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Computers

Time for a spring clean

To get the best from decision-support tools, you need to give your patient data a polish.

THE first major breakthrough in computing in general practice was getting GPs to use prescription-writing software.

After some initial resistance, GPs took this on board and left their specialist colleagues way behind. From this initial use of computers, GPs moved quickly into electronic histories, recall systems, pathology downloads, referrals and progress notes.

Now the time is ripe to move to the next stage — clinical and business decision-support tools — but first you have to clean up your data.

The first step is to use your clinical software to downsize the active patient population. Many practices originally set up patient databases from information supplied by the then HIC or from a pathology laboratory. These patient files contained the barest of demographic information, usually just a name, date of birth and Medicare number. Many of these patients remain in GP systems.

You can use the Medical Director maintenance program to remove patients with no clinical data. This is a two-step process.

First you 'set patients with no clinical data to inactive' then you 'remove inactive patients with no clinical details' (see top image).

- MD2 Maintenance: Data Recovery/ Inactivate/Activate patients.
- MD3 HCN Maintenance: Database Tasks/Medical Director/Inactivate/Activate patients.

Recently I helped a practice get their active population down from 27,000 to 15,000 using this method and it took

Inactivate / Activate Patients

This option will allow you to either transfer all patients who do not have any clinical information recorded to the Inactive list or to transfer patients from the Inactive list back to the Active list.

Set patients with no clinical data to Inactive.
 Remove Inactive patients with no clinical details
 Transfer Inactive patients to Active.

Transfer all patient records.
 Transfer only records with clinical data.

Seen By

Not seen since

20 minutes to complete.

The next step is to 'inactivate' patients who haven't visited the practice in the past three years. With no patient record open, open the MD patient database to list patients not seen for the past three years (see above). You will need to print this list and have someone manually go through it to 'inactivate' them one by one.

Unfortunately, there is no quicker way. If you make this cull an annual event it gets much easier.

To clean up patients' clinical records:

- Ensure medication lists reflect what the patient is currently taking.
- Ensure past history lists are accurate and that coded diagnoses have been used.
- Ensure all clinicians know how the 'Reason for contact', 'Reason for prescription' and 'Past history' interact with the summary lists and 'Reason for contact' in Progress Notes.

To clean up recall lists:

- Delete unnecessary, duplicate or

poorly worded recall reasons from the drop-down list.

- Use the Maintenance program to rename recall reasons.
- Ensure a recall system is in place to follow up pathology results and recalls.
- Ensure that all results are 'Marked as notified' when the GP discusses results with patient.
- Remove 'Outstanding actions' if not part of the recall system being used.
- Delete old recalls — begin by choosing a date range of 3-6 years ago.

When this has been done you are ready to use the benefits of the decision-support tools, which will be discussed in next month's column.

- Cheat sheets are available at www.nevdgp.org.au/?content=14#CheatSheets. For a copy of *Medical Director — Clean up your act*, a guide to recording accurate clinical information and cleaning up areas of past neglect, send an e-mail to noel@nevdgp.org.au and ask for the data cleansing book. ●