



CAT PLUS and PIP QI

Webinar for General Practice

Matthias Merzenich

CAT Plus and PIP QI Overview

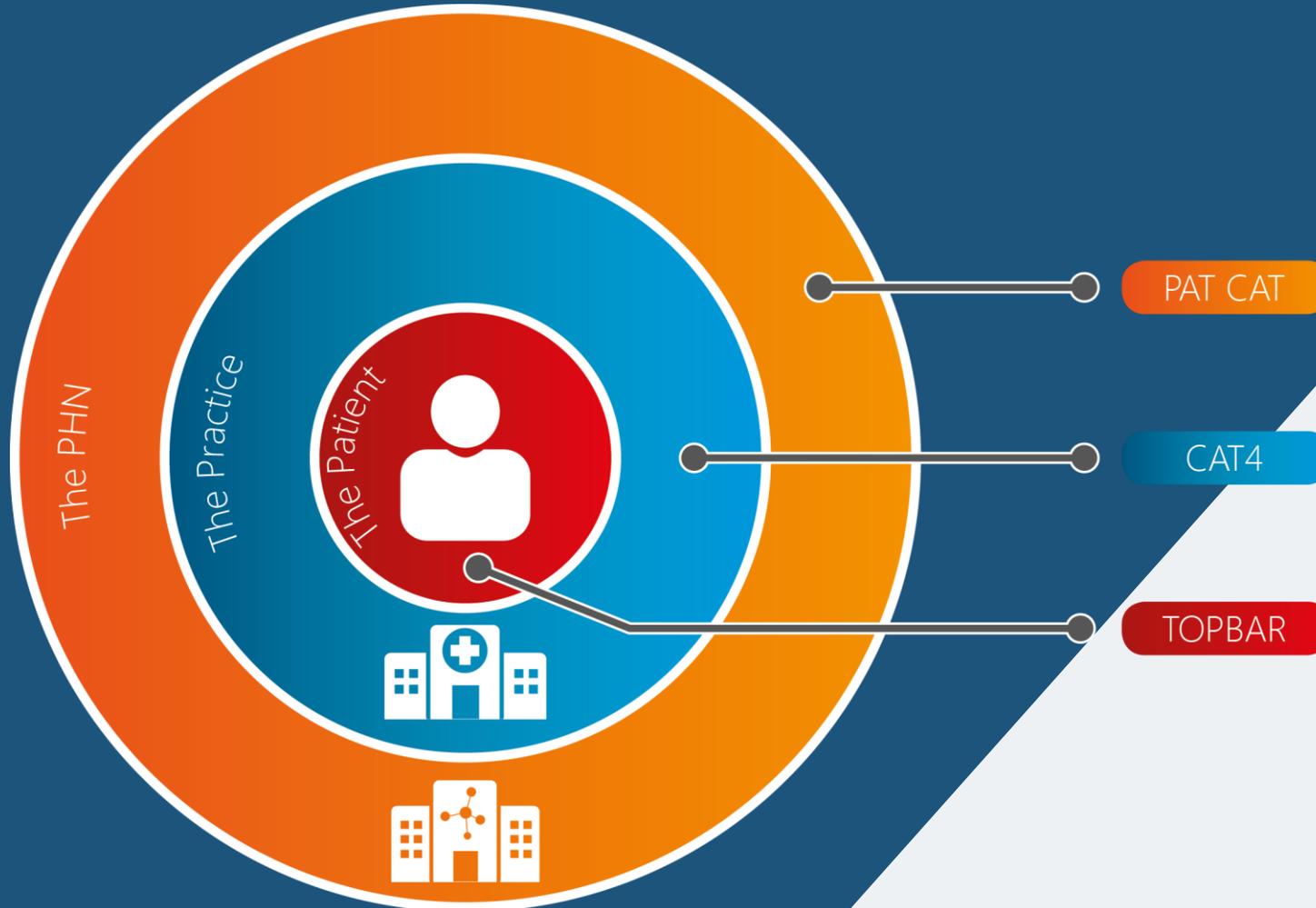
- CAT Plus and PIP QI – what can be done using the tools?
- PIP QI Improvement measures in CAT Plus
- CAT Plus examples for quality improvement activities

PIP QI Background



- PIP QI is here!
- PIP QI provides national, consistent general practice data in ten Improvement Measures
- Practices will have to submit the data AND demonstrate QI activities to receive the PIP
- QI activities don't have to be related to the 10 measures which makes CAT Plus the ideal tool to assist in these activities through the PDSA cycle

CAT Plus - Patient, Practice, Population



CAT4 – Clinical Audit Tool



CAT4 works alongside the practice management and billing software and is compatible with following clinical systems:

- Medical Director Clinical**
- Best Practice**
- Genie**
- Zedmed**
- Communicare
- Medinet
- Medtech
- MMeX
- Stathealth

TOPBAR



Topbar currently supports the following clinical systems:

- Medical Director 3
- Best Practice
- Zedmed

The Improvement Measures:

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza
7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result.

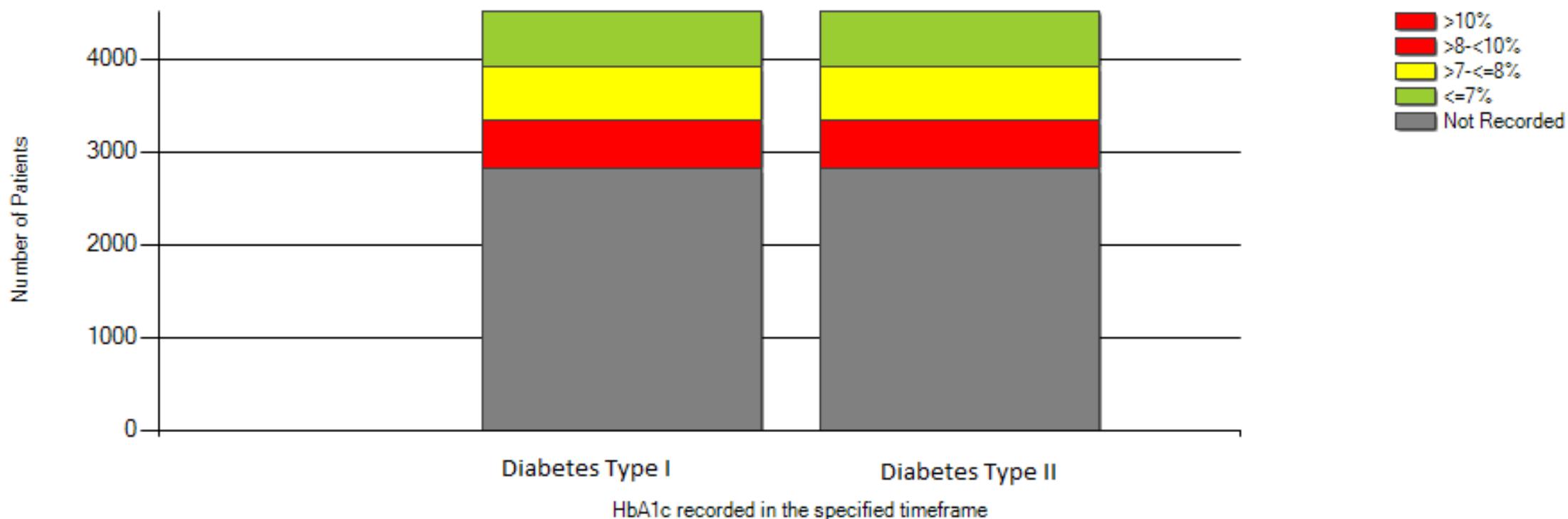
Select All Show Percentage

Timeline

Worksheet

Print

HbA1c Recorded in the past 12 months [population = 183]

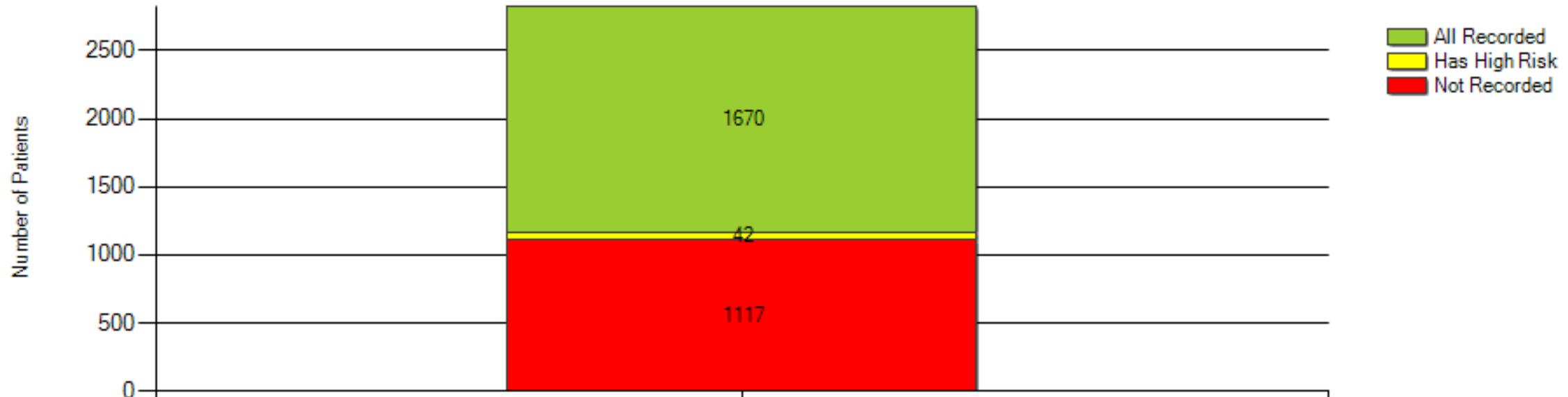


Select All Show Percentage

Timeline Worksheet Print

CVD assessment (risk factors recorded) [population = 2829]

Patient population is age 45-74 (35-74 Indigenous) without a diagnosis of CVD



CVD Risk Assessment Risk Factors

CV Risk is calculated using the Absolute CVD Risk Assessment (Framingham Risk Equation)

Show Extended

PIP QI: Quality Improvement Measures

Report Date: 12/09/2018 11:27 AM

Practice Name: CHRISTINE DEMO Practice

Standard Report - Regular clients (3 visits in the last 2 years)

The patient population in this report is patients (including archived and excluding deceased) who have had 3 visits in the last 2 years. (MD/BP: Inclusion of archived patients will depend on your preference selection.)

QIM 01: Proportion of patients with diabetes with a current HbA1c result

Calculation A: Regular patients with Type 1 Diabetes

Proportion of regular clients who have Type 1 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months.

	Tested		No HbA1c Test		Total
	Number	%	Number	%	
Number of clients with Type 1 Diabetes	91	67%	45	33%	136

QIM 01: Proportion of patients with diabetes with a current HbA1c result

Calculation B: Regular patients with Type 2 Diabetes

Proportion of regular clients who have Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months.

	Tested		No HbA1c Test		Total
	Number	%	Number	%	
Number of clients with Type 2 Diabetes	114	84%	22	16%	136

QIM 02: Proportion of patients with a smoking status

Proportion of regular clients aged 15 years and over whose smoking status has been recorded as one of the following: current smoker; ex-smoker; or never smoked.

	Recorded		Not Recorded		Total
	Number	%	Number	%	
Number of clients >= 15 years	2899	86%	486	14%	3385

First change to CAT4

- The most recent release (4.17) has an added new Date Range result filter option to filter for 15 months and the filter applies to the Immunisation/Influenza graph
- More to come!

The screenshot displays the CAT4 software interface. At the top, there is a navigation bar with icons for Collect, View Extracts, Hide Filter, Report, View Population, Dashboard, CAT4, Cleansing CAT, Registrar CAT, Clear Filters, and Recalculate. Below this is a tabbed menu with 'Date Range (Results)' selected. The main content area is titled 'Date Range for Last Recorded Result or Event' and includes a descriptive paragraph: 'The date range selected will filter out results or events that are not within the selected period and treat them as not recorded. This filter is not applicable to graphs that display time periods.' There are four radio button options: 'All', '<= 6 mths', '<= 12 mths', and '<= 15 mths' (which is selected and highlighted with a red box), and '<= 24 mths'. Below these are two date range input fields, both set to '11/07/2019'. A red box on the right side of the interface lists the data types supported by this filter: 'Use for: Measurements, Pathology, MBS Items, Maternal Health (birth date/weight), Visit Types, Digital Health (SHS/ES uploads), Smoking/Alcohol, Influenza'. A 'Clear Results' button is located at the bottom right.

PIP QI Topbar App

PIP QI - 10 Improvement Measures

Name Surname, Age, Sex

80%

- 1- **Diabetes and HbA1c** recorded
Status: **Missing**
- 2- **Smoking** status recorded
Never smoked
- 3- **BMI** recorded ≤ 12 months
22.5 3/6/2019
- 4- **Age** ≥ 65 and immunised for **influenza** ≤ 15 months
This patient does not meet the eligible population criteria.
- 5- **Diabetes** and immunised for **influenza** ≤ 15 months
4/3/2019
- 6- **COPD** and **Immunised for influenza** ≤ 15 months
This patient does not meet the eligible population criteria.
- 7- **Alcohol** Consumption recorded
Status: **Missing**
- 8- **Female** b/n 20-74 years and **cervical screening** recorded ≤ 5 years
Status: **See results**
- 9- **CVD Risk** factors recorded
Smoking status: **Missing**
Diabetes diagnosis or screening HbA1Ac or FBG: **Diabetes**
Systolic Blood Pressure: **Missing**
Cholesterol: **Pathology results required**
HDL: **Pathology results required**
Age: **45**
Gender: **Male**
- 10- **Diabetes** and **blood pressure** recorded ≤ 6 months
Status: **Missing**

CAT Plus and QI at the practice

Under the PIP QI guidelines, a practice has to show that they are undertaking quality improvement activities. In our understanding this means they have to apply the PDSA methodology or similar to demonstrate these activities and to measure the outcome. This can be any improvement activity – it is not limited to the 10 improvement measures.

CAT Plus and QI at the practice



What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

CAT Plus and QI at the Practice

Examples using CAT Plus for QI activities:

- Ensuring Emergency contact is in patient record
- Using Data Quality report indicators and measure for new patients/from set date
- Using clinical measures for either data completeness or for on target of indicator (CHD & BP, Diabetes & HbA1c,...)
- Use Topbar prompts for communication inside the clinic
- PHNs can assist!

Frequently Asked Questions



- How can I get CAT Plus for my practice?
- When will these tools be available?
- Can patients opt out?
- How is security managed?
- Are the files de-identified?
- How do we know if our data is reliable?

Resources



- www.help.pencs.com.au
- www.vimeo.com/pencs
- www.pencs.com.au/support/webinars/

CAT Plus and QI at the Practice CAT4

CAT Plus demo