



PDSA: Implementing Heart Health Checks in our Practice

(QIM 8 Cardiovascular Disease - The proportion of patients aged 45-74 years with information available to calculate their absolute CVD risk)

Clinic:	Date:
Title:	Number:

Goal: What is the overall goal you wish to achieve?

Increase the number of eligible patients having a heart health check annually.

Improve: QIM 8 The number of RACGP Active patients aged 45-74 years with information recorded to calculate their CVD risk .

Idea:

One Australian has a heart attack or stroke every four minutes, which makes it vital that we prioritise the prevention of cardiovascular disease (CVD). General practice teams play a pivotal role in the fight against Cardiovascular Disease.

In April 2019, MBS items 699 and 177 (for non-vocationally registered GPs), known as the Heart Health Check, were introduced. This preventative health assessment aims to identify patients at risk of CVD-related events. The Heart Health Check is the first MBS item to specify absolute CVD risk. It can be claimed on an annual basis and includes age groups previously excluded by other health assessment items.

The Heart Foundation has developed a Heart Health Check Toolkit for General Practices that includes resources on

- Conducting the heart Health checks
- Recalling and engaging patients
- Quality Improvement resources
- Templates for Best Practice and Medical Director
- Promotion materials such as posters and patient brochures
- Social Media messaging for your website
- Checklists

Here is the link for the Heart Health Check Toolkit

Use the toolkit to update your website with some of the social media messaging

PLAN:

1) Implement Heart Health Checks in our practice.

List the tasks necessary to complete this	Person responsible	When	Where
test (what)	(who)		
Run baseline search to track progress (see			
walkthrough on using POLAR to get			
baseline data)			
Run POLAR search for eligible patients (see			
walkthrough on Heart Health Checks)			
Discuss the implementation at a practice			
meeting			
Resources (rooms, clinician availability)			
How many could we do every week? Will			
the nurse record height, weight, BMI and			
BP before the patient sees the GP?			

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 Email or SMS eligible patients using the toolkit resources patient invitation and patient brochure)
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 Print poster and patient brochures to be displayed at reception and opportunistically handed to patients in the eligible cohort.
 Image: Continue to Run POLAR searches to monitor progress.(see walkthrough on using POLAR to get baseline data)

 After item 699 billed add a reminder for 12 months.
 Image: Continue to Run POLAR searches to Run POLAR to get baseline data)

3) What do you predict will happen?

The number of Heart Health Checks claimed will increase.

The number of patients having their CVD Risk measures recorded will increase (QIM 8 The proportion of patients aged 45-74 years with information available to calculate their absolute CVD risk)

DO: Was the cycle carried out as planned? Yes No, if not why?

STUDY: Record, analyse and reflect on results. Did the results match your predictions?

ACT: Decide to Adopt, Adapt or Abandon.

Select		Describe
Adopt	Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.	
Adapt	Improve the change and continue testing plan. What will be next PDSA cycle?	
Abandon	Discard this change idea and try a different one.	

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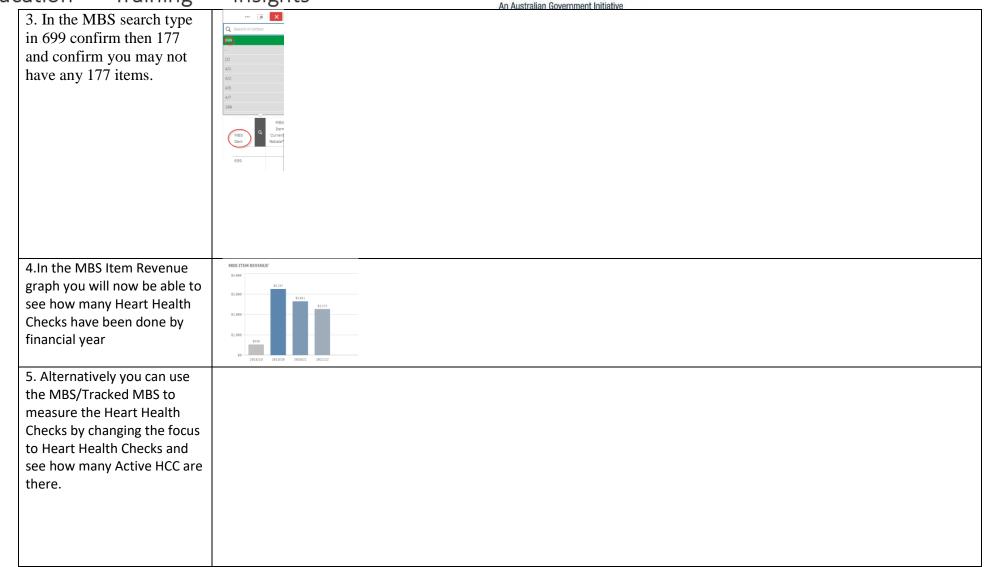
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WALKTHROUGH: Using POLAR t	to get baseline data
1.Open POLAR and Select Clinic Summary Report from Reports	Clinic Summary Clinic Summary report including CLINICAL INDICATORS
2. Select MBS then MBS Revenue	MBS Practice + Help Diabetes Cycle of Care Tracked MBS Potential Revenue MBS §myenue MBS §myenue MBS Services Health Care Homes

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1. 1.Open POLAR and Select Clinic Summary Report from Reports								
2.Select MBS/Tracked MBS	MBS Practice Help Diabetes Cycle of Care Tracked MBS Potertital Revenue MBS Revenue MBS Services Health Care Homes	7						
3.In the table up the top change the focus to Heart Health Check	Focus Tracked MBS Item Chronic Disease Nurse Assessm 45-49 Health Assessment 75+ Health Assessment Home Medication Review Heart Health Check Diabetes Cycle of Care	Q Eligible Cohort ant 2,787 1,217 3,011 5,311 16,051 1,300	Active 128 99 226 41 36 51	Active Review Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	To Action 2,684 1,142 2,787 5,280 16,018 1,300	Expired 464 0 400 104 59 151	Never Had 2,220 1,142 2,387 5,176 15,959 1,149	
4.In the middle section To action you will see 3 buttons. Select the Combined button to select all patients eligible for a Heart Health Check	Select Never Had	heck 3 i					2 2 + 2 <u>-</u>	
5. Go to patient list up the top right hand side then export to excel for sorting.	Patien	t List						





Notes: