



GENERAL PRACTICE

QUALITY IMPROVEMENT TOOLKIT

STRENGTHENING MEDICARE - MYMEDICARE IN PRIMARY CARE

A practical guide to implement Strengthening Medicare and MyMedicare initiatives as a CQI activity and for PIP QI, CPD and clinical audit purposes.

This toolkit is designed to be updated as further Strengthening Medicare – MyMedicare initiatives are introduced. This first phase offers actionable steps to commence the general practice and General Practitioner MyMedicare registration process and identify patients who will benefit most from early registration and participation in the MyMedicare initiative.

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Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and traditional practices of the families of the Yugambah 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.

Gold Coast Primary Health Network

ABN: 47 152 953 092

Level 1, 14 Edgewater Court, Robina 4226
PO Box 3576 Robina Town Centre Qld 4230
t 07 5635 2455 | f 07 5635 2466

info@gcphn.com.au | www.gcphn.org.au

STRENGTHENING MEDICARE - MYMEDICARE IN PRIMARY CARE

CONTENTS

About the Strengthening Medicare - MyMedicare Initiatives	4
Aim of the Toolkit	5
Benefits of the Toolkit	5
How to use the Toolkit	5
Step 1: Planning and preparation	6
Step 2: Use data to set goals and identify suitable patients	8
Step 3: Implement improvement actions	10
Step 4: Regularly review your CQI activity	13
Step 5: Sustain and maintain improvements	13
Step 6: Document your CQI activity	14
Additional support and information	15
Other GCPHN Toolkits	16
Appendix	16

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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 STRENGTHENING MEDICARE – MYMEDICARE INITIATIVES

“Evidence shows that seeing the same GP and healthcare team regularly leads to better health outcomes.”

The Australian Government is committed to improving primary health care for all Australians. The [Strengthening Medicare Taskforce Report](#) builds on the Primary Health Care 10 Year Plan (2022-2032) and sets out the vision and pathway to achieving a world-class health system with primary care at its center. The Australian Government has committed \$750 million to the Strengthening Medicare Fund aimed at rebuilding Australia’s primary care as the vibrant core of an effective, modern health system that delivers person-centered, integrated, and connected care, a system that aims to provide wrap around care for those that need it most.

The vision is a primary care system with a focus on:

- Increasing and improving patient access to general practice, including after-hours.
- Improving patient access to GP-led multidisciplinary team care, including nursing and allied health.
- Making primary care more affordable for patients.
- Improving prevention and management of ongoing and chronic conditions.
- Reducing pressure on hospitals.

One of the first Strengthening Medicare initiatives introduced is MyMedicare a new voluntary patient registration (VPR) model. It aims to strengthen the relationship between patients, their general practice, general practitioner (GP) and primary care teams. Registration in MyMedicare is voluntary for patients, practices, and providers.

Eligible general practices were able to commence the MyMedicare registration through PRODA from 1 July 2023. VPR for MyMedicare commenced on 1 October 2023. It enables patients to register with a general practice they have previously attended twice in the last 24 months (on visit in remote locations (MMM6 and 7)) and select a preferred GP, thereby proactively supporting continuity of care, improved health outcomes, and better practice efficiency. Though registration is voluntary for the patient, practice and provider, this initiative provides an opportunity for general practice to establish a ‘medical’ home enabling effective delivery of clinical resources, coordination of care and comprehensive health management.

General practice and GPs receive additional funding through incentive payments to assist general practice in the provision of targeted care.

Incentive payments¹ include but are not limited to:

- General Practitioner Aged Care Access Incentive (GPACI) – Practices registered for MyMedicare will be paid incentives to provide their registered patients in aged care with regular visits and care planning (effective August 2024).
- Frequent Hospital Users (FHU) Incentive (effective July 2024).
- Triple bulk billing incentive ([specific MBS items apply](#)) (effective November 2023).

¹ Additional information is released from the Government on an ad hoc basis.

To stay informed with the latest changes please see <http://www.health.gov.au/our-work/mymedicare>

AIM OF THE TOOLKIT

To provide a simple and practical guide to implement Strengthening Medicare – MyMedicare initiatives through CQI activities to enhance continuity of care, improve patient outcomes, and increase practice efficiency through a move from unplanned episodic care to planned or preventative care.

BENEFITS OF USING THE TOOLKIT

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

- Provide comprehensive guidance with step-by-step instructions, from understanding the Strengthening Medicare – MyMedicare initiatives to implementation and evaluation, making processes manageable and efficient for general practice teams.
- Increase the engagement of patients with high needs and demands of the healthcare system with their GP and multi-disciplinary healthcare team.
- Successfully implement MyMedicare VPR CQI activity.
- Make measurable and sustainable improvements to patient care in a feasible manner.
- Increase knowledge of CQI principles and their practical application.

HOW TO USE THE TOOLKIT

There are six steps to implement a strengthening Medicare CQI activity.

- STEP 1 Planning and preparation
- STEP 2 Use data to set goals and identify suitable patients
- STEP 3 Implement improvement actions
- STEP 4 Regularly review your CQI activity
- STEP 5 Sustain and maintain improvements
- STEP 6 Document your activity



STEP 1 PLANNING AND PREPARATION



1.1 TEAM MEETINGS

- It is important at the beginning of any CQI activity to arrange a practice meeting to identify members of your QI team and agree, plan, and prepare for its implementation. This will also demonstrate that a team-based approach was used to meet your [PIP QI requirements](#). Consider using the MyMedicare [VPR QI Action Plan template](#) and [CQI guide](#) to step you through the CQI process.
- As a minimum, your meeting 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. If it is not possible to have the whole team meet, each staff group should be represented and the best way to share information on your CQI activity with the wider practice team should be identified.
- Planned meetings on a regular basis to review progress towards your CQI goal/s is recommended, especially during and at the conclusion of the activity to reflect and review what's working well, how you are tracking towards your goal in conjunction [QI Action Plan](#).
- A standing QI agenda item in your usual team meeting can also help the wider team stay abreast to progress and outcomes. A [QI practice meeting](#) template is available for download.



Regular meetings help to maintain momentum and keep the team on track to successfully complete the CQI activity. CQI activity templates can be used as evidence for PIP QI, and accreditation purposes.

1.1.1 Team Meeting Resources

Information and links to resources that can be reviewed during team meetings to inform your QI action plan:

- MyMedicare Practice Registration:
 - MyMedicare practice registration checklist [here](#).
 - Adding GPs as providers to the Organisation Register in PRODA [here](#).
 - Providing practice staff with relevant delegations to view and manage patient registration [here](#).
 - Educating non-clinical staff on the steps involved in patient registration with your practice and preferred GP [here](#).
- MyMedicare Patient Registration:
 - Patient facing resources to formalise the relationship between patient, general practice, and preferred GP [here](#).
 - Patient eligibility and methods of registration [here](#).
 - MyMedicare Patient Registration Form [here](#).
 - Patient registration benefits [here](#).
 - MyMedicare General Practice Communication Toolkit [here](#).

Each step of patient registration is voluntary for the patients, practice and providers.

1.2 AGREE ON CQI ROLES AND RESPONSIBILITIES

- It is important to define and delegate specific roles and responsibilities in the CQI team to ensure every team member has a clear understanding of their role and responsibility to achieve a shared CQI goal. Potential roles for different team members are included in the Appendix.
- Consider in your team who has the skills, ability, and capacity 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 and training that may be required for each team member to fulfil their CQI role.
- Ensure all team members are aware who has responsibility for creating data reports and how data will inform QI actions.
- Remember to share your drafted CQI action plan with the whole practice team to ensure that everyone is aware of the activity, including their roles and responsibilities.

A clinical audit will be available for GPs to supplement and facilitate a team-based approach for Strengthening Medicare CQI Activity. Contact your local PHN for further information.



The QI Team have identified that practices with a team-based approach to QI make greater improvements than those without a team-based approach.

1.3 DEFINE PATIENT ELIGIBILITY

Whilst the The Royal Australian College of General Practice (RACGP) define an active patient as one who has attended the practice/service three or more times in the past two years.

Patient eligibility to register in MyMedicare is outlined as:

- A Medicare card or Department of Veterans' Affairs (DVA) Veteran Card holder
- Face to face visits recorded with the same practice, including either:
 - One face-to-face visit for practices in remote locations ([MMM6 and 7](#)).
 - Two face-to-face visits for practices in other locations in the previous 24 months.

People who are facing hardship will be exempt from all eligibility requirements. This includes people experiencing domestic and family violence and homelessness.

Parents/guardians and children can be registered at the same practice if one of them is eligible and registered. A parent/guardian must register a child under 14 years and provide consent on their behalf. Young people aged 14 to 17 years can register and provide consent without a parent/guardian.

Information on patient eligibility can be accessed [here](#).

1.4 SET REALISTIC TIMELINES

- It is important to specify the key steps of your MyMedicare VPR CQI activity and to estimate how long each step will take to complete. It is also important to agree on dates in advance when progress will be reviewed to ensure the team is on track to meeting the final goal within the agreed time frame.

- Allow some flexibility with the timelines and expect and plan for delays. Some of the factors to consider when you set your timelines include:
 - o where you are in the cycle of accreditation
 - o staff leave and capacity
 - o seasonal priorities and anticipated workload, i.e. the winter period tends to be particularly busy.



Internal factors you can 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 Do we have a current process in place to identify patients who would benefit most from VPR?
 - o Is there an opportunity to improve performance? If so, by how much?
Your goal can be expressed as the number of eligible patients identified using the Primary Sense Voluntary Patient Registration Report.
 - o How will we improve our current system and processes or develop new systems/processes to regularly identify and review patients eligible to register in MyMedicare?
 - o How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused, and coordinated approach to reduce or close the quality gap between your current performance and your future goal. 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 first focus on discussing VPR with all “at risk” patients of the practice over a 12-week period. There are currently 50 patients who are “at risk”, as identified through the Primary Sense VPR report. The team calculate that they will achieve the goal by discussing VPR with 5 patients per week. This provides the practice with a small buffer of time to achieve their goal. They agree to review their progress every two weeks.



Non-SMART Goal Example

Practice B decides to focus on discussing VPR with all patients. They agree that their GPs and practice nurses will identify patients during their routine work and see how they go in a few weeks.



Quality improvement:

Consider implementing or reviewing current database management processes to ensure your clinical software has an accurate “active” database (RACGP recommend 3 visits in 2 years). This ensures you can identify your regular patients to focus QI activities on. A database cleansing [QI Action Plan](#) is available on the GCPHN QI webpage.

2.2 DATA SOURCES TO SUPPORT VPR MANAGEMENT CQI ACTIVITIES

- 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 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.
 - To track your progress towards your goal over the course of the CQI activity.
 - To compare your performance with the performance of your peers inside or outside of the practice (optional).
 - To 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 CQI activities can be obtained from multiple sources, e.g.:
 - Practice management software
 - Data analytic tools, such as Primary Sense, PenCS CAT Plus or POLAR.

2.3.2 Primary Sense

Primary Sense is currently the population health management tool that is fully funded by GCPHN for Gold Coast practices. Primary Sense can support VPR management CQI activities in the practice.

The VPR report includes the patients at risk who would benefit from MyMedicare registration:

- High hospital risk score >80% in the past 12 months.
- Fragility – calculated from ACG or coded by the GP.
- Severe/excessive/major Polypharmacy > 10 medications prescribed in past 18 months and not ceased.
- Two or more hospital or ED attendance in the past year (where able to be extracted)
- ACG Band 5.
- Fragmented Care – Not Seen identifies no attendance in past 6 months.

Referring to the VPR report in Primary Sense is a tool to identify patients who would benefit from MyMedicare registration. Please note the following:

- RACH patients are excluded.
- Patients with more than 1 visit in the last 24 months are included (only eligible for MyMedicare Registration in MMM 6 & 7).

To access the Primary Sense Voluntary Patient Registration Report, access [Primary Sense desktop application](#) then select Reports > Voluntary Patient Registration.



Videos on how to use Primary Sense and reports can be [found here](#).

2.3 SELECT A SAMPLE (OR GROUP) OF PATIENTS

- The next step is to identify a suitable group (sample) of patients who have been identified through the *Primary Sense Voluntary Patient Registration* Report.
- GCPHN suggests using Primary Sense User Tips if the list of patients is large or you would like to first focus on patients who would benefit from VPR the most. Consider narrowing sample down by focusing on:
 - Patients with higher complexity scores initially ([Adjusted Clinical Groups \(ACG\) category 5-4](#)).
 - Patients with a hospital risk score of 80% or more.
 - Patients with a booked appointment in the next two weeks.
- If an alternative data extraction and analysis tool is used such as practice software, the following patient cohorts may benefit from registering for MyMedicare with your practice (if they choose to):
 - **Residential Aged Care Home (RACH) patients**
 - Consider RACH patient lists.
 - Consider RACH MBS items billed.
 - **Chronic Disease Management (CDM) patients**
 - Consider CDM patients due for a review.
 - Consider CDM MBS items billed.
 - **Telehealth patients**
 - Consider MBS telehealth items billed.
- 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.



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.

STEP 3 IMPLEMENT IMPROVEMENT ACTIONS



3.1 AGREE SPECIFIC IMPROVEMENT ACTIONS

- Now that you have identified your sample of patients, it's time to decide what improvement actions or interventions will be required to reach your [SMART goal](#). In other words, what is it that needs to be done for every patient in your sample?
- Consider patient engagement/experience and activation. How will you include patient communication and feedback in your CQI activity? A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.



Ideas for change can come from a variety of sources: critical thinking about the current system, creative thinking, observing the process, a hunch, an idea from the scientific literature, or an insight gained from a completely different situation.

3.2 EXAMPLES OF IMPROVEMENT ACTIONS IN A VPR QI ACTIVITY

3.2.1 Knowledge of MyMedicare

- All staff are to be aware of what MyMedicare is and should know what the benefits of voluntary patient registration are. Please refer to section 1.1.1 Team Meeting Resources.
- For example the benefits for patients include:
 - Greater continuity of care with their registered practice, improving health outcomes.
 - More regular visits from their preferred GP and better care planning for people living in a residential aged care home, from August 2024.
 - Connections to more appropriate care in general practice for people who visit hospital frequently, from mid-2024.
 - Access to longer MBS-funded telephone calls (levels C and D)
 - Triple bulk billing incentive for longer MBS telehealth consultations (Levels C, D and E) for children under 16, pensioners and concession card holders.

3.2.2 Early Identification

- Ensure clinical staff are aware of the Primary Sense *Voluntary Patient Registration Report* and how to identify patients that may benefit from registration.
- Identify priority patients eligible to register with the practice using the Primary Sense *Voluntary Patient Registration Report*.
- Develop a simple schedule and process for monitoring and recording MyMedicare patient registrations.
- Determine how your practice will invite eligible patients to complete their MyMedicare Registration with your practice.

3.2.3 Assisting Patient Registrations

Depending on practice staff capacity, one or more of the following processes may be implemented to assist eligible patients with MyMedicare registration:

- **RACH patients:** Pre-completing the [MyMedicare Patient Registration form](#) prior to visiting a patient. Please ensure the most up-to-date form is being used as it is subject to change without notice.
- **High risk patients attending the practice in the next two weeks:** For patients attending the practice for a 75+ Health Assessment, CDM plans or mental health care, non-clinical staff can flag eligible patients in the clinical software for clinical staff to discuss VPR registration, at the time of their appointment.
- **GPMP and telehealth patients:** Review your patients that regularly have GPMP's, GPMP Reviews, Telehealth Care, and proactively register these patients by sending out a pending registration request via HPOS so they can continue to access these services. Please ensure that you prompt the patient to accept the registration on their end using the patient's Medicare Online Account or Express Plus App. Invitations are only valid for 30 days.
- **All other patients attending the practice in the next two weeks:**
 - Initiate registration by sending a pending registration request to a patient. A pending registration request prompts a patient via the patient's Medicare Online Account or Express Plus App to complete the registration with the practice digitally. Invitations are only valid for 30 days.
 - Invite patients via SMS to register with your practice the patient's Medicare Online Account or Express Plus App or complete a digital MyMedicare Patient Registration Form.



Seamless integrations between practice management software and HPOS is planned. Until then relevant practice software updates from each vendor are captured on page 15 to assist in managing and recording patient registrations.

Important considerations:

Practitioner Capacity

- How many RACH, high risk and CDM patients can register with each GP? Informed by GP FTE's, other members of the care team and patient complexity (disease and medication).

Patient Journey

- At what point throughout the patient journey will the practice raise awareness about MyMedicare, discuss the benefits and discuss patient registration (e.g., at patient check-in, with the clinical health care team at the time of the patient's appointment)?

Staff Education and Awareness

- Ensure all practice staff including GPs are confident to discuss the benefits of registering with their patient.
- Ensure all practice staff are aware of the dual consent required by the patient and the practice for registration to be complete.
- Ensure all GPs who are willing to participate in MyMedicare are registered in the Organisation Register in PRODA allowing patients to select the GP preferred general practitioner.

Patient Eligibility

- Ensure non-clinical staff understand patient eligibility requirements and the process to check patient eligibility prior to discussing MyMedicare benefits with patients.



STEP 4 REGULARLY REVIEW YOUR CQI ACTIVITY



During Step 1: Planning and Preparation, you would have identified the timelines and activity review points which should now be implemented as it is important to monitor your progress regularly.

4.1 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.
- Identify any barriers or challenges to your progress during the review. Are solutions required if your practice doesn't have good uptake? Would further marketing of existing clinic details benefit or does the day/time need to be changed?
- The following questions may be helpful to work through during your CQI activity reviews:
 - o Successes - what has worked well so far?
 - o What are 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 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 on 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.
- Consider displaying the information on the practice tea room wall, on your practice website (internal and external), in your practice brochure/newsletter, on your practice social media, or other areas where the improvements can be socialised.



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



- GCPHN have a MyMedicare QI Action Plan template to support this CQI activity and record your progress.
- Ensure you document your CQI activity to meet [PIP QI guidelines](#). Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years as evidence of PIP QI should your practice be audited by the Department of Health and Aged Care.
- It is 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 are three main types of documents that are required for a QI 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 QI process.
The four types are:

- 1 **Meeting documents** - 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 minutes for your review meetings or 'check points'.
- 2 **Data documents** - For a MyMedicare VPR CQI activity these could include:
 - Primary Sense Reports
 - Clinical Software Spreadsheets
- 3 **CQI documents** - Document this entire CQI activity using the [MyMedicare VPR QI Action Plan Template](#). This template is suitable for PIP QI and CPD purposes.
- 4 **Practice policies and procedure documents** - reminder that 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

PIP QI

- For your MyMedicare VPR CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
 - PIP QI requirement information can be found on the [GCPHN website](#).
- The GCPHN QI team can provide virtual/face to face meetings or access to recorded webinars that will assist with your MyMedicare VPR CQI activity.

CPD

- If GPs would like to be eligible for CPD points for participating in the MyMedicare VPR CQI activity, further information can be found on [RACGP](#) and [ACRRM](#) webpages.
- GPs can also assess if a clinical audit is a suitable activity to supplement and facilitate a team-based approach. Contact your local PHN for further information, guidance, and support.



Email practicesupport@gcphn.com.au



or phone (07) 5612 5408

PRACTICE MANAGEMENT SOFTWARE UPDATES

Seamless integrations between practice management software and HPOS are yet to be rolled out however the following software companies have released timely updates. These updates can assist in maintaining accurate and up-to-date patient registration records in your selected practice management software. The following information is accurate as of April 2024.

MEDICAL DIRECTOR

- Checkbox added to each patient file to easily identify patients that are registered for MyMedicare (PRODA registration remains a requirement).
- Gender fields have been renamed to “sex at birth” with the addition of preferred pronouns to align with the About Your questions added to the MyMedicare Patient Registration form.
- MyMedicare Patient Registration Template – the form will auto-populate with patient details.
- MyMedicare Metric added to the Smart Visual Dashboards to enable analysis of MyMedicare patient registration trends and eligibility.

BEST PRACTICE

- Fields added to the patient demographic window (Bp Premier). These include:
- Registration status.
 - Registration status.
 - the date of registration.
 - the registered location.
- Bulk import option of MyMedicare patient registration status (download exported registration list from HPOS)

ZEDMED

- MyMedicare registration status can be recorded and displayed.

OTHER GCPHN QI TOOLKITS

GCPHN has developed a range of toolkits which are available on our [Quality Improvement webpage](#).

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 MYMEDICARE VPR CQI ACTIVITY ROLES AND RESPONSIBILITIES OF PRACTICE TEAM MEMBERS

Strengthening Medicare through VPR is an important initiative to improve healthcare delivery and patient outcomes. To effectively manage VPR as a CQI activity, it is essential to define the roles and responsibilities of various practice team members involved.

Here is a breakdown of the potential roles and responsibilities for each team member.

General Practitioners

Clinical leadership, patient education /engagement, review and utilisation are the key points of the roles and responsibilities of a GP. They play a pivotal role in leading the VPR initiative within the practice.

- Understand what VPR is, the benefits of early registration for eligible patients, and how to use the selected data analytic tool, such as Primary Sense, PenCS CAT Plus or POLAR.
- Provide clinical oversight and governance of the activity.
- Lead discussion of the issues relating to VPR across the practice.
- Build a relationship with the patients and educate them about the benefits of VPR and encourage enrollment.
- Identify eligible patients at risk of not enrolling into VPR and schedule a consult with them.

Practice Nurses

Patient education, data collection and monitoring are the key points of the roles and responsibilities of a Practice Nurse. Other key responsibilities could include:

- Understand what VPR is, the benefits of early registration, and how to use the VPR data extracted from a data extraction and analysis tool.
- Support the implementation of the VPR activity.
- Educate patients about VPR and its benefits during their visits and assist with enrollment.

- Provide support in generating reports from Primary Sense/POLAR/PenCat CAT Plus.
- Ensure accurate and complete patient data collection for VPR.
- Identify eligible patients who will benefit from VPR.
- Assist GPs to assess risk factors and follow-up with the patient's progress.

Practice Manager

Understand what VPR is, the benefits of early intervention, and how to use the VPR data extracted from data extraction and analysis.

- Support reception staff training regarding VPR, patient benefits and managing registrations.
- Maintain up-to-date patient registers.
- Analyse practice data to identify one or more of the following patient cohorts that would benefit from MyMedicare VPR including RACH patients, high risk patients attending the practice in the next two weeks, GPMP and telehealth patients.
- Monitor the QI action plan, goal, and progress with the whole practice team in usual team meetings.
- Ensure the QI team have access to Primary Sense desktop to review relevant reports.
- Identify and support implementation of training for the QI and practice team.
- Establish and oversee recall/reminder processes and systems.
- Liaise with the QI team to track the progress of VPR enrollment, adjust approach if progress towards goal is not being achieved and review key metrics to monitor progress.
- Review and update processes for staff to assist eligible patients with MyMedicare.
- Document policy and procedures and support implementation across the team.

Reception Staff

- Understand patient benefits of VPR, what VPR is, and methods of registration using the MyMedicare Patient Registration form or Medicare Express Plus App.
- Explain VPR to patients during check-in and assist with the registration process (where applicable).
- Order and maintain supply of VPR patient resources.
- Add flags or clinician reminders for patients in the QI activity.
- Support the practice team to identify patients eligible for VPR and contact patients where appropriate and applicable.
- Accurately enter patient information into PRODA.

Other Multidisciplinary Team Members

- Understand what VPR is, the benefits of early intervention, and how to use the VPR data extracted from the selected data analytic tool, such as Primary Sense, PenCS CAT Plus or POLAR.
- Assist the GP in the management plan of the patients and record their progress.
- Educate the benefits of VPR to their patients who have not registered with the practice.

Medical and Nursing Students (if relevant)

- Understand what VPR is, the benefits of early intervention, and how to use the VPR data extracted from the selected data analytic tool, such as Primary Sense, PenCS CAT Plus or POLAR.
- Consider tasks that medical or nursing students could implement during clinical placements to support your QI activities.



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Level 1, 14 Edgewater Court Robina QLD 4226 | PO Box 3576, Robina Town Centre QLD 4230
P 07 5635 2455 | E info@gcphn.com.au | W www.gcphn.org.au

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