



Quality Improvement Scenario 1: Patients Indicated Diabetes with No Diagnosis

A Practice's Data Dashboard example provided by HNECCPHN (based on PenCS CAT4 data) indicates that 296 patients are indicated as likely or possible to have diabetes, but do not have a coded diagnosis. Patients who have diabetes may not appear in lists, be searchable, nor be communicated in health summaries. Opportunities for patient care and practice sustainability may be missed.

Requirement:

eHealth PIP Requirement 3 is:

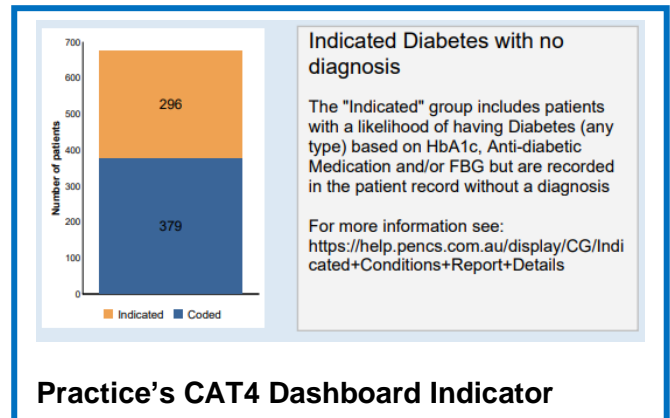
*“Practices must ensure that where clinically relevant, they are working towards recording the majority of diagnoses for active patients electronically, using a **medical vocabulary that can be mapped against a nationally recognised disease classification or terminology system.**”* [Practice Incentives Program - eHealth Incentive - Services Australia](#)

Requirement:

*Also, eHealth PIP Requirement 3 is that “Practices must provide a **written policy** to this effect to all GPs within the practice.”* [Practice Incentives Program - eHealth Incentive - Services Australia](#)

Requirement:

RACGP 5th Standards for General Practice Indicator QI1.3A requires that “Our practice team uses a **nationally recognised medical vocabulary for coding.**” [Standards-for-general-practice-5th-edition.pdf \(racgp.org.au\)](#)



Practice's CAT4 Dashboard Indicator

TIP: Diabetes Mellitus Type 1 or Type 2 is the coded diagnosis title and is current for both active and inactive condition status in the **PenCS CAT4 Clinical Data Mapping Guide.** [Data Mapping - Data Mapping - PenCS Help](#)

TIP:

MD: Pick diagnosis from drop-down coded vocabulary List in Summary, Past History or Reason for Contact (can save as past medical history) [MD Online Help \(medicaldirector.com\)](#)

BP: Search for condition from coded vocabulary in Diagnosis Tab in Today's Notes when adding new clinical history to Past History Tab [Recording Today's Notes \(bpssoftware.net\)](#)

The Practice's Quality Improvement Team pick this topic for improvement and create a **Plan-Did-Study-Act Cycle** for the PIP QI Quarter beginning 1 May. The **SMART goal** is "0" patients will be on the indicated likely, possible or for review of a Diabetes Diagnosis list by 31 July 2021.

Data Baseline:

296 patients indicated likely, possible or for review of diabetes diagnosis as at 1 May 2021.

Review Date: 31 July 2021.



PLAN:

Idea 1: Use **PenCS CAT4 Cleansing CAT Module** to identify patients who are indicated likely or possible to have Diabetes Type 2 without a Coded Diagnosis. GPs need to clinically assess the patient record. [Data Cleansing - CAT GUIDES - PenCS Help](#)

Likely:

HbA1c >6.5
OR HbA1c recorded AND prescribed an anti-diabetic medication
OR FBG >7.

Possible:

HbA1c >6 and <6.5
OR prescribed an anti-diabetic medication excluding metformin.

Review: Prescribed metformin.

TIP: BP will prompt for a coded diagnosis if Diabetes Cycle of Care Assessment is commenced without a coded diagnosis.

TIP: Ensure preferences in CAT4 are set to link to TopBar server. This enables write-back of a coded diagnosis from Cleansing CAT to the Patient Record. Alternatively, tick box to “confirm condition does not exist” and click “Save and Remove” button to add patient to the Reviewed Patient Report, which temporarily removes patient from list in Cleansing CAT (until new pathology results or medications are added).

Idea 2: Use **PenCS TopBar Data Cleansing App** to clean the data opportunistically while patient is in a consultation. [Data Cleansing App - USER GUIDES TOPBAR - PenCS Help](#)

Idea 3: Alternatively, you can use the **Diagnosis Coding Clean-up Tool** in your Clinical Information System to convert free-typed entries to a coded Diagnosis automatically. [MD Online Help \(medicaldirector.com\)](#) [Cleaning up uncoded and free text data \(bpsoftware.net\)](#)

TIP:

BP-Utilities App: User will need permissions set to allow Past History Add/Edit/Delete.
MD Maintenance App: Enter username and password when prompted.

Idea 4: Run **PenCS CAT4 Data Quality Report** to identify any duplicate patient records and merge. [Data Quality \(CDSA\) - CAT GUIDES - PenCS Help](#) [MD Online Help \(medicaldirector.com\)](#) [Merge patient records \(bpsoftware.net\)](#)

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

DID: What Idea(s) did you do?

STUDY: What were the Results on the Review Date?

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