



Chronic Diseases Initiatives

MEDICAL DIRECTOR

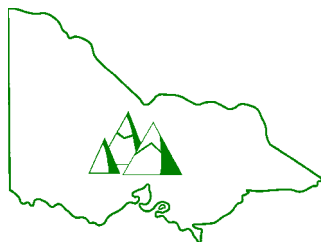
2.83

Information Management

"Step one"

Creating a Diabetes

Register



Central Highlands Division of General
Practice

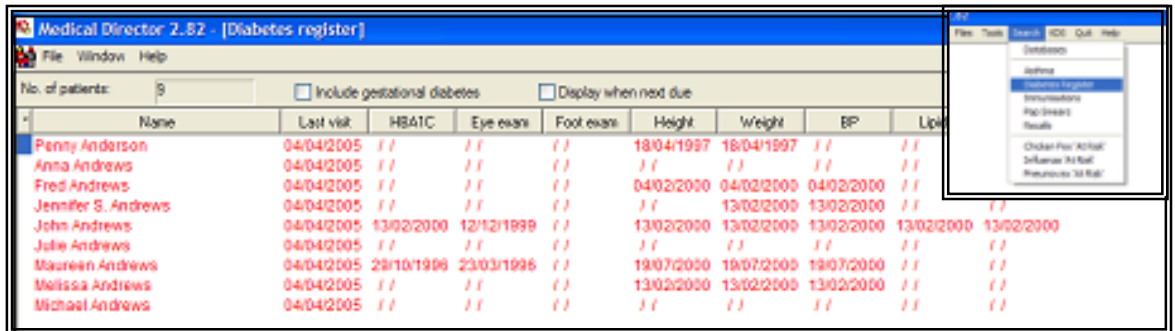
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Creating a Diabetes Register Using Medical Director (MD)

The common assumption is that by pressing a button in the existing clinical software (in this case MD) will provide us with a list of all diabetics in that practice. This is incorrect.



No. of patients:	9	<input type="checkbox"/> Include gestational diabetes	<input type="checkbox"/> Display when next due					
Name	Last visit	HbA1C	Eye exams	Foot exams	Height	Weight	BP	Lipid
Penny Anderson	04/04/2005	11	11	11	18/04/1997	18/04/1997	11	11
Anna Andrews	04/04/2005	11	11	11	11	11	11	11
Fred Andrews	04/04/2005	11	11	11	04/02/2000	04/02/2000	11	11
Jennifer S. Andrews	04/04/2005	11	11	11	11	13/02/2000	13/02/2000	11
John Andrews	04/04/2005	13/02/2000	12/12/1999	11	13/02/2000	13/02/2000	13/02/2000	13/02/2000
Julie Andrews	04/04/2005	11	11	11	11	11	11	11
Maureen Andrews	04/04/2005	28/10/1998	23/03/1998	11	19/07/2000	19/07/2000	19/07/2000	11
Melissa Andrews	04/04/2005	11	11	11	13/02/2000	13/02/2000	13/02/2000	11
Michael Andrews	04/04/2005	11	11	11	11	11	11	11

Problems with Existing Clinical Records and Databases

There are a number of problems associated with simplistic view.

1- Problems with patient records

There might be many patients that should not be in this database:

- Deceased
- No longer active patients
- Patients not being treated for Diabetes at this practice

2- Problems with disease coding

The skill of coding is usually not mastered by many GPs within the same practice

- Incorrect coding (GPs “free typing own codes” instead of using software code)
- Under-coding (GPs failing to code Diabetes as a reason for presentation)
- False coding (GPs use software coding list incorrectly – usually unaware!)

3- Problems with Treatment/Diagnosis

In some instances, GPs create coding problems, particularly when not completely sure of a patient’s the diagnosis or waiting for tests.

- Diabetes not fully developed – usually un-coded
- Diet controlled – usually un-coded
- Diabetes inconclusive – usually unsure of diagnosis/un-coded/incorrectly coded

Solving the Pitfalls

As mentioned earlier there are a number of assumptions that need to be verified before assuming that a register is comprehensive.

1- Problems with patient records

Deceased Patients

- *Deceased*

- 1- Firstly, we need to identify all those deceased patients in the final list and cull them from the records. However, this only solves the immediate problem.
- 2- Secondly, the practice should make it a priority to actively cull records of those deceased to avoid further inconveniences in the future (i.e. sending letters inappropriately).
- 3- It is suggested that identifying dead patients should be done at the end, once the list is finalised; it could be circulated through all GPs, Nurses and appropriate Staff for verification.

See: Appendix 2: How-to Decease/Inactivate patients

Inactive Patients

- *No longer active patients*

- 1- First, and simplest solution would be to print a list of all patients that have not visited the practice over “five” years. This list is then put to the Principles/GPs at the practice to examine the names. GPs might prefer a longer/or shorter cut-off period.

It is uncommon for “active patients to not visit their GP’s practice at least once every two years (Cervical Screening being the longest cycle). 86% of Females tend to visit their GPs at least once a year. However, men can take their time between visits; hence the 5 year period. This list is usually large, due to the many transient patients that visit practices as once off.

- 2- Secondly, before inactivating these patients, do a quick for Nursing Home/Hostel/etc patients that might be present only due to pathology tests requested by visiting GPs. GPs might prefer to have these “active”.

See: Appendix 1: How to inactivate patients as a group

Non – Diabetic Patients

- *Patients not being treated for Diabetes at this practice*

This is crucial for a number of reasons; it would be a waste (both financially and of human resources) to send letters or follow up people that are being treated somewhere else. From a Risk Management point of view, the practice is better off focusing its resources on those for which it is liable (use a Risk Management protocol –“Step Three”- to remove them from your “Diabetes duty of care”).

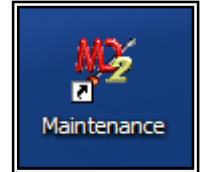
**Problems
with Disease
coding**

2- Problems with disease coding

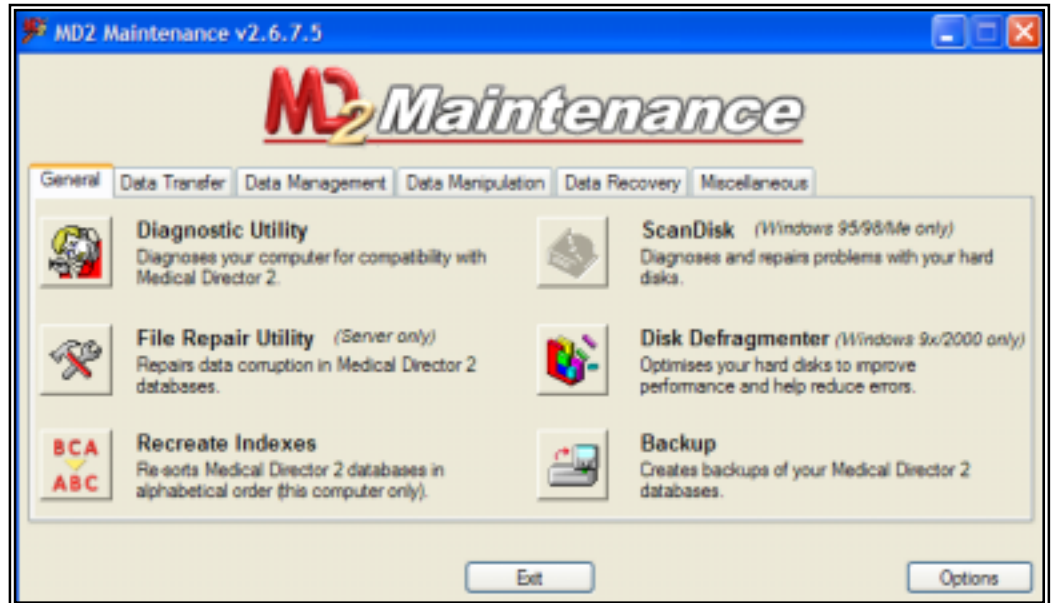
- **Incorrect coding**

There is a way of “looking” into a practice’s coding praxis (bad coding habits!).

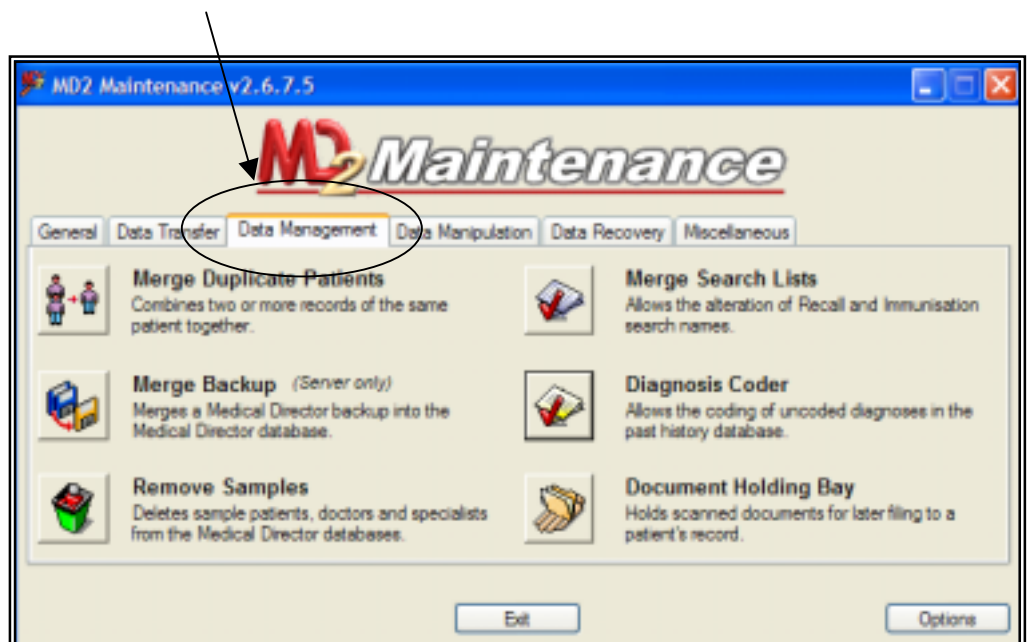
At any computer, in your desktop (in any version of Windows) you will find an Icon representing the Maintenance backdoor to medical Director:



Double Click on the **Icon** and the Maintenance box appears:



Click on the Data Management tab



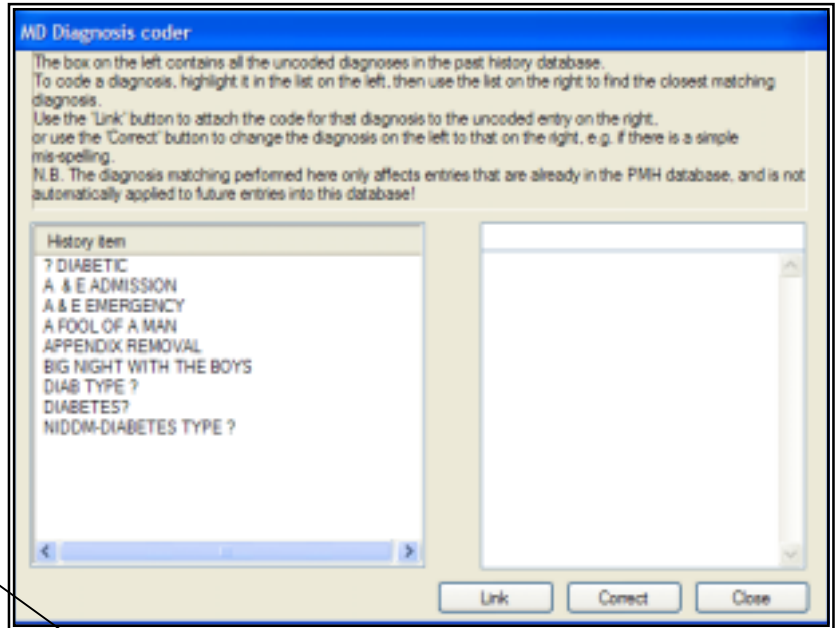
Click on
Diagnostic Coder

**Fixing
incorrect
Coding**

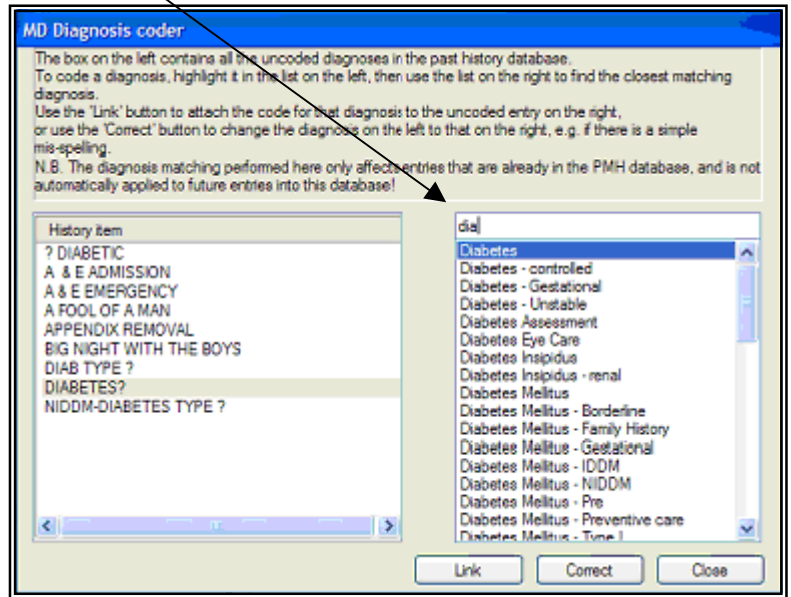
The diagnostic coder will allow you to link all “free text diagnosis” to their correct code

Read through the explanations to choose a course of action

On the right hand box type the first few letter of the correct diagnosis (i.e. diab); you will immediately see a drop down list of all Diabetes codes.

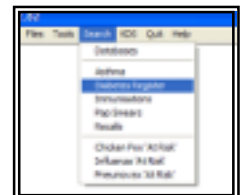


You can now choose to LINK or CORRECT the codes as to your preference. Either way the incorrect coding will start to disappear with every correction. Highlight the right code on the right and then highlight the wrong code on the left and press either link or correct



If you check your Diabetes register now, you should see the previously incorrectly coded patients added to the list. Try it!

Print the Diabetes Register list Now!!



- *Under-coding*
- *False coding*

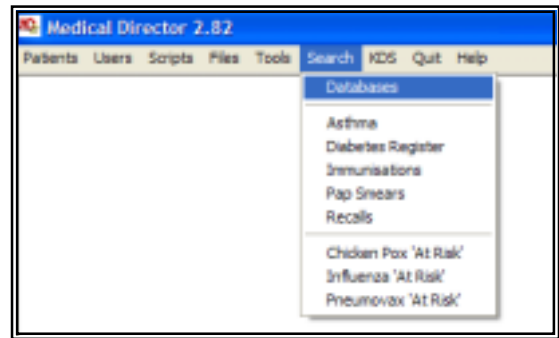
There are a number of steps that are useful to “fix” all these problems at the same time.

It involves identifying all diabetics by alternatives means: (i.e. Searching for Drugs and pathology results –Hba1c’s)

Diabetic Drug Lists

Searching for Diabetic drugs:

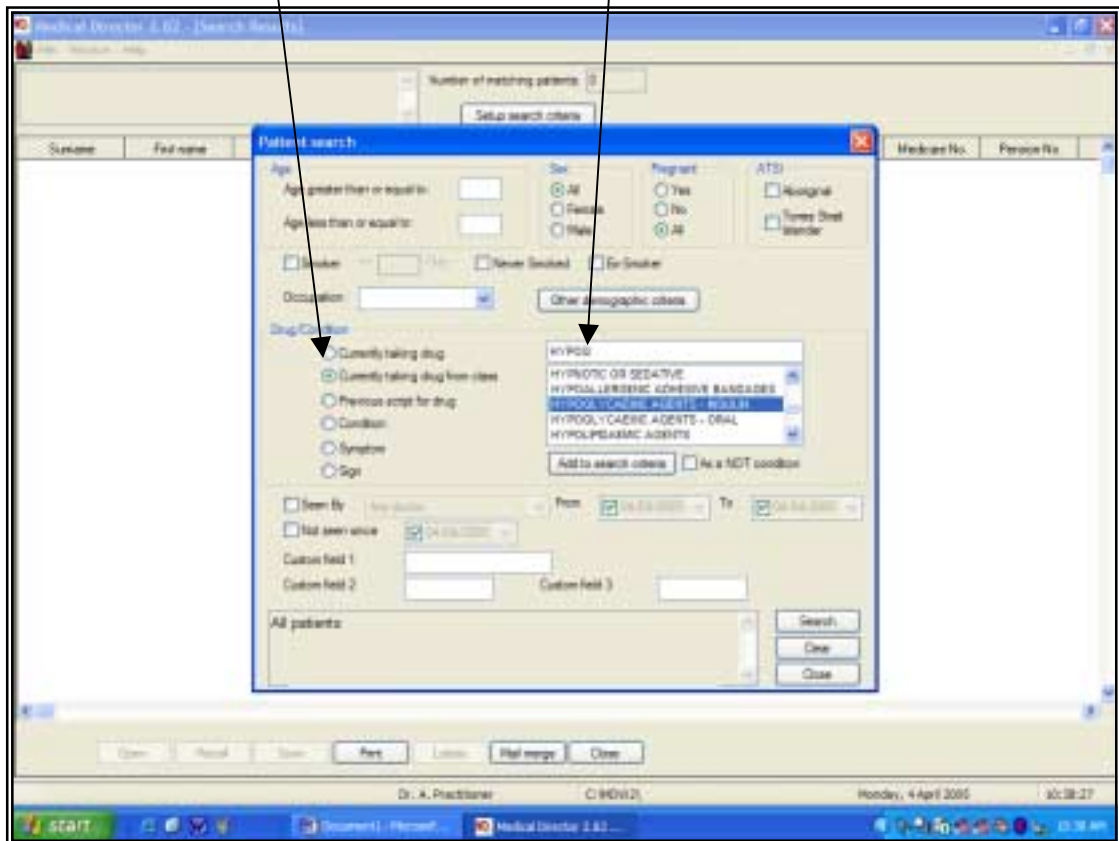
Go to Search and Click on Databases



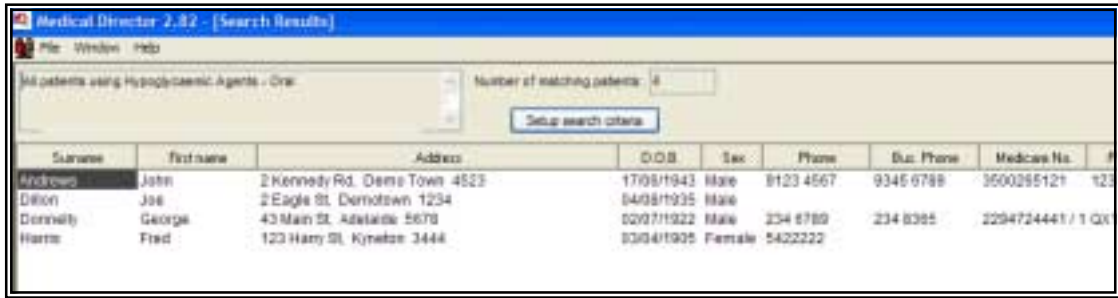
Searching for individual Diabetic drugs is not necessary in medical Director. MD has the capacity to search for a “Class” of drugs.

In this case we are searching for both **Hypoglycaemic Agents**; both **Insulin** and **Oral** medications

Select **Drug from Class** and Start typing *hypog*.....and double click on the Insulin based one.



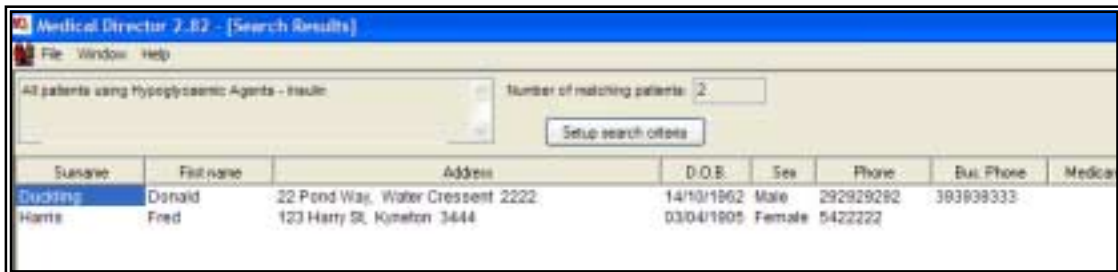
The result is a list of all patients having been prescribed with **Insulin** based drugs



Surname	First name	Address	D.O.B.	Sex	Phone	Bus. Phone	Medical No.	#
Andrew	John	2 Kennedy Rd, Derry Town 4623	17/08/1943	Male	8123 4567	9345 6789	3500285121	123
Dillon	Joe	2 Eagle St, Derrytown 1234	04/08/1935	Male				
Donnelly	George	43 Main St, Adelaide 5678	02/07/1922	Male	234 6789	234 8385	2294724441 / 1 QX	
Harris	Fred	123 Harry St, Kyneton 3444	03/04/1905	Female	5422222			

Print the list

Repeat the previous process for the **Oral** drugs



Surname	First name	Address	D.O.B.	Sex	Phone	Bus. Phone	Medical No.	#
Ducking	Donald	22 Pond Way, Water Crescent 2222	14/10/1962	Male	292929292	393939333		
Harris	Fred	123 Harry St, Kyneton 3444	03/04/1905	Female	5422222			

Print the list

**Crosscheck
drug lists with
register**

Now that both lists are printed crosscheck that patients in these lists are in the Register list; if they are not. They have been either wrongly coded or un-coded.

Take the names of the un-coded patients to their respective GPs to “re-code” appropriately.

This should take no more than an hour!!! (Depending on the size of your practice/records)

Pathology test lists (Hba1c)

The need now arises to capture those patients that might not be coded, but also might not be using diabetic drugs! Some might be diet controlled without the need for drugs.

The easiest way to achieve this is to call your Pathology Company and ask them to send you the list of the last Hba1c's requested by your GPs over the past two years.

See if they send it to you in Excel format; it would be easier to manipulate.

Yes, 2 years!!!, this is crucial as it will help in setting up your recall and reminder systems ("Step two").

The last date your patients had their Hba1c will be the starting point of your cycle of care; as well as determining how many patients have not had a check for a while. The literature says that up-to 50% of patients do not have their Hba1c checked as recommended.

It can take from two day to two weeks to get the above list from your Pathology Company.

Crosscheck Hba1c lists with Diabetes Register

Once in your possession you can again crosscheck to see if any of these patients are not in your register list. If not repeat previous step, where that information is presented to the appropriate GP for "re-coding".

Now you have a "Comprehensive Diabetes register?"

Appendix 1

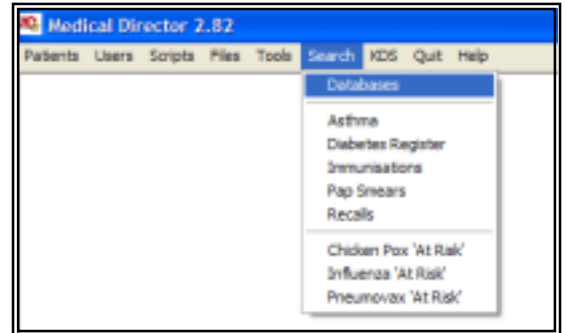
How to Inactivate groups of patients

Fristly, we need to find all patients that have not been active at the practice for the last 5(?) years.

In the Main screen, go to **Search, Databases**

Tick the box **Not seen since**

Set the **date** to your time frame (4, 5, 6 years, etc). It is always better to use the beginning of the year as a future reference point.

A screenshot of the 'Patient search' dialog box. The 'Age' section has two empty input fields for 'Age greater than or equal to:' and 'Age less than or equal to:'. The 'Sex' section has radio buttons for 'All', 'Female', and 'Male', with 'All' selected. The 'Pregnant' section has radio buttons for 'Yes', 'No', and 'All', with 'All' selected. The 'ATSI' section has checkboxes for 'Aboriginal' and 'Torres Strait Islander'. There are checkboxes for 'Smoker' (with a field for frequency), 'Never Smoked', and 'Ex-Smoker'. An 'Occupation' dropdown menu is present. The 'Drug/Condition' section has radio buttons for 'Currently taking drug', 'Currently taking drug from class', 'Previous script for drug', 'Condition', 'Symptom', and 'Sign'. A text input field is next to these options. The 'Seen By' section has a dropdown menu set to 'Any doctor'. The 'Not seen since' checkbox is checked, with a date field set to '01/01/1999'. There are also 'From' and 'To' date fields, both set to '10/04/2005'. At the bottom, there are three custom field input boxes. A summary text at the bottom reads 'All patients who have not been seen since 01/01/1999'. There are 'Search', 'Clear', and 'Close' buttons.

Print the list

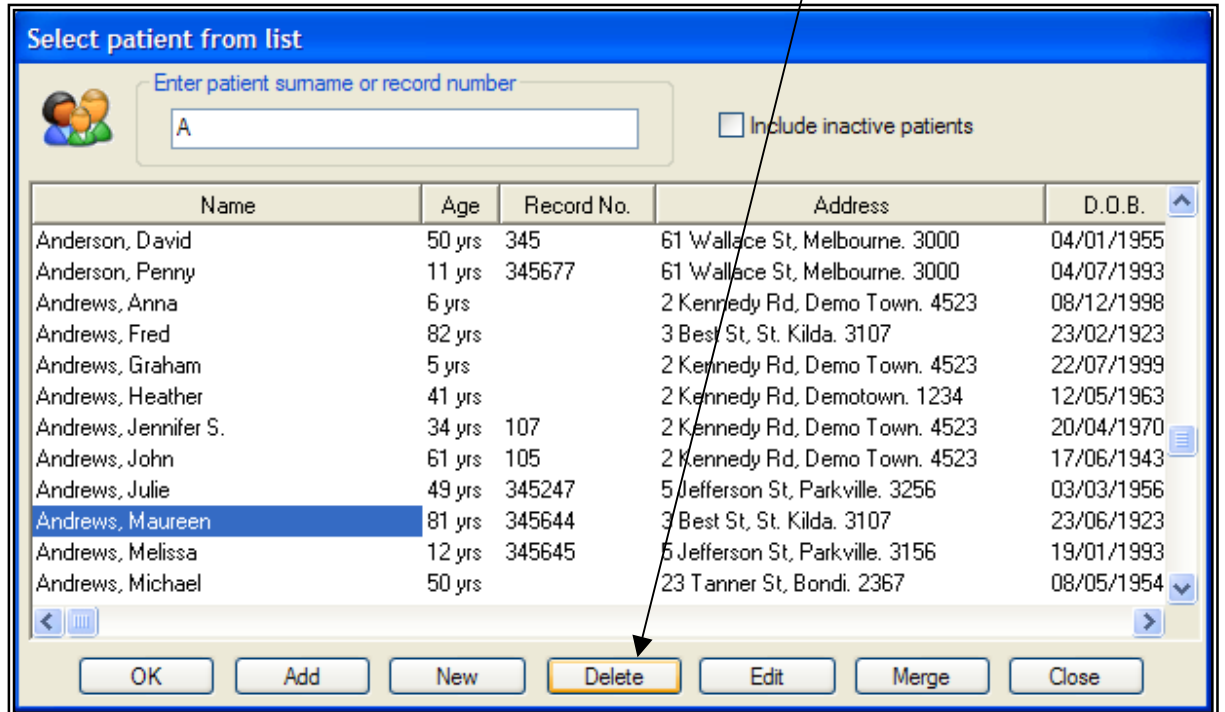
Note: check the list for patients that might not have clinical records added, but might be active Nursing Home patients that the GPs might use for Pathology requests only!

Inactivate individually as follows

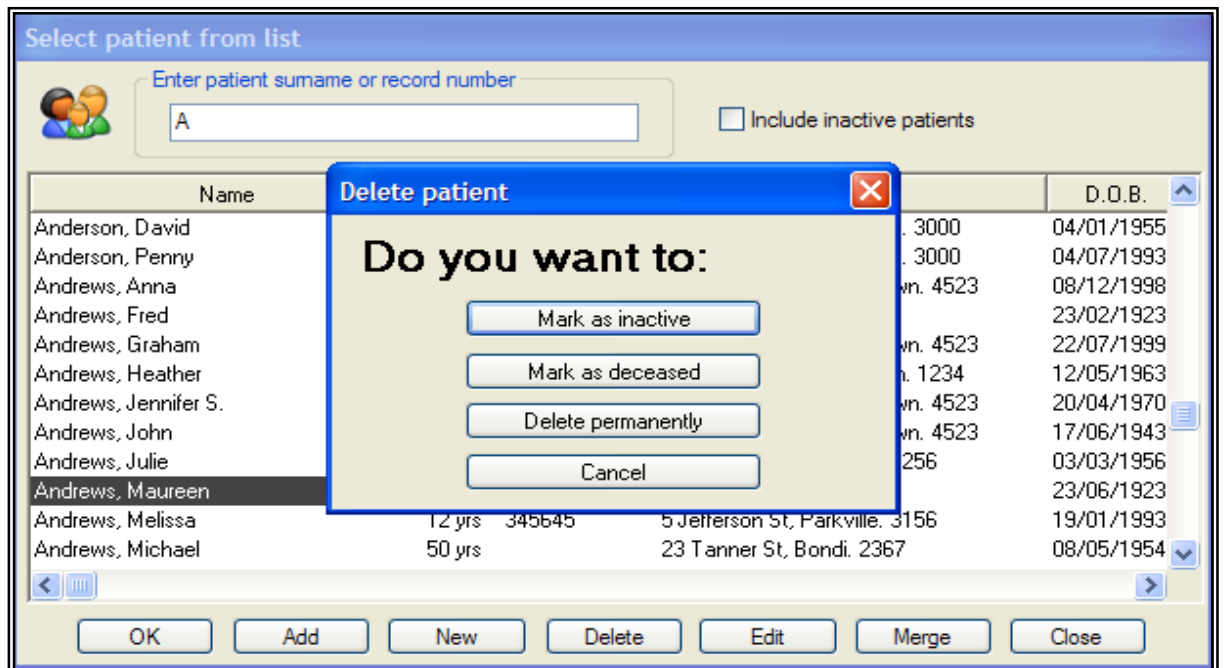
Appendix 2

How-to Decease/Inactivate patients

Once you have identified a patient that has died, as you would normally, find them, select them (by one click on their name), but this time press the **Delete** button



A box pops up asking you to Mark as Deceased or Inactivated

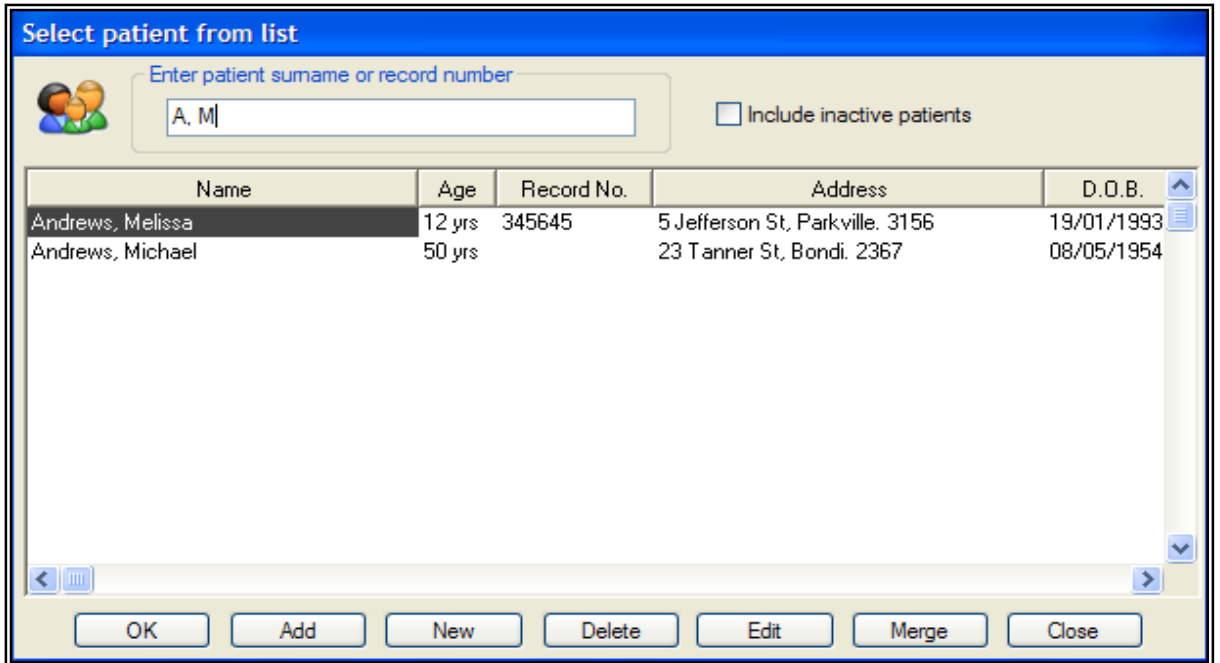


Patients that are inactivated can easily be activated on demand later as required.
So can patients Marked as Deceased be “revived” if necessary/or a mistake was made.

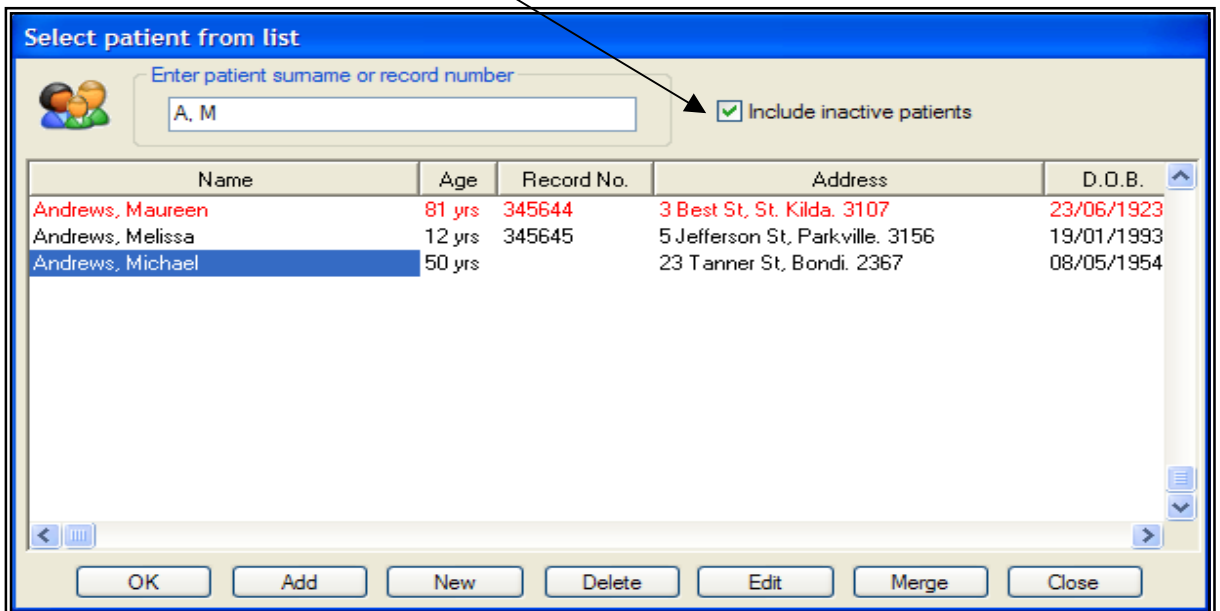
Appendix 3

How to Re-activate patients

To re-activate a patient, is fairly straightforward.
Normally, it would happen as a patient presents and their appears to be no records of them.



In this case **Check the Include inactive patients** box

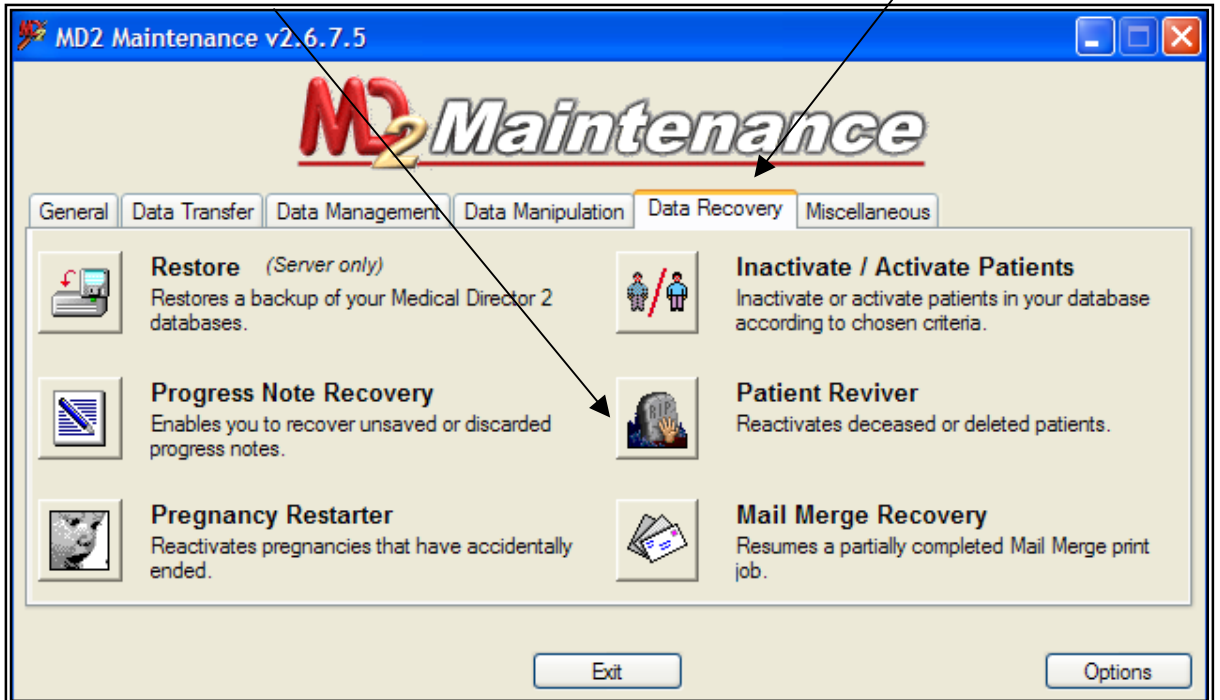


The patient should now be visible.
All you'd have to do now is select them and press OK.

Appendix 4

How to Revive patients

Click on the **Maintenance** Icon on your desktop and select the **Data Recovery** Tab
Click on **Patient Reviver**



You now can choose from a list of Deceased patients and revive (**Restore**) them or View Details prior to reviving them.

