

From little data, big data grows

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CSIRO: Australia's National Science Agency

- Over 5000 Research Scientists
- 58 Sites globally, Research activities in 80 Countries
- \$1 Billion Annual budget
- Top 1% Of Global research agencies
- Hosts Boeing's largest R&D facility outside of the US
- Run NASA's spacecraft tracking facilities in Australia
- Invented WiFi, used in five billion devices globally.

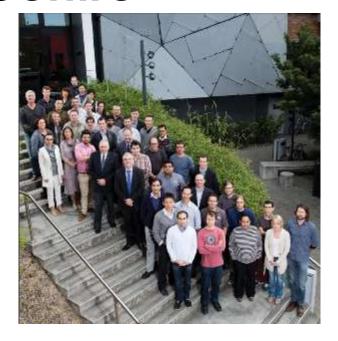




The Australian e-Health Research Centre

CSIRO's National Digital Health Program

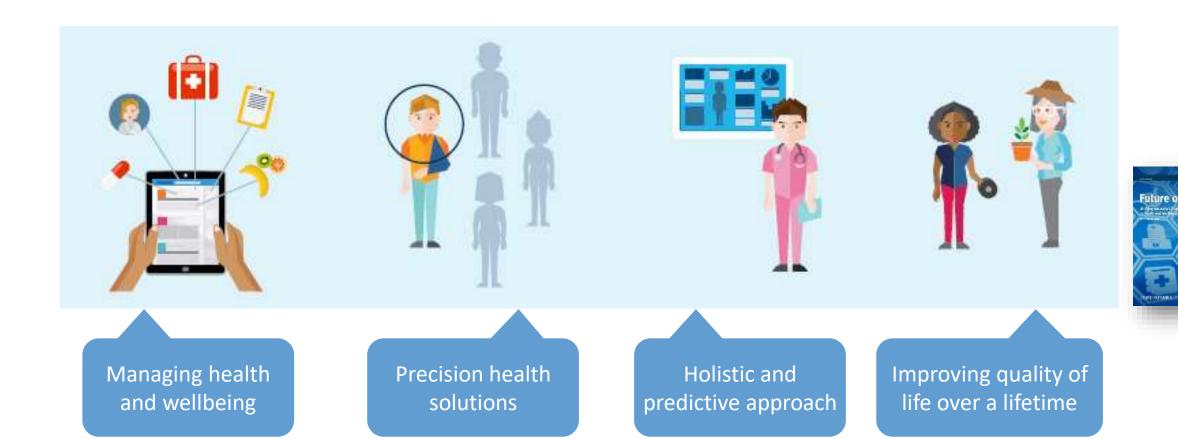
- Australia's first and largest e-health research hub, opening in 2003
 - Joint venture with Queensland Health + additional investment from CSIRO to grow
 - 100 scientists and engineers and 30 students in Brisbane, Perth, Sydney and Melbourne
- We provide an evidence base for the digital transformation of healthcare
- Success built on our partnerships with government, clinicians, industry, SMEs and more





Our vision for Australia's future health





Our Digital Health Research Program





BIOMEDICAL INFORMATICS

Biostatistics, imaging and genomics based -clinical workflows

How: Leveraging operational & clinical data through analytics, modelling, decision support & automation



HEALTH INFORMATICS

Improving health system performance & productivity from electronic health data

<u>How</u>: Meaningful data interoperability and analysis for decision support, analytics, modelling and reporting



HEALTH SERVICES

Improving access to services & management of chronic diseases

How: Service delivery modelsutilising telehealth, mobile health & remote monitoring



OUR VISION

'To develop and deploy leading edge digital innovations in the health care domain to improve service delivery in Australian healthcare systems, support clinical research, generate commercialisation revenue and increase the pool of world-class digital health expertise in Australia.'

A digital powered health system









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Primary Care Data Quality Foundations Programme



Why quality matters

- High-quality health records support good patient care
- High-quality health records facilitate:
 - safe clinical decision making
 - effective communication between health professionals
 - trusting partnerships with patients
 - coordination and continuity of care
 - Population Health
 - Research





Why this Collaboration?

There are no agreed common data definitions for primary care within Australia

- RACGP Standards for General Practice, OPTIMUS project
- Australian Digital Health Agency My Health Record (Event Summary and Shared Health Summary)
- Federal and State Health Departments, PHNs
 - data requirements to support NKPIs
 - Local integrated care programs
- Software vendors
 - different labels for fields
 - Different terminologies
- Multiple data extract providers- different approaches
- Overlapping data requirements
- An opportunity for harmonisation and alignment



Recommendations in RACGP Minimum requirements for clinical information systems



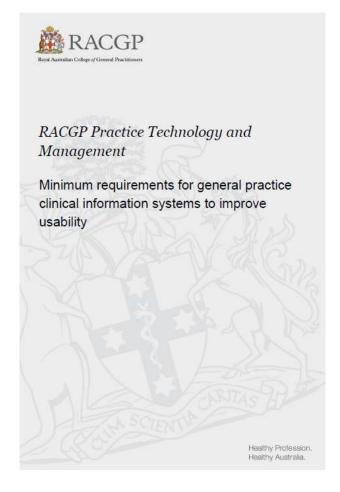


2018 RACGP project conducted to identify minimum requirements for clinical information systems and included recommendations related to the following...

- 1. Terminology and coding
- 2. Information exchange
- 3. Secure electronic communications
- 4. Data quality

The document explains that under the *Medical Board of Australia* – a code of conduct for doctors in Australia, maintaining clear and accurate medical records is essential for the continuing good care of patients.

Records must be in a form that can be understood by other healthcare providers and should facilitate continuity of care.





Aligning with RACGP Programs and Initiatives

These projects are complementary to and support a number of RACGP Standards, Programs and Initiatives.

- RACGP Practice Standards for accreditation
- RACGP Practice Technology and Management Committee
 - Min requirements for practice Software
- Primary Care Collaboratives joint Project with NACCHO
- RACGP Quality Initiatives
- The projects leveraged previous work undertaken by RACGP including the recommended standards for practice records, Optimus etc



Data... what do we know?

- Somewhere between 60-80% of clinical data is:
 - Free text entries
 - Narrative, progress notes, aide memoirs, practice management
 - Proxy terms
 - MBS item numbers, drugs
 - Not what the data expects
 - Dx in Px, Px in Dx, Rx in Hx
 - Missingness
 - Outdated, not curated





- According to the General Practice Insights Report 2016/2017:
- REASON FOR ENCOUNTER: 84.5% had at least one reason recorded and 15.5% had no data entered in the RFE field
- **DIAGNOSIS**: 29.4% of patient records had at least one diagnosis recorded but **70.6% had no data entered** in the diagnosis field
- REASON FOR PRESCRIPTION: 11.9% had at least one reason for prescription but 88.1% had no data entered in RFP field
- In many cases data is free-text making it much harder to analyse

12 Months on - Journey Achievements



The Data Model

Common Core - enter once, use often

Practice to Practice use case

Reusable components for additional use cases.

Data Dictionary

Summary cheat sheet
Terminology Value Sets, Bindings

FHIR Implementation Guide

AU Base - progress

Worked examples

Connectathons

Reusable components for Phase 2

Education materials

Slide decks

Videos

How-to guides

Supporting materials

Search strategies

Mapping and migration

Dealing with terminology content

Data inputs

Analytics

Using SNOMED encoded data

Other reporting requirements

Starter sets, inferring Dx

Data outputs





Value- Single Provision Multiple Use

- Reduce effort for practices, clinicians and software Industry.
- Enable
 - exchange between clinical systems;
 - interrogate data sets using standardised queries, resulting in consistent data results;
 - safely and accurately extract, aggregate and analyse primary care data (assuming appropriate privacy, consent and authorisation);
 - trigger standardised knowledge related activities such as common decision support tools across systems, rather than a unique one per project or implementation;
 - provide a ready-made library of information models that can fast-track the development of new clinical systems, applications or projects.





Partnering & Teamwork



Train IT Medical Project Training Team





VISION	SKILLS	INCENTIVES	RESOURCES	IMPLEMENTATION
 Person-centred care Population Health Standardised quality data Multi-disciplinary team care Sustainable practice Understand current capacity of practice Know your business 	 Leadership and teamwork Profile/skillset of practice staff Quality & Safety Essentials for improving data quality Clinical Software/tools for improving quality 	 Patient outcomes Practice Incentive Payments ePIP PIPQI Digital Future My Health Record Health Care Homes Minimisation of medico-legal risk Meeting new QI standards - Accreditation Time and efficiency improvements 	 ■ Peak Bodies / PHN Trainer the Trainer Packs ■ Videos: Recordings of data entry/collecting of minimum data set for: - Best Practice - Communicare - MedicalDirector - Case studies ■ Summary Sheets: - Best Practice - Communicare - MedicalDirector ■ Learning Workbook: - Best Practice - Communicare - MedicalDirector ■ Learning Workbook: - Best Practice - Communicare - MedicalDirector - Interactive activities - Case studies 	 Action Plan Communication Plan with staff Embed and monitor Build the team

824 Practice Managers





Across Australia





Practice Manager Engagement



Engagement with 484
Practice Managers and medical admin support staff at training events delivered by Katrina
Otto 1/1/19 - 30/6/19

- 18 onsite practice visits
- 6 Webinars
- 13 individual online sessions
- 29 event presentations

Engagement with 340
Practice Managers and medical admin support staff at training events delivered by Sue
Cummins 1/1/19 - 30/6/19

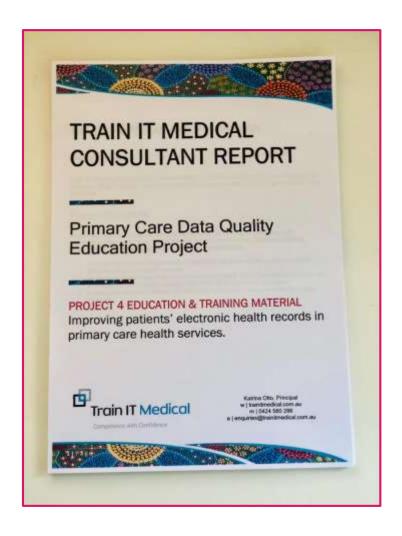
- 42 onsite practice visits
- 10 individual online sessions
- 8 event presentations

60

onsite visits in 6 months

Read the project detail





DOWNLOAD:

https://trainitmedical.com.au/about-us/case-studies



Education for quality 'Core Common Data Set'

- 1. Aboriginal and/or Torres Strait Islander status
- 2. Allergies and adverse reactions
- 3. Medications & Reason for Medication
- 4. Diagnosis
- 5. Immunisations

Free training package for you!



Training Package:

Train the Trainer/Peak Bodies Presentation Slides

Webinar Presentation Slides (1 hour)

Face to Face Presentation Slides (1 hour)

Teamwork Practice Questionnaire
Draft Quality Improvement Activity (PDSA)
eg raise awareness of clinical coding

1-page Summary Guides

- Best Practice
- MedicalDirector
- Communicare

Training Workbooks

- Best Practice
- MedicalDirector
- Communicare

Videos

- Best Practice
- MedicalDirector
- Communicare

Multi-modal options

designed with you, designed for you!



112 Training Resources





Module 1 - Extra page of learning links - Adding Aboriginal and Torres Strait Islander status -	BP PREMIER - Train IT Medical .pd
Module 1 - Key reasons to code Aboriginal and Torres Strait Islander status - BP PREMIER -	Train IT MedicalIPG
Module 1 - Summary Sheet - Adding Aboriginal and Torres Strait Islander status - BP PREMIE	ER - Train IT Medical .docx
Module 1 - Video - Adding Aboriginal and Torres Strait Islander status - BP PREMIER - Train I	IT Medical .mp4
Module 1 - Video Script - Adding Aboriginal and Torres Strait Islander Status - BP PREMIER -	- Train IT Medical .docx
Module 2 - Key reasons to code Allergies and Adverse Reactions - BP PREMIER - Train IT Me	edical JPG
Module 2 - Summary Sheet - Affergies and Adverse Reactions - BP PREMIER - Train IT Medic	cal docx
Module 2 - Video - Allergies and Adverse Reactions - BP PREMIER - Train IT Medical .mp4	
Module 2 - Video Script - Allergies and Adverse Reactions - BP PREMIER - Train IT Medical /	docx
Module 3 - Key reasons to code diagnoses - BP PREMIER - Train IT MedicalJPG	
Module 3 - Summary Sheet - Diagnosis Coding - BP PREMIER - Train IT Medical .docx	
Module 3 - Video - Diagnosis coding - BP PREMIER - Train IT Medical .mp4	
Module 3 - Video Script - Diagnosis coding - BP PREMIER - Train IT Medical .docx	
Module 4 - Key reasons to code a Medication and Reason for Medication - BP PREMIER - Tra	ain IT Medical .JPG
Module 4 - Summary Sheet - Medication and Reason for Medication - BP PREMIER - Train IT	Medical .docx
Module 4 - Video - Medication and Reason for Medication - BP PREMIER - Train IT Medical J	mp4
Module 4 - Video Script - Medication and Reason for Medication - BP PREMIER - Train IT Me	edical .docx
Module 5 - Key reasons why adding an immunisation is important - BP PREMIER - Train IT M	ledical .JPG
Module 5 - Summary Sheet - Adding an Immunisation - BP PREMIER - Train IT Medical .docx	c
Module 5 - Video - Adding an Immunisation - BP PREMIER - Train IT Medical .mp4	
Module 5 - Video script - Adding an Immunisation - BP PREMIER - Train IT Medical .docx	
Summary Sheet - Configuration Options - BP PREMIER - Train IT Medical .docx	
Summary Sheet - Reason for visit - BP PREMIER - Train IT Medical .docx	
Bp Premier Learning Workbook - Standardised data coding - unbranded - Train IT Medical v.	2.docx

Stored for you on 'Confluence' by CSIRO https://confluence.csiro.au

Quality Improvement Activity Resources and Samples

Quality Improvement (PDSA sample 1 - Improving recording of Aboriginal and Torres Strait Islander status - Train IT Medical - v02.docx

Quality Improvement (PDSA) sample 2 - Clinical Coding - Train IT Medical - v02.docx

Quality Improvement (PDSA) sample 3 - Clinical Coding - Current Medications v02.docx

Train the Trainer Resources

Adaptable lesson plan for trainers presenting (face to face or online) on coding and data quality - Train IT Medical.docx

Adaptable slide-deck for trainers presenting on coding and data quality - Train IT Medical.ppt

Barriers to Quality Clinical Data Capture - Train IT Medical.docx

Case Studies

ADHA - Albert - Aboriginal man with kidney disease from remote WA.docx

ADHA - Charlie - Aboriginal man from remote NT - Train IT Medical.docx

ADHA - Esther - Aboriginal LGBTI woman from rural town.docx

APNA Case Study 1 - Martha with sample activities docx

APNA Case Study 2 - Mrs Jones with sample activities.docx

APNA Case Study 3 - Sam - with sample activities docx

Pharmacy - medication overdose.docx

Pharmacy - Olga - readmission following medication reason assumption.docx

Pharmacy - why entering a reason for medication is vital - Train IT Medical.docx

RACGP - Case Study After-hours deputising service - Train IT Medical.docx

RACGP - General practice Practice Management accreditation taskforce - Train IT Medical.docx

Nursing - Marg - chronic condition management and reason for medication - Train IT Medical,docx

Patient Kate and the importance of entering allergies and adverse reactions - Train IT Medical.docx

Practice Management - accreditation taskforce general practice - Train IT Medical.docx

Practice Management - Kylie's approach to high quality data - Train IT Medical.docx



- 3 software products
- Train the Trainer Resources
- Quality Improvement/PDSA
- PIPQI & ePIP resources
- Case Studies
- Cheatsheets
- Training Manuals









What is our GOAL (what are we trying to accomplish)	Raise Awareness of Clin Code diagnoses	ical Coding		
What measures will we use? (i.e. data)	% of diagnoses in Past Med	dical History for ac	tive patients th	at are coded
What ideas can we use? (how are we going to achieve our goal)	Team meeting to d Attend education of Post-education fol GP & RN team revi Use of Diagnosis co Pen CAT / Polar Da	fiscuss the issue, b e.g. webinars / fac low-up team discu ew of clinical docu oder to merge unc	e to face session ession umentation coded with code	ns ed diagnosis
IDEAS	PLAN How will we do it – who,	DO	STUDY	ACT What is o

Adaptable Training & Lesson Plan





Online / Webinar delivery or adapt for face to face workshop delivery

Shaded items apply to face to face delivery only.

Time – approximately 1 hour

Format		Time Total: 1 <u>hrs</u>	Additional Learning Activity	Resources, Links, Materials required	PowerPoint Slide #
Pre-learning	Participants will have been asked to prepare for the training by completing the following pre-attendance learning activities: - Videos relevant to own software (BP, MD or Communicare) - Summary Sheets relevant to own software			Videos Summary sheets	
Introductions & Housekeeping	Introduce presenter Housekeeping for event	2		On arrival ensure everyone has: - Learning Workbook - Cardboard - Markers - Pens	1 (on entry slide) 2
	Acknowledgement of Country	1			3
Explanation of learning goals	Concompletion of this training participants should be able to: 1. Explain the importance of clinical coding and how it is		Questioning		4



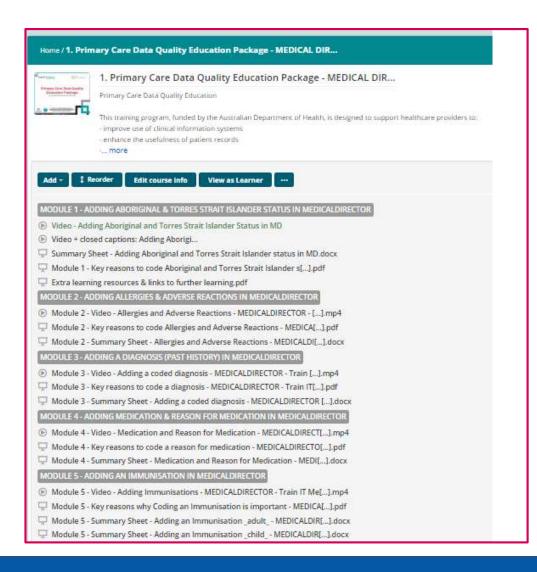


Tools to help you overcome:

- barriers to quality data
- barriers to change

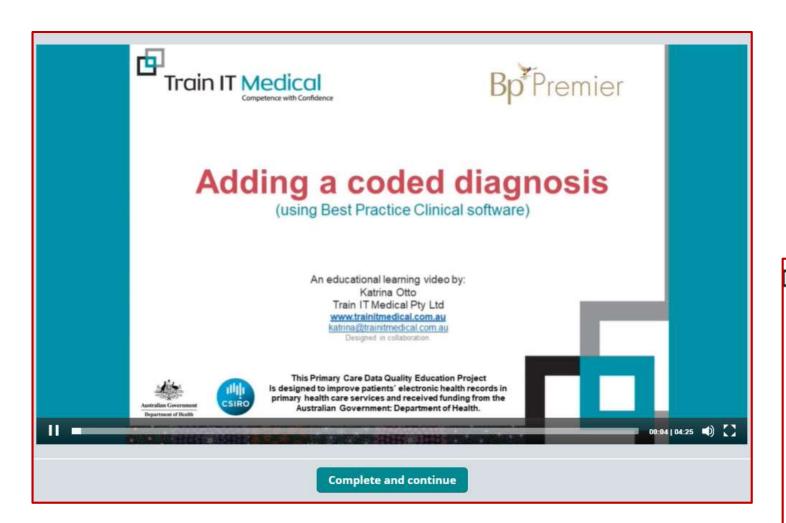
Host on your own intranet, or





Learning Management Solution (LMS)

EXTRA LEARNING RESOURCES
Summary Sheet - How to configure user options to help maintain data quality
Summary Sheet - Adding a coded reason for visit - MD
Training Manual/Learning Workbook for MedicalDirector (MD)
QUALITY IMPROVEMENT ACTIVITY RESOURCES AND SAMPLES
PDSA sample- Improving recording of Aboriginal and Torres Strait Islander status
PDSA Template Sample: Clinical Coding. Data Quality Improvement Activity.
PDSA Template Sample: Current Medication
TRAIN THE TRAINER RESOURCES
Adaptable Slide-deck for trainers presenting on coding and data quality.ppt
Adaptable Lesson Plan/Guide for trainers presenting on coding & data quality
☐ Video Script - Adding Aboriginal and Torres Strait Islander status in MD.docx
Rarriers to quality clinical data captur
CASE STUDIES
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ADHA - Esther - Aboriginal LGBTI woman from rural town.docx

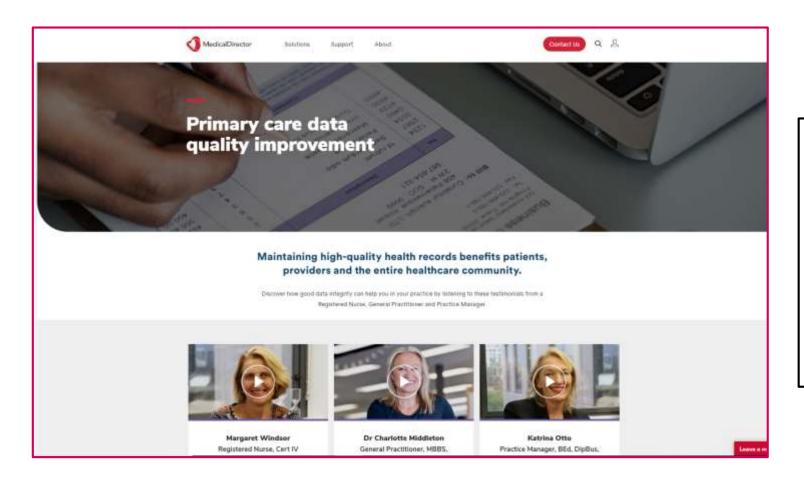






MedicalDirector





"Guidelines for maintaining high quality data for your active patients."

Access via: https://www.medicaldirector.com/PCDQIP

Free, easy access via Train IT Medical LMS: Courses.trainitmedical.com.au





Train for quality

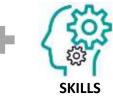






Managing Complex Change











= CHANGE!

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Thank you!