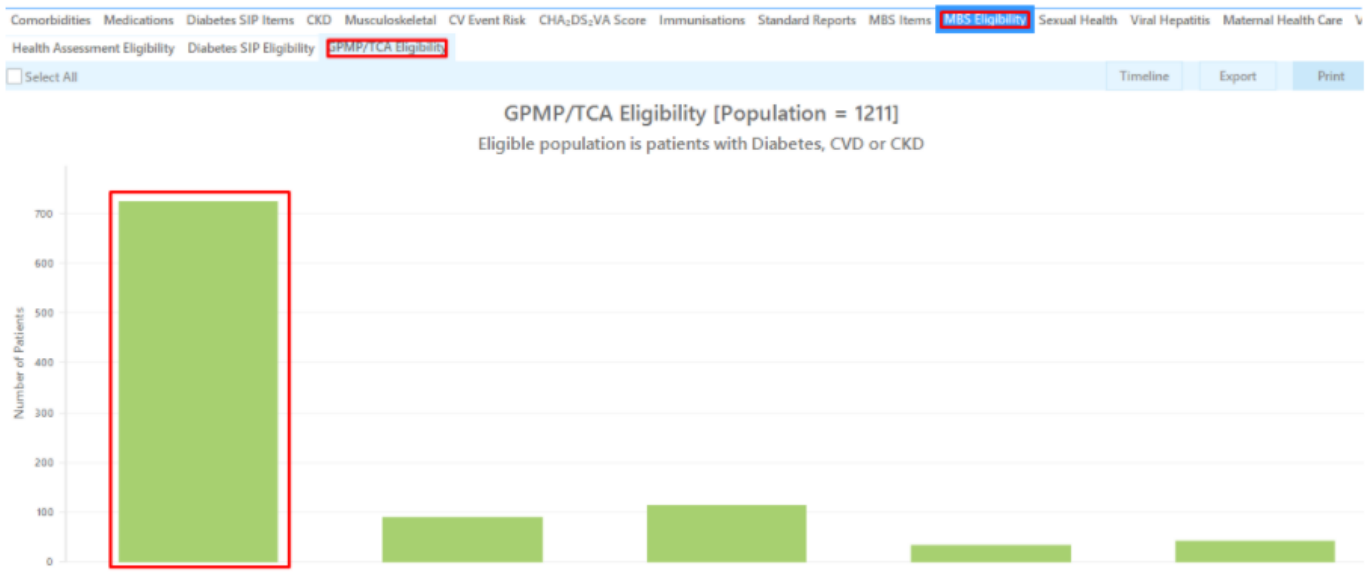
Quality Improvement Scenario 2: Chronic Disease Management

Using **Chronic Disease Management** enablers assists practice health professionals to provide appropriate care to patients. **Medical Benefit Schedule (MBS) Attendances** such as GP Management Plan (GPMP), Team Care Arrangement (TCA), Reviews of both, and Allied Health Consultations are beneficial to a patient's management of Diabetes. A GPMP provides the mechanism to enable a Practice Nurse or Aboriginal Health Practitioner to provide support and monitoring to a patient 5 times a year in between more structured GPMP/TCA Reviews. Note AN.0.47 | Medicare Benefits Schedule (health.gov.au)

PenCS CAT4 Report "Patients with a coded diabetes diagnosis without at GP Management Plan (721) billed in the last 12 months" will determine the number of patients with diabetes who remain eligible for a GPMP or TCA. Identify patients with diabetes, CVD or CKD who never had a GPMP/TCA claimed - CAT Recipes - PenCS Help



The Practice's Quality Improvement Team pick this topic and create a **Model for Improvement** for the PIP QI Quarter beginning 1 May. The **SMART goal** is 100% of patients with a Chronic Disease will have a current GPMP and/or TCA by 31 July. Once patients' GPMPs are in place, Nurse and Aboriginal Health Practitioner attendances can increase.

Data Baseline: 1 May 2021

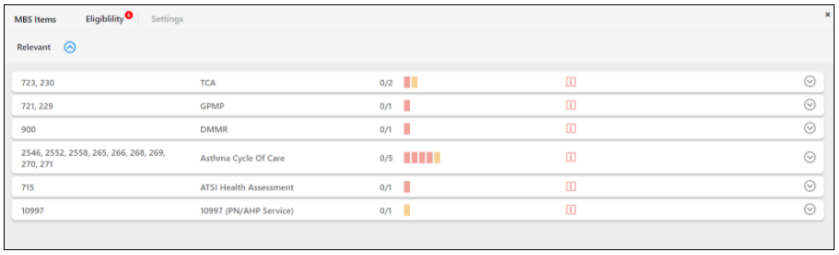
Numerator: Number of Patients with Diabetes Mellitus Type 2 with a GPMP
Denominator: Number of Patients with Diabetes Mellitus Type 2.
Example: 200/600 = 33%

Review Date: End of July quarter.

PLAN:

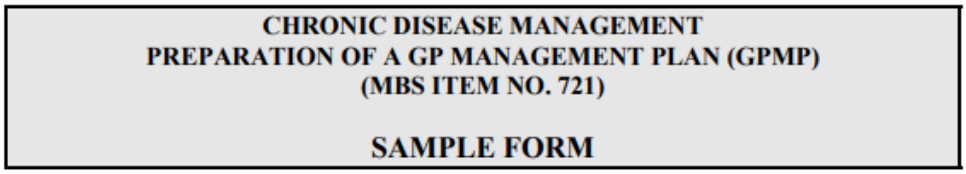
Idea 1: Add a **Reminder** to patient file **(BP)** Add a Clinical Reminder to a patient (bpsoftware.net) or a **Recall (MD)** MedicalDirector Online Help for new GPMP, TCA, Reviews and Nurse and Aboriginal Health Practitioner attendances. Establish a Reminder/Recall system for practice staff to contact the patient. Consider sending to patient using a SMS Reminder Application software vendor.

Idea 2: Use **PenCS TopBar MBS Application** to find patients in real time opportunistically. MBS App Eligibility Tab - USER GUIDES TOPBAR - PenCS Help



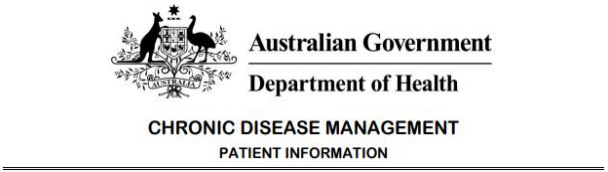
Idea 3: Design practice **Workforce Opportunities** to provide Nurse, Aboriginal Health Practitioner and Medical Practice Assistant monitoring and support to patients in between structured Reviews and to contribute to GPMP, TCA and Reviews. Homepage - APNA informationsheet-medicalassistants.pdf (racgp.org.au)

Idea 4: Use the **DOH templates** in the Clinical Information System. Microsoft Word - 353DD223.rtf (health.gov.au)


CHRONIC DISEASE MANAGEMENT
PREPARATION OF A GP MANAGEMENT PLAN (GPMP)
(MBS ITEM NO. 721)

SAMPLE FORM

Idea 5: Provide the Patient with the **Chronic Disease Management Information Sheet**. Fact Sheet - CDM - Patient Info - Feb 2014.pdf (health.gov.au)


Australian Government
Department of Health

CHRONIC DISEASE MANAGEMENT
PATIENT INFORMATION

By end of July quarter, the Quality Improvement Team complete the Improvement Cycle:

DO: What did you do?

STUDY: What were the reviewed results?

_____

ACT: What can be added, continued, and/or removed from process?

_____ _____