# **FAQ CAT PLUS INSTALLATIONS**



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# General

## Why are GP practices using the PHN's Data Quality Improvement Plan and installing CAT Plus?

#### **RACGP Guidelines**

General Practices are centre of healthcare in Australia and the RACGP Standards for General Practices (4<sup>th</sup> edition) state; The guideline Criterion 3.1.1 Quality Improvement Activities

- 1. Our Practice team can describe aspects of our practice that we have improved in the past three years.
- 2. Our practice uses relevant patient and practice data for quality improvement (eg. Patient access, chronic disease management, preventive health).

#### **Key Points**

- Practices need to engage in quality improvement activities to improve quality and safety for patients in areas such as practice structures, systems
  and clinical care
- · Decisions on changes should be based on practice data
- Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute

http://www.racgp.org.au/your-practice/standards/standards4thedition/safety,-quality-improvement-and-education/3-1/quality-improvement-activities/

The CAT4 tool can be an integral part of achieving these goals.

Data Quality Dashboard	Report Date: 16/08/2016 5:55 P Practice Name: PENCS-NB-0			
Data is taken from the Data Completeness Report and Duplic	cate Patients Rep	ort.		
Allergies and adverse reactions		75.00 %	View Guidelines	
Medicines		31.25 %	View Guidelines	
Medical History		100.00 %	View Guidelines	
Health Risk Factors		82.00 %	View Guidelines	
Immunisations		80.00 %	View Guidelines	
Relevant Family History		40.00 %	View Guidelines	
Relevant Social History		40.00 %	View Guidelines	

- It allows the practice to use the graphs that are produced to show how the practice has improved in the past three years. To do this the tool can collect a data extract each month.
- The practice can review their own data, and the PHN can assist with providing benchmarking with other practices in the PHN catchment to see how the practices data compares.
- Decisions about what quality improvement programs can be decided on the basis of what areas the practice is not complying with the RACGP guidelines.

# What is the Quality Improvement Process the PHN is using?

Generally PHNs will have practices install the CAT Plus products and run the scheduler each month, the data is de-identified and sent to the PHN where the data is aggregated on the Patient Aggregation Tool server known as PAT CAT. The data is then analysed and the PHN will provide feedback to practices. The PHN can look for trends and also unmet needs to help improve services in their catchment. This process is repeated monthly and helps form an accurate picture of the health needs of your patient, the practice, and the area.

How is the Quality Improvement program applied at the practice level?

The PHN may choose to apply a public health methodology to building sustainable systems and process that improve patient health outcomes. The Plan, Do, Study Act (PDSA) cycle is one example of how CAT Plus can be the backbone for practice assistance. It can be deployed through a Quality Improvement Management Framework (QIMF), and as such a PHN can target specific projects and implement them.



# Installation

# What is the typical installation process for the CAT Plus products?

Practices typically install the Clinical Audit Tool and scheduler and work closely with the PHN to do an initial survey of the data. Some initial goals may be to look and see if there are duplicate patients in the system, and start to set a plan for data quality improvement. Typically, the practice manager will review the data and look also at the business opportunities and how the practice could use the information to improve patient outcomes and meet goals to achieve practice incentives. With this information the practice manager begins to gain buy-in from other staff in the practice and begin using the Topbar to assist with updating the information in day to day operation. Most practices develop a relationship with their PHN and support staff and rely on their experience working with other practices on what steps to take to improve their practice data and processes. Many practices also use the tool as part of meeting the requirements for practice accreditation.

## Who will contact our practice to install the tools?

On the day a verified/allocated support engineer from Pen CS Pty Ltd will contact you, or the person you nominated on the booking form to install the software. Pen CS is the company that develop the software Clinical Audit Tool, Top Bar, Scheduler PAT CAT. We are an Australian owned and operated company with offices in Sydney and Melbourne. You can find out more about our organisation here. http://www.pencs.com.au/

## Does the practice have to pay for installation?

No. Our technician can install the software for free. We recommend informing your IT person and letting them know that you intend to have the software installed. Some practices choose to have their IT person involved with having the products installed and this is optional.

### What does PEN CS install for the practice?

Pen CS will install the clinical audit tool (CAT4) software, and the scheduler that allows the software on a monthly basis to collect the snapshot or extract of the clinical data. http://www.pencs.com.au/products/

### What is "administrative access to the server mean"?

To install the software our support team will need to run an .exe file as in any standard software installation. Some computers require a password to install software

## Why does CAT4 need to be installed on the server?

The CAT tool is installed on the practice server because the tool can be used on multiple computers within the practice. Having the extract saved on the server saves allows the copy to be shared with each desktop computer without needing to create a duplicate copy. The tool also needs full administrative permission to save the extracts to a central location. The server also is normally backed up so this means that the information extracted is a part of the backup. Servers are also normally left on 24/7 meaning that the tool can be run out of hours so as not to disrupt the practice during the day, and the server is usually the most powerful computer in the practice.

## Can CAT4 be installed on a desktop computer instead of the Server?

Yes. The tool can be installed on a desktop or a server. Ideally if the information is shared it should be on the server but some practices may choose to have it on an individual desktop computer. Please contact your PHN or PENCS to discuss your individual requirements.

## Is there a special password for Best Practice that I need?

Yes, Best Practice users may be required to provide the browser password. The browser password may have been changed since the software was originally installed. Our staff can install the product but to get the information from the clinical system the password may be required. If this happens a second support call may be needed to complete the installation of the software.

## Do I need to have my IT support person present during the installation?

No. Many practices prefer to have PENCS install the software for them as we have done many thousands of times.

## Why is my IT required to be involved during installation?

Most practices do not need to have their IT support involved in the installation process, however if the system requires a password. Issues may be easily resolved with a phone call to your IT support.

## Why does a practice need to provide IT contact details to PEN CS for PEN CS installation?

The practice does not need to supply the IT contact unless they wish to do so. The practice may provide any point of contact for the installation. PENCS have found however that in the event that the installation cannot be easily completed It may be required to have a second call. Other practices prefer to simply have their IT support providers involved from the beginning. If you are unsure about this process do not hesitate to contact your PHN or PENCS support to discuss this issue.

## What if a practice gets charged by the IT company? Is there a way to avoid the charge?

The practice should contact their IT company ahead of the planned installation and discuss any potential charges. PENCS have installed the software on many thousands of systems and are highly experienced at this process. Each practices computer system is uniquely configured and secured and this may require information from the person or company that is responsible for supporting the system. Practices may avoid any charges by having PENCS complete the installation without consulting your IT provider. However, if a password or configuration is required this may result in a second call to follow up. Practices may wish to discuss with their IT provider about doing the software installation when they are performing other

### How can other users in the practice see the extracts?

The tool can be set up so that there is a central extract on the server that is shared with all of the other users in the practice.

## If I need to cancel or reschedule the appointment what should I do?

Contact PENCS on 1800 762 993 or email support@pencs.com.au, alternatively contact your PHN and we can reschedule your appointment.

## I had an appointment booked but no one from PEN CS called, what happened?

You may have had your phone switched to go to voicemail, or the contact was not available. Please contact PENCS on 1800 762 993 to reschedule the appointment.

# **Products**

What is the Clinical Audit Tool / CAT4?

CAT4 is a practice management and reporting software tool that works alongside the GP Clinical Information System. It extracts the patient data from the CIS standardises it to a set of reporting categories and displays it in a statistical and graphical format that is easy to understand and action. The data can be de-identified to allow the practice to participate in quality programs that are run by various organisations. Practice staff can easily identify and target populations for review and management in areas such as chronic disease management, poor patient health outcomes, data quality improvements, eHealth program, and preventable hospital admissions.

http://www.pencs.com.au/products/cat4/

## What is Topbar?

Topbar is a real-time decision support tool that works in conjunction with the GP Clinical Information System. When installed on the computer and helps receptionists manage the patients in the waiting room and shares information with the GP, the cleansing app identifies missing information in the patients' medical records, provides a summary of the patients health and prompts the GP about MBS prompts.

http://www.pencs.com.au/products/topbar/

The RACGP Guidelines state;

"Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute"
Topbar allows practices to collaborate on improving outcomes for patients, reception staff can focus on improving the recording of patient demographics such as address, phone number, and billing details. GP's can focus on MBS items, care plans, and team care arrangements, while practice nurses can focus on ensuring vaccinations are complete and up to date.

## Do CAT4 and Topbar rely on each other to work at a practice? Is one or the other optional?

CAT4 is an audit and extraction tool, Topbar is a decision support tool. CAT4 works with the patient population in your clinical system, Topbar provides relevant notifications about the patients at your clinic. The two products can work completely independent of each other, but there are some important and very useful links. In particular the CAT Plus Prompts (more information here: CAT PLUS PROMPTS) where patients identified through a CAT4 search can be flagged for a notification to be shown if they visit the clinic. CAT4 and Topbar compliment each other but don't rely on each other. Improvements to data quality made by using Topbar can be easily measured in CAT4.

### What is PAT CAT?

CAT Plus is a population health planning and reporting platform for PHNs who manage a data quality initiative. The tool has the unique capacity to compile statistics, reports, indicators, timelines. This information is used to assist each PHN in understanding and interpreting their catchment epidemiology. The next step is for the information gathered to be analysed, and interpreted so that the PHN can accurately plan the type of services and interventions that are required within their catchment to meet their KPI's. For this to be possible the CAT4 needs to be installed at the practice, the scheduler to deidentify and send the information, and PAT CAT to receive the information. http://www.pencs.com.au/products/pat-cat/

## How does a practice benefit from submitting data to the PHN/PATCAT?

Practices benefit from working with the PHN by submitting the data on a monthly basis and allowing the PHN to understand the health needs of the practice and the PHN's catchment. If there are unmet needs in your practices area the PHN can use the information in an aggregated form to develop strategies to help meet this need, and develop a business case for the unmet needs in the area. The PHN is also able to notice trends that are occurring in your area. With this information practices and PHN's can work collaboratively and discuss how they can best assist the patients in their catchment.

# <u>Scheduler</u>

## Our practice already has Scheduler installed, why does it need to be updated?

PENCS released a version of scheduler V2 and it relied on a windows username and password to be created. If the password was changed this meant that the scheduler did not run and the impact was that their monthly extract not being collected on the day they had set up. PENCS have developed a new version of the software V3 that runs in a different way. This software can also receive updates without the need for PENCS to remotely log in. In consultation with the PHNs we have developed the new version of the software and strongly encourage all practices to book an appointment to update their V2 Scheduler to the new V3.

### What is Scheduler?

Scheduler is a piece of software when installed on the server that runs on a regular basis usually monthly and saves the practice staff from having to remember to run the software to have the de-identified data extracted in a regular interval. The monthly extracts can from an important part of the clinical and business information for the practice. Scheduler can also send a deidentified extract to the PHN if agreed to by the practice.

### What is the benefit of Scheduler?

This software allows the practice to compare the changes in the data on a monthly basis. The practice can use the data and quality improvements that can be easily described using the graphs.

The RACGP requires in the Quality Improvement activities that "Our Practice can describe aspects of our practice that we have improved in the past three years" http://www.racgp.org.au/your-practice/standards/standard

### When will Scheduler Run?

By far and large, Scheduler runs on a monthly basis, or on any other nominated regular periodical schedule like quarterly, most practices and PHNs choose to run the scheduler on the 1<sup>st</sup> of every month and out of business hours.

# Why is it preferable to run scheduler out of hours?

It is preferable to run the scheduler out of hours particularly in practices with large patient numbers as it may take a while to run. Running the scheduler out of hours also means that the practice sets and forgets and that a monthly extract is completed.

## What are the impacts if it has to be done and set up during business hours?

The installation process typically takes between 30 minutes and one hour. Once installed the scheduler runs automatically if it is run during business hours it may impact users with older computers and slow down the system for that reason it is recommended that practices install scheduler and have the work completed out of hours.

## Why are the products free to our practice?

Your local PHN has paid the license fee for the products, and provides them to your practice on a contractual basis. The normal retail cost of a licence for a practice is \$1650.

## Can our practice submit data manually?

Yes, practices can run the software each month and manually prepare an extract. The extract can be sent to the PHN, or provided to the PHN on a USB drive for upload. Practices should discuss this arrangement with their PHN and if it meets the contractually agreed terms.

# **Data Security**

## Where is the PAT CAT data stored?

Pen CS do not store the data, the data is stored on the PHN's servers. The de-identified data is sent directly from the practice to the PHN server in a zipped file send over securely and encrypted (HTTPS).

# Does any identified information leave the general practice?

CAT4 de-identifies the information within the practice before submitting the de-identified extract to PAT CAT. Practices are encouraged to follow the RACGP guidelines on privacy:

"In general, a practice's quality improvement or clinical audit activities for the purpose of seeking to improve the delivery of a particular treatment or service would not be considered a directly related secondary purpose for information use or disclosure. In other words, it is likely the practice would need to seek specific consent for this use of patients' health information for clinical audit activities.

To ensure patients understand and have reasonable expectations of quality improvement activities, practices are encouraged to include information about quality improvement activities and clinical audits in the practice policy on managing health information. Ideally, express consent for these activities will be obtained upon patient registration." http://www.racgp.org.au/your-practice/standards/standards4thedition/practice-management/4-2/confidentiality-and-privacy-of-health-information/

## Can I exclude patients that do not wish to have their data shared with the PHN?

Yes. Individual patients can have their data withheld from being submitted. Instructions can be found on the PENCS website. http://help.pencs.com.au/display/CG/Patient+Consent+Withdrawn

## Will other practices see my data?

No identifiable information ever leaves the practice. The PHN may do benchmarking comparisons as part of the quality improvement program you can discuss with the PHN how they use the data. Other practices can NOT see your data, only the total for the PHN if at all.

### What is de-identified data?

De-identified data means that the information that would identify the patient is removed. Only the age in years, gender and ethnicity remain in the data after de-identification

## Do the CAT Products write back to the Clinical System?

No. No CAT Plus products write back to the practices clinical system, we have read only access to your clinical data.

## Does CAT Plus always connect to the Clinical System every time it runs?

No. The CAT Plus runs independently from the clinical system and uses the extracts when you are running queries, the only time a connection is made is when a new snapshot is created, during the data collection.

# **Ethics**

## Does the RACGP Require ethics approval before using the CAT plus products?

For a quality improvement activity to be undertaken within a general practice, where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by the practice, ethics approval is not required.

Clinical audits using a tool such as the Clinical Audit Tool (CAT) (see Criterion 3.1.1 Quality improvement activities) or 'plan, do, study, act' cycles undertaken within a general practice as part of a quality improvement activity do not require ethics approval. For example, a practice wishing to determine how many of its pregnant patients are given advice on smoking cessation, or how many patients with heart failure are prescribed ACE inhibitors and beta blockers, may complete an audit on their practice data.

In general, a practice's quality improvement or clinical audit activities for the purpose of seeking to improve the delivery of a particular treatment or service would not be considered a directly related secondary purpose for information use or disclosure. In other words, it is likely the practice would need to seek specific consent for this use of patients' health information for clinical audit activities.

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Source: http://www.racgp.org.au/your-practice/standards/standards/standards4thedition/practice-management/4-2/confidentiality-and-privacy-of-health-information/

# **Checklist for Practices**

- · Our practice has Best Practice Software, Communicare, Genie, Medical Director, Medinet, Medtech32, MMeX, PractiX or Zedmed.
- . I know what billing system we have installed.
- I am able to install software on the main computer, or server.
- If needed I know the password to install software on the server.
- I have the contact details of our IT person and if needed I can contact them to obtain passwords.
- If our IT contact is unavailable I understand that another call may be needed to
- If using Best Practice, I am aware that the database browser password may be required.

# **Important Phone Numbers**

Pen CS Support 1800 762 993 support@pencs.com.au help.pencs.com.au Best Practice Support 1300 40 1111 www.bpsoftware.net support@bpsoftware.net Communicare 08 6212 6900 communicare@healthconnex.com.au Genie Solutions 07 3870 4085 support@geniesolutions.com.au

Zedmed 1300 933 000 Practix www.isofthealt.com

Medical Director 1300 788 802 www.medicaldirector.com

Medinet 1300 723 938

MMEx 08 6250 9170 info@isahealthcare.com

Medtech32 1800 148 165 support@medtechglobal.com