

Data Coding Accuracy for Chronic Conditions

Model for Improvement

Step 1: Thinking Part - Three Fundamental Questions

Complete the Model for Improvement (MFI) as a whole team.

AIM 1. What are we trying to accomplish?

By answering this question, you will develop your GOAL for improvement. It is important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.

Ensure that 95% of patients with chronic conditions (e.g. diabetes, hypertension, COPD) have correctly coded conditions in their medical records within the next six months, with a focus on MyMedicare enrolment.

MEASURE(S) 2. How will we know that a change is an improvement?

By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison.

Tip: Use a Run Chart to plot trends.

Percentage of patient records with correctly coded chronic conditions (e.g. diabetes, hypertension, COPD), and the proportion of these patients enrolled in MyMedicare.

Baseline:	- Active patients = 4000 - Coded Diabetes = 200 - Indicated diabetes and not diagnosed = 150 - MyMedicare enrolled = 50	Baseline date:	
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CHANGE IDEAS 3. What changes can we make that will result in improvement?

By answering this question, you will develop IDEAS for change.

Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.

Idea 1	Identify a cohort of patients with diabetes, and review for coding accuracy
Idea 2	Train clinical staff on best practices for chronic condition coding
Idea 3	Include MyMedicare enrolment as part of the coding review process.
Idea 4	
Idea 5	Add other rows if needed.
Next steps:	Each idea may involve multiple short and small PDSA cycles.

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act

Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
Change idea 1.1	Identify a cohort of patients with diabetes, and review for coding accuracy Prediction: inconsistent coding and free-text of conditions	Completed on 1/7/24	Principal GP to review 150 patients with indicated and not diagnosed patients. The majority 80 patients have pre-diabetes and 45 were overdue for a HBA1C test. 5 were inactive patients. 10 were on metformin relating to polycystic ovary syndrome, 20 were incorrectly coded and the remaining 35 patient were provided to other GPs for investigation.	Schedule a clinician meeting to create a uniform coding for diabetes and update clinical coding policy. Invite PHN to present to your team on the importance of clinical coding	Identify a cohort of patients with diabetes, and review for coding accuracy Prediction: inconsistent coding and free-text of conditions
Change idea 1.2	Schedule a clinician meeting to create a uniform coding for diabetes and update clinical coding policy.	Clinical meeting held 14/5/23	5 out of 7 GPs attend this meeting. 3 of the GPs were not aware of comment and provisional diagnosis fields and therefore have been free-texting diagnosis. Reason for visit was also defaulting to add to patient history due to BP preference settings. This was fixed for all GPs.	PMs preference settings to be fixed for all GPs to not enforce reason for visit to be added automatically to patient history.	Schedule a clinician meeting to create a uniform coding for diabetes and update clinical coding policy.
	Keep adding rows and cycles as needed.				
Summary of Results					