

5.4 PDSA - CCM and MyMedicare

Model For Improvement (MFI)

AIM	1. What are we trying to accomplish?				
Improve the completion of management plans for MyMedicare-registered patients with chronic conditions by 20% in the next 3 month.					
MEASURE(S)	2. How will we know that a change is an improvement?				
Proportion of chronic condition patients who are registered with MyMedicare and have an active care plan.					
CHANGE IDEAS	3. What changes can we make that will result in improvement?				
Idea 1	Display MyMedicare posters in waiting areas and train all staff to engage patients in conversations about MyMedicare.				
Idea 2	Use data tools (e.g. Primary Sense) to identify patients with chronic conditions who are not yet registered with MyMedicare.				
Idea 3	Send SMS or letters to identified patients, outlining the benefits of MyMedicare and management plan eligibility.				
Idea 4	Flag eligible patients in the practice management system to prompt MyMedicare discussions during appointments.				
Next steps:	lext steps: Each idea may involve multiple short and small PDSA cycles.				

Plan-Do-Study-Act (PDSA)

Idea	Plan	Do	Study	Act		
1.1	Practice Nurse to flag patient files of those likely to benefit from MyMedicare registration. Practice Manager to ensure all staff are trained and equipped with key messages for patient conversations. Prediction: Flagging and staff messaging will increase MyMedicare registrations.	Begin flagging eligible patients in the system. When these patients attend appointments, GPs initiate discussions about MyMedicare. Share informational materials via email or print.	Monitor staff feedback and patient responses. Record the number of patients flagged, engaged, and successfully registered. Identify any challenges or missed opportunities.	Adjust flagging or scripting processes as needed. Refine communication methods (e.g. SMS vs. in-person). Plan next PDSA cycle to build on what worked well.		
2.1	Conduct a <u>data cleansing</u> exercise using Primary Sense to identify patients with diagnosed or potentially undiagnosed chronic conditions. <i>Prediction:</i> improved patient identification	Reviewed 50 patient records (e.g. diabetes cohort) to verify diagnoses and uncover inconsistencies or missing coding.	There may be some discrepancies or missing data points in the initial search results, particularly if the chronic conditions are under-diagnosed or not appropriately coded (see Indicated Diagnoses report). This will require follow-up with clinicians to ensure correct data entry and comprehensive patient records.	Standardise coding practices within the PMS. Use Primary Sense condition Data Mapping Train staff to enter coded diagnoses (no free text) and use provisional diagnosis fields appropriately. Scale this activity to broader cohorts.		
2.2	Train clinical staff on accurate coding procedures using Primary Sense, Best Practice, and Medical Director tools. Prediction: improved management plan eligibility identification. Prediction: Training will improve coding accuracy and management plan eligibility.	standardised coding templates.	Track updates in chronic disease coding and increases in accurately coded diagnoses. Review feedback from clinicians.	Continue refining training materials. Monitor coding trends monthly. Use coding data to trigger management plan reminders and patient recalls.		
3.1	Use Primary Sense to identify MyMedicare-registered patients due for a GPMP/TCA. Aim to optimise both management planning and MBS claiming. Prediction: Recalls will boost attendance	Review a sample list of 50 patients with diabetes. Initiate recalls via SMS, phone, or opportunistic prompts during visits.	Assess how many patients responded to recalls and completed management plans. Document process issues or patient feedback.	Refine recall messaging and intervals. Introduce automated reminders and integrate review scheduling into routine workflows.		
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