

# Quality Improvement in Primary Care Program (QIPC)

## Frequently Asked Questions

### Q: If I participate in QIPC, are my patient's information safe?

The QIPC Program uses the [CAT Plus software package](#) from Pen Computer Systems. This software translates practice data into real statistical and graphical information that is easy to understand and action.

When data is extracted from your clinical software by pressing the "Collect" button in CAT4 software, 2 files are produced and reside in the practice's network, that is, these files are saved on the practice server or hard-drive of the practice. These two files are encrypted to ensure that the data can only be viewed within CAT4, and only by the practice's login account. No data is sent outside of the practice network without practice intervention.

### Q: How does patient de-identification work?

A de-identified data file can be created using the 'de-identify dataset' tool in CAT4. This is the **only** data file that can be exported and taken off-site. What the de-identification process does, is remove patient identifiers including name, date of birth, address and replace it with a Statistical Linkage Key (SLK). The SLK is created when the extract is collected at the practice level and is encrypted before uploaded to PAT CAT\*. Once de-identified, a patient's SLK is not re-traceable.

The SLK system is also used by the Australian Bureau of Statistics that enables two or more records belonging to the same individual to be brought together. More information here: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4240.0.55.002Chapter15022011>

More information on CAT4 data de-identification can be found [here on the PenCS Website](#):

\* PAT CAT is a web based solution that aggregates de-identified General Practice data and displays the information through a comprehensive collection of graphs, charts and reports

### Q: Is data that is sent to PAT CAT secure?

The de-identified data file is the **only** data file that can be exported and taken off site/sent to PAT CAT. The secure transfer of this data is managed by and is the responsibility of Pen CS. Data transfer to PAT CAT can be sent off site 2 methods:

- 1) using Scheduler or,
- 2) using the [Send Data To](#) function.

Once sent to PAT CAT, only SWSPHN can identify which practice the data has come from. SWSPHN then view the data in aggregate, this means no patient identifiers and no provider identifiers are sent. An example of data that SWSPHN can be seen in Appendix A.

### **Q: What privacy policies and laws are there protecting the privacy of my data?**

The ten National Privacy Principles (NPPs) contained in schedule 3 of the Privacy Act 1988 (Privacy Act) regulate how large businesses, all health service providers and some small businesses and non-government organisations handle individuals' personal information. The Australian Privacy Principles replaced the NPPs from 12 March 2014. Both principles place the responsibility for the use and protection of personal information with the organisation collecting the data.

[Australian Privacy Principles](#) (Office of the Australian Information Commissioner)

Relevant [SWSPHN Policies and Procedures](#)

[PENCS Privacy Policy](#) (Pen CS Website)

Pen CS Data Governance Policy – available upon request;

[Barsoum.girgis@swsphn.com.au](mailto:Barsoum.girgis@swsphn.com.au)

### **Q: Who owns the data?**

See Pen CS Data Governance Policy – available upon request;

[Barsoum.girgis@swsphn.com.au](mailto:Barsoum.girgis@swsphn.com.au)

Pen CS (software company) does not hold or own patient data. Pen CS provides the tools that allow organisations to work with their data.

In the QIPC program, data is held or owned by:

- the **General Practice or Health Service in an identifiable format** for analysis and reporting which supports activities such as accreditation and quality improvement;
- the **Primary Health Network (PHN)**, in agreement with the Practice, **in a de-identifiable format** which supports population health and service delivery planning;

**Q: Can I withdraw certain patients from having their de-identified data shared?**

Yes. This process occurs within the practice and can be set-up with the assistance of the PenCS Support team. More information can be found [here on the PenCS website](#).

**Q: What does SWSPHN do with my data?**

SWSPHN abides by its policies including SWSPHN Information Privacy Policy and SWSPHN Population Health Analysis Policy. These policies outline how the data is used:

- to provide services or to carry out its authorised functions
- to assist SWSPHN and its employees to fulfil its duty of care to its stakeholders
- to plan, fund, monitor and evaluate services and functions
- to comply with our corporate reporting requirements
- for research;

These policies can be found on our website here: [www.swsphn.com.au/qipc](http://www.swsphn.com.au/qipc)

**Q: What will SWSPHN NOT do with my data?**

SWSPHN:

- will not provide your data to third parties with commercial interests
- will not report on your data at a practice level to government bodies which we require to report to
- will not publish information labelling practice names or provider names without written consent

**Q: Who is funding the QIPC program?**

SWS Primary Health Network (SWSPHN) is one of 31 Federal Government funded PHNs across Australia, that have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients. SWSPHN's QIPC program aims to improve medical services for patients through better data and prepare General Practices for the upcoming changes such as the QI PIP, My Health Record expansion and possibility of healthcare homes.

**Q: Can you demonstrate how I should be coding in Medical Director/Best Practice?**

The QIPC website has downloadable [Step-by-step Guides](#) that will guide you through common data entry and clinical coding for Best Practice and Medical Director.

Additionally, members of SWSPHNs Service support team including Practice Support Officers, Practice Nursing Support Officer and Clinical QI Officers can provide in-practice demonstrations and training on the use of Medical Director and Best Practice software.

**Q: Why are we only able to choose Cardiovascular Disease, Diabetes, Respiratory & Chronic Kidney Disease in the Clinical Reports? Will we cover any others?**

The options for QIPC Clinical Reports are chosen based on SWSPHN's needs assessment and the software capabilities of the PenCS CAT Suite. As the QIPC program evolves and the software capabilities expand, additional reports will be added.

**Q: Do shared health summaries pick up free text?**

Yes. However, GPs are encouraged to use consistent coding of diagnoses and medications where possible – [Criterion QI1.3.A RACGP Standards for General Practices, 5<sup>th</sup> Edition](#).

When there is no specific code, we suggest choosing the closest coded diagnoses/medication and free text the details in the comments. Those comments will be seen in the shared health summary.

**Q: If my practice is partially computerised (my receptionist is paper based), can I partake in the QIPC program without having to be fully computerised?**

Yes. Partially computerised practices are able to participate in QIPC, however, there may be some missing values in reports if that data is not processed through compatible clinical software.

The QIPC program can be a great way to assist transition to a fully-computerised practice, by establishing and maintaining a high level of data quality entry into the system. Speak to you Practice Support Officer for more information.

**Q: Where are the numbers on CAT4 being pulled from in my clinical software?**

All information on where data is pulled from in your clinical software can be found in CAT4 data mapping guides:

<http://help.pencs.com.au/display/ADM/Data+Mapping>