Digital Health Toolkit

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INTRODUCTION

Overview

Digital health is about electronically connecting points of care so that health information can be shared securely, enabling more streamlined care in a patient centred approach. This is the first step to understanding how digital health can help deliver safer, better quality healthcare to our patient populations.[i]

A key objective for digital health in general practice is to demonstrate improved clinical outcomes for patients, and improved patient and provider experiences in primary care.

Examples of effective digital health strategies and tools supported by the PHN in the Hunter, New England and Central Coast regions (hereafter 'the PHN') are:

- My Health Record (MHR)
- SeNT eReferral
- Secure Messaging Delivery (SMD)
- Health Direct
- Pen CS Clinical Audit Tool 4 (CAT4)
- Capacity Tracker
- Telehealth
- Electronic ordering for pathology and diagnostic imaging (eOrders)
- Electronic prescribing (ePrescriptions).

At a glance

A priority for the Australian Digital Health Agency from 2020-2022 is enablement and adoption of My Health Record (MHR). In August 2020, nationally there are:[ii]

- 22.82 million total My Health Records with 2.24 billion documents uploaded.
- 94% of general practices registered with 84% using MHR to upload health summaries, event summaries and view hospital discharge summaries, medicines overview, pathology reports, diagnostic imaging reports and documents uploaded by other healthcare providers.
- 90% of Australians have a MHR.
- Consumers use MHR to upload health summaries, health notes, Advanced Care Directive Custodian Reports, immunisation and organ donation information and view pathology reports.

The vision for NSW Health is a digitally enable integrated health system delivering patient-centred health experiences and quality health outcomes. Examples of the move towards this vision for NSW include:[iii]

- 7.2 million total My Health Records (August 2020)
- A plan for a state-wide eReferral management solution (October 2020)
- Better health data visibility and reporting systems e.g. the STARS (QlikView) initiative.

In the HNE region, 90% of general practices with Best Practice or MedicalDirector software are connected to SeNT eReferral system. Delivering over 3000 high-quality, clinically relevant public health services referrals per month, SeNT eReferral is fast reducing the dependence on non-secure methods of referral communication i.e. fax and email and supporting clinicians and patients with a quicker referral process and more timely access to the right healthcare.

Approaching quality improvement in your practice

1. Create a quality improvement (QI) strategic plan.

2. Using the Model for Improvement (MFI) format, complete Step 1.

E.g. Develop your QI goal, measures and brainstorm some ideas for implementation.

3. Using the Model for Improvement (MFI) format, complete Step 2.

E.g. Choose one idea from Step 1 of your MFI and implement a Plan, Do, Study, Act Cycle.

Please refer to the Continuous Quality Improvement Fundamentals Guide for General Practice for detailed information as to how to complete these three steps.

To support your QI work within your practice, the PHN hosts a Primary Care Quality Improvement Community of Practice (QI CoP) for the region's stakeholders. The CoP is a place where primary care providers, practice teams and staff can float ideas, discuss best practice approaches, share resources as well as learn about successful quality activities that have already been implemented. This Primary Care QI CoP site is available to primary care providers within the Hunter, New England & Central Coast regions. Associated with the CoP, the PHN also hosts monthly quality improvement webinars on clinical areas of interest to provide additional support to QI CoP members. Please contact the PHN or your Primary Care Improvement Officer (PCIO) to learn how to gain access to this resource.

Cultural awareness, responsiveness and safety

Cultural awareness is sensitivity to the similarities and differences that exist between different cultures and the use of this sensitivity in effective communication with members of another cultural group.[iv]

Cultural awareness training is a formal information sharing process about understanding and appreciating the differences between persons from other cultures, countries or backgrounds. This may include but is not limited to Aboriginal and Torres Strait Islander populations, Culturally and Linguistically Diverse (CALD) populations, refugees, and LGBTQIA populations. Cultural awareness training should be provided to all commencing staff and all existing staff at least every two years.

Cultural responsiveness refers to health services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander populations. Cultural responsiveness describes the capacity to respond to the health needs of Aboriginal and Torres Strait Islander communities. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community interacted with. It requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must:

*   Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
*   Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
*   Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
*   Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.[v]

READINESS TOOL

Is your practice ready to make changes?

There are many ways to improve patient and clinician experience and outcomes through use of a digital health strategy.

This readiness checklist is designed as a starting point to encourage General Practice to generate ideas and strategies in digital health that may be applied to a quality improvement activity.

Completing this checklist will assist with the 'thinking part' (Step 1) of the quality improvement cycle (see the template at the end of this toolkit).

In working through the readiness checklist, start by identifying if the practice or clinicians are undertaking activity in the identified area. In the action column you could document any ideas or processes that may need to be introduced or changed.

Digital Health Readiness Checklist

General Practice Name:	
Completed by:	
Date:	

AREA: Quality improvement change readiness	Yes/No	Action/Comment (what, when, who)
1. Our surgery has engaged leadership at all levels of the organisation and our staff share an active focus on Quality Improvement.		
2. We recognise the value of team-based care and empower all staff to take an active role in quality improvement activities within their scope of practice.		
3. We reserve appointments for all our clinicians to upskill and build capability in the use of digital health tools and technology.		
4. We obtain consent from our patients to participate in digital health activities and for sharing relevant information with other providers actively involved in their team care, in line with our privacy policy.		

AREA: Information systems and data driven improvement	Yes/No	Action/Comment (what, when, who)
5. The practice has a digital health lead to ensure practice information technology (IT), infrastructure and systems are up to date (latest versions and updates are installed), maintained and operating effectively in line with the accreditation standards.		
6. The practice is registered with Provider Digital Access (PRODA) and the Health Professional Online Service (HPOS).		
7. Our staff are confident in using our clinical software and all other computer programs required to fulfill the duties of their role (e.g. Microsoft suite of tools) and training is provided where required.		
8. Our staff recognise the importance of clinical coding and use of clinical software functions in recording patient encounters.		
9. The practice regularly completes data cleansing activities to ensure accurate and current registers of patients.		
10. Active data cleansing and monitoring is allocated to one or more staff members in their position description to ensure consistency and accountability.		
11. All patient information is sent and received securely via an encrypted platform.		
12. My Health Record is used for those enrolled, to update patient information.		
13. All General Practitioners and Nurse Practitioners in the practice actively use SeNT eReferral.		
14. The staff have access to a clinical audit tool (PenCS Cat4 including TopBAR) and are trained in using it effectively.		
15. Our clinicians use appropriate referral and directory information and/or clinical pathways available via HealthPathways and Patient Info.		

AREA: General practice systems	Yes/No	Action/Comment (what, when, who)
16. The practice has policies and procedures for digital health and information security. Staff follow these established protocols to ensure consistency and accuracy in their role.		
17. The practice records up to date data for all patients and seeks regular patient information updates to inform the use of all digital tools. E.g. SeNT eReferral, ePrescribing.		
18. Protected time is scheduled to ensure all staff have capability and capacity to use digital health tools as appropriate to their role.		

	Yes/No	Action/Comment (what, when, who)
19. The general practice has systems in place to escalate technology issues to the appropriate vendor/partner for resolution.		
AREA: Person centred care	**Yes/No**	**Action/Comment (what, when, who)**
20. The patient is informed whenever their information is sent elsewhere electronically. E.g. My Health Record, eReferral etc.		
21. The practice routinely identifies minority group patients (Indigenous, CALD, LGBTQI) to ensure appropriate care is provided.		
22. Our doctors are aware of Closing the Gap (CTG) Initiatives and all prescriptions for registered Aboriginal and Torres Strait Islander patients are annotated with 'CTG' to increase affordability and compliance.		
23. The practice routinely identify patients who may require assistance to communicate and we utilise Telephone Interpreter or Relay Services where appropriate.		

DIGITAL HEALTH PRACTICE TEAM	
Clinical lead (GP):	
Administrative lead (PM/PS):	
Clinician involvement (GP/PN):	

CHANGE IDEAS TO CONSIDER

These ideas are suggestions only, with the concept adaptable across the use of digital health strategies and tools.

Idea: Enable person centred care by encouraging clinicians to proactively discuss digital health options and initiatives with their patients.

- Place prompts in the clinical system to remind the GP to ask relevant questions.

- Provide clinicians with a script to assist them in their conversations.

- Provide clinicians with a cheat sheet of shortcuts to use for documenting their conversations with patients.

- Brainstorm approaches to these conversations in team meetings. E.g. include as a standing agenda item.

- Display promotional material in the waiting room for patients.

Idea: Using the General Practice Team (administration, nurses, practice manager, GPs), develop and maintain an effective whole of practice approach to digital health.

- Provide protected time for all staff to attend professional development events. E.g. PHN led training, Pen CS webinars etc.

- As a team, develop an internal digital health strategy and approach, confirming individual roles and responsibilities.

Idea: Have a team meeting to brainstorm how an integrated digital health approach can improve income generation and patient care.

- Map the cost savings between manual and digital approaches. E.g. fax compared to SeNT eReferral.

- Review practice processes to ensure they meet the ePIP requirements.

- Align practice processes with the accreditation standards

- Ensure appropriate use of MBS items and billing; review and schedule chronic disease management cycles.

Idea: Complete an internal audit of they systems currently in use and their interoperability.

- Does the hardware meet the minimum system requirements to support the software?

- Is the software updated regularly to ensure the latest version is installed

- Are current Medicare NASH PKI and Site certificates installed?

- Do all users have the correct permissions, user access controls and required information in the system to be able to effectively use the software?[vi]

- Is current software interoperable and conformant with other software? E.g. does you ECG and spirometry software import results into the PMS in a format that is compatible with SeNT eReferral?

- Is all patient data maintained and stored on a server within Australia?

Idea: Ensure whole practice team adhere to Australian privacy principles.

- Have staff had training on privacy in relation to digital systems used in the practice?

- Are staff provided with regular updates and reminders about privacy?

- Does the practice have appropriate privacy policy in relation to digital systems?

- Is the practice privacy policy easily accessible to patients?

Idea: Ensure whole practice team have knowledge of information security.

- Have staff had training in cybersecurity for digital systems used in the practice?

- Are staff provided with regular updates and reminders about cybersecurity?

- Does the practice have appropriate security and antivirus software installed that is updated regularly?

- Does the practice have a procedure for daily data backups and is a copy of the backup stored off site?

UNDERTAKING QI
USING THE MODEL FOR IMPROVEMENT

Quality Improvement Goal Setting

STEP 1: Ask the three questions.

1. What are we trying to accomplish?
By answering this question, you will develop your goal for improvement.

2. How will we know that a change is an improvement?
By answering this question, you will develop measures to track the achievement of your goal.

3. What changes can we make that can lead to an improvement?
List your ideas for change.
By answering this question, you will develop the ideas you would like to test towards achieving your goal. Use the SMART approach when developing ideas (specific, measurable, attainable, realistic, timebound). E.g. By March 2020, complete 100% of HbA1c tests for all eligible (have not had a test in the past 6 months) active patients.

IDEA 1.

IDEA 2.

IDEA 3.

IDEA 4.

QI Implementation: Plan, Do, Study Act Cycle

STEP 2: Choose <u>one idea</u> from Step 1 and expand into a PSDA Cycle.

Idea being tested: From Step 1: Idea 1, 2, 3 or 4	
	Plan Who? When? Where? Data predictions? Data to be collected.
	Do Was the plan executed? Any unexpected events or problems? Record data.
	Study Analysis of actions and data. Reflection on the results. Compare to predictions
	Act What will we take forward; what is the next step or cycle?

Resources

- Australian Digital Health Agency: https://www.digitalhealth.gov.au/

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PRIMARY HEALTH NETWORK

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative