



ALERTS

- Free text warnings/allergies can be easily missed therefore increasing the risks of life threatening mistakes;
- Free text diagnosis results in missed warnings and contraindication alerts;
- Free text measurements will not allow for risk calculators and built in risk factor warnings;
- Free text data needs to be duplicated into assessments and referral letters increasing the risk of errors and medico legal risk;
- Free text does not allow for accurate searching within your practice software or data extraction tool.

FIVE REASONS NOT TO FREE TEXT

1. Data is difficult to locate for future reference;
2. There is a greater risk of practice staff misinterpreting personal shortcuts or reminders made by the GP in free text;
3. Data is not able to be automatically added to referral letters and assessment templates;
4. If diagnosis is in free text then contraindication warnings will not appear when writing prescriptions and without a diagnosis Diabetics, for example, will not appear on your Diabetes Register;
5. Free text takes more time than click selection.

EXTRA INCOME PER YEAR

Here is an example of a GP who changed his texting and coding behaviour and was able to manage his Diabetics better because ALL of the diabetic patients appeared in the diabetes register and were easily tracked and recalled:

- The GP had 120 patients on the diabetes register - these were being managed with Annual Cycle of Care Assessments;
- The clinical audit tool identified 21 patients who were not coded as diabetic and who were taking an anti-diabetic agent - upon investigation 18 were in fact diabetic;
- Another 30 were not coded as diabetic, not on anti-diabetic agent but had an HbA1c result - 28 of these were diabetic but as they were not coded, they did not appear on the Diabetes Register and were not being managed with an Annual Cycle of Care;
- The 46 patients were coded accurately and appeared on the register where the RN recalled and completed the Diabetes Model of Care (Cycle of Care and GPMP/TCA) on the GP's behalf;

- The additional income generated was \$19,170.50:

Start DCC (Level C)	\$63.75
GPMP/TCA (721/723)	\$234.15
Complete DCC (2521)	\$63.75
Review GPMP/TCA (725/727)	\$130.60
Total	\$491.75

Less nurse's wage..... \$416.75

x 46 patients **\$19,170.50**

Additional income per year

POPULATION HEALTH MYTHS

When population health is discussed, it is usually in the context of Australia wide, statewide or by Division areas. What about your practice population or cohorts of patients with the same co-morbidities in your practice?

We are now fortunate enough to have access to advanced data extraction tools which allow us to view our population and look at trends and identify data cleaning opportunities, missing data, patient management opportunities and income opportunities.

The tool allows for searching patients with a number of risk factors; investigation results; diagnoses; and medications without tedious lists and cross checking. It is the only tool of its kind that can identify high risk combinations like patients with a certain condition on a combination of medications that can have serious complications such as the kidney disease triple whammy.

Data extraction tools can only give accurate data if the data is entered correctly into the practice software. Tools such as the Clinical Audit Tool can provide a vast assortment of patient data provided that you feed data to the correct area of your practice software. Allergies and warnings are taken from the allergy section; diagnosis from the "reason for contact" or "past history" and measurements from the "tool box" or observation tabs.

The quality of the data that you get out is only as good as you put in. **Rubbish In - Rubbish Out!**