

# Clinical audit for prescribers

Quality and education plan 2019-2020



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# Background

People with a severe and enduring mental illness and/or addiction die much earlier than their counterparts in the general population – with a two to three times greater risk of premature death (defined as dying before the age of 65). There is a 10-25 year life expectancy reduction in patients with severe mental disorders.<sup>1</sup>

Cardiovascular disease, which includes coronary heart disease, atherosclerosis, hypertension and stroke, is one of the leading causes of death among people with severe mental disorders. The Ministry of Health and Heart Foundation have acknowledged this through their work updating the Cardiovascular Guidelines last year.<sup>2</sup> Included now in the group of patients who should be assessed earlier are those with severe mental illness. Severe mental illness includes those patients with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder and schizoaffective disorder.<sup>3</sup>

Coding enables practices to easily identify patients who may need screening or more support to access care for their physical health needs.

This audit aims to support clinicians to ensure these patients are coded according to agreed list of codes. This audit should be undertaken in conjunction with the updated recommended READ code and SNOMED code lists.

Using standardised agreed code lists enables data extraction for future screening interventions and audits.

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<sup>1</sup> World Health Organization [https://www.who.int/mental\\_health/management/info\\_sheet.pdf](https://www.who.int/mental_health/management/info_sheet.pdf)

<sup>2</sup> Ministry of Health <https://www.health.govt.nz/publication/cardiovascular-disease-risk-assessment-and-management-primary-care>

<sup>3</sup> Te Pou <https://www.tepou.co.nz/resources/cardiovascular-disease-risk-and-management-in-people-who-experience-serious-mental-illness-an-evidence-review/741>

# Severe mental illness recommended READ code and SNOMED codes

Category	READ description	READ code	SNOMED description	SNOMED code
Schizophrenia	Schizophrenic disorders	Eu10.00	Schizophrenia	58214004
Bipolar affective disorder	Bipolar affective disorder	Eu31	Bipolar affective disorder	13746004
Schizoaffective disorder	Schizoaffective disorders	Eu25	Schizoaffective disorder	68890003
Major depressive disorder	No READ code map		Severe major depression	450714000
	Single episode major depression without psychotic symptoms	Eu322.12	Severe major depression without psychotic features	450714000
	Major depression, recurrent without psychotic symptoms	Eu332.12		75084000
	Recurrent severe episodes/major depression and psychotic symptoms	Eu333.13	Severe major depression with psychotic features	73867007

# Audit plan

## Check (analyse data)

Run a query to identify patients who have had a secondary care admission (mental health) or interaction with secondary services mental health in the past 12 months. Some GPs may also need to run the second query with medication<sup>4</sup> to capture enough patients to complete the audit. Your practice support person can help you with query builds to identify these patients.

GPs are then asked to capture coding against each patient on the reporting sheet (see Appendix A: data collection for audit).

1. Does the patient have a diagnosis of severe mental illness?
2. Is there a code for severe mental illness in the patient management system?
3. Does the code match the recommended READ/SNOMED codes?
4. Is there a difference in coding for Māori patients?

*Note: you do not need to submit this data to Pinnacle.*

Every GP will look at their own data for their enrolled patients and audit those patients. Once collated, the practice should look at gaps, discuss as a team, make an action plan and make changes based on this.

## Indicators

This is an initial audit, which sets a baseline for improvement. The second pass looks to *identify improvement from the baseline*.

We have outlined a couple of ways to look at your data at each pass and indicators associated with this. There is often inequity in the way Māori are dealt with by the health system, - for this reason we suggest you look at the same data comparing Māori and non-Māori. You may be interested in looking at the data in other ways.

## Sample size

The number of eligible patients will vary per practice. A maximum of 20 patients per GP should be audited.

## Second pass aims

The standard for coding severe mental illness is that 100 per cent of patients will be coded. The goal is to see improvement on the first pass.

- Per cent of all patients who have had a secondary care admission (mental health) or interaction with secondary mental health services have had their diagnosis coded in the practice management system.
- Per cent of all patients who have had a secondary care admission (mental health) or interaction with secondary mental health services with a severe mental illness diagnosis have had a coded diagnosis that meets the recommended READ/SNOMED code list.
- Per cent of Māori patients who have had a secondary care admission (mental health) or interaction with secondary mental health services have had their diagnosis coded in the practice management system.

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<sup>4</sup> Medications included are olanzapine, risperidone, clozapine, aripiprazole, quetiapine > 150mg/day, flupenthisol, haloperidol, paliperidone, olanzapine pamoate monohydrate (Zyprexa Relprevv), ziprasidone, lithium, methadone, suboxone.

- Per cent of Māori patients who have had a secondary care admission (mental health) or interaction with secondary mental health services with a severe mental illness diagnosis have had a coded diagnosis that meets the recommended READ/SNOMED code list.

# Identifying opportunities for continuous quality improvement

## Taking action

The first step to improving medical practice is to identify where gaps exist between expected and actual performance and then to decide how to change practice. Decide on a set of priorities for change and develop an action plan to implement any changes. The following points may be useful to consider when developing an action plan.

## Problem solving

- What is the problem or underlying problem?
- Change the problem to an aim.
- What are the solutions or options?
- What are the barriers? How can you overcome them?

## Overcoming barriers

- Identifying barriers can provide a basis for change.
- What is achievable? What are the external pressures on the practice? Discuss ways of dealing with these in the practice setting.
- Develop a priority list and action plan.

## Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change.
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour.

## Some questions to ask

- Is this what we would expect?
- Is there any difference in coding for Māori?

## Monitor

It is important to review the action plan at regular intervals with the practice team. It may be useful to ask the following questions.

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

## Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed at least six months after completing the first cycle.

## How do I get my MOPs credits?

This audit has been endorsed by the RNZCGP as an audit of medical practice activity (previously known as Continuous Quality Improvement – CQI) for allocation of MOPs credits; 10 credits for a first cycle and 10 credits for a second cycle.

Doctors taking part in this audit can claim credits in accordance with the current MOPS programme.

- All doctors must complete a summary sheet outlining the action plan that they intend to implement based on the audit results for each audit undertaken. This can also be done online by filling all the boxes when entering the activity in your CPD programme.
- A copy of the summary sheet is found below. It does not need to be sent to the college unless you are audited.
- You are encouraged to discuss the outcomes of the audit with your peer group or practice.

### Consider

- What have you learnt?
- Was there a disparity in coding for Māori?
- What changes have been made?

*Please retain these records to provide evidence of participation in this audit. Note, please do not send this information to Pinnacle MHN – your audit information is not required.*

To claim points, go to the RNZCGP website: [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)

Each participating GP records completion on the **CPD online dashboard**, under the **audit of medical practice** section. From the drop-down menu select **approved practice/PHO audit** and record the audit name – **audit of coding for mental health diagnosis**.



## Data collection for audit – first pass

[illegible]

### To capture

- Per cent of all patients who have had a secondary care admission (mental health) or interaction with secondary mental health services have had their diagnosis coded in the practice management system. (Tick in B, divided by tick in A .....)\*100
- Per cent of all patients who have had a secondary care admission (mental health) or interaction with secondary mental health services with a severe mental illness diagnosis have had a coded diagnosis that meets the recommended READ/SNOMED code list. (Tick in C, divided by tick in A .....)\*100
- Per cent of Māori patients who have had a secondary care admission (mental health) or interaction with secondary mental health services have had their diagnosis coded in the practice management system. (Patients who identify as Māori with tick in B, divided by patients who identify as Māori with a tick in A .....)\*100
- Per cent of Māori patients who have had a secondary care admission (mental health) or interaction with secondary mental health services with a severe mental illness diagnosis have had a coded diagnosis that meets the recommended READ/SNOMED code list. (Patients who identify as Māori with a tick in C, divided by patients who identify as Māori with a tick in A .....)\*100

## Data collection for audit – second pass

[illegible]

**To capture**

- Per cent of all patients who have had a secondary care admission (mental health) or interaction with secondary mental health services have had their diagnosis coded in the practice management system. (Tick in B, divided by tick in A .....)\*100
- Per cent of all patients who have had a secondary care admission (mental health) or interaction with secondary mental health services with a severe mental illness diagnosis have had a coded diagnosis that meets the recommended READ/SNOMED code list. (Tick in C, divided by tick in A .....)\*100
- Per cent of Māori patients who have had a secondary care admission (mental health) or interaction with secondary mental health services have had their diagnosis coded in the practice management system. (Patients who identify as Māori with tick in B, divided by patients who identify as Māori with a tick in A .....)\*100
- Per cent of Māori patients who have had a secondary care admission (mental health) or interaction with secondary mental health services with a severe mental illness diagnosis have had a coded diagnosis that meets the recommended READ/SNOMED code list. (Patients who identify as Māori with a tick in C, divided by patients who identify as Māori with a tick in A .....)\*100

# Audit of Medical Practice/PHO (CQI activity)

## Summary sheet

**Topic:** Audit of coding for mental health diagnosis

**Date:** 31/05/2019

**Activity designed by (name of organisation if relevant):** Pinnacle Midlands Health Network

**Doctor's name:**

**Results discussed with peer group or colleagues?** Yes/No

**Date discussed:**

### First cycle

<b>Data:</b> Date of data collection	
<b>Check:</b> Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)	
<b>Action:</b> Describe how these improvements will be implemented.	
<b>Monitor:</b> Describe how well the process is working. When will you undertake a second cycle?	

## Second cycle

<b>Data:</b> Date of data collection	
<b>Check:</b> Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)	
<b>Action:</b> Describe how these improvements will be implemented.	
<b>Monitor:</b> Describe how well the process is working.	
<b>Comments:</b>	

# How do I get quality points?

There are **six points** available through Quality 2019-20 on all GPs within the practice completing both cycles of the audit. Please complete all relevant sheets but **only submit this page** by email to:

[quality.team@pinnacle.health.nz](mailto:quality.team@pinnacle.health.nz).

## Audit of coding for severe mental illness

**Practice name:**

**List the names of the GPs who took part in audit:**

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I confirm that all GPs in our practice have completed the audit.

**Signature of authorised practice representative:**