

### **CPD Outcomes**







## **Instructions**

Please download and SAVE this document to your computer first before filling in your details. Once you have finished completing this document, submit this back to the Gold Coast PHN team at <a href="mailto:practicesupport@gcphn.com.au">practicesupport@gcphn.com.au</a> to review and approve your submission for your CPD hours to be uploaded to the RACGP dashboard.

1. The following resources need to be reviewed by the GP prior to commencing the audit.

https://www.health.gov.au/our-work/mymedicare/practices-and-providers

 $\frac{https://www.health.gov.au/sites/default/files/2023-10/mymedicare-practice-registration-frequently-asked-questions.pdf}{https://www.health.gov.au/sites/default/files/2023-09/mymedicare-gp-toolkit.pdf}$ 

https://www.health.gov.au/resources/publications/mymedicare-registration-form?language=en

- 2. Using the Primary Sense Voluntary Patient Registration report or opportunistically when the GP sees patients face to face; GP to identify 10 patients with high or medium complexity health needs or experiencing fragmented who would benefit from enrolling in MyMedicare.
- 3. PM or admin to check list of identified patients to ensure they aren't already registered for MyMedicare with the practice. If they are already registered, GP to revisit the VPR report to identify more patients by prioritising.

- 4. GP to prioritise these patients for recall (eg patients with any upcoming appointments in the next 2 weeks flag in software)
- 5. The VPR report prioritises as per ACG complexity score Band 4 or 5, GP's could priorities patients who have complex risk reason and fragmented care indicated and/or a diagnosis of frailty and/or eligible for a health assessment.
- 6. Examine the patients' clinical records, consult with patient and complete the questions for each patient including reflection (pages 3-12).
- 7. Once all 10 patients have been reviewed complete the overall reflection for cycle one (page 13), and:
  - Present the cycle one overall results with your clinical and non-clinical colleagues at a practice
    meeting including identified barriers and facilitators for patient's registering for MyMedicare to
    your colleagues.
  - Practice-based discussion to be held on how to minimise the barriers to registration.
  - An administrative staff to be selected to lead the registration process.
  - Plan to implement change e.g. improved advertising about MyMedicare at the practice to increase patient awareness, useful resources such as patient leaflets made available at reception and the waiting room, measures for patients with reduced digital literacy, asking patients if they have registered with MyMedicare at health assessments or care plan appointments.
  - Suggest meeting minutes are taken (this documentation can be used as evidence for PIPQI).
- 8. Within 4 weeks of cycle 1, and preferably within 10 days, GP to coordinate the following process for the same patients reviewed in cycle 1:
  - Delegated admin lead to review HPOS (MyMedicare tile) to confirm who of the 10 patients, has/ has not registered for MyMedicare since the first audit cycle and provide this list to the GP for review and direction.
  - Patients who still have not registered to be flagged in patient management software for a
    discussion and follow up during their next appointment (this may be the practice nurse, GP or
    administration staff).
  - GP as the coordinator to be updated during this process on the patient's registration status for MyMedicare.
- 9. GP to complete cycle 2 reflection questions (page 14).
- 10. GP to present the results of the audit to clinical and non-clinical colleagues at a practice meeting for discussion and agreement on practice processes to be implemented/amended including actions to improve MyMedicare registration. Suggest meeting minutes are taken (this documentation can be used as evidence for PIPQI).

## PATIENT 1

Patient Identifier Cycle 1 Date: Cycle 2 Date:

### Questions 1 - 4 reviewed from patient's file

- 1. Does the patient have a regular GP they see for their chronic disease management?
- 2. Has the patient had an acute admission to hospital, including an ED attendance, within the last 12 months? (If No, go to Q5)
- 3. Was the reason for the ED attendance or admission to hospital related to a chronic health condition?
- 4. Was the patient seen by their regular GP within a month prior to attending ED or the hospital admission?

#### Questions 5 - 7 during patient's appointment (in addition to other items of care)

- 5. Have you given the patient sufficient information regarding MyMedicare, including MyMedicare express App and the registration process either through sharing website links and digital leaflets /resources or through hard copies?
- 6. Does the patient feel sufficiently informed about MyMedicare and the process to make a choice regarding registration?
- 7. Would the patient like the practice to register on behalf of the patient? (NB the patient must sign the consent form; the practice must keep a scanned copy in the patient's medical file and in HPOS (MyMedicare tile, search for the patient and indicate they are registering)?

- 1. List any barriers for registering to MyMedicare specific to this patient: e.g. no smart phone, low digital literacy, lack of awareness of the benefits of MyMedicare
- 2. List any facilitators for registering to MyMedicare specific to this patient:

  e.g. already set up on MyGov app, digitally literate, has already reviewed patient information resources

## **PATIENT 2**

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- 4. Was the patient seen by their regular GP within a month prior to attending ED or the hospital admission?

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- 4. Was the patient seen by their regular GP within a month prior to attending ED or the hospital admission?

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- 4. Was the patient seen by their regular GP within a month prior to attending ED or the hospital admission?

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### **PATIENT 7**

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- 4. Was the patient seen by their regular GP within a month prior to attending ED or the hospital admission?

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## **PATIENT 10**

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## **Cycle 1 Overall Reflection**

- 1. How many of the high complexity patients report they had a regular GP for chronic disease management?
- 2. How many patients had attended ED or been admitted to hospital twice in the last 12 months?
- 3. How many of these ED attendances or admissions were related to a chronic disease?
- 4. Did these patients attend their regular GP within a month of the ED attendance or admission?
- 5. What barriers were identified by the patients for registering with MyMedicare?

  e.g. patient was not aware how to do it, patient has poor digital literacy, patient did not feel it benefited them

6. What facilitators were in place to support the patients with registration to MyMedicare? e.g. patient already registered with MyGov, patient has received educational material regarding MyMedicare and registration already

## **Cycle 2 Overall Reflection**

1.	What percentage of patients identified for this audit had registered for MyMedicare with the practice at the second audit cycle? Was there an increase in the registration rate between the first and second audit cycle?
2.	What percentage of patients felt sufficiently informed about MyMedicare and what it offers during the second audit cycle?
3.	What barriers were identified by the patient for registering with MyMedicare?  e.g. patient was not aware how to do it, patient has poor digital literacy, patient did not feel it would benefit them
4.	What are the suggested changes at your practice to improve MyMedicare registration and how are these changes going to be implemented?

5. When you present the audit results at your practice meeting reflect on the percentage of patients in this cohort that had an acute admission in the last 12months? Was that admission avoidable? Are there any measures that could have been taken to reduce the chance of that emergency admission?

Practice meeting action points discussed and agreed for implementation to increase patient registration: