



GENERAL PRACTICE

QUALITY IMPROVEMENT TOOLKIT

THE HEALTH ASSESSMENT TOOLKIT

A practical guide to improve the uptake of health assessments as a CQI activity
and for PIP QI and CPD purposes

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GOLD COAST

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Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Artwork: Narelle Urquhart. Wiradjuri woman.

Artwork depicts a strong community, with good support for each other, day or night. One mob.

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THE HEALTH ASSESSMENTS TOOLKIT

CONTENTS

About The Health Assessment Toolkit	3
Aim of the Toolkit	3
Benefits of the Toolkit	3
How to use the Toolkit	4
Step 1: Planning and preparation	4
Step 2: Use data to set goals and identify suitable patients	6
Step 3: Implement improvement actions	8
Step 4: Regularly review your CQI activity	10
Step 5: Sustain and maintain improvements	10
Step 6: Document your CQI activity	11
Additional support and information	11
Other GCPHN Toolkits	11
Appendix	13

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Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Gold Coast PHN if you have any feedback regarding the content of this document.



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ABOUT THE HEALTH ASSESSMENT TOOLKIT

Prevention is the key to Australia's future health, both individually and collectively. It is estimated that 80% of premature heart disease, stroke, and type 2 diabetes and 40% of cancer is preventable through interventions such as healthy diet, regular physical activity, and smoking cessation ([RACGP, Guidelines for preventative activities in general practice, 2021](#)).

General practice is well placed to deliver essential preventative healthcare activities, with health assessments providing crucial opportunities to evaluate patients' health and wellbeing and supporting the delivery of quality preventative healthcare.

Health assessments play an important role in population health, both through screening for risks and providing early interventions to manage identified risks ([RACGP, Conducting quality health assessments in general practice, 2014](#)).

For an overview of the different types of health assessments that can be provided by general practices please see the [Medicare Health Assessments Resource Kit here](#).

This Toolkit provides a practical guide for general practice teams. It describes how to successfully improve the uptake of health assessments in a practice as a continuous quality improvement (CQI) activity, and for PIP QI and CPD purposes.

AIM OF THE TOOLKIT

To provide a simple and practical guide for general practices to improve the uptake of health assessments as a CQI activity.

BENEFITS OF USING THE TOOLKIT

The toolkit provides a step-by-step approach to:

- Successfully implement a health assessment CQI activity.
- Make best use of available practice data to identify eligible patients.
- Document the improvements in the uptake of Health Assessments as a CQI activity for PIP QI and CPD purposes.
- Make measurable and sustainable improvements in a feasible manner to patient care.
- Increase knowledge of CQI principles and their practical application.

HOW TO USE THE TOOLKIT

There are six steps to improve the uptake of health assessments as a CQI activity:

STEP 1 Planning and preparation

STEP 2 Use data to set goals and identify suitable patient

STEP 3 Implement improvement actions

STEP 4 Regularly review your CQI activity

STEP 5 Sustain and maintain improvements

STEP 6 Document your CQI activity



STEP 1 PLANNING AND PREPARATION

1.1 TEAM MEETINGS

- To meet [PIP QI requirements](#), you must demonstrate that you have undertaken your CQI activity as a practice team.
- It is important at the beginning of the CQI activity to arrange a practice meeting to agree, plan and prepare for its implementation. If it is not possible to have the whole team meet, each staff group should be represented. As a minimum, this would include a GP, the practice manager, a member of the administrative team and a practice nurse. In smaller practices, the same individual may have more than one role.
- You should continue to meet regularly to plan and review your CQI activities. It is especially important to meet during and at the conclusion to allow for monitoring improvements and documenting your end-to-end process.
- Meetings can be virtual or in person and can be scheduled at any time that suits the team, i.e. during or outside normal working hours.
- Practical considerations for your meetings:
 - o You could add CQI as a standing agenda item on your usual team meetings; or you could set up specific meetings for this purpose.
 - o Examples of practice meetings and templates are available [online](#).
 - o Ensure that you have access to Primary Sense or other practice data during meetings to inform your discussions and to support your planning and review of your CQI activity.
 - o Consider using an [action plan example](#) during meetings to help guide the discussion and to document your plan, progress and learning. There is also a [guide](#) to assist completing this.



Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.

1.2 AGREE CQI ROLES AND RESPONSIBILITIES

- It is important to define and delegate specific roles and responsibilities in the CQI team. Potential roles for different team members are included as an Appendix.



Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.

- Consider in your team who has the skills and ability to complete each task. You could ask staff to gauge their confidence out of 10 to complete an allocated task- this can help identify learning needs.
- Ensure all team members have access to Primary Sense desktop to allow prompts for care action items.
- Identify and meet the training and education requirements of team members to fulfil their CQI role.
- Remember to share your QI action plan template with the whole practice team to ensure that everyone is aware of the activity, the timeframe and their roles and responsibilities.



Training resources for [Primary Sense](#) are available online.

1.3 SET REALISTIC TIMELINES

- It is important to specify the key steps of your CQI activity as building blocks towards your goal. You can then estimate how long each one will take to complete. It is also important to agree dates in advance when progress will be regularly reviewed, to ensure you are on track to meet your final goal.
- Allow some flexibility with the timelines and expect and plan for delays. Some of the factors to consider when you set your timelines include:
 - Where you are in the cycle of accreditation.
 - Staff leave and capacity.
 - Seasonal priorities and anticipated workload, i.e. the winter period tends to be particularly busy.



Internal factors you control:

Develop a calendar of known periods of specific activity to align with CQI focus to support proactive planning.

External factors and factors outside your control:

Ensure disaster management plans and business continuity plans are up to date and all staff are aware of their roles and responsibilities.

STEP 2 USE DATA TO SET GOALS AND IDENTIFY SUITABLE PATIENTS

2.1 CURRENT PERFORMANCE AND FUTURE GOALS

- Ask the following questions to assess current and future performance using your practice data:
 - o What is the current level of performance in the practice?
 - o If there is an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
 - o Is your target realistic? It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.
 - o How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused and coordinated attempt to close the quality gap between your current, baseline performance and a desired outcome or level of performance in the future.
- Practice teams that set SMART goals are more likely to be successful. The acronym SMART describes some of the desired characteristics of a goal: specific, measurable, achievable, relevant and timed.
- Two examples are provided to illustrate the difference between SMART and non-SMART goals.



SMART goal example

Practice A decides to decrease the number of health assessments not recorded from 344 (current performance) to 314 (goal) over a 12-week period. They calculate that they will need to achieve their goal. They will achieve this goal by completing 3 health assessments a week. This provides them with a small buffer of time. They also agree to review their progress every three weeks.



Non-SMART goal example

Practice B decides to increase number of health assessments completed. They agree that their GPs and practice nurse will identify patients during their routine work and see how they go in a few weeks.

2.2 DATA SOURCES, INCLUDING DATA EXTRACTION AND ANALYSIS TOOLS

- Primary Sense is currently the population health management tool that is fully funded by GCPHN for Gold Coast practices. Primary Sense can support health assessment CQI activities in the practice.
- Using a data extraction and analysis tool helps you to use your practice data in a meaningful manner. The main applications of data tools in CQI activities are to:
 - o Identify specific groups of patients – also referred to as samples of patients – who may benefit from being included in a CQI. The best data tools have the capability to generate lists with the names and information of all the patients in your sample.
 - o Track your progress towards your goal over the course of the CQI activity.
 - o Compare your performance with the performance of your peers (optional).
 - o Establish your performance baseline.
- The quality of your practice data, and whether the data is used to inform improvement, are more important considerations than which tool you use.
- Baseline data is your current performance, baseline data for QI activities can be obtained from multiple sources e.g.:
 - o Data analytic tools- e.g., Primary Sense
 - o Clinical information systems using the “search” function/patient registers



Collecting, analysing and sharing aggregated practice data are PIP QI requirements

2.3 SELECT A SAMPLE OF PATIENTS

- Primary Sense provides an overview of your practice performance and the characteristics of your practice population. It also enables you to select and focus on a specific group or sample of patients.
- It is important to direct your improvement efforts at those patients who are most likely to benefit from them. The next step is therefore to identify a suitable group (sample) of patients for the health assessment CQI activity. Potential patient groups could be:
- Patients 75 years and over:
 - o specific age groups. e.g. 76–78-year age group or patients who have just turned 75.
 - o existing appointment to allow discussion and rebooking of health assessment appointment
 - o ACG Score – e.g., 4 & 5 moderate to high complexity
- Aboriginal and Torres Strait Islander patients:
 - o specific age groups, e.g. children 0–4-year age group or 30–40-year age group
- Patients aged 45–49 years
 - o specific age groups. e.g. 45–47-year age group or patients who have just turned 45 or patients who are 49
 - o patients with a high Chronic Disease Risk Score (CDRS) and or Diabetes Risk Score (DRS) – e.g., CDRS of ≥ 5 or a DRS of ≥ 9 .
- Feasible samples are typically between 50 and 100 patients. Larger and more ambitious practice teams may opt to increase the size of their sample further. Smaller sample sizes are acceptable if the practice is implementing bundles of interventions, and interventions are particularly intensive.
- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your GCPHN QI Team if you would like to discuss this further.

- GCPHN developed templates, practical examples and resources that explain how to use data tools Primary Sense to select samples of patients for health assessment CQI.
- Baseline data can be determined from the Health Assessments Report (number of patients eligible can be identified in exported Excel spreadsheet).
- Health assessment QI action plan examples are [found here](#).
- Videos on how to use Primary Sense and reports can be [found here](#). Including a specific video on Identifying patients who are eligible for health assessments using Primary Sense.



***Sample and sample size** are the number of patients you select for a CQI activity.
Sampling is the process of selecting suitable patients.
Sampling strategy is how you choose patients; this is your decision*

STEP 3 IMPLEMENT IMPROVEMENT ACTIONS

3.1. AGREE SPECIFIC IMPROVEMENT ACTIONS

- It is important to set a SMART goal and identify a sample of patients. It is equally important to decide what improvement actions or interventions will be required to reach your goal. In other words, what is it that needs to be done for every patient in your sample?
- Decide whether your CQI activity requires a single intervention or multiple interventions.
- You may also wish to consider Primary Sense prompts to support opportunistic identification of eligible patients.
- Consider patient engagement/experience and activation (communication and feedback). A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.



*A **care bundle** is a set or number of interventions that, when used together, synergistically improve patient outcomes*



Choose one distinct area to start e.g. Identify eligible patients who have just turned 75 and invite them in for an appointment with their regular GP.

3.2 EXAMPLES OF IMPROVEMENT ACTIONS IN A HEALTH ASSESSMENT CQI ACTIVITY

- Identify eligible patients. For example, using the Primary Sense - Health Assessments Report
 - o Staff to add a reminder and follow up with patients - could be by letter, SMS, secure email or phone call.
 - o Identify and flag patients with existing appointments (could focus on high-risk patients first), identify if staff has capacity to complete on the day, if not flag to be offered at time of visit and rebooked.
 - o Consider linking with immunisation visits.
 - o If clinical staff do have time to complete at existing appointment, reception/ nurse to contact patient to confirm they would like to participate.

- Consider implementing a process for new patients to add in reminders to ensure health assessments are completed (new patient questionnaire).
- Consider implementing a process so that driver's license renewal requests are linked with health assessment appointment for patients 75-years and over.
- Monitor participation using excel spreadsheet and/or Primary Sense.
- Consider if your patient may be a suitable candidate for [My health for life](#), which is an evidence-based behaviour change initiative for people at risk of developing chronic disease. The initiative supports eligible Queenslanders to live and age well and minimise preventable health risks. It is funded by the State Government through Health and Wellbeing Queensland. Access the MH4L Health Professional Toolkit [here](#). More information how to refer patients is found on the [GCPHN website here](#).
- Potential ways to promote health assessments for patients with their usual GP may include:
 - o practice webpage, newsletter, and social media pages
 - o during care plan and other routine appointments
 - o phone out of hours and on hold messages
 - o SMS alerts
 - o online booking system messaging

Consider implementing a Cycle of Care

- [75 years and over complex patients](#).
- [Aboriginal and Torres Strait Islander patients](#).

MBS items to support implementation

- [Health assessments \(Items 701, 703, 705, 707\)](#).
- [Aboriginal and Torres Strait Islander people's health assessment \(item 715\)](#).

[RACGP Medicare Benefits Schedule fee summary](#) - A RACGP resource that provides members with a quick and easy reference to item numbers and billings costs relevant to general practice. GPs should use their judgement in determining which MBS health assessment item to claim. The item claimed should reflect the:

- time taken to complete the health assessment (including practice nurse time)
- complexity of the patient's presentation
- comprehensiveness of the examination, in line with the patient's needs and the assessment requirements specified for each target group
- preventative strategies or activities put in place.

For further billing advice, contact the Department of Human Services via ask MBS@health.gov.au or 132 150.



GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.

STEP 4 REGULARLY REVIEW YOUR CQI ACTIVITY

- It is important to monitor your progress regularly.
- During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented.

Practical considerations:

- Set the frequency of CQI progress reviews according to the timeline of your activity. For example, it would be reasonable to check the progress of a 12-week activity every fortnight.
- Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being reviewed.
- Identify the barriers or challenges (if any) to your progress during the review. Consider whether any corrective actions are required.
- The following questions may be helpful to work through during your CQI activity reviews:
 - o Successes- what has worked well so far?
 - o What were the challenges and barriers?
 - o Were you able to overcome the challenges and barriers?
If not, what do you need to do next?
 - o If you were able to overcome challenges or barriers, what did you learn, and how can you use that in future?
- During the **final review meeting**, when you conclude your CQI activity, it is important to consider and document:
 - o What worked well?
 - o What could have worked better?
 - o What were your learning points, learning needs and were learning needs met?
 - o What changes did you make to your practice policies and procedures or systems because of this CQI activity (if any)?

STEP 5 SUSTAIN AND MAINTAIN IMPROVEMENTS

- Once performance has been improved, it usually requires regular reviews to maintain the gains.
- It is therefore important to establish a reliable procedure to ensure your improved performance is sustained.
- New processes that are developed need to be documented and communicated to the wider team to ensure ongoing implementation is achieved.
- Agree the intervals at which you will review your performance relating to this activity, decide who will be responsible for the review, and the actions that will be taken if performance falls short of your new standard.
- Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.



Speak with GCPHN if you would like support to showcase your work and share with your Gold Coast peers.

STEP 6 DOCUMENT YOUR CQI ACTIVITY

- Ensure you document your CQI activity to meet the [PIP QI guidelines](#). Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years for evidence of PIP QI.
- It is especially important to document your baseline and improved performance, and list improvement actions and learning points.
- If your CQI activity has resulted in changes to your policies and procedures, they can be included in the documentation as attachments and evidence for accreditation purposes.
- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.
- There are three main types of documents that are required for a CQI activity. The fourth type of document is desirable but not essential. All documents are 'living' in the sense that they can be updated throughout the CQI process. The four types are:

- 1 Documents about meetings.** A CQI activity requires at least two team meetings – one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.
- 2 Documents about data.** This type of documents could include reports from Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.
- 3 Documents about the CQI activity.** GCPHN developed a [QI action plan example](#) that enables practice teams to document any CQI activity from beginning through to its conclusion. The template is suitable for PIP QI and CPD purposes.
- 4 Documents about practice policies and procedures.** Practice policies and procedures- changes can be saved as evidence for PIP QI

- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.

ADDITIONAL SUPPORT AND INFORMATION

The GCPHN QI Team provide virtual QI support meeting or access to recorded webinars that will provide:

- resources or training on the use of Primary Sense to assist with identification of a patient sample
- QI action plan examples to support implementation and meet PIP QI requirements
- tips to support CQI implementation.

CPD

- If general practitioners would like to be eligible for CPD points for participating in the health assessment CQI activity, further information can be found on [RACGP](#) and [ACRRM](#) webpages.



Email practicesupport@gcphn.com.au



or phone (07) 5612 5408

HEALTH ASSESSMENT RESOURCES

- [Department of Health and Aged Care, Medicare Health Assessments Resource Kit, 2014](#)
- [RACGP, Conducting quality health assessments in general practice, 2014](#)
- [RACGP, Guidelines for preventative activities in general practice, 2021](#)
- [RACGP, Resources to support health checks for Aboriginal and Torres Strait Islander people](#)
- [APNA](#) provides resources to members, including a summary of MBS items numbers for practice nurses
- [RACGP and NACCHO, National Guide for a preventive health assessment for Aboriginal and Torres Strait Islander people: Evidence base, 2018](#)
- [RACGP, smoking, nutrition, alcohol and physical activity \(SNAP\), 2015.](#)
- [High-quality Health Records](#)
- [Services Australia, Health assessments and your record keeping responsibilities](#)
- Clinical staff to consider using the [HealthPathways Gold Coast](#) for more information on the content of a health assessment, including referrals advice.

OTHER GCPHN CQI TOOLKITS

GCPHN has developed a range of toolkits which are available on the [GCPHN website](#).

YOUR FEEDBACK

We would like to hear what you think to help inform the next edition of this QI Toolkit. We value your input so please share your ideas and suggestions via the link or QR Code. Thank you.

[QI Resource Feedback](#)



APPENDIX

POTENTIAL CQI ROLES AND RESPONSIBILITIES OF PRACTICE TEAM MEMBERS

General Practitioners

- Provide clinical oversight and governance of the activity.

Practice Nurses

- Provide support to generate data reports.
- Identify patients to provide opportunistic interventions.
- Establish and oversee recall/reminder systems and add flags or clinician reminders for patients in the activity.
- In scope components for a practice nurse in providing health assessments, such as:
 - o Documenting current health issues, updating medical histories, taking modifiable risk factors.
 - o Opportunities to complete a Team Care Arrangement and/or case conferencing opportunities with the broader multidisciplinary team.
 - o Checking medication use and compliance. Flagging if the patient would benefit from a medication review and education around compliance/technique/special considerations for medications.
 - o assessment tools (e.g., nutrition, falls risk, mobility and brief mental health assessments).
 - o Providing health education.
 - o Obtain any immunisation history from AIR and ensure this information is incorporated into the patient's file at the practice.
- Monitor progress against CQI activity.
- Document policy and procedures and support implementation across the team.
- Review and update new systems to ensure sustainable change.

Practice Manager

- Maintain up to date patient registers
- Analyse practice data
- Identify and support implementation of training for the CQI and practice team
- Establish and oversee recall/reminder systems
- Monitor progress against CQI activity
- Review and update new systems to ensure sustainable change
- Document policy and procedures and support implementation across the team
- Add flags or clinician reminders for patients in the activity
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc.

Reception Staff

- Order and maintain supplies of resources (e.g patient information)
- Add flags or clinician reminders for patients in the activity
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc.

Medical and Nursing students (if relevant)

- Consider tasks that medical or nursing students could implement during clinical placements to support your CQI activities



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