PaRROT

Pathways to **R**ural and **R**emote **O**rientation and **T**raining

a Primary Health Care approach to *Chronic Disease*

Orientation

Facilitators Handbook

Part 2—Clinical Support

Name _____

Community _____

Site _____

Position _____

Date Completed _____

PaRROT

PaRROT Orientation Handbook
Part 2

Table of Contents
Click on the relevant section for an immediate link

Welcome

Welcome to the Orientation Module of the Pathways to Rural and Remote Orientation and Training (PaRROT) program. This program is available as an e-learning program through www.health.qld.gov.au/parrot or as a workshop delivery mode. This handbook – which is the second of three, can be used as a guide for the e-learning program, or as a record for the workshop delivery program.

Documents associated with this program can also be accessed and completed electronically.

PaRROT

Pathways to **R**ural and **R**emote **O**rientation and **T**raining

a Primary Health Care approach to Chronic Disease

Orientation

Unit 5

Evidence Based Guidelines

Session Plan

Session 1   Evidence Based Guidelines

Location

Synopsis: Performance outcomes, skills and knowledge required to understand and use evidence based guides to provide chronic disease care.

Learning outcomes: Be familiar with the evidence based guidelines used in rural and remote practice
Understand the use for each guideline
Be able to access and choose the correct guideline as required.

Time allocated	How will session run	Delivery method & resources equipment	Assessment
10 minutes	**Introduction** 1. INTROA 2. Learning Objectives	Session 1 notes Presentation	
25 minutes	**Content (See detailed notes)**	Presentation	
10 minutes	**Activity**	Activity sheet	
5 minutes	**Wrap up**	Session 2 notes	
10 minutes	**Assessment** Complete quiz – self mark using answer sheet.	Quiz	Quiz – self mark
	Close		

Detailed Session Notes		
Slide	**Slide Title**	**Notes**
1	**Session title**	Introduction to evidence based guidelines
Session 1 notes	**Introduction** **Interest** (Create Interest) **Need** (Explain why they need to know) **Topic** (What the session is about) **Range** (What will be covered)	Session 1 notes introduces the unit – use this as the basis of the introduction. One of the major supports required for the implementation of chronic disease care is access to current evidence based guidelines. In rural and remote areas the documents used are: • Chronic Disease Guidelines • Primary Clinical Care Manual • Immunisation Handbook • Rural and Remote Pathology Handbook This unit will look at the various publications and their use and learners will be asked to complete a learning activity in their journal.
2	**Learning Objectives** **Outcomes** (What they will achieve) **Assessment** (How they will be assessed)	The learning objectives of this unit are: • Familiarisation with the evidence based guidelines used in rural and remote practice • Understanding the use for each guideline • Being able to access and choose the correct guideline as required. There will be a quiz for self marking and submission at the end of the unit.
3 and 4	**Immunisation Handbook**	• The Australian Immunisation Handbook 9th edition was released in 2008 • The handbook is updated every 2 years by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National and Medical Research Council (NHMRC) – both are national expert groups on vaccination and research. • The handbook is designed to provide clinical guidelines on safe and effective use of vaccines for individual practitioners and recommendations for vaccination based on the best available current evidence. • Recommendations on certain vaccines may vary between the product literature and the handbook – the reasons for this are clearly explained in the relevant chapters of the hand book.
5	**Immunisation Hand book**	• The book is developed to provide national standards for ALL vaccine providers – including Registered Nurses, Medication Endorsed Enrolled Nurses and Authorised Aboriginal and Torres Strait Islander Health Workers who have been trained, to a level within their scope of practice to provide an immunisation program. • Non endorsed Registered nurses, Medication Endorsed Enrolled nurses and Authorised Aboriginal and Torres Strait Islander Health Workers must have a Medical Officers instruction prior to administering a vaccine, they can however use the book to get information about vaccines and the schedule if they need it. • The handbook, amongst other things, provides information on the most current immunisation schedule which does change as research evolves and new vaccines are developed.

Slide	Slide Title	Notes
6 & 7	**Chronic Disease Guidelines**	The Chronic Disease Guidelines was released in 2007 and is updated every 2 years by the Office of Rural and Remote Health, Clinical Support Unit. It integrates a population health approach to chronic disease care including health promotion, community empowerment and client self management and is designed to provide guidelines for Best Practice in prevention, early detection and management of chronic disease
8	**Chronic Disease Guidelines**	Developed to provide support for all health professionals working in chronic disease care Provides information on • system enablers which support chronic disease care • engaging communities • self management of chronic conditions • health checks for adults and children • medication safety • management of diagnosed conditions including care plans and • Information of evaluation and monitoring using the ABCD quality improvement program, Healthy for Life evaluation and Northern Area chronic disease indicators.
9 & 10	http://qheps.health.qld.gov.au/pathology/	The Pathology Hand Book 2nd edition for Rural and Remote Queensland was released in 2007 The hand book will no longer be updated with information now to be sourced from http://qheps.health.qld.gov.au/pathology/ It is companion information for the Chronic Disease Guidelines and the Primary Clinical Care Manual
11	http://qheps.health.qld.gov.au/pathology/	Developed for use by all health professionals involved in the collection, packing and transport of Pathology specimens in Rural and Remote Areas. It Provides information on • Safety including confidentiality and standard precautions • How to request pathology and who is authorised Specimen labelling including when, where and how • Processing the specimens correctly prior to transportation • Transporting including packaging, safety procedures and labelling • Accessing results using Auslab, the Pathology Information System • Collection guidelines including use of correct tubes, volumes of blood to be drawn, use of swabs and Polymerase Chain reaction processes. • Procedures including recommendations on specimens that should be collected for specific presentations, the reasons for this, the procedures for obtaining and processing the specimens.

Slide	Slide Title	Notes
12 & 13	**Primary Clinical Care Manual**	The Primary Clinical Care Manual 5th edition was released in 2007 The manual is updated every 2 years by the Office of Rural and Remote Health, Clinical Support Unit. It has been developed as the principal clinical reference tool and policy document for Health Workers, Registered Nurses, Medical Officers and other Health Professionals working in rural and remote Queensland. The manual supports best clinical practice for endorsed Registered Nurses and Authorised Health Workers under Health Management protocols and in accordance with the Health (Drugs and Poisons) Regulation 1996
14	**Primary Clinical Care Manual**	Developed for use by all health professionals working in rural and remote areas including Isolated Practice endorsed and authorised health professionals and nurse practitioners. It provides best clinical practice guidelines under the domains of: • Emergencies • General Presentations • Mental Health and substance misuse • Reproductive Health • Paediatrics And includes information on • History taking • Clinical Assessment • Communication • Procedural interventions • Management of presenting conditions • Basic and advanced life support
15	**Learning Activity**	Ask the learners to have a look at each of the publications and think about what situations they might use them in? Ask them to complete the activity keep it for their records.
Session 2 notes	**Session 2**	Use notes to reiterate the learning objectives of the unit. Learners can take this opportunity to ask questions.
16	**Quiz**	Give learners 10 minutes to complete the quiz for this unit. Learners can self mark or swap with another learner to mark, make corrections and hand the quiz in for data collection.

Session 1

Welcome to the third unit of the PaRROT Program. This unit looks at the evidence based guidelines used to support the implementation of chronic disease care in rural and remote areas.

One of the major supports required for the implementation of chronic disease care is access to current evidence based guidelines and the CASS site at http://qheps.health.qld.gov.au/pathology/. In rural and remote areas the documents used are:

- Chronic Disease Guidelines [1]
- Primary Clinical Care Manual [2]
- Immunisation Handbook [3]

The first two listed are updated every 2 years by the Office of Rural and Remote Health – this is to ensure consistency with changes to policy and evidence based practice.

The Immunisation Handbook is reviewed and updated every two years or as needed by Australian Technical Advisory Group on Immunisation (ATAGI). It provides clinical guidelines for health professionals on

- Safest and most effective use of vaccines
- Clinical recommendations based on evidence

All of these guidelines need to be easily accessible and used by practitioners working in rural and remote primary health care settings. If you don't have access to one, please discuss with your manager.

In order to complete this unit you will need access to all of the publications,
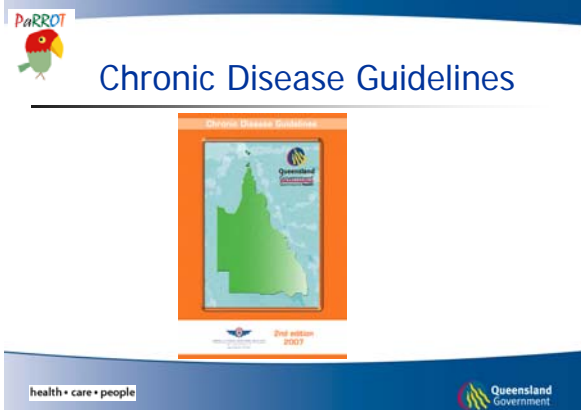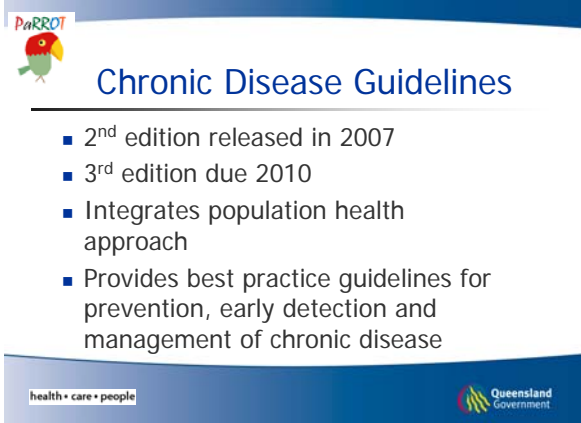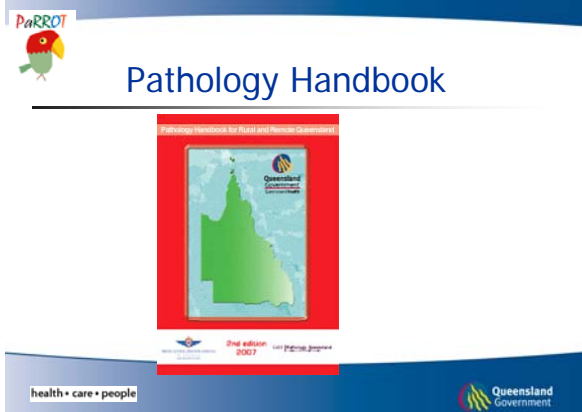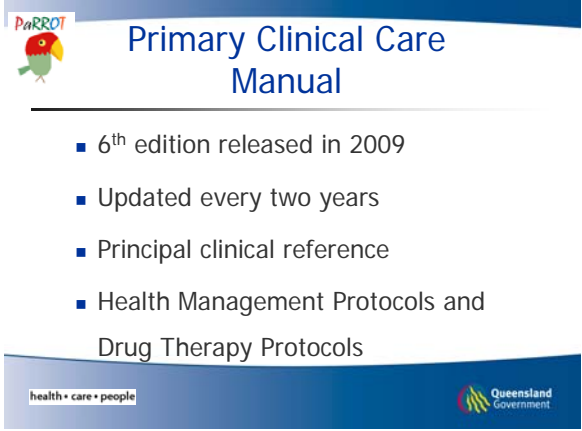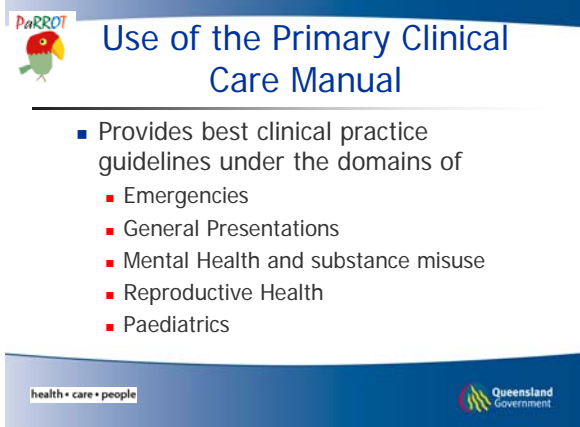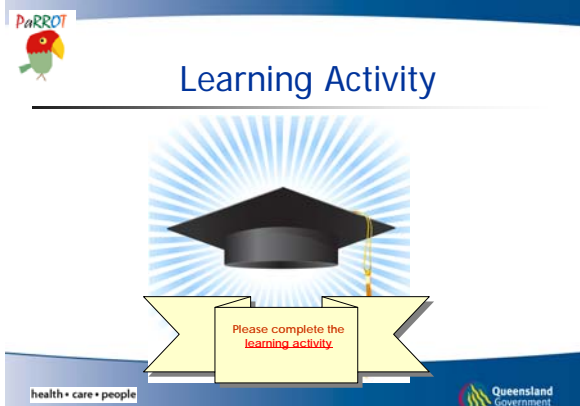
Slide 1 Duration: 00:00:05 Advance mode: Auto		Notes:
Slide 2 **Learning objectives** Duration: 00:00:05 Advance mode: Auto		Notes:
Slide 3 **Immunisation Handbook** Duration: 00:00:05 Advance mode: Auto		Notes:

| **Slide 4**
Immunisation Handbook
Duration:
00:00:05
Advance mode:
Auto | **Immunisation Handbook**

■ 9th edition released in 2008
■ Updated every 2 years or as required
■ Provides clinical guidelines for health professionals on
　■ safest and most effective use of vaccines
　■ clinical recommendations based on evidence

health • care • people　　Queensland Government | Notes:
The Australian Immunisation Handbook 9th edition was released in 2008

The handbook is updated every 2 years by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National and Medical Research Council (NHMRC) – both are national expert groups on vaccination and research.

The handbook is designed to provide clinical guidelines on safe and effective use of vaccines for individual practitioners and recommendations for vaccination based on the best available current evidence.

Recommendations on certain vaccines may vary between the product literature and the handbook – the reasons for this are clearly explained in the relevant chapters of the hand book. |
| **Slide 5**
Use of the Handbook
Duration:
00:00:05
Advance mode:
Auto | **Use of the Handbook**

■ Developed to provide standards for all vaccine providers
■ Provides information for non endorsed health practitioners
■ Can be used as a reference for health practitioners
■ Provides information on the most current immunisation schedule

health • care • people　　Queensland Government | Notes:
The Immunisation Handbook was developed to provide national standards for ALL vaccine providers – including Registered Nurses, Medication Endorsed Enrolled Nurses and Authorised Aboriginal and Torres Strait Islander Health Workers who have been trained, to a level within their scope of practice, to provide an immunisation program.

Non endorsed Registered Nurses, Medication Endorsed Enrolled Nurses and Authorised Aboriginal and Torres Strait Islander Health Workers must have a Medical Officers instruction prior to administering a vaccine. They can, however, use the book to get information about vaccines and the schedule if they need it.

The Handbook provides information on the most current immunisation schedule which changes as research evolves and new vaccines are developed. |

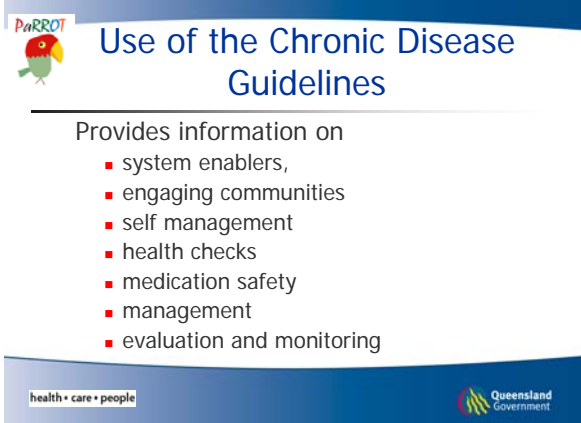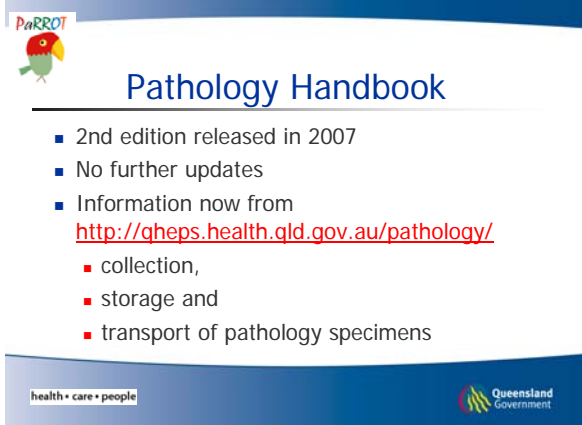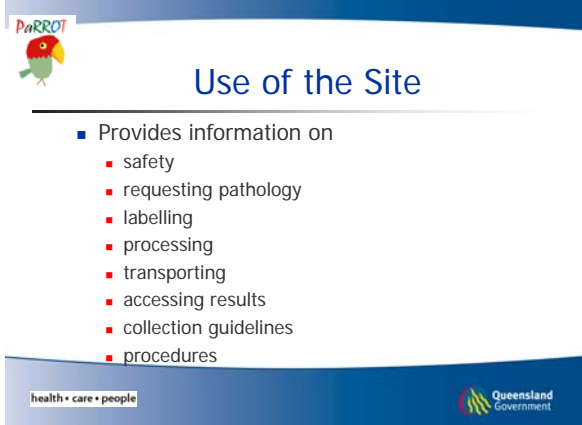|		
Slide 6 **Chronic Disease Guidelines** Duration: 00:00:05 Advance mode: Auto	PaRROT Chronic Disease Guidelines health • care • people — Queensland Government	Notes:
Slide 7 **Chronic Disease Guidelines** Duration: 00:00:05 Advance mode: Auto	PaRROT Chronic Disease Guidelines ■ 2nd edition released in 2007 ■ 3rd edition due 2010 ■ Integrates population health approach ■ Provides best practice guidelines for prevention, early detection and management of chronic disease health • care • people — Queensland Government	Notes: The Chronic Disease Guidelines 2nd Edn was released in 2007. The guideline is due to be updated in 2010 by the Office of Rural and Remote Health, Clinical Support Unit. It integrates a population health approach to chronic disease care, includes health promotion, community empowerment and self management, and provides practice guidelines for the prevention, early detection and management of chronic disease.
Slide 8 **Use of the Chronic Disease Guidelines** Duration: 00:00:05 Advance mode: Auto	PaRROT Use of the Chronic Disease Guidelines Provides information on ■ system enablers, ■ engaging communities ■ self management ■ health checks ■ medication safety ■ management ■ evaluation and monitoring health • care • people — Queensland Government	Notes: The CDGs were developed to provide support for all health professionals working in chronic disease care It provides information on: system enablers which support chronic disease care; engaging communities and health promotion; self management of chronic conditions; health checks for adults and children; medication safety; management of diagnosed conditions including care plans, and information of evaluation and monitoring using the ABCD quality improvement program, Healthy for Life evaluation and Northern Area chronic disease indicators.

Slide 9 **Pathology Handbook** Duration: 00:00:05 Advance mode: Auto	**Pathology Handbook**	Notes:
Slide 10 **Pathology Handbook** Duration: 00:00:05 Advance mode: Auto	**Pathology Handbook** ■ 2nd edition released in 2007 ■ No further updates ■ Information now from http://qheps.health.qld.gov.au/pathology/ ■ collection, ■ storage and ■ transport of pathology specimens	Notes: The Pathology Hand Book 2nd edition for Rural and Remote Queensland was released in 2007 The hand book will no longer be updated with information now to be sourced from http://qheps.health.qld.gov.au/pathology/ It is companion information for the Chronic Disease Guidelines and Primary Clinical Care Manual The Hand Book was developed to provides information on the collection, storage and transport of pathology specimens in rural and remote Queensland
Slide 11 **Use of the Site** Duration: 00:00:05 Advance mode: Auto	**Use of the Site** ■ Provides information on ■ safety ■ requesting pathology ■ labelling ■ processing ■ transporting ■ accessing results ■ collection guidelines ■ procedures	Notes: Developed for use by all health professionals involved in the collection, packing and transport of pathology specimens in rural and remote areas. It provides information on: safety, including confidentiality and standard precautions how to request pathology and who is authorised to do this specimen labelling including when, where and how processing the specimens correctly prior to transportation transporting including packaging, safety procedures and labelling accessing results using Auslab, the Pathology Information System collection guidelines including use of correct

		tubes, volumes of blood to be drawn, use of swabs and Polymerase Chain reaction processes. Procedures including recommendations on specimens that should be collected for specific presentations, the reasons for this, the procedures for obtaining and processing the specimens.
Slide 12 **Primary Clinical Care Manual** Duration: 00:00:05 Advance mode: Auto	PaRROT Primary Clinical Care Manual Primary Clinical Care Manual 5th Edition 2007 health • care • people Queensland Government	Notes:
Slide 13 **Primary Clinical Care Manual** Duration: 00:00:05 Advance mode: Auto	PaRROT Primary Clinical Care Manual ■ 6th edition released in 2009 ■ Updated every two years ■ Principal clinical reference ■ Health Management Protocols and Drug Therapy Protocols health • care • people Queensland Government	Notes: The Primary Clinical Care Manual (PCCM) 6th edition was released in 2009. The PCCM will be updated every two years by the Office of Rural and Remote Health, Clinical Support Unit. It has been developed as the principal clinical reference tool and policy document for Health Workers, Registered Nurses, Medical Officers and other Health Professionals working in rural and remote Queensland. The manual supports best clinical practice for endorsed Registered Nurses and Authorised Health Workers under Health Management protocols and in accordance with the Health (Drugs and Poisons) Regulation 1996

| Slide 14 **Use of the Primary Clinical Care Manual** Duration: 00:00:05 Advance mode: Auto | **Use of the Primary Clinical Care Manual**

■ Provides best clinical practice guidelines under the domains of
 ■ Emergencies
 ■ General Presentations
 ■ Mental Health and substance misuse
 ■ Reproductive Health
 ■ Paediatrics

health • care • people   Queensland Government | Notes:
Developed for use by all health professionals working in rural and remote areas including Isolated Practice endorsed and authorised health professionals and nurse practitioners.

It provides best clinical practice guidelines under the domains of:
Patient assessment and transport
Emergencies
General Presentations
Mental Health
Sexual and reproductive health
Paediatrics

And includes information on
History taking
Clinical Assessment
Communication
Procedural interventions
Management of presenting conditions
Basic and advanced life support |
| Slide 15 **Learning Activity** Duration: 00:00:05 Advance mode: Auto | **Learning Activity**

Please complete the learning activity

health • care • people   Queensland Government | Notes: |

Learning Activity - Facilitator

Information for facilitators

This activity can be conducted in small groups or as a large group brainstorming. Please ask participants to record their answers on their activity sheet, then copy, scan and email it to **parrot@health.qld.gov.au** or fax it to 4033 3040 and keep a copy for your records.

Quiz Settings

Property	Setting
Total Number of Questions	4
Total Number of Questions to Ask	All

1. Have a look at each of the publications and think about what situations you might use them in?

1. Chronic Disease Guidelines - choose more than one answer.

Correct	Choice	
	Immunisation advice to a parent or client	
	Information on Schedules	
X	Chronic disease information	
X	Self management	
X	Health Checks	
	Emergency treatment	
	Accessing results	

2. Primary Clinical Care Manual - choose more than one answer.

Correct	Choice
X	Treatment of presenting conditions
X	Mental health emergency response
X	Treatment protocols
	Information on vaccines
	Brief intervention
	Specimen collection and labeling guidelines
X	Information on drug therapy protocols

3. The Australian Immunisation Handbook - choose more than one answer.

Correct	Choice
X	Information on vaccine preventable disease
X	Vaccination procedures
X	Information on schedules
X	Immunisation advice to a parent or client
	Safety procedures around body fluid handling
	Emergency treatment
	Information on drug therapy protocols

4. http://qheps.health.qld.gov.au/pathology/ - choose more than one answer.

Correct	Choice
	Information on catch up programs
	Quality Assurance
X	Safety procedures around body fluid handling
X	Transporting specimens
X	Processing specimens
	Information on drug therapy protocols
	Client assessment and treatment

Learning Activity - Participant

Information for participants

This activity can be conducted in small groups or large group brainstorming. Please record your answers on your activity sheet, and submit to your facilitator who will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

Quiz Settings

Property	Setting
Total Number of Questions	4
Total Number of Questions to Ask	All

1. Have a look at each of the publications and think about what situations you might use them in?

1. Chronic Disease Guidelines - choose more than one answer.

Correct	Choice	
	Immunisation advice to a parent or client	
	Information on Schedules	
	Chronic disease information	
	Self management	
	Health Checks	
	Emergency treatment	
	Accessing results	

2. Primary Clinical Care Manual - choose more than one answer.

Correct	Choice	
	Treatment of presenting conditions	
	Mental health emergency response	
	Treatment protocols	
	Information on vaccines	
	Brief intervention	
	Specimen collection and labelling guidelines	
	Information on drug therapy protocols	

3. The Australian Immunisation Handbook - choose more than one answer.

Correct	Choice	
	Information on vaccine preventable disease	
	Vaccination procedures	
	Information on schedules	
	Immunisation advice to a parent or client	
	Safety procedures around body fluid handling	
	Emergency treatment	
	Information on drug therapy protocols	

Correct	Choice	
	Information on catch up programs	
	Quality Assurance	
	Safety procedures around body fluid handling	
	Transporting specimens	
	Processing specimens	
	Information on drug therapy protocols	
	Client assessment and treatment	

Session 2

This unit has provided a brief introduction to the main evidence based guidelines used in the provision of primary health and chronic disease care in rural and remote areas. It is important for health practitioners working in these areas to be familiar with the publications and to ensure the copies they used are the most current.

For more information and to order the Primary Clinical Care Manual, the Chronic Disease Guidelines and the Pathology Handbook follow the link
http://www.health.qld.gov.au/orrh/html/publications.asp

For more information on the Immunisation Handbook follow the link
http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home

In the induction module of the PaRROT program, the publications will be looked at in much more detail. Nurses working in the areas can get also more information and practical application of the publications in the Rural and Remote Nurses online training program, "From the Burbs to the Bush" which can be found at

http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm

This portal is only available to Queensland Health staff and requires an employee name and password to access.

Quiz – Facilitator
Information for Facilitators

Give the participant version of this quiz to participants at the end of the unit. Allow them 10 to 15 minutes to complete. Information on the questions can be found in the session notes and presentation story board. They can do the quiz individually or in pairs. Once the quiz has been completed, hand out the answer sheet and get the participants to self mark.

Please scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. You can choose to keep a copy for yourself and give the original to the participants for their records.

Quiz Settings

Property	Setting
Passing Score	50% or 7/14
Total Number of Questions	7
Total Number of Questions to Ask	All

Questions

1. What evidence based guideline guides the delivery of primary health care and chronic disease prevention, detection and management of chronic disease? *(2 points)*

Correct	Choice
X	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Hand book
	http://qheps.health.qld.gov.au/pathology/

2. Which evidence based guideline provides clinical guidelines for health professionals on the safest and most effective use of vaccines? *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
X	Immunisation Handbook
	http://qheps.health.qld.gov.au/pathology/

3. Which evidence based guideline guides the response to acute presentations?
(2 points)

Correct	Choice
X	Primary Clinical Care Manual
	Immunisation Hand Book
	http://qheps.health.qld.gov.au/pathology/
	Chronic disease guidelines

4. Which evidence based guideline provides information on collection, storage and transport of pathology specimens? *(2 points)*

Correct	Choice
X	http://qheps.health.qld.gov.au/pathology/
	Immunisation Hand Book
	Chronic Disease Guidelines
	Primary Clinical Care Manual

5. You are doing an assessment on a well adult who has presented at the clinic with a splinter in their finger. What guideline/s will you use to support you in your practice?
(2 points)

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Hand book
	http://qheps.health.qld.gov.au/pathology/
X	A and B
	A and C
	A, B and C
	All of the above

6.   You are doing a child health check and are looking for information on immunisation programs which guidelines will you find this information in?   *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Immunisation Hand book
	Primary Clinical Care Manual
	http://qheps.health.qld.gov.au/pathology/
X	A and B only
	A, B and D only
	A, B and C only
	None of the above

7. A 45 year woman with type one diabetes presents to your clinic. You conduct an assessment and find her blood glucose level is high. What evidence based guidelines will provide you with information on how to proceed?   *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	http://qheps.health.qld.gov.au/pathology/
	Immunisation Hand book
X	A, B and C only
	A, B, C and D
	A and C only
	A and B only

Quiz - Participant
Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Quiz Settings

Property	Setting
Passing Score	50% or 7/14
Total Number of Questions	7
Total Number of Questions to Ask	All

Questions

1. What evidence based guideline guides the delivery of primary health care and chronic disease prevention, detection and management of chronic disease?   *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Hand book
	http://qheps.health.qld.gov.au/pathology/

2. Which evidence based guideline provides clinical guidelines for health professionals on the safest and most effective use of vaccines? *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Handbook
	http://qheps.health.qld.gov.au/pathology/

3. Which evidence based guideline guides the response to acute presentations?
(2 points)

Correct	Choice
	Primary Clinical Care Manual
	Immunisation Hand Book
	http://qheps.health.qld.gov.au/pathology/
	Chronic disease guidelines

4. Which evidence based guideline provides information on collection, storage and transport of pathology specimens?   *(2 points)*

Correct	Choice
	http://qheps.health.qld.gov.au/pathology/
	Immunisation Hand Book
	Chronic Disease Guidelines
	Primary Clinical Care Manual

5. You are doing an assessment on a well adult who has presented at the clinic with a splinter in their finger. What guideline/s will you use to support you in your practice? *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	Immunisation Hand book
	http://qheps.health.qld.gov.au/pathology/
	A and B
	A and C
	A, B and C
	All of the above

7.	You are doing a child health check and are looking for information on immunisation programs which guidelines will you find this information in? *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Immunisation Hand book
	Primary Clinical Care Manual
	http://qheps.health.qld.gov.au/pathology/
	A and B only
	A, B and D only
	A, B and C only
	None of the above

7. A 45 year woman with type one diabetes presents to your clinic. You conduct an assessment and find her blood glucose level is high. What evidence based guidelines will provide you with information on how to proceed?   *(2 points)*

Correct	Choice
	Chronic Disease Guidelines
	Primary Clinical Care Manual
	http://qheps.health.qld.gov.au/pathology/
	Immunisation Hand book
	A, B and C only
	A, B, C and D
	A and C only
	A and B only

Bibliography

Queensland Health and the Royal Flying Doctor Service (Queensland Section), *Chronic Disease Guidelines*. 2nd ed. 2007, Cairns.

2.   Queensland Health. Royal Flying Doctor Service, *Primary Clinical Care Manual*. 5 ed, ed. W.D.-N.A.H. Service. 2007, Cairns: Workforce Directorate - Northern Area Health Service.

3.   Australian Government. Department of Health and Aging. National Health and Research Council, *The Australian Immunisation Handbook*. 9 ed. 2008, Canberra: Australian Government.

4.   Queensland Health, *Pathology Handbook for Rural and Remote Queensland*. 2007, Cairns: Queensland Health.

PaRROT

Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Unit 6

Clinical

Information

Systems

Introduction Clinical Information Systems

The use and knowledge of clinical information systems continues to evolve in the health care industry. Every health related organisation will have systems in place to record activity, client care, best practice approaches to care, patient safety and incident reporting and electronic communication systems.

The Office of the Chief Nursing Officer has developed an on line training program for Nurses going to work in rural and remote areas in Queensland. Much of this PaRROT unit, is adapted from the clinical information module in "From the 'Burbs to the bush': orientation of nurses and midwives to rural and remote area practice" online training program which can be accessed at

http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm
you will need a user ID which is your payroll number and a password to get any further. Once in find the course Essential guides: supporting clinical practice and click onto it.

An alternate route is to click onto
http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm and under the programs button click onto the orientation – rural and remote nursing and midwifery and then onto QHLTH5203 Essential guides: supporting clinical practice.

Access to the training site will require access to the QH Clinical Development and Education Service (CDES) which is only available to Queensland Health Staff – using your employee number as your unique identifier. Queensland Health Nurses can choose to complete the module of the Nurses orientation course rather than this one – which has very similar information.

Session Plan

Session: Clinical Information Systems

Location

Overall Session Time: **1 Hour**

Synopsis   Performance outcomes, skills and knowledge required to understand the importance and use of electronic support systems

Learning outcomes   Be familiar with clinical information systems
                                 Be aware of the processes for access to the clinical information systems.

Time allocated	How will session run	Delivery method & resources equipment	Assessment
10 minutes	**Introduction** 1. INTROA 2. Learning Objectives	Session 1 notes Presentation	
25 minutes	**Content (See detailed notes)**	Presentation	
10 minutes	**Activity** Ticking the boxes	Activity sheet	
5 minutes	**Wrap up**	Session 2 notes	
10 minutes	**Assessment** Complete quiz – self mark using answer sheet.	Quiz	Quiz – self mark
	Close		

		Detailed Session Notes	
Slide	**Slide Title**	**Notes**	
1	**Session title**	Clinical Information Systems	
Session 1 notes	**Interest** (Create Interest) **Need** (Explain why they need to know)	Session 1 notes introduces the unit – use this as the basis of the introduction. Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services by allowing information to be collected into databases and retrieved as needed. Information in the database can be used to support integrated practice and to improve decision making and patient care.	
Session 1 notes	**Introduction:** **Topic** (What the session is about) **Range** (What will be covered)	This unit looks at the main types of clinical information systems and why they need to be used. The activity sets the scene for workers to be familiar with their systems and to have a plan to access information and training as required.	
2	**Learning Objectives** **Outcomes** (What they will achieve) **Assessment** (How they will be assessed)	Be familiar with clinical information systems Be aware of the processes for access to the clinical information systems. Self marking quiz to be submitted with the learning journal. Check the box activity for own information.	
3	**Types of systems**	All health services will have their own clinical information systems which would broadly come under the following types. Network operation – the main system used by the organisation for access to all applications Email - organisations' main electronic communication system Patient record – used to record client contact and clinical notes – in some organisations this replaces a paper based system Patient recall – used as an electronic reminder system for follow up appointments for patients Electronic information and resources – provides access to electronic information and resources required by health staff Patient Safety / Incident Reporting – allows the monitoring of clinical incidents including near misses. Information collated, analysed and used to develop systems to reduce the risk of reoccurrence Laboratory Information – electronic record of pathology results.	
4	**Access and Training**	Initial access to the system requires your line manager to log on initially and you complete the application process. Application for access and training for electronic systems needs to be completed as soon after commencement as possible. Your team leader or manager has responsibility to organise this Access can be requested on-line through the Self Service Centre and Help Desk which is used to register computer requests, faults and advice via an icon on all desktops.	
5	**Novell**	Queensland Health (QH) network operating system. Every QH employee will require a NOVELL login and password to access ALL applications available on the QH network, including e-mail access. Application for Access through the Self Service Centre icon. Training provided at District Level User Manual is available.	

Detailed Session Notes

Slide	Slide Title	Notes
6	**GroupWise**	Queensland Health email system Application for Access through the Self Service Centre icon. Training provided at District Level User Manual is available.
7	**QHEPS**	**Queensland Health Electronic Publishing System** The Queensland Health intranet site. Provides resources, policies and procedures, and clinical information for all staff. QHEPS provides many links to access reference materials, including links to all QH enterprise systems. User will require a Novell log in and password to access QHEPS via the internet icon on the desktop. There is a self help site at and user guide on QHEPS site.
8	**Ferret**	An electronic patient information, reminder and recall system. The system supports the delivery of healthcare, including primary prevention, as well as early detection and management of chronic disease. Information is entered by medical practitioners, nurses, health workers, allied health staff and administration staff. Staff are expected to enter data following each client consult. Website on QHEPS with User Guides, Resources and Quick Reference Sheets. Website address: **http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm** Access forms resources and learning tools are available on website. Access requests need are signed by supervisor and faxed to PHCIS team. FERRET users are encouraged to visit the website and access the learning tools. Both production (live system) and training require user name and password which is allocated with access. Training database allows learners to practice with non-essential data. Trainers in each area provide training. User manual available on website and Paper manual located at clinic location.
9	**HBCIS**	**Hospital Based Corporate Information System** A patient record system for hospital administration. Information entered includes patient details, diagnosis, procedures preformed, length of stay, bed and menu assignment etc.In some areas, accident and emergency presentations (outpatients) may be tracked through HBCIS Triage. In metropolitan hospitals, data entry clerks often enter some/many of the details. In many rural and remote hospitals however, nursing staff may do this. Apply through Self Service icon Click on the icon for access and complete form. Training provided at District level Electronic manual online
10	**Prime CI**	Reporting system for clinical incidents. Clinical incidents comprise *adverse events* (harm caused) and *near misses* (no harm caused). It is the responsibility of the employee involved in any clinical incidents to record the details into PRIME CI.
11	**Auslab**	The Queensland Health Pathology and Scientific Services Laboratory Information System. Clinicians with a username and password can access results of all pathology tests. Results are accessed by searching under the patient's UR number or surname. Information is entered by laboratory staff.

		Detailed Session Notes		
Slide	**Slide Title**	**Notes**
12	EDIS	**Emergency Department Information System** Emergency patient clinical system used in larger Accident and Emergency Departments to track a patient's condition, treatment and movement through the department. Patients are not tracked after they leave the department. In smaller centres, similar information is entered into the HBCIS Triage system. Information entered and accessible by all emergency department staff.
13	CKN	**Clinicians Knowledge Network** No username or password required for QH staff External staff apply for access at http://qheps.health.qld.gov.au/ras/ea/ea_apply.htm and log in at http://ckn.health.qld.gov.au/ Online assistance and user support available on the website. On line assistance regarding CKN is available from the Tutorials menu on the CKN homepage. Queensland Health libraries can arrange training if needed.
14	eLMS	**Enterprise wide Liaison Medication System** A central repository of patient specific medication information, used state-wide, to facilitate the continuity of medicine management across the community-hospital interface. The system enables sufficient information for patients and their carers to safely manage their medications at home. Nursing staff input data and summaries are printed for the patient, GP and/or community pharmacist.
15 / Activity Sheet	**Learning Activity**	In this activity you will be required to consider what systems you may need to be aware of when you start work in a rural or remote location and whether or not you will need training in any of the systems.
Session 2 notes	**Wrap up**	Best practice requires us to use clinical information systems, and although we may find this tedious and time consuming, we really need to access and utilise the systems to the best of our abilities. Each health organisation will have its own set of systems, but they all have similar roles to play in the recording of information. Organisations have spent considerable time and effort into the development of clinical systems to assist with service delivery, but despite this they are still not well utilised. It is important to familiarise yourself with the systems within your organisation and ensure you not only know how to use them, but to also use them. This unit has looked briefly at the broad types of systems that are likely to be available; systems found in Queensland Health and set you on the path of familiarisation and developing plans to access training and resources to support you in their use.
Quiz	**Complete and self mark**	Give learners 10 minutes to complete the quiz for this unit. Learners can self mark, or swap with another learner, make corrections and hand the quiz in for data collection.

Session 1

Adapted from "From the 'burbs to the bush': orientation of nurses and midwives to rural and remote area practice"

Most health systems today emphasise 'best practice', 'evidence based practice', and 'quality' in an effort to improve overall performance in terms of organisational efficiency and effectiveness. These types of initiatives require the optimum use of information and communication technologies. Health is a knowledge industry with information being central to all aspects of care planning, management and delivery. However, clinical information systems appear to be under-utilized compared to other sectors, such as business and finance, and this leads to errors involved when using paper, pen and even human memory to manipulate the information [1, 2].

Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services by allowing information to be collected into databases and retrieved as needed. Additionally, the statistical information in the database can be used to support integrated practice and to improve decision making and patient care[3].

Data management is equally important in metropolitan, rural and remote practice. In all areas it can be used to track patient safety concerns, identify treatment outcomes, and compile health statistics and much more. There is increasing evidence that electronic health records can improve the efficacy, safety and quality of care when compared to paper-based systems.

Queensland Health has many information systems, some of which are used across many areas, others only in specialty areas. When you move into rural and remote practice, you may find that different key clinical information systems are used – although many will be familiar. [4] Information on the systems commonly used within Queensland Health is available on the systems information sheet

This unit looks at the Queensland Health systems, some of which can be accessed externally and some which can't. Non Queensland Health staff should complete the unit, knowing that the systems may not be available to them however; every health service provider will have a set of systems which workers need to be familiar with and to use as required.

The activity for this unit sets the scene for workers to be familiar with their systems and to have a plan to access information and training as required. The check list you are asked to develop is not for submission, it is for your own information and should be kept handy.
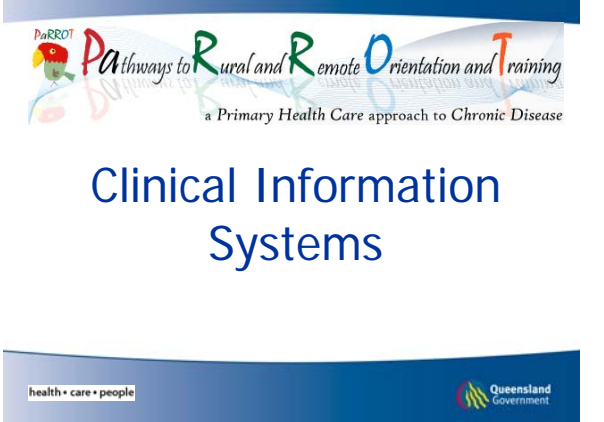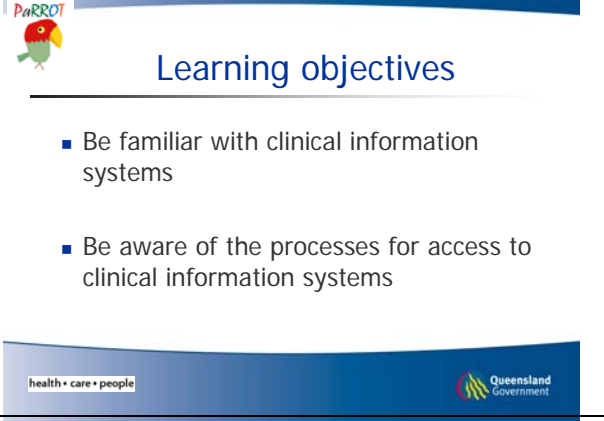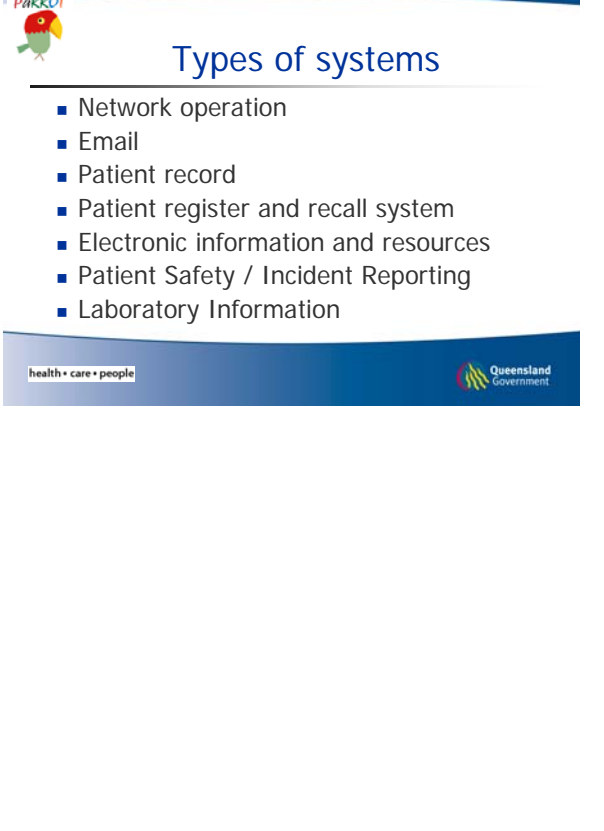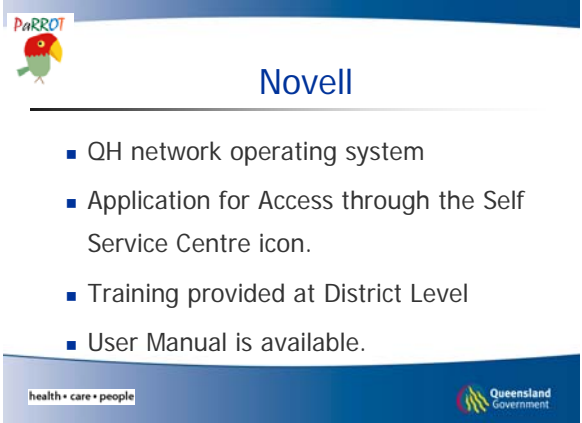
Clinical Information Systems
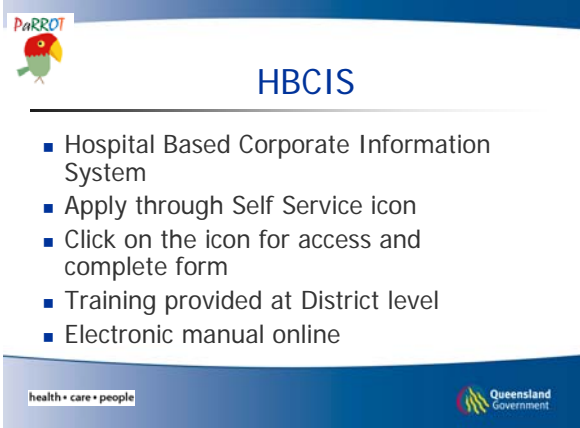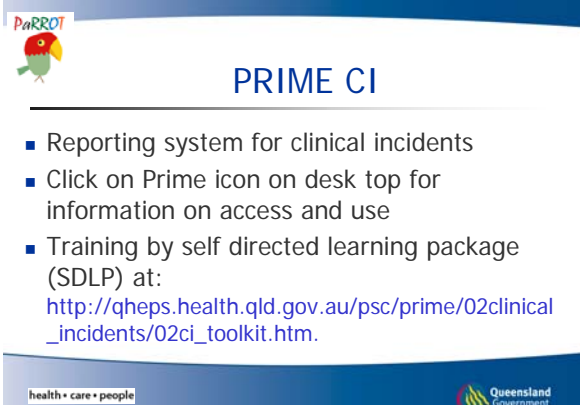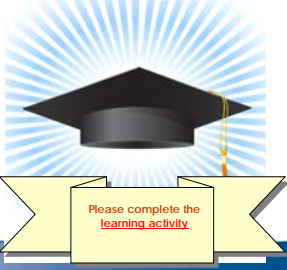
Slide 1 **Clinical Information Systems** Duration: 00:00:05 Advance mode: Auto	PaRROT **Pathways to Rural and Remote Orientation and Training** a Primary Health Care approach to Chronic Disease **Clinical Information Systems** health • care • people — Queensland Government	Notes:
Slide 2 **Learning objectives** Duration: 00:00:05 Advance mode: Auto	PaRROT **Learning objectives** ■ Be familiar with clinical information systems ■ Be aware of the processes for access to clinical information systems health • care • people — Queensland Government	Notes: The objectives of this unit are to: Be familiar with clinical information systems Be aware of the processes for access to the clinical information systems.
Slide 3 **Types of systems** Duration: 00:00:05 Advance mode: Auto	PaRROT **Types of systems** ■ Network operation ■ Email ■ Patient record ■ Patient register and recall system ■ Electronic information and resources ■ Patient Safety / Incident Reporting ■ Laboratory Information health • care • people — Queensland Government	Notes: All health services will have their own clinical information systems which would broadly come under the following types. Network operation – the main system used by the organisation for access to all applications Email - organisations' main electronic communication system Patient record – used to record client contact and clinical notes – in some organisations this replaces a paper based system Patient register and recall system – used as an electronic reminder system for follow up appointments for patients Electronic information and resources – provides access to electronic information and resources required by health staff Patient Safety / Incident Reporting – allows the monitoring of clinical incidents including near misses. Information collated, analysed and used to develop systems to reduce the risk of reoccurrence

		Laboratory Information – electronic record of pathology results.
Slide 4 **Access and Training** Duration: 00:00:05 Advance mode: Auto	PaRROT **Access and Training** ■ Application at orientation ■ Team leader organises ■ Access requested through self service icon. health • care • people Queensland Government	Notes: Initial access to the system in Queensland Health, requires your line manager to log on initially and you complete the application process. Application for access and training for electronic systems needs to be completed as soon after commencement as possible Your team leader or manager has responsibility to organise this Access can be requested on-line through the Self Service Centre and Help Desk which is used to register computer requests, faults and advice via an icon on all desktops. Organisations outside of Queensland Health would have their own access procedures. Staff working in these organisations need to familiarise themselves with their local process.
Slide 5 **Novell** Duration: 00:00:05 Advance mode: Auto	PaRROT **Novell** ■ QH network operating system ■ Application for Access through the Self Service Centre icon. ■ Training provided at District Level ■ User Manual is available. health • care • people Queensland Government	Notes: Novell - Queensland Health (QH) network operating system. Every QH employee will require a NOVELL login and password to access ALL applications available on the QH network, including e-mail access.

PaRROT
PAthways to **R**ural and **R**emote **O**rientation and **T**raining
a Primary Health Care approach to *Chronic Disease*

Slide 6 **GroupWise** Duration: 00:00:05 Advance mode: Auto	PaRROT GroupWise ■ QH email system ■ Application for Access through the Self Service Centre icon. ■ Training provided at District Level ■ User Manual is available. health • care • people Queensland Government	Notes: GroupWise – Queensland Health email system
Slide 7 **QHEPS** Duration: 00:00:05 Advance mode: Auto	PaRROT QHEPS ■ Queensland Health Electronic Publishing System ■ Access through the internet icon on the desktop. ■ Self help site at: http://qheps.health.qld.gov.au/training/home.htm ■ User guide on QHEPS site. health • care • people Queensland Government	Notes: QHEPS – Queensland Health Electronic Publishing System is the Queensland Health intranet site and is only accessible to QH employees. QHEPS Provides resources, policies and procedures, and clinical information for all staff and links to access reference materials, including links to all QH enterprise systems. Users will require a Novell log in and password to access QHEPS
Slide 8 **Ferret** Duration: 00:00:05 Advance mode: Auto	PaRROT Ferret ■ Electronic patient information, reminder and recall system ■ Information available from http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm ■ Access request forms on website ■ Training provided on application health • care • people Queensland Government	Notes: Ferret is an electronic patient information, reminder and recall system. The system supports the delivery of healthcare, including primary prevention, early detection and management of chronic disease. Information is entered by medical practitioners, nurses, health workers, allied health staff and administration staff. Staff are expected to enter data following each client consult. Ferret is not used in all QH primary health care settings and is only accessed by non QH staff if they have service agreements with QH. An electronic manual can be found on website and a paper based manual is available at each centre. Website on QHEPS with User Guides, Resources and Quick Reference Sheets. Website address: http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm Access requests need are signed by supervisor and faxed to PHCIS team. FERRET users are encouraged to visit the website and access the learning

		tools. Both production (live system) and training require user name and password which is allocated with access. Training database allows learners to practice with non-essential data. Trainers in each area provide training. A user manual is available on website and a paper manual located in clinics.
Slide 9 **HBCIS** Duration: 00:00:05 Advance mode: Auto	HBCIS - Hospital Based Corporate Information System - Apply through Self Service icon - Click on the icon for access and complete form - Training provided at District level - Electronic manual online health • care • people Queensland Government	Notes: HBCIS - Hospital Based Corporate Information System. Is a patient record system for hospital administration? Information entered includes patient details, diagnosis, procedures preformed, length of stay, bed and menu assignment etc. In some areas, accident and emergency presentations (outpatients) may be tracked through HBCIS Triage. In metropolitan hospitals, data entry clerks often enter some/many of the details. In many rural and remote hospitals however, nursing staff may do this.
Slide 10 **PRIME CI** Duration: 00:00:05 Advance mode: Auto	PRIME CI - Reporting system for clinical incidents - Click on Prime icon on desk top for information on access and use - Training by self directed learning package (SDLP) at: http://qheps.health.qld.gov.au/psc/prime/02clinical _incidents/02ci_toolkit.htm. health • care • people Queensland Government	Notes: Prime CI is a reporting system for clinical incidents. Clinical incidents comprise adverse events (harm caused) and near misses (no harm caused). It is the responsibility of everyone involved in or aware of any clinical incidents or risks, to record the details into PRIME CI.

Slide 11 **Auslab** Duration: 00:00:05 Advance mode: Auto	PaRROT **Auslab** ■ Queensland Health Pathology and Scientific Services Laboratory Information System ■ Application for access through Self Service icon ■ Training provided in Brisbane ■ Training manuals available on the website health • care • people Queensland Government	Notes: Auslab is the Queensland Health Pathology and Scientific Services Laboratory Information System. Clinicians with a username and password can access results of all pathology tests. Results are accessed by searching under the patient's UR number or surname. Information is entered by laboratory staff. Training manuals Getting Started for Laboratory Users and Getting Started for Non-Laboratory Users available on website
Slide 12 **EDIS** Duration: 00:00:05 Advance mode: Auto	PaRROT **EDIS** ■ Emergency patient clinical system ■ Access form available from http://qheps.health.qld.gov.au/id/id_a_to _z_access.htm#e ■ Training provided at District level – organised by line managers ■ Manuals available on line health • care • people Queensland Government	Notes: EDIS is an emergency patient clinical system used in larger Accident and Emergency Departments to track a patient's condition, treatment and movement through the department. Patients are not tracked after they leave the department. In smaller centres, similar information is entered into the HBCIS Triage system. Information entered and accessible by all emergency department staff.
Slide 13 **Clinicians Knowledge Network - CKN** Duration: 00:00:05 Advance mode: Auto	PaRROT **Clinicians Knowledge Network - CKN** ■ No username or password required for QH staff ■ External staff apply for access at http://qheps.health.qld.gov.au/ras/ea/ea_apply .htm and log in at http://ckn.health.qld.gov.au/ ■ Online assistance and user support available on the website. health • care • people Queensland Government	Notes: CKN – Clinical Knowledge Network provides all health professionals with evidence based information via eJournals, eBooks and databases. Management of CKN is undertaken by the Central Library, access is through the QHEPS home page. On line assistance regarding CKN is available from the Tutorials menu on the CKN homepage. Queensland Health libraries can arrange training if needed. Staff need to know where their local library is located.

Slide 14 **eLMS** Duration: 00:00:05 Advance mode: Auto	**PaRROT** **eLMS** ■ Enterprise wide Liaison Medication System ■ eLMS program training is required before access is granted. ■ Training is conducted face to face or via video conference and online health • care • people Queensland Government	Notes: eLMS is the Enterprise wide Liaison Medication System - A central repository of patient specific medication information, used state-wide, to facilitate the continuity of medicine management across the community-hospital interface. The system enables sufficient information for patients and their carers to safely manage their medications at home. Nursing staff input data and summaries are printed for the patient, GP and/or community pharmacist.
Slide 15 **iPharmacy** Duration: 00:00:05 Advance mode: Auto	**PaRROT** **iPharmacy** ■ Software application used by QH Hospital Pharmacies. ■ Uses Secure Transfer to transfer sensitive information to Medicare Australia. health • care • people Queensland Government	Notes: iPharmacy is a software application used by QH Hospital Pharmacies. iPharmacy uses Secure Transfer to transfer sensitive information to Medicare Australia.
Slide 16 **Learning Activity** Duration: 00:00:05 Advance mode: Auto	**PaRROT** **Learning Activity** Please complete the learning activity health • care • people Queensland Government	Notes:

Learning Activity – Participant / Facilitator

Introduction

In this activity you will be required to consider what systems you may need to be aware of when you start work in a rural or remote location and whether or not you will need training in any of the systems.
Please work through the following steps.

Step 1

Click on the link below to access and print the clinical information systems record.

Clinical information systems tool QH (Queensland Health staff)

Step 2

In the 'Clinical information systems record', record any training you have already received or mark off any information systems that you are already competent at using. You can use the sheet to record any usernames and passwords and any technical support contacts - but ensure you keep it in a secure place.

Step 3

Prioritise training for the remaining clinical information systems that you are not competent at using. Talk with your line manager or supervisor to identify the key clinical information systems that you need to be familiar with in your rural or remote location. Use this information to set training priorities and timelines for completion of training. Enter this into the 'Clinical information systems record'.
Find out what training is available and how to access it. You might consider the following questions:
• Is there formal training in these systems, and who can I talk to about this?
• Is the training held in a physical location, or can I train online?
• Do I need access forms, and if so, where can I obtain these?

Step 4

Organise training for your highest priority clinical information system. Put the training date in your diary, or if it is self-directed training, set aside some time in your diary to complete it.

Thank you

Now that you have completed the tool, please keep it in a safe place with your other training documents and update it as you complete all the training.

Session 2

Best practice requires us to use clinical information systems, and although we may find this tedious and time consuming, we really need to access and utilise the systems to the best of our abilities. Each health organisation will have its own set of systems, but they all have similar roles to play in the recording of information. Organisations have spent considerable time and effort into the development of clinical systems to assist with service delivery, but despite this they are still not well utilised.

Clinical information systems support the collection of information which can be retrieved, collated and analysed and used to further develop systems and services. They can be used to support integrated practice and to improve decision making and patient care and to track patient safety concerns, identify treatment outcomes, compile health statistics and much more. [1, 2]

Queensland Health has many information systems, some of which are used across all areas, others only in specialty areas. Although you may already be familiar with many of them, you may find that in rural and remote practice different key clinical information systems are used; for example, the FERRET system is used in some places to support chronic disease management and prevention. [2]

It is important to familiarise yourself with the systems within your organisation and ensure you not only know how to use them, but to also use them. This unit has looked briefly at the broad types of systems that are likely to be available; systems found in Queensland Health and set you on the path of familiarisation and developing plans to access training and resources to support you in their use.

Quiz - Facilitator
Information for Facilitators

Give the participant version of this quiz to participants at the end of the unit. Allow them 10 to 15 minutes to complete. Information on the questions can be found in the session notes and presentation story board. They can do the quiz individually or in pairs. Once the quiz has been completed, hand out the answer sheet and get the participants to self mark.

Please scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. You can choose to keep a copy for yourself and give the original to the participants for their records.

Quiz Settings

Property	Setting
Passing Score	50% or 16/32
Total Number of Questions	3
Total Number of Questions to Ask	All

Questions

1. Why is it important for health staff to know of and how to use clinical information systems? *(6 points,)*
Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services *(2 points)* by allowing information to be collected into databases *(2 points)* and retrieved as needed. Additionally, the statistical information in the database can be used to support integrated practice and to improve decision making and patient care *(2 points)*.

2. Please match the type of system with its role *(14 points 2 points per correct answer,)*

Correct	Choice
Network operation	Main system for access to all applications
Email	Organisations' main electronic communication system
Patient record	Records client contact and clinical notes
Patient recall	Electronic reminder system for follow up appointments
Electronic information and resources	Provides access to electronic information and resources
Patient Safety / Incident Reporting	Allows the monitoring of clinical incidents including near misses
Laboratory Information	Electronic record of pathology results.

3. What steps will you take to ensure you have access to the clinical information systems used by your organisation? *(12 points- 2 points per correct answer)*

Correct
Identify the systems used by the organisation
Determine what systems are applicable
Find information on application, access and training
Apply for access
Attend training
Ensure knowledge of support resources, how to access them and how to use them.

Quiz - Participant

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Quiz Settings

Property	Setting
Passing Score	50% or 16/32
Total Number of Questions	3
Total Number of Questions to Ask	All

Questions

1. Why is it important for health staff to know of and how to use clinical information systems? *(6 points,)*

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2. Please match the type of system with its role   *(14 points 2 points per correct answer,)*

Correct	Choice
Email	Main system for access to all applications
Patient recall	Organisations' main electronic communication system
Patient safety / incident reporting	Records client contact and clinical notes
Electronic information and resources	Electronic reminder system for follow up appointments
Patient record	Provides access to electronic information and resources
Laboratory information	Allows the monitoring of clinical incidents including near misses
Network access	Electronic record of pathology results.

3. What steps will you take to ensure you have access to the clinical information systems used by your organisation? *(12 points)*

Steps

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Orientation

Unit 7

Patient

Information

Recall Systems

Session Plan

Session: Patient Information and Recall Systems

Location

Overall Session Time: 1 Hour

Synopsis Performance outcomes, skills and knowledge required to understand what Patient Information and Recall Systems are, what they are used for and the benefits of their use.

Learning outcomes Systems Understand the benefits of Patient Information and Recall

Know what information can be collected and collated from Patient Information and Recall Systems
Understand the link between the system and chronic disease care

Time allocated	How will session run	Delivery method & resources equipment	Assessment
10 minutes	**Introduction** 1. INTROA 2. Learning Objectives	Session 1 notes Presentation	
25 minutes	**Content (See detailed notes)**	Presentation	
10 minutes	**Activity**	Activity sheet	
5 minutes	**Wrap up**	Session 2 notes	
10 minutes	**Assessment**　　Complete quiz – self mark using answer sheet.	Quiz	Quiz – self mark
	Close		

		Detailed Session Notes	
Slide	**Slide Title**	**Notes**
1	**Session title**	Patient Information and Recall Systems
Session 1 notes	**Interest** (Create Interest)	Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services by allowing information to be collected into databases and retrieved as needed. This information is then collected, collated and the data used to identify population service activity, resource use and population health information.
	Need (Explain why they need to know)	It is important to understand what systems are in available, how to use them and to be diligent about fulling utilising them.
Session 1 notes	**Introduction: Topic** (What the session is about) **Range** (What will be covered)	This unit with introduce Patient Information and Recall Systems and although it will focus on Ferret, most of the information will be applicable to other Patient Information and Recall Systems that may be in use in health service delivery in Queensland.
2	**Learning Objectives Outcomes** (What they will achieve) **Assessment** (How they will be assessed)	Understand the benefits of Patient Information and Recall Systems Know what information can be collected and collated from Patient Information and Recall Systems Understand the link between the system and chronic disease care This unit will include a learning activity and self marking quiz which can be found in your learning journal.
3	**Importance of Health Data**	Health Statistics and data are important because they measure a wide range of health indicators for a community or population. Health data can provide; • Comparisons of clinical information, • Can be used to assess costs of health care, • Can help identify needed prevention targets; They are important for program planning and evaluation by finding a baseline against which to measure in the evaluation phase.
4	**Benefits for clinic staff**	The use of Patient Information and Recall Systems provides a number of benefits for clinic staff as it provides a central register which provides client information including • Access to timely client information • Identifying high risk groups • Work organisation including • Organising workloads • Organisation of clinics/ Service Planning • Resource Development • Better use of existing resources • Continuous Quality Improvement including • Evidenced Based Guidelines • Standardising Data collection • Evaluation and monitoring of service provision
5	**Benefits for Managers**	Managers also benefit from the use of the system as it simplifies their reporting processes and allows them to collect and collate data on services, staff and population health information and ensure continuous quality improvement processes

	Detailed Session Notes	
Slide	**Slide Title**	**Notes**
6	**Benefits for clients and community**	Clients and community also benefit from the use of primary health information as it promotes self management, improves continuity of care, reduces duplication of services and provides information back to the community on population health data. They can be fully involved in processes that will result in improved overall health.
7	**Ferret**	Ferret is the preferred QH primary health information system as is has an Outcomes focus, rather than monitoring of inputs and activities. It also has a population health approach and focuses on prevention, early detection and management of chronic disease and supports Quality improvement processes
8	**Population Health**	Population health' and 'public health' often mean the same thing both concepts look not just at individuals, but at the health status of whole populations - that is, groups of people or whole communities Involves actions – 'interventions' - that change the health of a whole group and includes work in and outside of the clinic Evidence-based interventions, regular data collection and analysis, and evaluation are important components of this approach
9	**Information available**	Information that can be collected on Ferret includes: o Who has been seen o Where - when - how often - who they were seen by - what health checks were completed - results of health checks - why they presented o Who has not been seen o What's overdue or due in the future
10	**Information Searches**	PHIS are able to be searched for information on groups within the community. Examples of information that can be found includes: Who in the population group o Is due, overdue or had particular health checks o Is on what care plan o Has had adverse results o Has not been seen o Was seen when, where by whom Reports for the community can be produced, and analysed by the Ferret team, and made available to workers in the community. These reports include o What health checks were carried out o Rates / coverage, trends, outcomes o Health status of individuals and population o Demographic data
11	**The Health Chart**	On Ferret each client gets an electronic health chart This chart maps what processes a person is due and when Colours and letters are used to determine certain aspects of the process including whether it is done, overdue or an extra process has been added because of clinician concern All processes entered have set time units between each interaction. For example there is a defined process with infant feeding where the clinician checks how feeding is going. However if the child was having difficulties with feeding then this process can be customised to be done every week and this is called user defining. It basically means changing the frequency of a process for a particular clients needs.

Detailed Session Notes		
Slide	**Slide Title**	**Notes**
12	**Activity Data**	Collecting Activity data is important for health services to determine workloads, how busy a service is, how many people are being seen, what they are being seen for and for how long. This information can also be collected from Ferret. This information is important for arguing for more resources. In Queensland Health, if funding is being sought, evidence is required to support the argument.
13	**System effectiveness**	**Remember** A data collection system is only as good as it's users and the quality and quantity of information entered.
14 Activity	**Learning Activity**	
Session 2 notes	**Wrap up**	This unit has looked at the use of Patient Information and Recall Systems in primary health care service provision. It has outlined the reasons why we need to not only be aware of these systems but to also understand their use and to be prepared to utilise them fully.
Quiz	**Complete and self mark**	Give learners 10 minutes to complete the quiz for this unit. Learners can self mark, or swap with another learner, make corrections and hand the quiz in for data collection.

Session 1

Most health systems today emphasise 'best practice', 'evidence based practice', and 'quality' in an effort to improve overall performance in terms of organisational efficiency and effectiveness. These types of initiatives require the optimum use of information and communication technologies. Health is a knowledge industry with information being central to all aspects of care planning, management and delivery. However, clinical information systems appear to be under-utilized compared to other sectors, such as business and finance, and this leads to errors involved when using paper, pen and even human memory to manipulate the information [1]

Clinical information systems (sometimes called 'clinical informatics') can assist health care providers to deliver quality services by allowing information to be collected into databases and retrieved as needed. Additionally, the statistical information in the database can be used to support integrated practice and to improve decision making and patient care[2].

Data management is equally important in metropolitan, rural and remote practice. In all areas it can be used to track patient safety concerns, identify treatment outcomes, and compile health statistics and much more. There is increasing evidence that electronic health records can improve the efficacy, safety and quality of care when compared to paper-based systems.

Most health organisations will have a health information system in some form, which is used to track client interventions. Some of those systems are limited to a electronic medical record type of system, with others having a much greater range of uses, including the collection of population health data and electronic appointment systems.

This unit will look specifically at Ferret®, the Patient Information Recall System used by Queensland Health and partners providing services in Queensland health facilities. Ferret® was originally developed as a recall system but now has greater applicability for data collection and incorporation of evidence based practices as it aligns closely to the Primary Clinical Care Manual and Chronic Disease Guidelines.

Whilst Ferret® has considerable applicability in the primary health care setting, it is important to clarify that is provides an electronic client chart (which is a recorded series of interventions, appointments etc) **BUT is not** an electronic client record which is a legal document used to write up client notes – this still has to be done, at this stage manually even if a service is using Ferret®.

Although this unit will focus on Ferret®, most of the information will be applicable to other primary care health information systems that may be in use in health service delivery in Queensland.

Patient Information Recall Systems

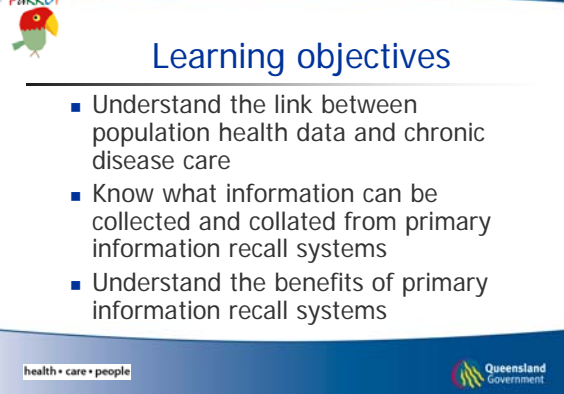health • care • people

Queensland Government
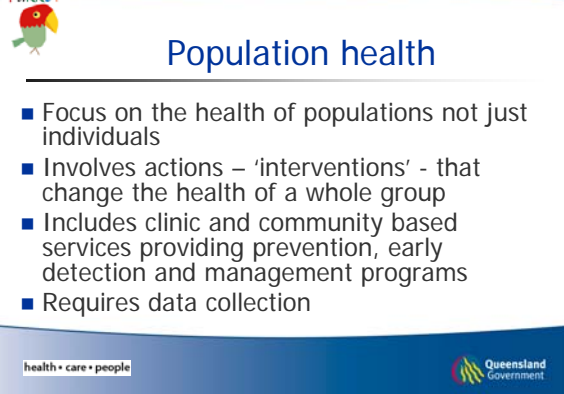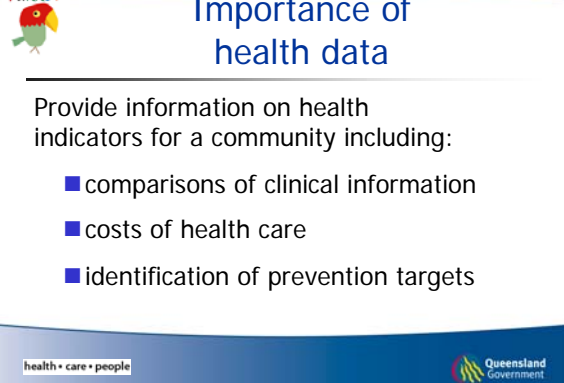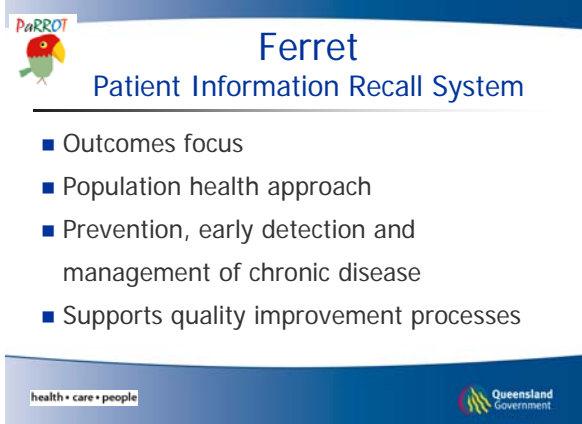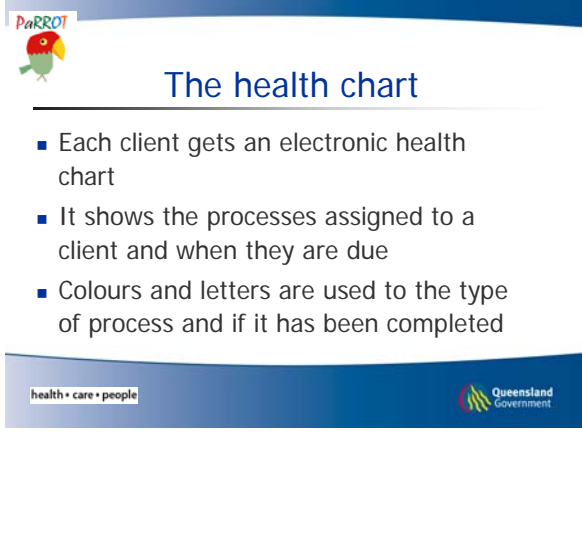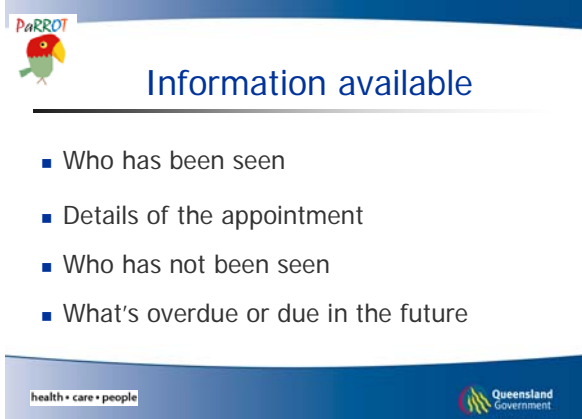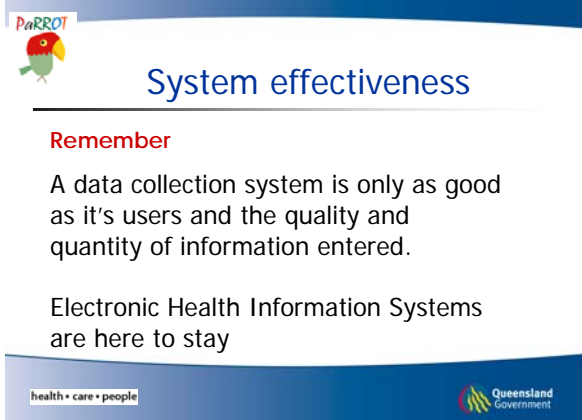
Presenter Details:
Name: David Woodman
Title: Training and Resource Coordinator, PHCIS
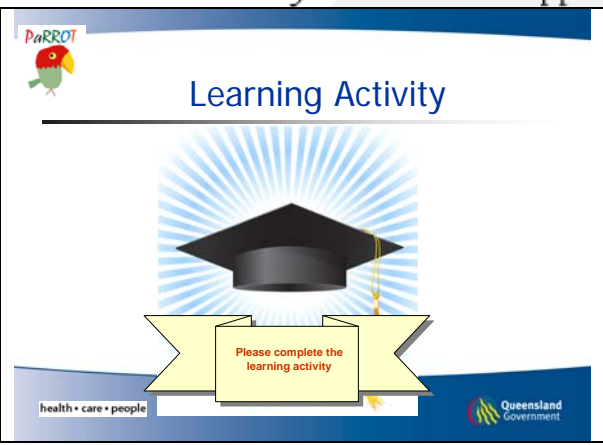
PaRROT
Pathways to Rural and Remote Orientation and Training
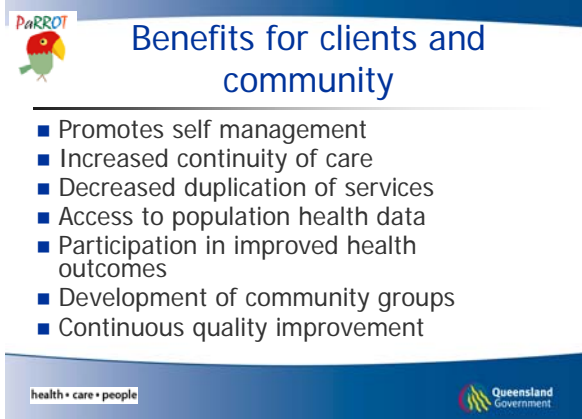a Primary Health Care approach to Chronic Disease

Slide 1 **Patient Information Recall Systems** Duration: 00:00:21 Advance mode: Auto	PaRROT Pathways to Rural and Remote Orientation and Training a Primary Health Care approach to Chronic Disease **Patient Information Recall Systems** health • care • people — Queensland Government	Notes: Hello and welcome to the Patient Information Recall Systems unit of the Pathways to Rural and Remote Orientation and Training program. My name is David Woodman and I am the Training and Resource Coordinator for the Primary Health Care Information Systems & Support team. We are often referred to as PHCIS. .
Slide 2 **Learning objectives** Duration: 00:00:18 Advance mode: Auto	PaRROT **Learning objectives** ■ Understand the link between population health data and chronic disease care ■ Know what information can be collected and collated from primary information recall systems ■ Understand the benefits of primary information recall systems health • care • people — Queensland Government	Notes: The Learning Objectives for this unit are: Understand the link between population health data and chronic disease care Know what information can be collected and collated from primary information recall systems Understand the benefits of primary information recall systems
Slide 3 **Population health** Duration: 00:00:27 Advance mode: Auto	PaRROT **Population health** ■ Focus on the health of populations not just individuals ■ Involves actions – 'interventions' - that change the health of a whole group ■ Includes clinic and community based services providing prevention, early detection and management programs ■ Requires data collection health • care • people — Queensland Government	Notes: 'Population health' and 'public health' often mean the same thing. Both concepts involve actions or 'interventions' aimed not just at individuals, but at groups of people or whole communities. They include work in and outside of the clinic. Evidence-based interventions, regular data collection and analysis, and evaluation are important components of this approach
Slide 4 **Importance of health data** Duration: 00:00:35 Advance mode: Auto	PaRROT **Importance of health data** Provide information on health indicators for a community including: ■ comparisons of clinical information ■ costs of health care ■ identification of prevention targets health • care • people — Queensland Government	Notes: Health statistics and data are important in population health because they measure a wide range of health indicators for a community or population. Measuring these indicators can: • provide comparisons of clinical information • be used to assess the costs of health care • help identify prevention targets • and provide a baseline against which to evaluate the success of

		health care programs In Queensland Health, health statistics and data are captured through a Patient Information Recall System.
Slide 5 **Ferret Patient Information Recall System** Duration: 00:00:28 Advance mode: Auto	**Ferret** Patient Information Recall System ■ Outcomes focus ■ Population health approach ■ Prevention, early detection and management of chronic disease ■ Supports quality improvement processes health • care • people	Notes: Ferret is the enterprise Queensland Health patient information recall system. It has a focus on achieving health outcomes for clients rather than just monitoring inputs and activities related to client care. It also supports a population health approach and a focus on prevention, early detection and management of chronic disease. It can also be used for quality improvement purposes.
Slide 6 **The health chart** Duration: 00:00:42 Advance mode: Auto	**The health chart** ■ Each client gets an electronic health chart ■ It shows the processes assigned to a client and when they are due ■ Colours and letters are used to the type of process and if it has been completed health • care • people	Notes: In Ferret each client gets an electronic health chart. This chart maps the processes a person is due and when. Colours and letters are used to indicate the status of processes including whether it is done, if it is overdue or if a clinician has assigned additional processes to a client. All processes entered are scheduled to occur at preset intervals however these can be altered if necessary. For example, if an infant is having trouble feeding, a clinician could schedule infant feeding checks to be carried out every week, instead of every month. This is called 'user defining' to meet a particular client need.
Slide 7 **Information available** Duration: 00:00:22 Advance mode: Auto	**Information available** ■ Who has been seen ■ Details of the appointment ■ Who has not been seen ■ What's overdue or due in the future health • care • people	Notes: Information that can be collected in Ferret includes: The clients that have been seen Where and when a client has been seen how often they were seen and who by - what health checks were completed - the results of health checks why they presented Clients who have not been seen and What processes are overdue or due in the future for clients

Slide 8 **Information searches** Duration: 00:00:54 Advance mode: Auto	**PaRROT** Information searches ■ Who ■ What interventions ■ Rates / coverage, trends, outcomes ■ Health status of individuals and population ■ Demographic data ■ Reports for the community health • care • people Queensland Government	Notes: The information within Ferret can be used to create groups to monitor clients who share similar characteristics or health conditions within a community. Examples of information that can be found include: o Who in the population group has processes due, overdue or had particular health checks o Who is on what care plan o Who has had adverse results o Who has not been seen, was seen, when, where, and by whom Reports for the community can be produced, and analysed by the PHCIS team, and made available to workers in the community. These reports include: o What health checks were carried out o Rates, coverage, trends, outcomes relating to health indicators o The health status of individuals in light of greater population and demographic data

Slide 9
Activity data
Duration: 00:00:23
Advance mode:
Auto
	PaRROT
	
	Activity data
	
	■ Ferret also allows collection of activity data which shows what processes are being carried out in a clinic in a day, week, month or year
	■ It allows service providers to determine
	  ■ How many clients were seen
	  ■ What they were seen for
	  ■ How long a consult took etc
	
	health • care • people Queensland Government
		Notes:
		Collecting activity data is important for health services to determine workloads, how busy a service is, how many people are being seen, what they are being seen for and how long. This information can be collected from Ferret and is important for providing the evidence to make a business case for more resources.

Slide 10
Benefits for clinical staff
Duration: 00:00:40
Advance mode:
Auto
	PaRROT
	
	Benefits for clinical staff
	
	Central register which provides and assists with:
	  ■ collection of client information
	  ■ organisation of workloads
	  ■ Standardisation of data collection
	  ■ quality improvement processes
	
	health • care • people Queensland Government
		Notes:
		The use of a Patient Information Recall System provides a number of benefits for clinical staff including:
		- A central register which provides client information
		- Access to timely client information
		- Identification of high risk groups
		- Work organisation including organisation of workloads, clinics and service planning
		v Resource development and better use of existing resources

		- Assisting continuous quality improvement - Evidence based guidelines and decision support - Standardised data collection, evaluation and monitoring of service provision
Slide 11 **Benefits for managers** Duration: 00:00:19 Advance mode: Auto	**Benefits for managers** ■ Reporting ■ Service activity ■ Population health ■ Workforce information ■ Standardising data collection ■ Continuous quality improvement	Notes: Managers also benefit from the use of a patient information recall system as it simplifies their reporting processes and allows them to collect and collate data on services, staff, and population health information and ensure continuous quality improvement processes are in place.
Slide 12 **Benefits for clients and community** Duration: 00:00:10 Advance mode: Auto	**Benefits for clients and community** ■ Promotes self management ■ Increased continuity of care ■ Decreased duplication of services ■ Access to population health data ■ Participation in improved health outcomes ■ Development of community groups ■ Continuous quality improvement	Notes: Clients and the community benefit from the use of a Patient Information Recall System because it promotes and enhances a client's ability to manage their own health care.
Slide 13 **System effectiveness** Duration: 00:00:15 Advance mode: Auto	**System effectiveness** Remember A data collection system is only as good as it's users and the quality and quantity of information entered. Electronic Health Information Systems are here to stay	Notes: Remember A data collection system is only as good as its users and the quality and quantity of information they enter. Electronic Health Information Systems are an important part of client care is here to stay.

| **Slide 14** **Learning Activity** Duration: 00:00:05 Advance mode: Auto | | Notes: |

Learning Activity-Facilitator

Information for facilitators

This activity can be conducted in small groups or as a large group brainstorming. Please ask participants to record their answers on their activity sheet, then copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

Questions

This activity requires you to identify the patient information recall system or electronic medical record system you will be using and prompts you to take the steps you need to ensure you have access and have received appropriate training in the use of the system. Please complete the following questions:

1. What is the system name?
Answer:_____

2. What training is required to use the system?
Answer:_____

3. What, if any, issues are you having using the system?
Answer:_____
_____
_____
_____
_____

4. How does the system assist with your job?
Answer:_____
_____
_____
_____
_____
_____

5. How does using the system impact on your role?
Answer:_____
_____
_____
_____
_____

6. How does using the system benefit your community?

Answer:_____

_____

_____

_____

_____

_____

7. What steps do you take in order to plan clinics using the system?

*A*nswer:_____

_____

_____

_____

_____

8. How does the system assist you to run programs?

Answer:_____

_____

_____

_____

_____

Learning Activity - Participant

Information for participants

This activity can be conducted in small groups or large group brainstorming. Please record your answers on your activity sheet, and submit to your facilitator who will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

Questions

This activity requires you to identify the patient information recall system or electronic medical record system you will be using and prompts you to take the steps you need to ensure you have access and have received appropriate training in the use of the system. Please complete the following questions:

1. **What is the system name?**

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2. **What training is required to use the system?**

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3. **What, if any, issues are you having using the system?**

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4. **How does the system assist with your job?**

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5. How does using the system impact on your role?

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6. How does using the system benefit your community?

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7. What steps do you take in order to plan clinics using the system?

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8. How does the system assist you to run programs?

The use of Patient Information Recall Systems such as Ferret ® provides a number of benefits for clinic staff including:

- Individual client services recorded on their electronic health chart
- Access to timely client information
- Identifying high risk groups

Work organisation including

- Organising workloads
- Organisation of clinics/ Service Planning
- Resource Development
- Better use of existing resources

Continuous Quality Improvement including

- Use of evidenced Based Guidelines
- Standardising Data collection
- Evaluation and monitoring of service provision

Information collected on Ferret® is aligned with the Chronic Disease Guidelines, the Primary Clinical Care Manual and the Pathology Handbook for Rural and Remote Queensland. This allows evidence based services to be recorded electronically and keeps processes standardised. Any primary health service using the evidence based guidelines would benefit from the extra support offered through Ferret®.

Ferret ® provides Individual client information including appointments, interventions and outcomes and information on current or overdue interventions. It allows for the collection of activity data which allows monitoring of health services and data collected within system allows for the collation of population health information including disease prevalence.

There are a number of Patient Information Recall Systems now available, some of which will provide a similar function as Ferret® and others which look quite different. Systems that best meet an individual organisation's need are chosen by the organisation, so people working in rural and remote areas may be using any range of systems. The important point is that they are necessary and rural and remote workers need to be comfortable using them.

You can get more information on Ferret® by following the link
http://qheps.health.qld.gov.au/nahs/clinical/phis/prim_hth_info_sys.htm
or emailing the Ferret® support team on ferret@health.qld.gov.au.

Quiz – Facilitator
Information for Facilitators

Give the participant version of this quiz to participants at the end of the unit. Allow them 10 to 15 minutes to complete. Information on the questions can be found in the session notes and presentation story board. They can do the quiz individually or in pairs. Once the quiz has been completed, hand out the answer sheet and get the participants to self mark.

Please scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. You can choose to keep a copy for yourself and give the original to the participants for their records.

Property	Setting
Passing Score	50% or 21/42
Total Number of Questions	5
Total Number of Questions to Ask	All

Questions

1. Identify the examples of how a primary health information system can assist with the provision of client information *(8 points, 2 points per correct answer)*

Correct	Choice
X	Individual client services
X	Access to timely client information
X	Identification of high risk groups
	Provide a client record
X	Provide a client health chart
	None of the above

2. Select the examples of how using a primary health information system assists with continuous quality improvement.
(6 points, 2 points per correct answer)

Correct	Choice
X	Supports the use of evidence based guidelines
X	Standardises data collection
X	Allows for evaluation and monitoring of service provision
	None of the above

3. Information that should be able to be collected and collated from primary health information systems include *(8 points, 1 point per correct answer)*

Correct	Choice
X	Activity data
X	Individual client information
X	Client appointments
X	Client interventions
X	Client outcomes
X	Disease prevalence in a population
X	Record of client interventions
X	Record of overdue interventions

4. Select the correct examples of how a primary health information system assists with work organisation *(10 points, 2 per correct answer)*

Correct	Choice
X	Organising workloads
X	Organisation of clinics
X	Service planning
X	Resource development
X	Better resource utilisation
	None of the above

5. What is the relationship between Ferret and primary health care services in Queensland? *(10 points)*

Feedback:

Information collected on Ferret is aligned with the Chronic Disease Guidelines (2 points) and the Primary Clinical Care Manual (2 points). This allows evidence based services to be recorded electronically (2 points) and keeps processes standardised (2 points). Any primary health service using the evidence based guidelines would benefit from the extra support offered through Ferret (2 points).

Quiz - Participant
Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Property	Setting
Passing Score	50% or 21/42
Total Number of Questions	5
Total Number of Questions to Ask	All

Questions

1. Identify the examples of how a primary health information system can assist with the provision of client information   *(8 points,)*

Correct	Choice
	Individual client services
	Access to timely client information
	Identification of high risk groups
	Provide a client record
	Provide a client health chart
	None of the above

2. Select the examples of how using a primary health information system assists with continuous quality improvement. *(6 points,)*

Correct	Choice
	Supports the use of evidence based guidelines
	Standardises data collection
	Allows for evaluation and monitoring of service provision
	None of the above

3. Information that should be able to be collected and collated from primary health information systems include   *(8 points,)*

Correct	Choice
	Activity data
	Individual client information
	Client appointments
	Client interventions
	Client outcomes
	Disease prevalence in a population
	Record of client interventions
	Record of overdue interventions

4. Select the correct examples of how a primary health information system assists with work organisation   *(10 points,)*

Correct	Choice
	Organising workloads
	Organisation of clinics
	Service planning
	Resource development
	Better resource utilisation
	None of the above

5. What is the relationship between Ferret and primary health care services in Queensland? *(10 points)*

Bibliography

Hovenga EJS. (2001). Nursing information and the use of electronic health records. *Australian Nursing Journal, 8*(11), 39-40.

Queensland Nurses Union. (2009). *Informatics role for nurses*: Queensland Nurses Union.

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a Primary Health Care approach to Chronic Disease

Orientation
Unit 8

Medicare

Session Plan 1 - RRMBS

Session:	Medicare – Rural and Remote Medical Benefits Scheme
Location	
Overall Session Time:	1 Hour
Synopsis	Performance outcomes, skills and knowledge required to understand the Medicare Rural and Remote Medical Benefits Scheme
Learning outcomes	Understand the reasons for the development of the Rural and Remote Medical Benefits Scheme Understand the Rural and Remote Medical benefits Scheme Be familiar with claimable items

Time allocated	How will session run	Delivery method & resources equipment	Assessment
10 minutes	**Introduction** 1. INTROA 2. Learning Objectives	Session 1 notes Presentation	
25 minutes	**Content (See detailed notes)**	Presentation	
10 minutes	**Activity**	Activity sheet	
5 minutes	**Wrap up**	Session 2 notes	
10 minutes	**Assessment** Complete quiz – self mark using answer sheet.	Quiz	Quiz – self mark
	Close		

Detailed Session Notes		
Slide	**Slide Title**	**Notes**
1	**Session title**	Medicare – Rural and Remote Medical Benefits Scheme
Session 1 notes	**Interest** (Create Interest) **Need** (Explain why they need to know)	Medicare subsidises a number of programs for rural and remote health services. It is important that all people working in the area are aware of these programs and utilise them fully, as the revenue raised will assist in the development and provision of health services.
Session 1 notes	**Introduction:** **Topic** (What the session is about) **Range** (What will be covered)	This unit with introduce 3 Medicare programs which have been specifically developed to assist in health service provision in rural and remote areas. The full unit will cover the Rural and Remote Medical Benefits Scheme (RRMBS), the COAG scheme and the PBS S100 scheme. This is the first of three presentations and will look at the RRMBS
2	**Learning Objectives** **Outcomes** (What they will achieve) **Assessment** (How they will be assessed)	Understand the reasons for the development of the Rural and Remote Medical Benefits Scheme Understand the Rural and Remote Medical benefits Scheme Be familiar with claimable items Learning activity and self-marking quiz

3	**History of RRMBS**	The Rural and Remote Medical Benefits Scheme was developed in response to recognition of much lower MBS and PBS expenditure rates for Aboriginal and Torres Strait Islander people.
		Following negotiation with the States, the Commonwealth has introduced a number of strategies to increase access to primary health care. This exemption under section 19(2) of the *Health Insurance Act 1973* allows the following staff to claim Medicare rebates in specified communities, where access to GPs is not available, or there is a shortage:
		   • Qld Health salaried Medical Officers,
		   • Practice Nurses and Allied Health Professionals and
		   • Medical Officers employed by RFDS under contract to Qld Health

4	**History**	In Qld, (apart from Inala), the first exemption granted in 1997 Initially the funding was known as the North Qld Bulk Billing project It has been extended and there are now 58 eligible communities in Queensland (however not all are accessing funds under the scheme)
5	**Aims and policy of the scheme**	The aim of the RRMBS is to increase and improve access to primary health care services for rural and remote Aboriginal and Torres Strait Islander communities. This is achieved by optimising Queensland Health's capacity to access Medicare Funds. All clients seen by a Medical Officer in an approved RRMBS site can be bulk billed. Services must be bulk billed to Medicare Australia i.e the client cannot be billed for any service and has no out of pocket expenses. The services funded, however, must work within Medicare guidelines and comply with audit requirements.

a Primary Health Care approach to Chronic Disease

	Detailed Session Notes	
Slide	**Slide Title**	**Notes**
6	**Intent of the scheme**	The main intent of the scheme is to provide increased funding to the community or area for additional primary health services. Funds generated are to be directed to the community where they were generated and can be used for additional positions so access to primary health care services is improved. Excess funds can be spent on local health priorities after consultation with District CEOs and local advisory committees/councils.
7	**Criteria for access to RRMBS**	Access to RRMBS is based on certain criteria including: • The community is disadvantaged in terms of access to GPs, allied health and dental services which would normally be provided by Medicare • Where an Aboriginal Medical Service is providing Medicare services to a community there needs to be agreement with Qld Health, Commonwealth and the service for a RRMBS site
8	**Revenue**	One of the intents of the RRMBS was to generate revenue to ensure additional primary health services for communities – in some areas (e.g. chronic disease) this has been problematic. The scheme continues and people working at the sites are encouraged to fully access the funding they are eligible for. Some recent strategies have been put in place to ensure what can be claimed is claimed.
9	**RRMBS eligible districts**	Districts eligible for RRMBS under the Office of Rural and Remote Health are • Cape – Aurukun, Coen, Cooktown, Hopevale, Kowanyama, Laura, Lockhart River, Mapoon, Napranum, Pormpuraaw, Weipa, Wujal Wujal • Cairns – Yarrabah, Jumbun • Central Qld – Woorabinda • Darling Downs-West Moreton – Cherbourg, Goondiwindi • Metro South – Stradbroke Island • Mt Isa – Burketown, Camooweal, Cloncurry, Dajarra, Doomadgee, Gregory Downs, Gunpowder, Julia Creek, Karumba, Mornington Is, Normanton • South West – Charleville, Cunnamulla • Torres – TI Hospital, TI PHCC, Outer Islands, Bamaga & NPA • Townsville – Ayr, Home Hill, Palm Island
10	**What items can be billed**	■ GP type service items as per the Medicare Benefits Schedule ■ Nurse Practitioner items provided on behalf of the GP ■ Allied Health Professional items provided under Enhance Primary Care ■ Chronic Disease and Care Planning items

Detailed Session Notes

Slide	Slide Title	Notes
11	Claimable items	The fact sheet included in this unit provides a series of tables outlining what items are claimable under RRMBS and an explanation on the conditions of the claim
12	Who ensures Medicare is billed	A "team approach" is required to ensure all billable services are identified and recovered from Medicare Australia. The administration staff, RRMBS officer, health worker, nurse, doctor and client are all members of "the team" and by NOT completing the claim form Queensland Health Employees are NOT ensuring full access to services for clients.
13 Activity	Learning Activity	The learning activity for this unit covers all three presentations – Learners are asked to match presentations with claimable items and to answer a few questions. This can be done individually, in small groups with a scribe or as a brainstorming (recommended).\n\nPlease send completed activities to the PaRROT team
Session 2 notes	Wrap up	This unit has looked at the RRMBS one of three Medicare schemes to be discussed in this unit. It has identified the reasons for the program, eligible sites and some information on the claiming process.
Quiz	Complete and self mark	The quiz for this unit covers all three presentations. Please give the quiz to participants at the end of the third presentation.\n\nGive learners 10 minutes to complete the quiz for this unit. Learners can self mark, or swap with another learner, make corrections and hand the quiz in for data collection.

Session 1

Medicare ensures that all Australians have access to free or low-cost medical, optometrical and hospital care while being free to choose private health services and in special circumstances allied health services. It provides access to free treatment as a public client in a public hospital and free or subsidised treatment by practitioners such as doctors, specialists, participating optometrists and dentists (specified services only).

Australia's public hospital system is jointly funded by the Australian Government and state and territory governments and is administered by state and territory health departments. The Australian Government's funding includes three major national subsidy schemes
- Medicare,
- Pharmaceutical Benefits Scheme and
- 30% Private Health Insurance Rebate.

The contribution to the health care system is based on individual income and is made through taxes and the Medicare levy. Medicare funds are allocated to all Australian states and territories to provide health services via the National Healthcare Agreement. The agreement is valid until 2013.

Medicare funds to Queensland Health have been extended under section 19(2) of the Health Insurance Act which allows Queensland Health to bill Medicare Australia direct for the delivery of eligible medical services provided by staff employed by Queensland Health at approved rural and remote sites. There are two schemes, one is the Rural and Remote Medical Benefits Scheme (RRMBS) or at some clinics, as "Medicare Money" which is provided in Aboriginal and Torres Strait Islander communities. The other is COAG, which provides funds to small, under resourced rural and remote communities. Links to information sheets and web pages with more information can be found in session 2.

Queensland Health receives this extra funding is because the Federal Government acknowledges that Aboriginal and Torres Strait Islander people and those living in small rural or remote communities, do not enjoy the same health outcomes as people living in regional and metropolitan areas, and suffer from more complex and chronic health problems (AIHW, 2008).

Aboriginal and Torres Strait Islander people and those who live in rural and remote communities sometimes are unable to access the National Medicare system because GPs do not work in or operate private practices in these areas. This is where Queensland Health and Medicare can assist.

Medicare money is a way of raising revenue that goes back into the health services in the community. This can then be spent on programs, infrastructure or extra positions in the community, which benefits both the community and the health team.

This unit will look at the Rural and Remote Medical Benefits the Medicare COAG and the S100 schemes and explain the process for services in rural and remote areas to access Medicare funding. It will reinforce the importance of health practitioners following the process in order to maximise the Medicare income, which will in turn assist in the funding of programs and services.
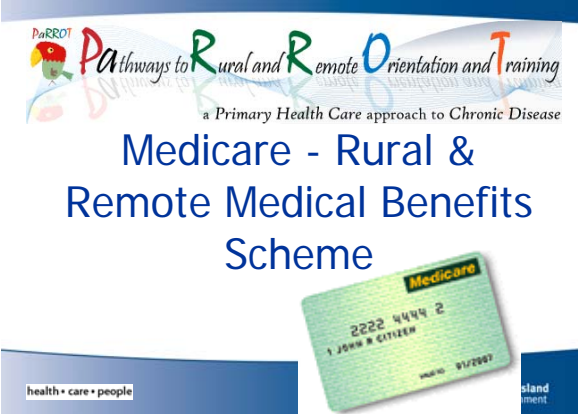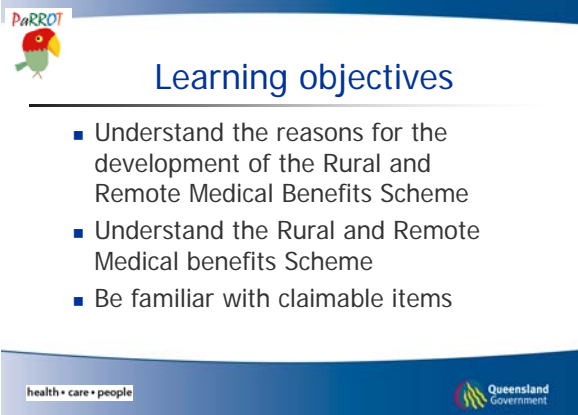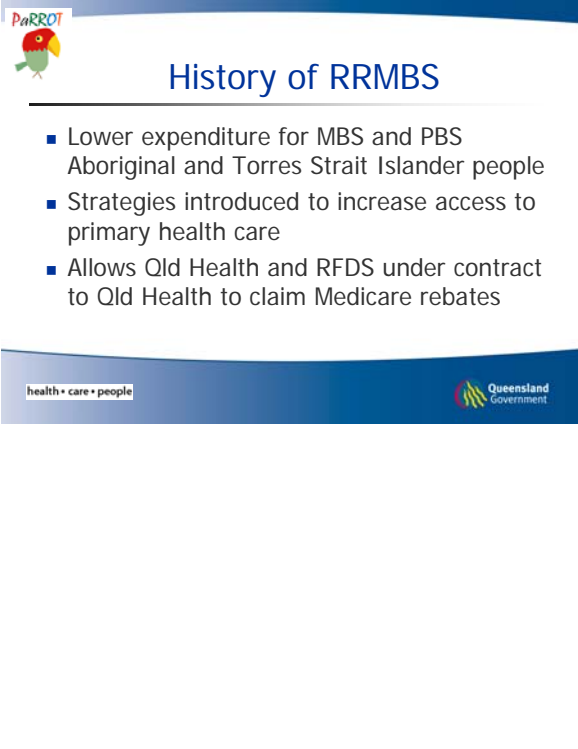
Medicare - Rural & Remote Medical Benefits Scheme
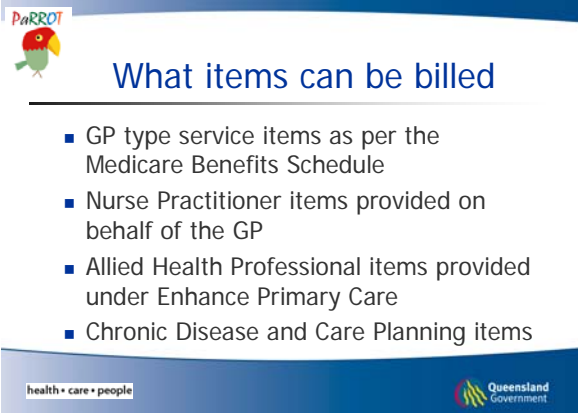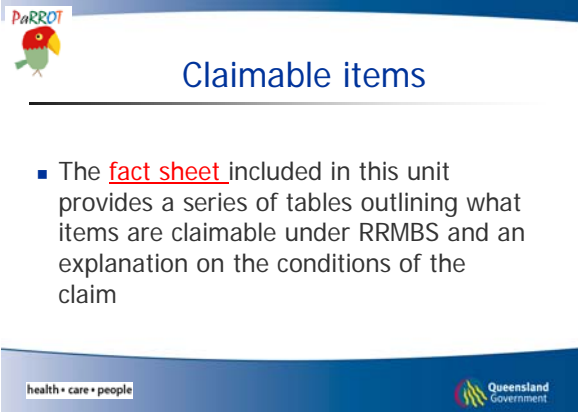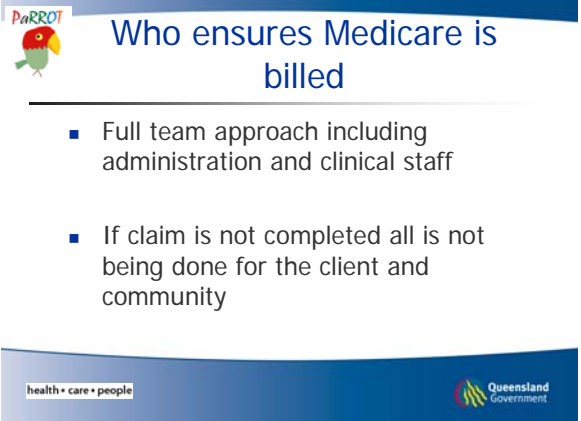
Slide 1 **Medicare - Rural &** **Remote Medical** **Benefits Scheme** Duration: 00:00:05 Advance mode: Auto	PaRROT **P**athways to **R**ural and **R**emote **O**rientation and **T**raining a *Primary Health Care* approach to *Chronic Disease* Medicare - Rural & Remote Medical Benefits Scheme *Medicare card* health • care • people …sland …ment	Notes:
Slide 2 **Learning objectives** Duration: 00:00:05 Advance mode: Auto	PaRROT Learning objectives ■ Understand the reasons for the development of the Rural and Remote Medical Benefits Scheme ■ Understand the Rural and Remote Medical benefits Scheme ■ Be familiar with claimable items health • care • people Queensland Government	Notes:
Slide 3 **History of RRMBS** Duration: 00:00:05 Advance mode: Auto	PaRROT History of RRMBS ■ Lower expenditure for MBS and PBS Aboriginal and Torres Strait Islander people ■ Strategies introduced to increase access to primary health care ■ Allows Qld Health and RFDS under contract to Qld Health to claim Medicare rebates health • care • people Queensland Government	Notes: The Rural and Remote Medical Benefits Scheme was developed in response to recognition of much lower MBS and PBS expenditure rates for Aboriginal and Torres Strait Islander people. Following negotiation with the States, the Commonwealth has introduced a number of strategies to increase access to primary health care. This exemption under section 19(2) of the Health Insurance Act 1973 allows the following staff to claim Medicare rebates in specified communities, where access to GPs is not available, or there is a shortage: Qld Health salaried Medical Officers, Practice Nurses and Allied Health Professionals and Medical Officers employed by RFDS under contract to Qld Health.

Slide 4 **History** Duration: 00:00:05 Advance mode: Auto	**History** ■ In Qld, (apart from Inala), the first exemption granted in 1997 ■ Initially the funding was known as the North Qld Bulk Billing project ■ It has been extended and there are now 58 eligible communities in Queensland (however not all are accessing funds under the scheme) health • care • people Queensland Government	Notes:
Slide 5 **Aims and policy of the scheme** Duration: 00:00:05 Advance mode: Auto	**Aims and policy of the scheme** ■ Increase and improve access to primary health care services ■ No out of pocket expenses for clients ■ To work within Medicare guidelines and comply with audit requirements health • care • people Queensland Government	Notes: The aim of the RRMBS is to increase and improve access to primary health care services for rural and remote Aboriginal and Torres Strait Islander communities. This is achieved by optimising Queensland Health's capacity to access Medicare Funds. All clients seen by a Medical Officer in an approved RRMBS site can be bulk billed. Services must be bulk billed to Medicare Australia i.e the client cannot be billed for any service and has no out of pocket expenses. The services funded, however, must work within Medicare guidelines and comply with audit requirements.
Slide 6 **Intent of the scheme** Duration: 00:00:05 Advance mode: Auto	**Intent of the scheme** Funds generated are to be directed to the community where they were generated and can: ■ Be used for additional positions ■ Spent on local health priorities health • care • people Queensland Government	Notes: The main intent of the scheme is to provide increased funding to the community or area for additional primary health services. Funds generated are to be directed to the community where they were generated and can be used for additional positions so access to primary health care services is improved. Excess funds can be spent on local health priorities after consultation with District CEOs and local advisory committees/councils.

Slide 7 **Criteria for access to RRMBS** Duration: 00:00:05 Advance mode: Auto	**Criteria for access to RRMBS** ■ Community has limited access to services which would normally be provided by Medicare ■ Agreement is required if an Aboriginal Medical Service is providing Medicare services to a community health • care • people	Notes: Access to RRMBS is based on certain criteria including: The community is disadvantaged in terms of access to GPs, allied health and dental services which would normally be provided by Medicare Where an Aboriginal Medical Service is providing Medicare services to a community there needs to be agreement with Qld Health, Commonwealth and the service for a RRMBS site
Slide 8 **Revenue** Duration: 00:00:05 Advance mode: Auto	**Revenue** ■ In 1997 when the program was established it was estimated that Medicare billing in the sites would generate approximately $3M ■ Recent revenue – less than $3M (approx $2.8M 08/09) health • care • people	Notes: One of the intents of the RRMBS was to generate revenue to ensure additional primary health services for communities – in some areas (e.g. chronic disease) this has been problematic. The scheme continues and people working at the sites are encouraged to fully access the funding they are eligible for. Some recent strategies have been put in place to ensure what can be claimed is claimed.
Slide 9 **RRMBS eligible districts** Duration: 00:00:05 Advance mode: Auto	**RRMBS eligible districts** ■ Cape York ■ Cairns ■ Central Queensland ■ Darling Downs ■ Metro South ■ Mt Isa ■ West Moreton ■ South West ■ Torres & NPA ■ Townsville health • care • people	Notes: Districts eligible for RRMBS under the Office of Rural and Remote Health are Cape – Aurukun, Coen, Cooktown, Hopevale, Kowanyama, Laura, Lockhart River, Mapoon, Napranum, Pormpuraaw, Weipa, Wujal Wujal Cairns – Yarrabah, Jumbun Central Qld – Woorabinda Darling Downs-West Moreton – Cherbourg, Goondiwindi Metro South – Stradbroke Island Mt Isa – Burketown, Camooweal, Cloncurry, Dajarra, Doomadgee, Gregory Downs, Gunpowder, Julia Creek, Karumba, Mornington Is, Normanton South West – Charleville, Cunnamulla Torres – TI Hospital, TI PHCC, Outer Islands, Bamaga & NPA Townsville – Ayr, Home Hill, Palm Island

Slide 10 **What items can be billed** Duration: 00:00:05 Advance mode: Auto	**What items can be billed** ■ GP type service items as per the Medicare Benefits Schedule ■ Nurse Practitioner items provided on behalf of the GP ■ Allied Health Professional items provided under Enhance Primary Care ■ Chronic Disease and Care Planning items	Notes:
Slide 11 **Claimable items** Duration: 00:00:05 Advance mode: Auto	**Claimable items** ■ The <u>fact sheet</u> included in this unit provides a series of tables outlining what items are claimable under RRMBS and an explanation on the conditions of the claim	Notes:
Slide 12 **Who ensures Medicare is billed** Duration: 00:00:05 Advance mode: Auto	**Who ensures Medicare is billed** ■ Full team approach including administration and clinical staff ■ If claim is not completed all is not being done for the client and community	Notes: A "team approach" is required to ensure all billable services are identified and recovered from Medicare Australia. The administration staff, RRMBS officer, health worker, nurse, doctor and client are all members of "the team" and by NOT completing the claim form Queensland Health Employees are NOT ensuring full access to services for clients.

Session Plan 2 - COAG

Session:	Medicare – COAG Scheme
Location	
Overall Session Time:	**1 Hour**
Synopsis	Performance outcomes, skills and knowledge required to understand the Medicare COAG Scheme
Learning outcomes	Understand the reasons for the development of the COAG Scheme What needs to occur to progress implementation?

Time allocated	How will session run	Delivery method & resources equipment	Assessment

10 minutes	**Introduction**
	
	    3. INTROA
	    4. Learning Objectives
		Session 1 notes
		Presentation	

25 minutes	**Content (See detailed notes)**	Presentation	
10 minutes	**Activity**	Activity sheet	
5 minutes	**Wrap up**	Session 2 notes	
10 minutes	**Assessment** Complete quiz – self mark using answer sheet.	Quiz	Quiz – self mark
	Close		

		Detailed Session Notes
Slide	Slide Title	Notes
1	**Session title**	Medicare – COAG Scheme
Session 1 notes	**Interest** (Create Interest) **Need**	Medicare subsidises a number of programs for rural and remote health services. It is important that all people working in the area are aware of these programs and utilise them fully, as the revenue raised will assist in the development and provision of health services.
Session 1 notes	**Introduction:** **Topic** (What the session is about) **Range** (What will be covered)	This unit will introduce 3 Medicare programs which have been specifically developed to assist in health service provision in rural and remote areas. The full unit will cover the Rural and Remote Medical Benefits Scheme (RRMBS), the COAG scheme and the PBS S100 scheme. This is the first of three presentations and will look at the RRMBS
2	**Learning Objectives** **Outcomes** (What they will achieve) **Assessment**	Understand the reasons for the development of the COAG Scheme What needs to occur to progress implementation Learning activity and self-marking quiz
3	**Background of COAG**	From 1 July 2006 a range of measures were introduced to improve access to primary care services in small rural and remote towns. These initiatives include an offer to grant an exemption to Section 19 (2) of the *Health Insurance Act 1973* that enable Medicare rebates to be claimed for state-remunerated primary health care services (for non-admitted and non-referred patients) in some rural and remote communities of less than 7,000 people. A memorandum of understanding was signed between the Commonwealth and the States in relation to the cooperative implementation of the COAGs 'Better Access to Primary Care Services in Rural Areas' Initiative – the 19 (2) exemption initiative. The Memorandum of Understanding expires on 1 July 2010. This COAG Section 19 (2) exemption is similar to but separate from the following Section 19(2) exemptions: • Inala Indigenous Health Service • Rural and Remote Medical Benefits Scheme (RRMBS) - specific to rural and remote Indigenous communities.
4	**Purpose**	The initiative will provide exemptions under section 19(2) of the Health Insurance Act 1973 to enable Medicare rebates to be claimed for state remunerated primary health care services (non-admitted and non-referred patients) in some Rural and Remote communities
5	**Criteria for access to COAG**	Communities must meet a number of criteria in order to access COAG. They include • Rural or remote community of less than 7,000 people • Community must have a workforce shortage (specifically a GP – 1 per 1,400 people) • Community must be agreed by the State and Commonwealth as in scope • All parties must provide written consent to the agreement with a local implementation plan • Once exemption granted it continues regardless of changes in service • Funds generated must be used to enhance primary health care in community • Must not threaten the sustainability and viability of private practice
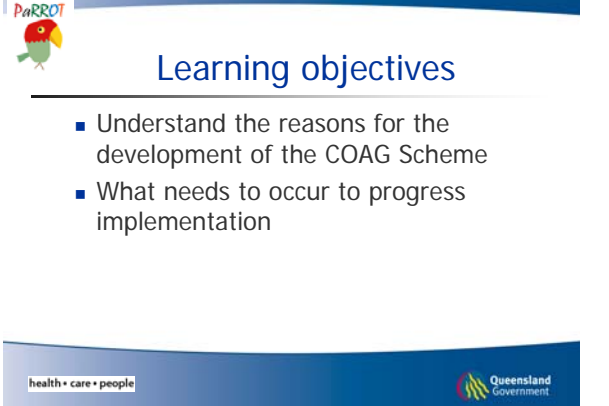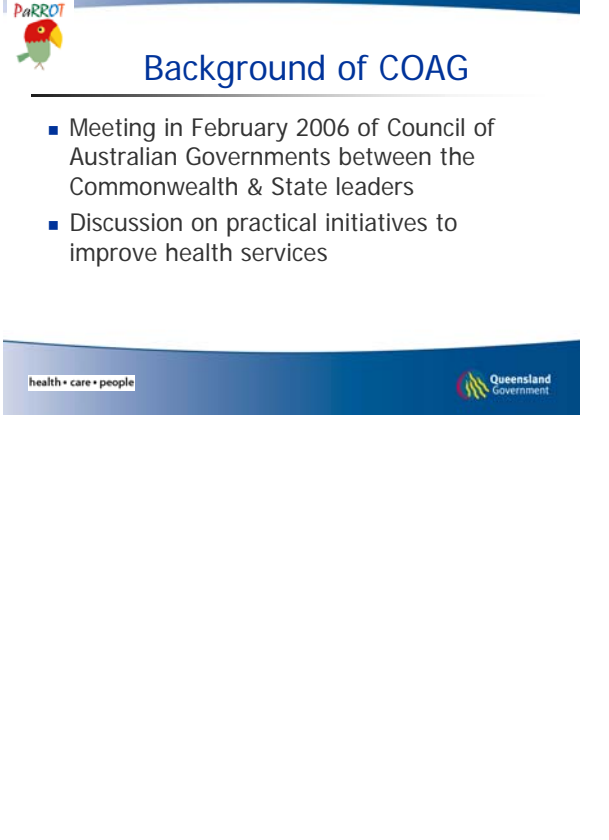
		Detailed Session Notes	
Slide	**Slide Title**	**Notes**	
6	**Negotiations**	Extensive negotiations have occurred with • State and Commonwealth • Private GP's • QH Staff • Aboriginal Medical Services • Royal Flying Doctor Service • Divisions of GP's Local flexibility with arrangements is necessary. Consideration should be given to equity between communities and parties involved. The intention is not to set up a duplicate bulk billing service or to threaten the viability of private practice. All local private practitioners and division of general practice to be included along with local staff. Where there are concerns with viability the community may consider arrangements that include limit the billing to out of hours.	
7	**Implementation Process**	Identified sites are currently on file with the Strategic, Policy and Funding Unit Corporate Office. Once exemption granted it will remain until such time as circumstances change eg: arrival of new practitioners. All parties will need to agree to new arrangements.	
8	**Application of Funds**	Funds generated under the exemption must be used to enhance primary health care in communities eg support for locum cover , employing additional doctors/nurses/allied health and other supporting staff, chronic Disease initiatives and professional development	
9	**Revenue Raised**	Not to be considered the most significant benefit Some financial recognition should be given to the person/organisation doing the Medicare billing Mechanisms need to be in place to oversee the use of the funds	
10	**What items can be billed**	A "team approach" is required to ensure all billable services are identified and recovered from Medicare Australia. The administration staff, Medicare officer, health worker, nurse, doctor and client are all members of "the team" and by NOT completing the claim form Queensland Health Employees are NOT ensuring full access to services for clients.	
11	**Reporting**	Annually to the Commonwealth to indicate how much revenue was claimed and how the revenue was used to enhance primary health care in the community	
12Activity	**Learning Activity**	The learning activity for this unit covers all three presentations – Learners are asked to match presentations with claimable items and to answer a few questions. This can be done individually, in small groups with a scribe or as a brainstorming (recommended). Please send completed activities to the PaRROT team	
Session 2 notes	**Wrap up**	This unit has looked at the RRMBS one of three Medicare schemes to be discussed in this unit. It has identified the reasons for the program, eligible sites and some information on the claiming process.	
Quiz	**Complete and self mark**	The quiz for this unit covers all three presentations. Please give the quiz to participants at the end of the third presentation. Give learners 10 minutes to complete the quiz for this unit. Learners can self mark, or swap with another learner, make corrections and hand the quiz in for data collection.	

Slide 1 **Medicare - COAG Scheme (Council of Australian Governments)**		Notes:
Slide 2 **Learning objectives**		Notes:
Slide 3 **Background of COAG**		Notes: From 1 July 2006 a range of measures were introduced to improve access to primary care services in small rural and remote towns. These initiatives include an offer to grant an exemption to Section 19 (2) of the Health Insurance Act 1973 that enable Medicare rebates to be claimed for state-remunerated primary health care services (for non-admitted and non-referred patients) in some rural and remote communities of less than 7,000 people. A memorandum of understanding was signed between the Commonwealth and the States in relation to the cooperative implementation of the COAGs 'Better Access to Primary Care Services in Rural Areas' Initiative – the 19 (2) exemption initiative. The Memorandum of Understanding expires on 1 July

		2010. This COAG Section 19 (2) exemption is similar to but separate from the following Section 19(2) exemptions: • Inala Indigenous Health Service • Rural and Remote Medical Benefits Scheme (RRMBS) - specific to rural and remote Indigenous communities.
Slide 4 **Purpose**	PaRROT **Purpose** ■ The initiative will provide exemptions under section 19(2) of the Health Insurance Act 1973 to enable Medicare rebates to be claimed for state remunerated primary health care services (non-admitted and non-referred patients) in some Rural and Remote communities health • care • people · Queensland Government	Notes:
Slide 5 **Criteria for access to COAG**	PaRROT **Criteria for access to COAG** ■ Population ■ Workforce issues ■ Agreed by government as in scope ■ Consent to agree with local plans ■ Funds to be used in the community ■ No threat to private practices health • care • people · Queensland Government	Notes: Communities must meet a number of criteria in order to access COAG. They include Rural or remote community of less than 7,000 people Community must have a workforce shortage (specifically a GP – 1 per 1,400 people) Community must be agreed by the State and Commonwealth as in scope All parties must provide written consent to the agreement with a local implementation plan Once exemption granted it continues regardless of changes in service Funds generated must be used to enhance primary health care in community Must not threaten the sustainability and viability of private practice

Slide 6 **Negotiations**	Negotiations • Extensive negotiations with stakeholders has occurred • Local flexibility with arrangements are necessary. Consideration should be given to equity between communities and parties involved. health • care • people Queensland Government	Notes: Extensive negotiations have occurred with State and Commonwealth Private GP's QH Staff Aboriginal Medical Services Royal Flying Doctor Service Divisions of GP's Local flexibility with arrangements is necessary. Consideration should be given to equity between communities and parties involved. The intention is not to set up a duplicate bulk billing service or to threaten the viability of private practice. All local private practitioners and division of general practice to be included along with local staff. Where there are concerns with viability the community may consider arrangements that include limit the billing to out of hours.
Slide 7 **Implementation Process**	Implementation Process • Identify site • Information package • Negotiate with all stakeholders • Support in writing • Intended enhancement to services • Timeframe • Local communication plan health • care • people Queensland Government	Notes: Identified sites are currently on file with the Strategic, Policy and Funding Unit Corporate Office Template available for implementation plan Once exemption granted it will remain until such time as circumstances change eg: arrival of new practitioners. All parties will need to agree to new arrangements.

Slide 8 **Application of Funds**	Application of Funds
	• Funds generated must be used in communities eg
	  • Support for locum cover
	  • Employing additional doctors/nurses/allied health and other supporting staff
	  • Chronic Disease initiatives
	  • Professional development
	
	health • care • people Queensland Government
		Notes:
		Funds generated under the exemption must be used to enhance primary health care in communities eg
		Support for locum cover
		Employing additional doctors/nurses/allied health and other supporting staff
		Chronic Disease initiatives
		Professional development

PaRROT
Pathways to Rural and Remote Orientation and Training
a Primary Health Care approach to Chronic Disease

Slide 9 **Revenue Raised** Duration: 00:00:05 Advance mode: Auto	PaRROT **Revenue Raised** ■ Not to be considered the most significant benefit ■ Some financial recognition should be given to the person/organisation doing the Medicare billing ■ Mechanisms need to be in place to oversee the use of the funds health • care • people — Queensland Government	Notes:
Slide 10 **What items can be billed** Duration: 00:00:05 Advance mode: Auto	PaRROT **What items can be billed** ■ GP type service items as per the Medicare Benefits Schedule ■ Nurse Practitioner items provided on behalf of the GP ■ Allied Health Professional items provided under Enhanced Primary Care ■ Chronic Disease and Care Planning items health • care • people — Queensland Government	Notes: A "team approach" is required to ensure all billable services are identified and recovered from Medicare Australia. The administration staff, Medicare officer, health worker, nurse, doctor and client are all members of "the team" and by NOT completing the claim form Queensland Health Employees are NOT ensuring full access to services for clients.
Slide 11 **Reporting** Duration: 00:00:05 Advance mode: Auto	PaRROT **Reporting** ■ Annually to the Commonwealth to indicate how much revenue was claimed and how the revenue was used to enhance primary health care in the community health • care • people — Queensland Government	Notes:

Session Plan 3 – PBS S100

Session:	Medicare – PBS S100
Location	
Overall Session Time:	**1 Hour**
Synopsis	Performance outcomes, skills and knowledge required to understand the Medicare PBS S100 Scheme
Learning outcomes	Understand the reasons for the development of the s100 Indigenous Scheme Have an understanding of the purpose of the scheme

Time allocated	How will session run	Delivery method & resources equipment	Assessment
10 minutes	**Introduction** 5. INTROA 6. Learning Objectives	Session 1 notes Presentation	
25 minutes	**Content (See detailed notes)**	Presentation	
10 minutes	**Activity**	Activity sheet	
5 minutes	**Wrap up**	Session 2 notes	
10 minutes	**Assessment** Complete quiz – self mark using answer sheet.	Quiz	Quiz – self mark
	Close		

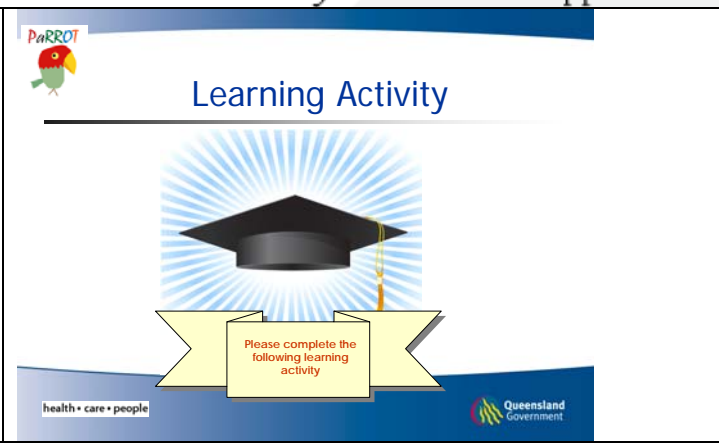|		**Detailed Session Notes**
Slide	**Slide Title**	**Notes**
1	Session title	Medicare – PBS S100
Session 1 notes	**Interest** (Create Interest) **Need**	Medicare subsidises a number of programs for rural and remote health services. It is important that all people working in the area are aware of these programs and utilise them fully, as the revenue raised will assist in the development and provision of health services.
Session 1 notes	**Introduction:** **Topic** (What the session is about) **Range** (What will be covered)	This unit will introduce 3 Medicare programs which have been specifically developed to assist in health service provision in rural and remote areas. The full unit will cover the Rural and Remote Medical Benefits Scheme (RRMBS), the COAG scheme and the PBS S100 scheme. This is the first of three presentations and will look at the RRMBS
2	**Learning Objectives** **Outcomes** (What they will achieve) **Assessment**	Understand the reasons for the development of the s100 Indigenous Scheme Have an understanding of the purpose of the scheme Learning activity and self-marking quiz
3	**Initiative of PBS S100**	MOU signed by the Commonwealth and Queensland Health in May 2001 to ensure the supply of PBS medicines to remote indigenous health services Patients receive these medicines without the need of a prescription and at no cost – a co-payment is not charged even though under normal arrangements these medicines would attract a co-payment. The Commonwealth reimburses the pharmacy for the cost of the pharmaceuticals plus a small handling fee through Medicare Australia Only a small number of PBS items are excluded from this program.
4	**Purpose**	The invested savings into service improvements are determined collaboratively by Queensland Health, Aboriginal and Torres Strait Islander Health Partnership, local Health action groups and local communities and authorities
5	**Calculation of Savings**	Originally calculated by doubling the charge out value of the medicines ordered and supplied in the first 6 months of the arrangement. Since then it is indexed annually by CPI to end of March across the eight weighted capital cities
6	**Reporting Requirements**	Queensland Health is required to report to the Commonwealth and the Queensland Aboriginal and Islander Health Council about the application of savings arising from S100
7	**Key Issues**	Access by Indigenous people to PBS medicines could be improved by changing the eligibility criteria to include other Indigenous communities that have poor access to PBS medications rather than just remote communities
8 Activity	**Learning Activity**	The learning activity for this unit covers all three presentations – Learners are asked to match presentations with claimable items and to answer a few questions. This can be done individually, in small groups with a scribe or as a brainstorming (recommended). Please send completed activities to the PaRROT team
Session 2 notes	**Wrap up**	This unit has looked at the RRMBS one of three Medicare schemes to be discussed in this unit. It has identified the reasons for the program, eligible sites and some information on the claiming process.
Quiz	**Complete and self mark**	The quiz for this unit covers all three presentations. Please give the quiz to participants at the end of the third presentation. Give learners 10 minutes to complete the quiz for this unit. Learners can self mark, or swap with another learner, make corrections and hand the quiz in for data collection.

Pharmaceutical Benefits Scheme (PBS) Section 100 Indigenous

Slide 1 **Pharmaceutical Benefits Scheme (PBS) Section 100 Indigenous**		Notes:
Slide 2 **Learning objectives**		Notes:
Slide 3 **Initiative of PBS S100**		Notes: MOU signed by the Commonwealth and Queensland Health in May 2001 to ensure the supply of PBS medicines to remote indigenous health services Patients receive these medicines without the need of a prescription and at no cost – a co-payment is not charged even though under normal arrangements these medicines would attract a co-payment. The Commonwealth reimburses the pharmacy for the cost of the pharmaceuticals plus a small handling fee through Medicare Australia Only a small number of PBS items are excluded from this program.

Slide 4 **Purpose**	**Purpose** - Improving access to approved PBS medicines for Aboriginal and Torres Strait Islander - Help encourage patient compliance with prescribed treatment regimes - Invest savings made by Queensland Health into local community health service improvements health • care • people Queensland Government	Notes: The invested savings into service improvements are determined collaboratively by Queensland Health, Aboriginal and Torres Strait Islander Health Partnership, local Health action groups and local communities and authorities
Slide 5 **Calculation of Savings**	**Calculation of Savings** - Originally calculated by doubling the charge out value of the medicines ordered and supplied in the first 6 months of the arrangement - Since then it is indexed annually by CPI to end of March across the eight weighted capital cities health • care • people Queensland Government	Notes:
Slide 6 **Reporting Requirements**	**Reporting Requirements** Queensland Health is required to report to the Commonwealth and the Queensland Aboriginal and Islander Health Council about the application of savings arising from S100 health • care • people Queensland Government	Notes:
Slide 7 **Key Issues**	**Key Issues** - Current MOU extended to 31 Dec 2009. Waiting on notification - Handling fee is being reviewed - Access eligibility criteria to include other Indigenous communities not than just remote communities health • care • people Queensland Government	Notes: Access by Indigenous people to PBS medicines could be improved by changing the eligibility criteria to include other Indigenous communities that have poor access to PBS medications rather than just remote communities

| **Slide 8**
Learning Activity | | Notes: |

Learning Activity – Facilitator

Information for facilitators

This activity can be conducted in small groups or as a large group brainstorming. Please ask participants to record their answers on their activity sheet, then copy, scan and email it to **parrot@health.qld.gov.au** or fax it to 4033 3040 and keep a copy for your records.

Property	Setting
Total Number of Questions	9
Total Number of Questions to Ask	All

Questions

Question Group 1

1. A 45 year old Torres Strait Islander woman has presented for a check up - you decide to do an adult health check with her. Which Medicare item would it come under?

Choice	
Aboriginal and Torres Strait Islander Adult Health Check (15-54 years)	☒
45 - 49 Health Check (Non-Aboriginal and Torres Strait Island Peoples)	☐
45 - 49 Health Check (Non-Aboriginal and Torres Strait Island Peoples)	☐
75+ years (Non Aboriginal and Torres Strait Islander)	☐

2. An elderly woman with an infected wound has been instructed by the local GP to go to the hospital and have the wound cleaned and dressed every second day for the next two weeks by a nurse. What item can be claimed?

Choice	
Provision of monitoring and support of a person with a chronic disease by a practice nurse (Item 10997)	☐
Treatment of a persons wound (other than normal aftercare) provided by a practice nurse (Item 10996)	☒

3. You notice that an elderly female patient has not had her annual flu injection. You ask her if she would like to have the injection and his response is yes. What item can be claimed?

Choice	
Immunisation service provided by a practice nurse (Item 10993)	☒
Taking of a cervical smear and a preventive check by a practice nurse (item 10994)	☐

4. A pregnant woman with no previous medical history of high risk pregnancies has been to the GP and he has advised that her ante natal checks can be done at the hospital by a midwife. How many times can the woman see the midwife?

Choice	
9	☐
10	☒
18	☐
6	☐

5. A man with pains in his chest has arrived at the hospital. You advise him that he will have to have an ECG. What item can be claimed?

Choice	
Twelve lead electrocardiography - tracing only (Item 11702)	☒
Twelve lead electrocardiography - tracing & report (Item 11700)	☐

6. The purpose of the S100 initiative is to

Choice	
Improve access to approved PBS medicines for Aboriginal and Torres Strait Islander	☒
Help encourage patient compliance with prescribed treatment regimes	☒
Invest savings made by Queensland Health into local community health service improvements	☒
Improve access to PBS medicines for people in regional areas	☐
Provide more revenue for the government	☐

7. You notice a 47 year old woman pap smear for five years, so you refer her to the Women's Health Registered Nurse who does a pap smear and sexual health check. Which Medicare item will it be?

Choice	
Cervical Smear (MO Advised)	☐
Cervical Smear (Women 20 to 69 years who have not had a smear in the last 4 years. MO advised)	☐
Cervical Smear (Include one preventative check associated with sexual and reproductive health. MO advised)	☐
Cervical Smear (include one preventative check for women between 20 and 69 years who have not had a smear in the last 4 years. MO advised)	☒

8. A 10 year old that, as part of their health check, is identified as having problems hearing. You refer her to the visiting audiologist who has a provider number. What Medicare item number would this be?

Choice	
Allied Health - Aboriginal Health Worker	☐
Allied Health - Audiologist	☒
Allied Health - Follow up Allied Health Service for Indigenous Australians	☐

9. A 49 year old Indigenous man presents with recently diagnosed diabetes, and renal disease, and requires the development of a management plan, a visit to the diabetes educator and dietician. Which Medicare items could be claimed?

Choice	
Aboriginal and Torres Strait Islander Adult Health Check (15-54 years). Item Number 710 every 18 months.	☒
Allied Health - Diabetes Educator. Item Number 10951 5 per calendar year	☒
Allied Health - Dietician. Item Number 10954 5 per calendar year	☒
45-49 Health Check (Non-Aboriginal and Torres Strait Island Peoples). Item Number 717 every 12 months.	☐
Allied Health - Aboriginal Health Worker. Item Number 10950 5 per calendar year	☐

Learning Activity - Participants

Information for participants

This activity can be conducted in small groups or large group brainstorming. Please record your answers on your activity sheet, and submit to your facilitator who will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

Property	Setting
Total Number of Questions	9
Total Number of Questions to Ask	All

Questions

1. A 45 year old Torres Strait Islander woman has presented for a check up - you decide to do an adult health check with her. Which Medicare item would it come under?

Choice	
Aboriginal and Torres Strait Islander Adult Health Check (15-54 years)	
45 - 49 Health Check (Non-Aboriginal and Torres Strait Island Peoples)	
45 - 49 Health Check (Non-Aboriginal and Torres Strait Island Peoples)	
75+ years (Non Aboriginal and Torres Strait Islander)	

2. An elderly woman with an infected wound has been instructed by the local GP to go to the hospital and have the wound cleaned and dressed every second day for the next two weeks by a nurse. What item can be claimed?

Choice	
Provision of monitoring and support of a person with a chronic disease by a practice nurse (Item 10997)	
Treatment of a persons wound (other than normal aftercare) provided by a practice nurse (Item 10996)	

3. You notice that an elderly female patient has not had her annual flu injection. You ask her if she would like to have the injection and his response is yes. What item can be claimed?

Choice	
Immunisation service provided by a practice nurse (Item 10993)	
Taking of a cervical smear and a preventive check by a practice nurse (item 10994)	

A pregnant woman with no previous medical history of high risk pregnancies has been to the GP and he has advised that her ante natal checks can be done at the hospital by a midwife. How many times can the woman see the midwife?

Choice	
9	
10	
18	
6	

4. A man with pains in his chest has arrived at the hospital. You advise him that he will have to have an ECG. What item can be claimed?

Choice	
Twelve lead electrocardiography - tracing only (Item 11702)	
Twelve lead electrocardiography - tracing & report (Item 11700)	

5. The purpose of the S100 initiative is to

Choice	
Improve access to approved PBS medicines for Aboriginal and Torres Strait Islander	
Help encourage patient compliance with prescribed treatment regimes	
Invest savings made by Queensland Health into local community health service improvements	
Improve access to PBS medicines for people in regional areas	
Provide more revenue for the government	

6. You notice a 47 year old woman pap smear for five years, so you refer her to the Women's Health Registered Nurse who does a pap smear and sexual health check. Which Medicare item will it be?

Choice	
Cervical Smear (MO Advised)	
Cervical Smear (Women 20 to 69 years who have not had a smear in the last 4 years. MO advised)	
Cervical Smear (Include one preventative check associated with sexual and reproductive health. MO advised)	
Cervical Smear (include one preventative check for women between 20 and 69 years who have not had a smear in the last 4 years. MO advised)	

7. A 10 year old that, as part of their health check, is identified as having problems hearing. You refer her to the visiting audiologist who has a provider number. What Medicare item number would this be?

Choice	
Allied Health - Aboriginal Health Worker	
Allied Health - Audiologist	
Allied Health - Follow up Allied Health Service for Indigenous Australians	

8. A 49 year old Indigenous man presents with recently diagnosed diabetes, and renal disease, and requires the development of a management plan, a visit to the diabetes educator and dietician. Which Medicare items could be claimed?

Choice	
Aboriginal and Torres Strait Islander Adult Health Check (15-54 years). Item Number 710 every 18 months.	
Allied Health - Diabetes Educator. Item Number 10951 5 per calendar year	
Allied Health - Dietician. Item Number 10954 5 per calendar year	
45-49 Health Check (Non-Aboriginal and Torres Strait Island Peoples). Item Number 717 every 12 months.	
Allied Health - Aboriginal Health Worker. Item Number 10950 5 per calendar year	

Session 2

This unit has discussed the Medicare Rural and Remote Medical Benefits Scheme which is in use in ten Health Service Districts in Queensland. The important thing to understand about this scheme is its relevance in raising revenue for Queensland Health and some partner services in areas which traditionally suffer from insufficient funds and infrastructure.

All staff are involved in the process of claiming the items, and like all processes, it involves a number of steps which can be time consuming. The final outcome however, will benefit the community as it will result in increased funding for health services. This extra funding can then be used to employ more staff and to further develop services in consultation with the community.

It will be beneficial if all health service staff familiarise themselves with the claimable items and the processes for lodging a claim, and incorporate them into routine practice – this way all is being done to ensure clients are getting the best possible service in areas that are often under funded and under resourced.

For more online education services go to:

 http://www.medicareaustralia.gov.au/provider/business/education/index.jsp

For other information please go to:

http://www.medicareaustralia.gov.au/

http://www.medicareaustralia.gov.au/about/whatwedo/pbs.jsp

http://www.health.gov.au/pbs

http://www1.hic.gov.au/

http://www.health.qld.gov.au/orrh/html/fin_resources.asp

http://qheps.health.qld.gov.au/medicines/documents/general_policies/pbs_business_rules.pdf

Quiz - Facilitator

Information for Facilitators

Give the participant version of this quiz to participants at the end of the unit. Allow them 10 to 15 minutes to complete. Information on the questions can be found in the session notes and presentation story board. They can do the quiz individually or in pairs. Once the quiz has been completed, hand out the answer sheet and get the participants to self mark.

Please scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. You can choose to keep a copy for yourself and give the original to the participants for their records.

Property	Setting
Passing Score	60% or 28/46
Total Number of Questions	8
Total Number of Questions to Ask	All

Questions

1. Why was Medicare RR&MBS was developed? *(6 points 2 per correct answer)*

Choice	
Increase and improve access to primary health care services	☒
No out of pocket expenses for clients	☒
To work within Medicare guidelines and comply with audit requirements	☒

2. What were the aims of the Medicare RR&MBS scheme? *(6 points 2 per correct answer)*

Choice	
Improve access	☒
Reduce costs for clients	☒
Comply with audit requirements	☒
Make more money for the government	☐
Make clients use the public health system	☐

3. The intent of the Medicare system is: *(8 points 2 per correct answer)*

Correct	Choice
X	To ensure that all Australians have access to free or low-cost medical, optometrical and hospital care
	Provide free treatment as a private patient in a private facility
X	Provide free or subsidised treatment by private practitioners for specified services only
	Provide services only to low income Australians
X	To allow Australians to choose private health services
	Replace the private health service system
X	Provide free treatment to a public patient in a public facility
	All of the above
	None of the above

4. Queensland Health can receive extra funding because Aboriginal and Torres Strait Islander people do not enjoy the same health outcomes as non Indigenous Australian's and die some 15-20 years younger and suffer from more complex and chronic health problems. *(2 points)*

Correct	Choice
X	True
	False

5. Which of the following health service providers are able to provide services under the Rural and Remote Medical Benefits Scheme? *(12 points 2 per correct answer)*

	Choice	Correct
A	Queensland Health salaried medical officers	X
B	Practice nurses	X
C	Allied health professionals	X
D	Health workers	X
E	Medical officers employed by RFDS under contract to Queensland Health	X
F	Medical officers employed by community controlled organisations	X
G	A, E and F only	
H	B,C, E and F only	
I	A, B, C and D only	

6. Which of the following are permitted to provide PBS medications in bulk under the S100 scheme? *(6 points)*

	Correct	Choice
A		State pharmacies
B		Private pharmacies
C		Medical officers in eligible areas
D		Registered Nurses in eligible areas
E	X	A and B only
F		C and D only
G		All of the above

7. Funds generated from the Medicare COAG initiative must be used to enhance primary health care services in the community *(2 points)*

Correct	Choice
X	True
	False

8. Which of the following meet the criteria for access to the Medicare COAG initiatives *(4points 2 per correct answer)*

Correct	Choice
	Rural community with 10,000 people
	Community of 7,000 people with 6 GPs
X	Remote community with 1,000 people and 1 GP
X	Rural community with 6000 people and 2 GPs
	All of the above
	B, C and D only
	None of the above

Quiz - Participants
Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Property	Setting
Passing Score	60% or 28/46
Total Number of Questions	8
Total Number of Questions to Ask	All

Questions

1. Why was Medicare RR&MBS developed?   *(6 points)*

Choice	
Increase and improve access to primary health care services	
No out of pocket expenses for clients	
To work within Medicare guidelines and comply with audit requirements	

3.   What were the aims of the Medicare RR&MBS scheme? *(6 points)*

Choice	
Improve access	
Reduce costs for clients	
Comply with audit requirements	
Make more money for the government	
Make clients use the public health system	

4. The intent of the Medicare system is: *(8 points)*

Correct	Choice
	To ensure that all Australians have access to free or low-cost medical, optometrical and hospital care
	Provide free treatment as a private patient in a private facility
	Provide free or subsidised treatment by private practitioners for specified services only
	Provide services only to low income Australians
	To allow Australians to choose private health services
	Replace the private health service system
	Provide free treatment to a public patient in a public facility
	All of the above
	None of the above

5. Queensland Health can receive extra funding because Aboriginal and Torres Strait Islander people do not enjoy the same health outcomes as non Indigenous Australian's and die some 15-20 years younger and suffer from more complex and chronic health problems. *(2 points)*

Correct	Choice
	True
	False

6. Which of the following health service providers are able to provide services under the Rural and Remote Medical Benefits Scheme? *(12 points)*

	Choice	Correct
A	Queensland Health salaried medical officers	
B	Practice nurses	
C	Allied health professionals	
D	Health workers	
E	Medical officers employed by RFDS under contract to Queensland Health	
F	Medical officers employed by community controlled organisations	
G	A, E and F only	
H	B,C, E and F only	
I	A, B, C and D only	

7. Which of the following are permitted to provide PBS medications in bulk under the S100 scheme? *(6 points)*

	Correct	Choice
A		State pharmacies
B		Private pharmacies
C		Medical officers in eligible areas
D		Registered Nurses in eligible areas
E		A and B only
F		C and D only
G		All of the above

7. Funds generated from the Medicare COAG initiative must be used to enhance primary health care services in the community *2 points)*

Correct	Choice
	True
	False

8. Which of the following meet the criteria for access to the Medicare COAG initiatives *(4 points)*

Correct	Choice
	Rural community with 10,000 people
	Community of 7,000 people with 6 GPs
	Remote community with 1,000 people and 1 GP
	Rural community with 6000 people and 2 GPs
	All of the above
	B, C and D only
	None of the above

Appendix 1

Medicare User Guide

COAG / RRMBS

Section 19(2) Exemption

MEDICARE BILLING

Nurse Provided Services

Your role in the Medicare billing process is:

- To ensure there is a Medicare billing voucher for each Nurse Provided service.

- To check all vouchers for completeness in accordance with Medicare Australia requirements.

Introduction to Scheme

The following guidelines are a shortened version of the COAG/RRMBS Manual which can be located on the following website

http://www.health.qld.gov.au/orrh/html/fin_resources.

Medicare payments have been extended to Queensland Health staff delivering medical services to approved Rural and Remote sites under section 19(2) of the Health Insurance Act. The aim of the schemes (COAG & RRMBS) is to increase and improve access to primary health services in rural and remote areas and to improve quality care within Aboriginal and Torres Strait Islander communities. Revenue generated from the Scheme is to be directed to the community/area where it was generated. This is to occur in consultation with District CEO's and local advisory committees as per the directive.

Policy

To maximise revenue and to standardise procedures for COAG & RRMBS bulk billing within the designated and approved sites within Queensland Health Districts always complying with Medicare Australia guidelines and following District business rules and audit requirements. All patients seen by a Medical Officer in an approved Rural and Remote site are to be bulk billed. Nursing and Allied Health services being provided on behalf of or under referral from the Medical Officer can also be billed.

Who can complete Medicare vouchers

The medical officer/nurse/allied health professional must fill out the item number details and may complete other details. The administration/billing officers, indigenous health worker or nurse can assist with the completion of the assignment voucher. All information on the voucher must be completed prior to the patient signing the voucher.

Who can be billed?

All non-admitted, non-referred patients for Medical services listed in the Medicare Benefits Schedule.

How are claims made

Procedure

All Medical Staff to enter appropriate Medicare items numbers by one of three means:-

- Directly onto Electronic System
- Directly onto voucher or
- By use of MICC (Medicare Item Clinical Check)

Vouchers / MICC are to be given to patient to take to reception after consultation. Administration staff will enter information into Electronic system and print voucher for patient to sign.

Manually

All vouchers (DB2GP) must be collated and batched on a weekly basis. The medical officer must sign the DB1N (Claim Header). The Allied Health Professional must sign the DBAH1N (Claim Header).
1 Claim Header for 50 Vouchers.

Electronically

Via HIC Online – FERRET, Practix, Pracsoft etc.

Bulk billing claims sent to Medicare Australia for payment.

Billing Information

Bulk billing is the process where the doctor and health service accepts a Medicare benefit as full payment for medical services provided to a patient.

Information on the assignment form (DB2-GP) voucher is required by regulation under section 19(6) of the Health Insurance Act.

- The patient's Medicare number & ID Number must be on all vouchers for the patient.
- All details on the assignment form must be completed before the *patient signs.
- The patient must be offered a copy of the voucher after they have signed it.

* If the patient is unable to sign the voucher, the signature of the patient's parent, guardian or other responsible person is acceptable. **Under no circumstances is a member of QLD Health Service to sign on behalf of the patient (unless they are the parent, guardian or responsible person).** A Medical reason should be stated in the "Practitioner Use" section, if no responsible person is available to sign.

Billing Procedure

1.   Ask patient for current **Medicare** or **DVA card, Concession card or Private Health card** to allow for HBCIS/FERRET or other On-Line Claiming system to be updated.

2.   Update all details on HBCIS/FERRET Patient Registration screen or Patient Registration Details in Medical Chart. (Address, phone number, contact data, ethnicity, current GP etc.)

3.   Ask if this visit is a **work related injury**, **motor vehicle accident** or **overseas person**. These are **NOT** funded by Medicare but by other sources. Please follow the appropriate Links below.

Workers Compensation:- http://qheps.health.qld.gov.au/rspu/docs/pubs/wc_pol_new1.0.pdf
Motor Vehicle Accident:- http://www.maic.qld.gov.au/
Overseas Person:- http://qheps.health.qld.gov.au/rspu/docs/rrc/rrc_1.6.pdf

4.
5.   All Afterhours patients that consult with the Medical Practitioner must have signed a completed Medicare Voucher for services rendered. Item numbers are to be included on the voucher or MICC (Medicare Item Clinical Check) attached to signed voucher.

6.   Vouchers will be collected daily by Administration staff.

Medicare Cards

If patient does not have a Medicare Card with them:

Indigenous - Indigenous Access hotline **Ph: 1800 556 955**
Non-Indigenous - Medicare Australia **Ph: 132150**

Medicare Australia will ask you if this for bulk-billing (Yes) and if you are directly involved with the claim (Yes), they will ask you for the Doctors' provider number.

If patient is not registered with Medicare, but is eligible:

Indigenous – Complete the Aboriginal & Torres Strait Islander Medicare enrolment and amendment form
      Fax to: 40151766 (Duplicate cards, expired cards, lost or damaged cards)

Non-Indigenous – Complete a Medicare enrolment and amendment form. (Copy of Photographic ID or Birth Certificate is required.) (Duplicate cards, expired cards, lost or damaged cards)
      Post to: Medicare Australia, GPO Box 9822, Brisbane QLD 4001.

A card will be posted to the current address with 21 days.

Department of Veteran Affairs

Gold Cards:	Covers 115% of MBS for all medical care.
White Cards:	Covers 115% of MBS for a specific condition only.
Orange Cards:	Covers for pharmaceuticals only.

If patient does not have a DVA card with them:
Department of Veteran Affairs - **Ph: 1300 551 918**

Centrelink Cards

Centrelink Cards are to be sighted and noted on patient record to be able to claim for the Concession Items 10991, 64991 & 74991.

Please note that the Expiry date is not required, but you are encouraged to update this on every presentation.

If patient does not have their card on them they are to be advised to bring it in with them for each presentation. If their card is expired they are required to contact their nearest Centrelink office.

PaRROT
Pathways to Rural and Remote Orientation and Training
a Primary Health Care approach to Chronic Disease

Reference Tools

Medicare Benefits Schedule Book (MBS – On-Line)

MBS Downloads:- http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Downloads-200911
MBS Search:- http://www9.health.gov.au/mbs/search
On-Line Education:- http://www.medicareaustralia.gov.au/provider/business/education/index.jsp
Chronic Disease Management:- http://www.health.gov.au/mbsprimarycareitems
Pathways to Rural and Remote Orientation Training:- http://www.health.qld.gov.au/parrot/

Phone Numbers

Indigenous Access hotline	**1800 556 955**
Medicare Australia	**132 150**
Medicare On-Line Billing	**1800 700 199**
Assessing & Benefits Help Desk	**132 150**
Providers – Medicare	**3004 5980**

Debbie Lock – Office of Rural & Remote Health	4033 3016
Andrea Atkin – Senior Project Officer 19(2) Scheme	0409 919 880
Private Practice Support Services	http://qheps.health.qld.gov.au/sspd/ppss/home.htm
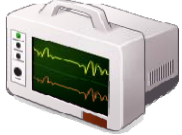
Medicare

**Items claimable by Remote Area Nurses and Practice Nurses
in Queensland Health sites under 19(2) exemptions**

	711	Health Check for patient receiving their 4 yr old immunisation	Consent to be noted in patient chart Rebate payable once only (not an annual health check) The health check must include Eyesight, Hearing, Oral health (teeth and gums), Toileting, Allergies Additional Matters for consideration) The health check may include the following matters, at the discretion of the GP/practice nurse, according to his or her clinical judgement Diet, Physical activity, Lifestyle risk factors, Developmental milestones, Speech and language, Fine and gross motor skills, Behaviour and Mood

			Provided to an Indigenous person who has received a health check (either adult or child) if the service is consistent with the needs identified through the health check **Maximum of 10 services per patient per calendar year** Item may be used to provide • Examinations/interventions as indicated by the health check • Education regarding medication compliance and associated monitoring • Checks on clinical progress and service access • Education, monitoring and counselling activities and lifestyle advice • Taking a medical history Prevention advice for chronic conditions, and associated follow up
	10987	Follow up service	
	10993	Immunisation	Per presentation not per immunisation Covers all the0-24mth schedule JE, Fluvax, Hep B etc for adults
	10994	Cx Smear and preventative checks	Check for • Sexually transmitted infections (including chlamydia) • Taking of a sexual and reproductive history • Advice on contraception • Breast awareness education • Advice on post natal issues • Continence advice and education
	10995	Cx Smear and preventative checks (patient is a woman, between the ages of 20 and 69 inclusive who has not had a Pap smear in the last 4 years)	As above
	10996	Wound Management	Other than normal aftercare The medical practitioner does not need to be present during the treatment of the wound. However the medical practitioner must conduct an initial assessment of the patient (including under a distance supervision arrangement if the medical practitioner is not physically present) in order to give instruction in relation to the treatment of the wound

	10997	Chronic Disease Review	• the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place • the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan Can only be claimed after a doctor has claimed a care plan **Maximum of 5 services per patient per calendar year**.
	10998	Cx Smear	Taking of pap smear only
	10999	Cx Smear (patient is a woman, between the ages of 20 and 69 inclusive who has not had a Pap smear in the last 4 years)	As above
	10991	Medicare incentive (Procedural Items)	**Can be added to every Medicare item listed above if the client is under 16 years of age or holds a Commonwealth Concession Card**
	11702	Twelve Lead ECG – Tracing only	Item 10991 can also be claimed with this item refer above
	73805	Urine Catalase test	Urinalysis by dipstick
	73806	Urine Pregnancy Test	
	74991	Medicare Incentive Item (Pathology Items)	Item can be claimed with pathology items above (similar to 10991)

			Cannot be claimed in conjunction with another antenatal attendance eg item 16500 (medical officer) on the same day
	16400	Antenatal Care	Can only be claimed **10 times per pregnancy**
			The bulk billing incentive item **cannot** be claimed with this item

Simple Basic Pathology Tests

Item	**Description**
73801	Semen examination for presence of spermatozoa
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count, haemoglobin, haematocrit or erythrocyte count – 1 test
73803	2 tests described in item 73802
73804	3 or more tests described in item 73802
73805	Microscopy of urine, whether stained or not, or catalase test
73806	Pregnancy test by 1 or more immunochemical methods
73807	Microscopy for wet film other than urine, including any relevant stain
73808	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807
73809	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method
73810	Microscopy for fungi in skin, hair or nails – 1 or more sites
73811	Mantoux test
74991	**Concession item (claim for each Pathology test)**

19(2) Exempt Sites - District Information Pathology/Radiology

1. With increasing demand on health services and limited public funding available it is becoming increasingly important for districts in Queensland Health to identify and collect '**own source revenue**' to continue to better fund patient care.

2. Members of the following group who are Medicare eligible can be billed through Medicare for pathology and radiology services:

   Private **inpatients** who consent to being admitted as private
   and
   Patients in 19(2) exempt sites

   It is imperative that x rays are reported on and that correctly completed pathology request forms are used (see following example).

It is the responsibility of all staff to ensure that patients are identified correctly on presentation to our hospitals and clinics.

Other billable patient groups are:

- Overseas patients excepting those from countries that have reciprocal health care rights (UK, NZ, Sweden, Netherlands, Belgium, Finland, Ireland, Malta, Italy, Norway)
- Interstate patients
- Workers' compensation – interstate but not Qld residents (payment for this group is managed through the corporate Finance Office)
- Motor vehicle accidents interstate but not Qld residents (payment for this group is managed through the corporate Finance Office)
- Department of Veteran Affairs patients