaries and at the national level.

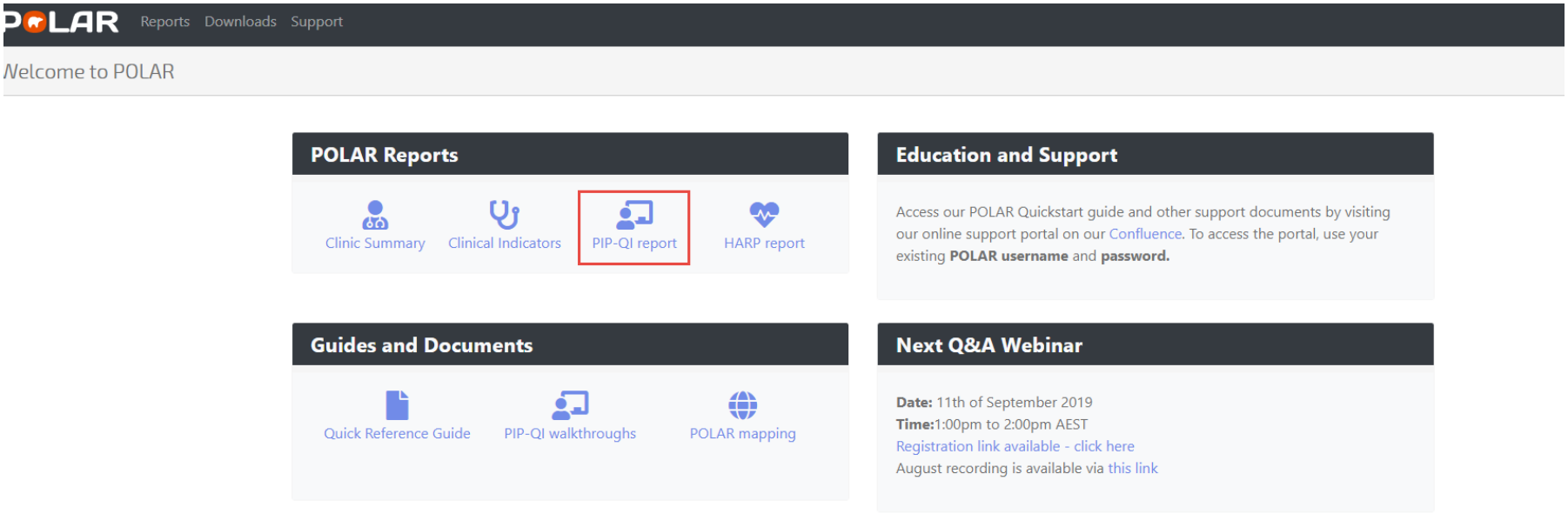
PIP QI Update

Patient opt-out options

- General practice patient consent arrangements should provide patients with the opportunity to opt out.
- Software providers are required to support patient opt out with simple options to manage this.
- Contact your software provider for specific advice on how to do this.

POLAR Update

POLAR


POLAR
Reports
Downloads
Support
Welcome to POLAR
POLAR Reports
Clinic Summary
Clinical Indicators
PIP-QI report
HARP report
Education and Support
Access our POLAR Quickstart guide and other support documents by visiting our online support portal on our Confluence. To access the portal, use your existing POLAR username and password.
Guides and Documents
Quick Reference Guide
PIP-QI walkthroughs
POLAR mapping
Next Q&A Webinar
Date: 11th of September 2019
Time:1:00pm to 2:00pm AEST
Registration link available - click here
August recording is available via this link

POLAR – PIP QI data submission

If you are registered for PIP-QI:

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

36,155
PATIENTS

14,468
ACTIVE PATIENTS

457,240
SCRIPTS

77,868
IMMUNISATIONS

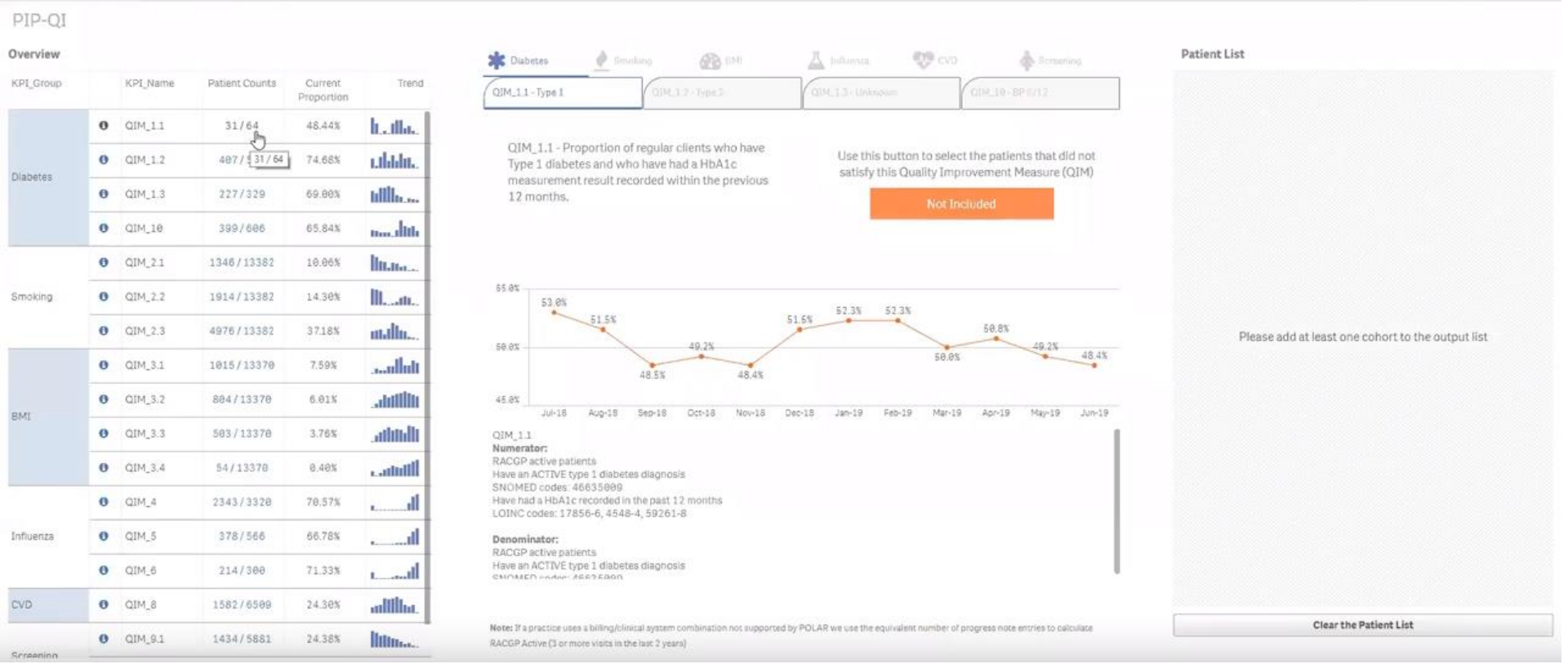
5,966
RACGP ACTIVE PATIENTS

359,794
ACTIVITIES

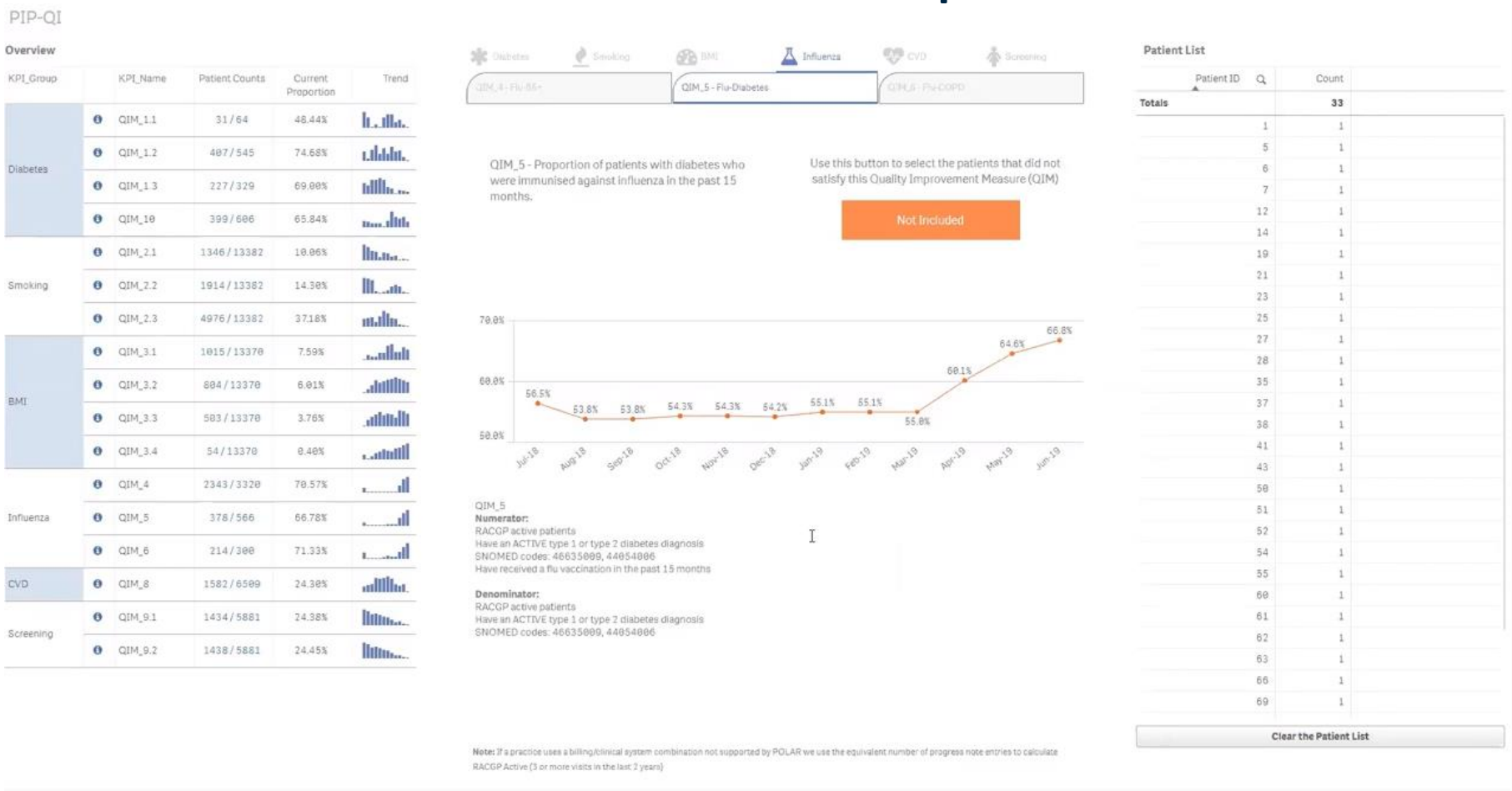
426,987
TESTS

477,305
MBS ITEMS

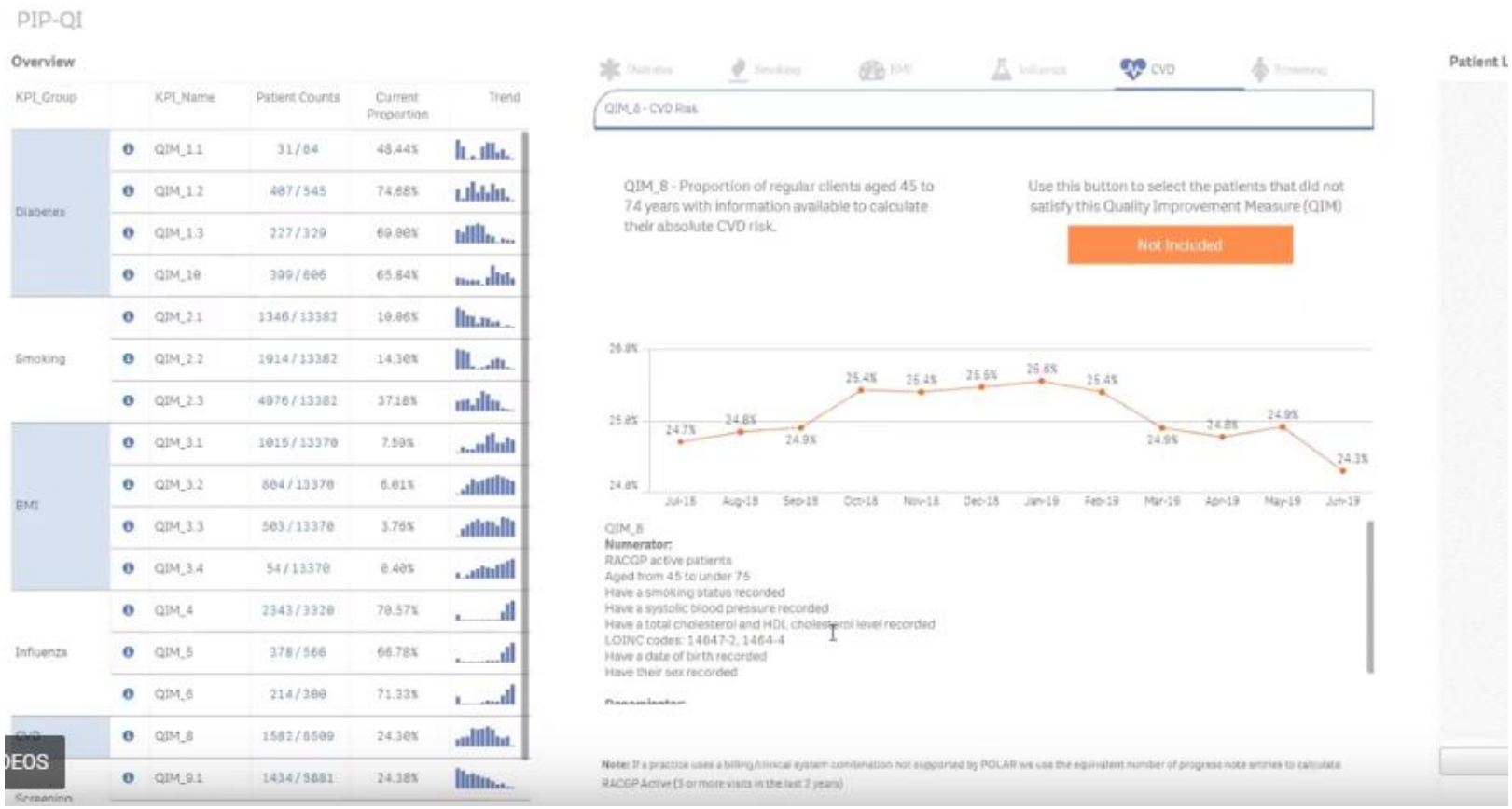
POLAR – PIP QI Reports



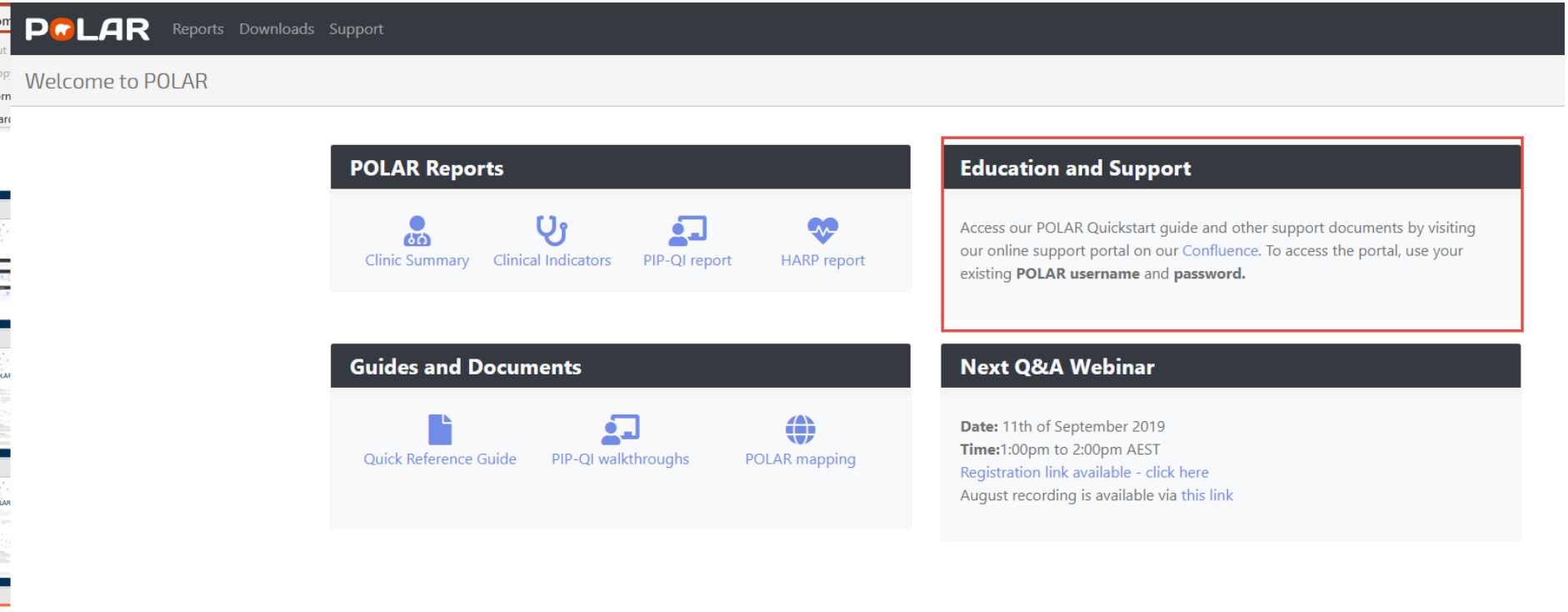
POLAR – PIP QI Reports



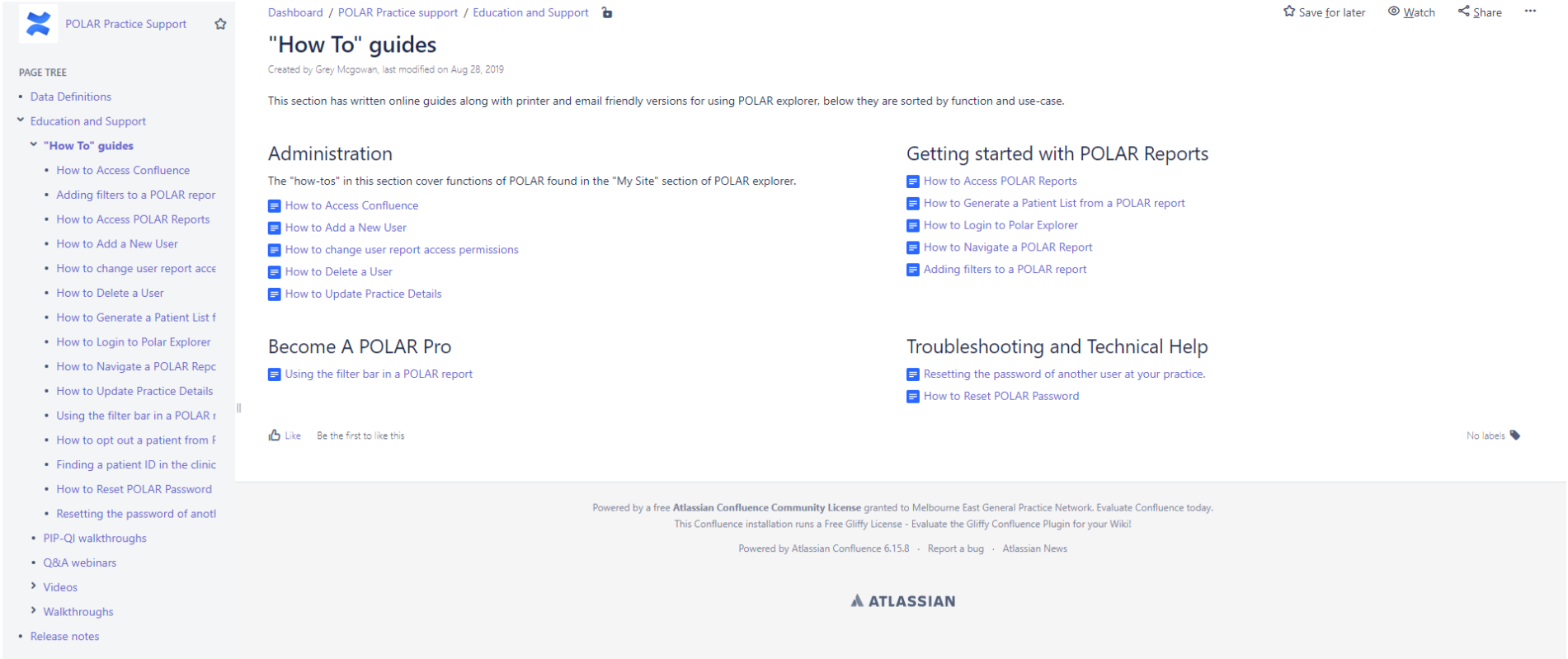
POLAR – PIP QI Reports



POLAR - support and education



POLAR – How To Guides



POLAR – PIP QI Report information

Outcome Health Spaces

Educational Resources

Pages
Blog

PAGE TREE

- Education and Support Resources
  - "How To" guides
  - "How To" videos
  - **PIP QI Report for practices**
  - PIP-QI walkthroughs
  - Report Walkthroughs
  - Webinar Q&A recordings
- Release Notes

Dashboard / Educational Resources Home / Education and Support Resources

Save for later Watch Share

PIP QI Report for practices

Created by Shane Lowe, last modified on Aug 22, 2019

The POLAR PIP QI report has been built around a number of functions associated with the PIP QI measures, using the calculations defined by the Department of Health and Human Services. These specifications for the calculations will be available here once officially released by the Department.

The functionality embedded in the report include:

1. QIM measures - both numerator/denominator and proportion
2. QIM calculation trends - 12 month trend lines showing performance over the past 12 months
3. QIM calculation definitions
4. Patient selector - output a list of patients that do not meet the QIM criterion

For mapping of the data based on your software, please see the PIP QI report hub

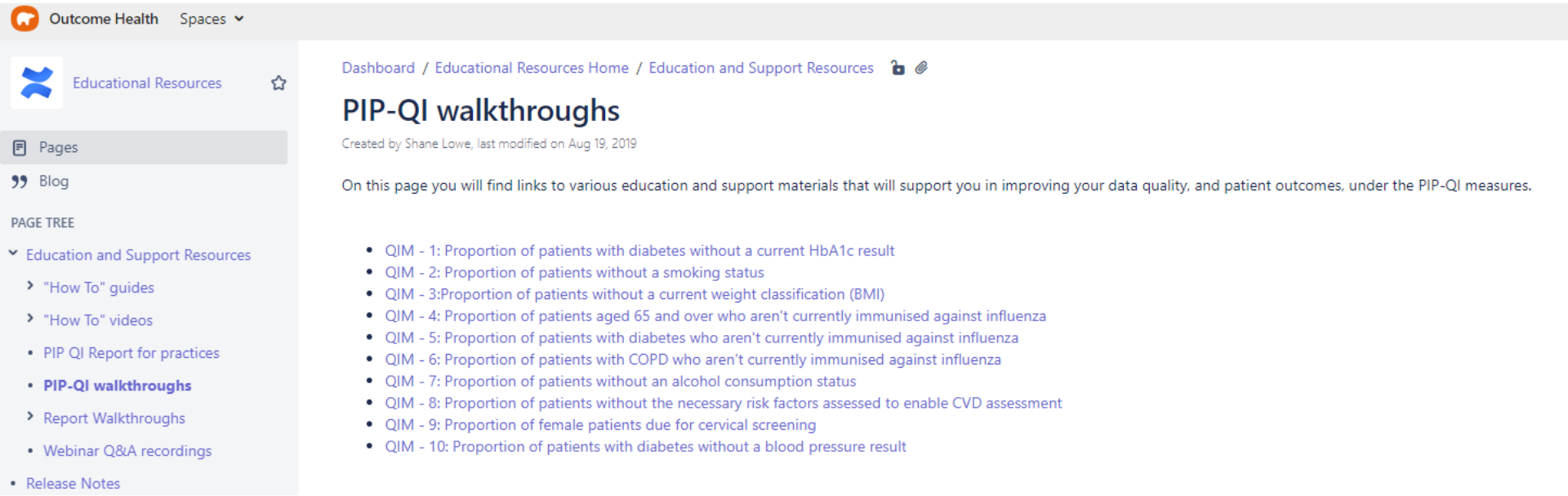
Sections of the report

QIM calculations

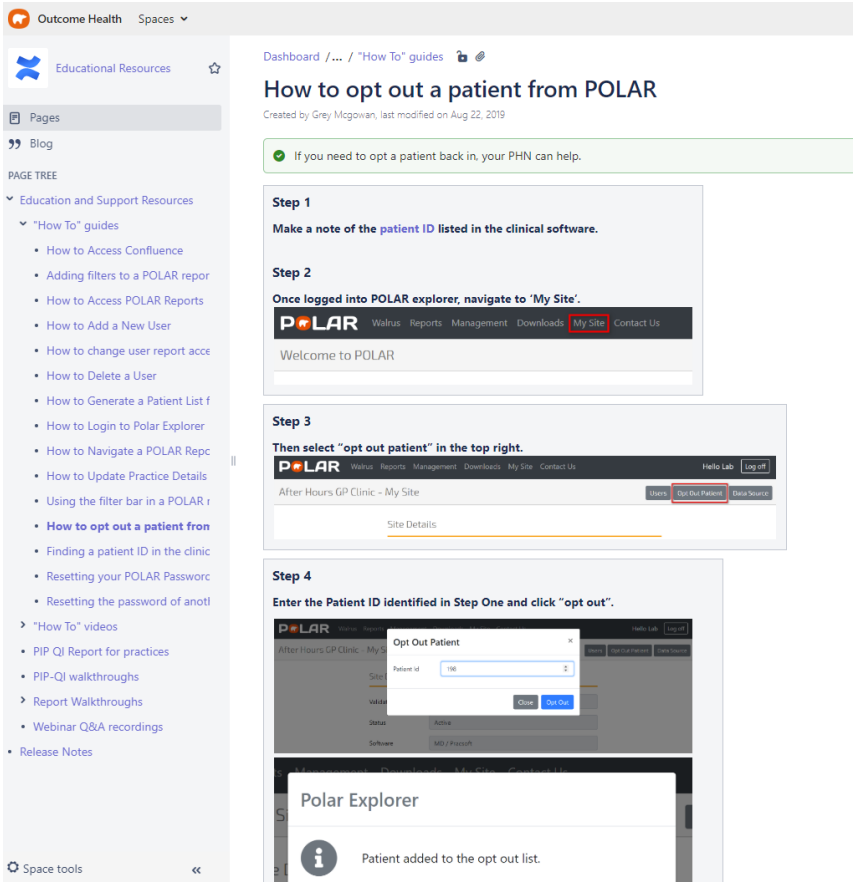
The left-hand section of the report is dedicated to the output of the QIM calculations, displaying both the patient counts associated with the measure (numerator/denominator) and the proportion of patients that meet the criterion for both the numerator and denominator. Also in this section is a quick trend-line, showing a scaled 12 month trend.

ⓘ The trend-line is scaled in order to best demonstrate change over time, consider that what looks like a large variance may only be a percentage difference

POLAR – PIP-QI walkthroughs



POLAR - How to opt out a patient



Gippsland PHN Update

- Approximately 63% of eligible Gippsland practices have registered for the PIP QI so far, with more expected
- Gippsland PHN will be in contact with those practices that are unable to share data through POLAR who had flagged their interest in participating in the PIP QI or have registered
- POLAR training will be delivered at the upcoming Practice Managers Network Meetings in October
- Over the next 2 weeks Gippsland PHN is expecting to receive their PIP QI POLAR reports from Outcome Health, which will guide and shape their support to practices
- The first CSV file with a list of PIP ID's who are data sharing compliant for Quarter 1 to be provided to the Department of Health on 16th October 2019

Team Roles and Responsibilities

Foundation Change Principle

Engage and support your team

- Set realistic goals
- Communicate regularly and systematically with other team members
- Assign roles and responsibilities
- As a team, regularly reflect, review and adjust what you are doing
- Ensure team members have protected time to complete tasks

RACGP Accreditation Standards – 5th Edition

Criterion QI1.1 – Quality improvement activities

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.

GP's or Practice Owners

- Provide effective and consistent leadership
- Engage the whole team in quality improvement planning
- Communicate the vision for improvement, and the practical first steps, to the whole team
- Drive the creation of a quality improvement team
- Ensure regular team meetings include a review of QI activities (monitor progress over time)
- Provide resources, including protected time and relevant staff training

GP's or Practice Owners

- Encourage and support the provision of improvement ideas from the whole team
- Analyse and review clinical and business data
- Select key priority areas, based on analysis of the data, in consultation with the team
- Implement a team based process to ensure data are complete, accurate and timely, including clinical coding
- Celebrate improvement achievements with the team

Practice Nurses

- Contribute to the quality improvement planning process
- Assist in the development of the vision for improvement, and the practical first steps
- Participate in, or engage with, the quality improvement team
- Request required resources, including protected time
- Undertake relevant training and upskilling, if required

Practice Nurses

- Encourage and support the provision of improvement ideas from other team members
- Analyse and review relevant clinical data
- Select key priority areas, based on analysis of the data, in consultation with the team
- Implement a team based process to ensure data are complete, accurate and timely, including clinical coding
- Monitor progress against quality improvement goals and measures regularly

Practice Managers

- Participate in quality improvement planning
- Assist in the development of the vision for improvement, and the practical first steps
- Participate in, or engage with, the quality improvement team
- Request required resources, including protected time
- Undertake relevant training and upskilling, if required
- Analyse and review relevant business data
- Suggest key priority areas based on the data analysis

Practice Managers

- Monitor progress against quality improvement goals and measures regularly
- Implement a team based process to ensure data are complete, accurate and timely, including clinical coding
- Undertake audits of health service records to identify specific patient groups in need of follow up / proactive care
- Establish and oversee recall/reminder systems

Practice Managers

- Support GPs with the flow of information to, and from, other health care providers
- Manage MBS billing, PIP QI, PNIP and other payments
- Support/manage reception staff responsibilities
- Manage succession planning
- Document policy and procedures for the delivery of consistent, proactive care

Reception/Administration Staff

- Contribute to the quality improvement planning process
- Participate in, or engage with, the quality improvement team
- Request required resources, including protected time
- Undertake relevant training and upskilling, if required
- Contribute to the team process to ensure data are complete, accurate and timely

Team Checklist

improvement foundation

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Team Checklist

Educate the team on the requirements of the PIP QI

- ☐ Does our whole team have a good understanding of the PIP QI requirements, including the need to undertake continuous quality improvement activities in partnership with Gippsland PHN?
- ☐ Does our health service have a good understanding of the practice population and the areas of high need?
- ☐ Does our health service have documented QI processes that can demonstrate participation in continuous quality improvement activities?

Involve the whole team

- ☐ Does our health service have a QI action plan that is developed in partnership with the health service team?
- ☐ Do we have a clinical and non-clinical leader (e.g. our principal clinician and Practice Manager) driving quality improvement activity?
- ☐ Have we assigned roles, responsibilities and timeframes for carrying out planned improvement in the QI plan?
- ☐ Do our team members have the QI skills they need, or is more training required?

Ensure team members have protected time to complete tasks

- ☐ Have we assigned people realistic tasks in light of any resource or time constraints?
- ☐ Have team members been given "protected" time to regularly complete tasks?

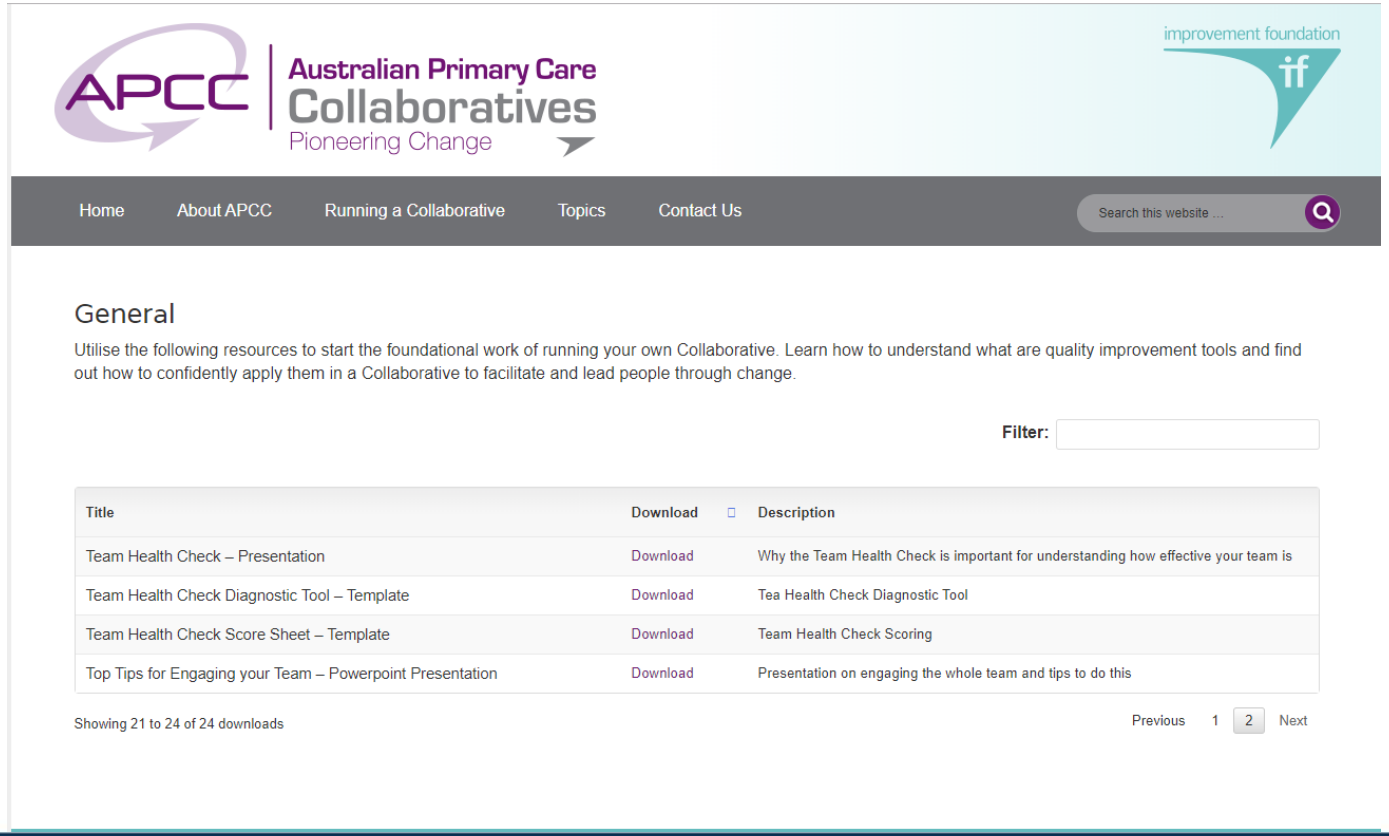
Set realistic goals and use data to drive improvement

- ☐ Are our goals SMART: Specific, Measurable, Attainable, Relevant and Time-bound?
- ☐ Can we measure progress against our goals?
- ☐ Are we using data to frequently review progress against our goals?

As a team, regularly reflect, review and adjust what you are doing

- ☐ Is reviewing progress against our goals and generating new ideas part of our regular team meeting agenda?
- ☐ Are we regularly adjusting our goals and strategies where required?
- ☐ Are we rewarding and acknowledging success and working as a team to problem-solve any challenges?

Effective Teams – Team Health Check



In summary….

- Everyone has a role to play
- Undertake QI planning
- Analyse your data and use it to guide your improvement work
- Allocate task, roles and responsibilities to enhance buy-in and support effective teamwork

How about your patients? Is there a role for them?

Support Resources

Visit : https://www.gphn.org.au/programs/practice-support/practice-incentive-program/

- PIP QI information, including FAQs, flowcharts, checklists and more
- Checklist – Team Roles and Responsibilities
- Webinar recording and presentation slides
- Friday practice support email

- For further support contact:
  - Daniel Webster, daniel.webster@gphn.org.au

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Thank you