Gold Coast Chronic Condition Management

Continuous Quality Improvement Toolkit

The Chronic Conditions Management (CCM) QI Toolkit provides a practical guide to help general practices implement continuous Quality Improvement (QI) activities for managing chronic conditions.

It supports primary care teams in delivering structured, proactive, and person-centred care - enhancing continuity, improving patient outcomes, and increasing efficiency. The toolkit aligns with the revised CCM MBS items and the Strengthening Medicare reforms.

phn NATIONAL IMPROVEMENT NETWORK COLLABORATIVE
An Australian Government Initiative

National MyMedicare PHN Implementation Program

phn COOPERATIVE
An Australian Government Initiative

phn GOLD COAST
An Australian Government Initiative

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and 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.

Acknowledgements
This QI toolkit has been developed by Gold Coast PHN and PHN's nationally through the PHN Cooperative, the National Improvement Network Collaborative (NINCo), and the National MyMedicare PHN Implementation Program.

This resource was developed with the support of WentWest, Western Sydney Primary Health Network (PHN).

We acknowledge that some resources used or referenced within this toolkit are from organisations including the Department of Health, Disability and Ageing (DOHDA), Services Australia, Royal Australian College of General Practitioners (RACGP); Best Practice; and Medical Director. These organisations retain copyright over their original work. Referencing of material is provided throughout.

Where to get help?

Gold Coast Primary Health Network
07 5635 2455
practicesupport@gcphn.com.au

Module 3

Data-Driven Improvement

On completion of this module, you will:

- Use Primary Sense – Mastering MyMedicare to drive proactive care. All activities in this module use Primary Sense clinical searches and recipes to help identify, segment, and manage cohorts of patients for MyMedicare registration and chronic condition management.
- Apply data-driven strategies to plan, implement, and review quality improvement (QI) activities.

RACGP Clinical Audit

Gold Coast offers a free, CPD-accredited Clinical Audit activity to help practices increase MyMedicare registration for patients with complex health needs. This supports proactive, data-informed care aligned with the 2025 CCM item changes.

CPD Outcomes

Reviewing Performance (RP) — 4 hours

Measuring Outcomes (MO) — 6 hours

Before You Begin

- Ensure **Primary Sense** is installed on all desktops and all staff are trained on how to download and export reports.
- Clean your data using Primary Sense Data Cleansing (e.g. archive inactive records, remove duplicates).
- Standardise coding: ensure diagnoses are coded, not free text – use Primary Sense condition mapping.
- Filter by doctor, condition, or age to create a smaller patient list.

Activity Navigation

3.1 Activity – MyMedicare patients
3.2 Activity – Patients not registered with MyMedicare
3.3 Activity – All CCM Patients due for a care plan and reviews
3.4 Activity – Patients with a chronic condition eligible for care plan or review

Track & Reflect

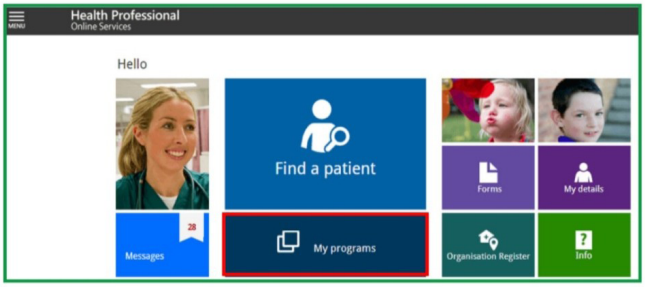
- Download the **audit worksheet** or run chart template
- Record your baseline and follow-up data
- Reflect with your team: What worked? What didn't?
- Completed QI documentation for CPD

3.1 Activity – MyMedicare patients

Activity Goal: Identify patients who are MyMedicare registered at your practice.

Starting point

Log into HPOS → My programs → MyMedicare



Export Complete Registration List

1. Under '**Patient Status**' tab → tick '**Registered with MyMedicare**'

2. Import patient list into your practice software

The Patient List is separated into two separate lists - **Complete Registrations** and **Pending Registrations**. You need to manage each Patient List separately. (Refer to each button to see further information about each list).

Complete Registrations | **Pending Registrations**

Note: Parent/Guardian item added to the **Registration initiated by** drop-down in the Search criteria area and the **Initiated By** search results column.

These items have been added to reflect the fact that parents/guardians can now register a child under 14 years of age via Medicare online services.

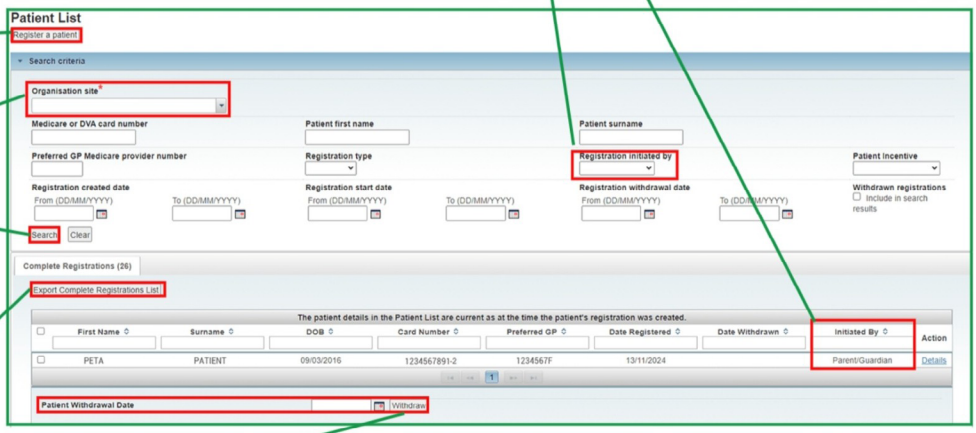
Register a Patient - will take you to the Find a patient in HPOS screen.

Organisation site - if the organisation has multiple sites, you must select which site you wish to view the Patient List by selecting the applicable practice from the Organisation Site drop-down box.

Search - the list allows you to locate a patient by using one or more of the below Search criteria fields.

To obtain a full list of Complete and Pending registrations, you can select **Search** without entering information into the Search criteria fields.

Export Complete Registration List - generates a spreadsheet with patient details based on which tab you are in (Complete or Pending).



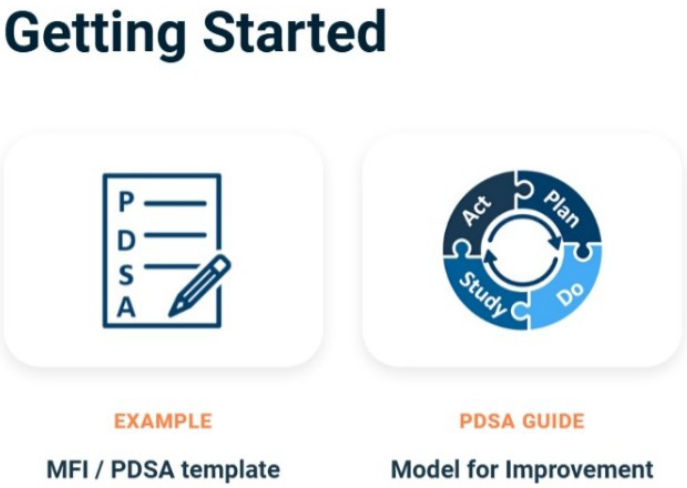
Patient Withdrawal Date - will allow you to withdraw one or more patients from MyMedicare.

3.2 Activity – Patients not registered with MyMedicare

🎯 **Activity Goal:** Identify patients who may be eligible for **Voluntary Patient Registration** at a general practice, based on having had at least two face-to-face visits in the past two years or who are active based on RACGP definition of 3 visits in the past 2 years. Optionally, exclude patients without a Medicare card.

Starting point
Log into Primary Sense → Reports → load '**Voluntary Patient Registration report**' → Export to Excel

Complete a PDSA using the below templates



3.3 Activity – All CCM Patients due for a care plan and reviews

Please contact your Engagement Officer for further support - 07 5612 540 practicesupport@gcphn.com.au

Activity Goal: Enhance care plan delivery for MyMedicare-enrolled patients managing chronic conditions.

Starting point

Log into Primary Sense → Reports → load '**Patients with High Complexity 5 & 4 report**' → Export to Excel

Start your PDSA

Download template.

AIM	**1. What are we trying to accomplish?**		
*By answering this 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 Medical aims to increase the proportion of RACGP active patients with high complexity (level 5 & 4) who are registered for MyMedicare from 10% to 50% by the end of March 2025			
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.*			
Outcome Measure: % of active patients with high complexity (5 & 4) who are registered for MyMedicare **Tool:** ***Patients with High Complexity Level 5 & 4*** Primary Sense report **Frequency:** Monthly **Numerator:** # of active patients with high complexity (level 5 & 4) registered in MyMedicare (A) **Denominator:** # of active patients with high complexity (level 5 & 4) (B) The proportion of active patients with high complexity (level 5 & 4) registered in MyMedicare (A divided by B)			
Baseline:	10% of active patients with high complexity (5&4) are registered in MyMedicare	**Baseline date:**	03/02/2025
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 active patients with high complexity (5 & 4) who are not registered in MyMedicare.		
Idea 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.*		

3.4 Activity – Patients with a chronic condition eligible for care plan or review

🎯 **Activity Goal:** Enhance care plan delivery for MyMedicare-enrolled patients managing chronic conditions.

Please contact your Engagement Officer for further support - 07 5612 540 practicesupport@gcphn.com.au

Starting point
Log into Primary Sense → Reports → load '**Patients with Moderate Complexity 3**' → Export to Excel

Start your PDSA
Download template.

AIM	**1. What are we trying to accomplish?**		
*By answering this 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 Medical aims to increase the proportion of RACGP active patients with high complexity (level 5 & 4) who are registered for MyMedicare from 10% to 50% by the end of March 2025			
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.*			
Outcome Measure: % of active patients with high complexity (5 & 4) who are registered for MyMedicare **Tool:** ***Patients with High Complexity Level 5 & 4*** Primary Sense report **Frequency:** Monthly **Numerator:** # of active patients with high complexity (level 5 & 4) registered in MyMedicare (A) **Denominator:** # of active patients with high complexity (level 5 & 4) (B) The proportion of active patients with high complexity (level 5 & 4) registered in MyMedicare (A divided by B)			
Baseline:	10% of active patients with high complexity (5&4) are registered in MyMedicare	**Baseline date:**	03/02/2025
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 active patients with high complexity (5 & 4) who are not registered in MyMedicare.		
Idea 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.*		

phn
NATIONAL IMPROVEMENT NETWORK COLLABORATIVE

An Australian Government Initiative

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

National Improvement Network Collaborative (NINCo) gratefully acknowledges the financial and other support from the Australian Government Department of Health. While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.

092025/092026