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 th	question, you will develop your GOAL for improvement. It 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.						
Our Family Med March 2025	ical aims to increase the proportion of RACGP active patients with high complexity (level 5 & 4) who are registered for M	yMedicare from 10%	6 to 50% by the end of				
MEASURE(S)	2. How will we know that a change is an improvement?						
By answering th	is question, you will develop the MEASURE(S) you will use to track your overarching goal. Record and track your baseline me hart to plot trends.	asurement to allow f	or later comparison.				
	Ire: % of active patients with high complexity (5 & 4) who are registered for MyMedicare						
Frequency: Mor	ith High Complexity Level 5 & 4 Primary Sense report						
	active patients with high complexity (level 5 & 4) registered in MyMedicare (A)						
	of active patients with high complexity (level 5 & 4) (B)						
The proportion of Baseline :	of active patients with high complexity (level 5 & 4) registered in MyMedicare (A divided by B)	Baseline date:	03/02/2025				
CHANGE IDEAS	3. What changes can we make that will result in improvement?						
	is 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 med	asure their effect quickly.				
ldea 1	Identify active patients with high complexity (5 & 4) who are not registered in MyMedicare.						
ldea 2	Recall active patients with high complexity (5&4) who are not registered in MyMedicare and due for a care plan.						
Idea 3	Review the current CDM patient journey to identify how and when MyMedicare enrolment will be discussed.						
Idea 4	Provide MyMedicare registration training to receptionist, Nurse and GPs						
Next steps:	Each idea may involve multiple short and small PDSA cycles.						
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Developed by Prestantia Health for the PHN National Improvement Network Collaborative (NINCo)

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	Pl	Plan		Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	<i>How</i> will we run this test? <i>Who</i> will do it and <i>when</i> ? <i>What</i> will we measure?	Prediction or hypothesis on what will happen.	Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.	Analyse results, compare them to predictions, and reflect on what you learned.	Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?
Change idea 1.1	Practice nurse to extract a list of active patients with high complexity 5 & 4 from the Primary Sense Report When: 7 February 2025 Receptionist and/or Nurse to determine if patients due for a care plan are registered in MyMedicare at the practice using PRODA and Practice software When: 14 February 2025	The team will identify approximately 60% active patients with high complexity (5 & 4) and due for a care plan are not registered in MyMedicare at the practice.	Receptionist reviewed the report and identified 20 patients not currently registered for MyMedicare due for a care plan Practice nurse reviewed patient notes in the practice software to confirm care plan and MyMedicare eligibility.	The review confirmed 15 patients were due for a care plan and 1 patient is no longer a resident in Australia. The prediction was inaccurate; approximately 80% of active patients were not registered in MyMedicare at the practice.	Proceed with inviting patients who are due for a care plan and not registered in MyMedicare.
Change idea 2.1	Practice nurse to contact patients identified in 1.1 by phone advising that they are due for their care planning review and to follow up with an SMS within 5 days to book a review appointment.	At least 50% of patients will schedule an appointment the following month	Practice nurse phoned and sent an SMS to all 15 patients identified. 10 patients booked appointments for the following month.	Booking rate: 50%. Completion rate: 27%. The booking rate was higher than expected however the completion rate lower due to some patients being unable to attend the appointment due to	Our practice will adopt this change idea for practice nurse to continue to flag any identified patients from Primary Sense report via SMS and phone calls to book appointments.

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				other life commitments such as work.	Future change idea: Consider discussing the importance of review appointments with patients and setting the expectation of proactive care at the initial appointment	
Change idea 3.1	Practice Manager to discuss CDM patient journey at the team meeting on March 1 with the entire team to identify current CDM patient journey to determine at what points/appointment MyMedicare registration could be discussed.	The practice team will agree to MyMedicare registration being discussed at reception during patient check-in.	Practice team identified 3 opportunities in the CDM patient journey where MyMedicare could be introduced and discussed with the patients. 1) At their next review appointment 2) Via SMS, prior to a new care plan being developed 3) During an initial care plan appointment with their usual GP	MyMedicare registrations rate: 80%. The registration rate was not 100% because patients are registering at a different practice	Our practice will adopt integrating discussing MyMedicare at 3 identified points on the patient journey. Future change idea: Develop clear communication for why review appointments are important to attend for your practice team and patients	
Summary of Results	This activity helped our practice team identify patients who are due for a care plan and not registered in MyMedicare. This was a worthwhile activity to review our existing procedures, prepare for CDM changes proposed for July 2025, and improve whole patient care due to increased number of care plans completed.					

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