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INTERACTIVE DASHBOARD TO GRAPH PCEHR INDICATORS

WRITTEN BY KATE MCDONALD ON 31 JULY 2014.

The Improvement Foundation has developed a new interactive dashboard and a set of eHealth indicators for itsqiConnect portal, which allows general practices to automatically upload data on certain clinical measurements for analysis and benchmarking.

qiConnect is used by participants in the Australian Primary Care Collaboratives (APCC), a program managed by the IF on behalf of the Department of Health. Practices use Pen Computer Systems' clinical audit tool (Pen CAT) to extract data from their practice software on a range of clinical and non-clinical measures, including those for chronic heart disease, diabetes and COPD.

Data is lodged monthly and can be reviewed by practices to see the percentage of patients who meet certain criteria, such as diabetic patients with a HbA1c of less than seven. Practices can then focus on working more closely with that subset of diabetic patients, as well as benchmark themselves against other practices in the state.

The IF has now added eHealth indicators to the portal, including measures such as medication list currency and PCEHR-related indicators such as number of patients with an uploaded shared health summary (SHS), total number of SHSs uploaded, the age of those uploads and number of patients with a verified Individual Health Identifier (IHI).

Real-time feedback graphs can be used to identify areas where practices can make improvements and then track the results of their improvement efforts. It will also allow them to benchmark progress on a national level.

Improvement Foundation CEO Colin Frick said the new indicators will provide an additional insight to identify where improvements can be made and the results of those improvement initiatives.

APCC clinical chair Alison Edwards, a GP at the Broughton Clinic in South Australia's Port Broughton, has been involved in the collaborative 'waves' for a number of years, including one that had a focus on heart disease and diabetes.

Dr Edwards said she uses the information to monitor how her practice measures up in terms of the percentages of patients achieving certain levels, but also to benchmark the practice against others. “We are very competitive, both with other practices and within the practice itself,” she said.

“As doctors, we’d like to think we’re doing a perfect job but then we pull the data out and see that we've only got 60 per cent of our patients with glycated haemoglobin in the right range.

But it allows you to see that some are only just outside the range, or you're tweaking things and it hasn't quite had the chance to come back into the range."

The tool allows her practice to analyse the data further and make an assessment on patients who may not have had their bloods done recently. Some may have ceased to be active patients or have entered residential aged care, but some may also be reluctant to accept their diagnosis, she said.

"That then highlights to us that the next time they're in, maybe we can capture them," she said.

The APCC is now up to wave 10, which for the first time involves a chronic kidney disease focus. Dr Edwards' clinic is looking at its data on a population-wide level to target patients of a certain age with conditions like diabetes and hypertension to ensure they have had blood and urine tests recently.

"It has been great to be able to pull that data out and look at that list and say, potentially there's 900 of our 2500 patients who should be checked and we've only checked about 100 of them. We now can look at that from month to month and see that we've managed to catch this many more."

Dr Edwards has been doing her own data collection on patients who are involved in the PCEHR, keeping a database of how many patients have expressed an interest in the system, how many have registered and which ones have had an SHS uploaded. This will now all be able to be automated through the dashboard.

Her practice was an early adopter of the PCEHR, as it has a higher than average population of older people, including a good proportion of grey nomads for whom the concept of a portable medical record is attractive and which is her target audience for the PCEHR.

She does admit that it has been slow progress and she doesn't review the records that often, and only one discharge summary has been uploaded for one of her patients.

While she said she is "confident that it's not a perfect system", she has talked her patients through their privacy concerns and most are keen.

"I know quite a lot of doctors who have held back, just with concerns about privacy, but my approach is if we don't play with it and try and get it better, then it's not ever going to happen. It's more than 51 per cent good, so we've jumped in and gone with it."

One of her cancer patients is waiting for the day in which she will be able to log on to her PCEHR to look at changes in her blood tests, while a new patient who recently moved to SA from the Northern Territory had set up records for her children, and Dr Edwards was able to use the PCEHR to check their immunisation status.

"It does work in certain circumstances and I'm sure in time, it will eventually work," she said. "We have to start somewhere and honestly I think it will be the patients that drive it. I have

not yet had any of my grey nomads come back to me and say [they had urged another doctor to use it]. I'm waiting for that moment."