PIP QI Quarter 1 Report: August-October 2020

Test Practice

Filtering By: Active Patients

Active patient: A patient with at least three visits in the last two years.

	TP	TP%	GC PHN	GC PHN %
Total Population	**4,988**		**780,480**	
QIM 01: Proportion of patients with diabetes with a current HbA1c result				
Indicator QIM 01-A: Patients with Diabetes Type 1	26	0.52%	3175	0.41%
HbA1c <=12 months Recorded	15	58%	1,689	53%
Indicator QIM 01-B: Patients with Diabetes Type 2	157	3.2%	23,324	3.0%
HbA1c <=12 months Recorded	112	71%	16,199	69%
Indicator QIM 01-C: Patients with diabetes not specified as type I or II	87	1.74%	5,460	0.70%
HbA1c <=12 months Recorded	63	72%	3,211	59%
QIM 02: Proportion of patients whose smoking status has been recorded	**80%**		**71%**	
Patients aged 15 years and over	3,344	67%	665,669	85%
Smoking status has been recorded	2,669	80%	470,801	71%
Current Smoker	882	33%	68,727	15%
QIM 3: Proportion of patients with a weight classification recorded	**69%**		**27%**	
Patients aged 15 years and over	3,344	67%	665,669	85%
Weight classification recorded	2,307	69%	177,117	27%
Obese	777	39%	53,891	33%
Overweight	585	29%	54,876	33%
QIM 4: Proportion of patients aged 65 and over who were immunised against influenza	**62%**		**50%**	
Patients aged 65 and over	364	7%	148,256	19%
Immunised	227	62%	73,910	50%
QIM 05: Proportion of patients with diabetes who were immunised against influenza	**56%**		**49%**	
Patients with diabetes	264	5%	31,570	4%
Immunised	147	56%	15,352	49%
QIM 6: Proportion of patients with COPD who were immunised against influenza	**62%**		**56%**	
Patients aged 15 years and over recorded as having COPD	185	3.7%	13,963	1.8%
Immunised	114	62%	7,879	56%
QIM 07: Proportion of patients with an alcohol consumption status	**70%**		**64%**	
Patients aged 15 years and over	3,344	67%	665,669	85%
Recorded	2,333	70%	423,692	64%
QIM 08: Proportion of patients with the necessary risk factors assessed to enable CVD assessment				
Indicator QIM 08-A: Proportion of clients aged 45 to 74 years	795	16%	217,145	28%
All Risk Factors Assessed	438	55%	69,753	32%
Indicator QIM 08-B: Proportion of indigenous clients aged 35 to 44 years	418	8.38%	1,639	0.21%
All Risk Factors Assessed	157	38%	386	24%
QIM 09: Proportion of female patients with an up-to-date cervical screening	**40%**		**34%**	
Patients aged 25 to 74 years	1,260	25%	275,547	35%
Recorded	507	40%	94,326	34%
QIM 10: Proportion of patients with diabetes with a blood pressure result	**70%**		**50%**	
Patients with diabetes	269	5%	31,719	4%
Recorded	187	70%	15,871	50%

	TP	TP%	GC PHN	GC PHN %
Additional Indicator: Proportion of regular Indigenous patients who have had a Indigenous Health Assessment within the previous 12 months (Total)	**0**	**0.0%**	**1,004**	**9.9%**
Indigenous Population	0	0.0%	10,139	1.3%

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This report forms part of your documentation for the PIP QI Incentive. Please file this with other CQI documents as evidence should you be selected by DoH for audit, PIP QI documentation must be kept for six years. GCPHN now completely fulfils its role as a PIP QI regional data custodian which includes securely transferring deidentified PHN PIP QI aggregated data to the National Data Custodian Australian Institute of Health and Welfare (AIHW). Please note this information relates to the PIP Eligible Data Set shared by general practices participating in the PIP QI Incentive. GCPHN Information management lifecycle PIP QI can be found here

This quarterly PIP QI Data Report is based on your CAT4 practice data submitted to GCPHN during August- October 2020. Your report is compared with GCPHN aggregated data from 157 practices submitting data in the same period. The report is made up of the 10 Improvement Measures that form the PIP Eligible Dataset (refer to GCPHN PIP QI webpage for further information). This quarters report also provides an additional focus area of Indigenous Health Assessments to provide practices with information and tips to support CQI activities in this area. Indigenous Health Assessments form a key priority area and role for mainstream general practice in providing comprehensive health care for Indigenous patients.

GCPHN Indigenous Health Project Officer Klair Carney is available to assist general practices by supporting development of relationships between Aboriginal and Torres Strait Islander patients and health practitioners, tips on how to conduct 715 Health Assessments in a culturally appopriate manner and provide tools to deliver culturally safe services in a culturally safe environment. Klair can be contacted at Klair.carney@kalwun.com.au or 0428 440 311.

Aboriginal and Torres Strait Islander Health Assessments - MBS Item numbers 228, 715, 92004, 92016, 92011, 92023

These items are for patients of Aboriginal and Torres Strait Islander descent and can be claimed once every 9 months. They are designed to provide a comprehensive health check for all ages to evaluate a patients physical, psychological and social wellbing, and help GPs develop health plans for their Aboriginal and Torres Strait Islander patients.

Services Australia has developed a flowchart which shows the process for completing an Aboriginal and Torres Strait Islander health assessment and follow up services. This can be found here - https://www.servicesaustralia.gov.au/organisations/health-professionals/topics/education-guide-aboriginal-and-torres-strait-islander-health-assessments-and-follow-services/31806#a2

More information on Health Assessments can be found on the GCPHN Aboriginal and Torres Strait Islander Peoples Health webpage - https://gcphn.org.au/patient-care/population-groups/aboriginal-torres-strait-islander-people-health/

RACGP also has Health Check templates available that reflect age appropriate health needs. These can be found here - https://www.racgp.org.au/the-racgp/faculties/atsi/cultural-safety/resources/2019-mbs-item-715-health-check-templates

Follow up service by a practice nurse or Aboriginal and Torres Strait Islander Health Practitioner for an Indigenous patient (10987)

Up to 10 services per patient in a calendar year can be claimed after the patient has received a health assessment and may be used to provide examinations/interventions, medication management education and monitoring, checks on clinical progress and service access, health education, monitoring, counselling activities or lifestyle advice, medical history and prevention advice for chronic conditions.

Follow-up Allied Health Services for People of Aboriginal or Torres Strait Islander Descent

These items are available only to people of Aboriginal or Torres Strait Islander descent who have had a health assessment during which the GP has identified a need for follow-up allied health services. Medicare rebates are available for a maximum of five (5) further services per patient each calendar year (in addition to allied health services available under items 10950-10970) More information - https://www1.health.gov.au/internet/main/publishing.nsf/Content/factsheet_health_ATSI_descent

Kalwun outreach workers are available to provide transport/support for Aboriginal and Torres Strait Islander patients who have a chronic illness to attend health assessments, GP follow up, specialist, allied health appointments, to and from being admitted to hospital or community pharmacies and delivery of Webster packs. For referral and program information - https://gcphn.org.au/wpcontent/uploads/2019/10/Kalwun_MAINSTREAM-GPs-1.pdf

PIP Indigenous Health Incentive - This incentive supports practices and Indigenous health services to provide better health care for Aboriginal and Torres Strait Islander patients. For more information and to view the guidelines, visit - https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/what-are-individual-incentives/indigenous-health-incentive

Please note, patients need to be enrolled each year

Do you need help reviewing your PIP QI quarterly report or have a question?

The GCPHN Primary Health Care Improvement team are available to provide phone, email or virtual (zoom) support to answer any questions you may have. Please contact practicesupport@gcphn.com.au or call 5612 5408 to arrange a time.