

**QUALITY IMPROVEMENT TOOLKIT  
FOR GENERAL PRACTICE**

**Mental health**

**Anxiety and depression  
MODULE**

# Introduction

## The Quality Improvement Toolkit

This Quality Improvement (QI) Toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients**. The Toolkit will help your practice complete Quality Improvement (QI) activities using the Model for Improvement.

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the Model for Improvement.

The Model for Improvement uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- It is a simple approach that anyone can apply.
- It reduces risk by starting small.
- It can be used to help plan, develop and implement highly effective change.

The Model for Improvement helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted.

There is an example of a 'GP mental health treatment plan review for patients with anxiety' using the Model for Improvement and a blank template for you to complete at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on [optimalcare@bsphn.org.au](mailto:optimalcare@bsphn.org.au)



This icon indicates that the information relates to the ten Practice Incentive Program (PIP) Quality Improvement (QI) measures.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Brisbane South PHN if you have any feedback regarding the content of this document.

## Acknowledgements

We would like to acknowledge that some material contained in this Toolkit has been extracted from organisations including the Institute for Healthcare Improvement; the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; Medical Director, CAT4; and Train IT. These organisations retain copyright over their original work and we have abided by licence terms. Referencing of material is provided throughout.

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## **Brisbane South PHN, 2020**

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# Mental health – anxiety and depression

## Mental health anxiety and depression toolkit for general practice

This toolkit is designed to assist you to review your patients who may be affected by anxiety or depression. Use this toolkit in conjunction with the *QI toolkit – Mental Health Introduction* available from the Brisbane South PHN [website](#). It is suggested that you work through this toolkit and then identify the sub topic to focus on.

Key topics included in this toolkit are:

- overview of anxiety & depression
- understanding your patient anxiety and depression profiles
- comparing your patient anxiety and depression profiles with other practices via Brisbane South PHN's benchmark report
- data cleansing – ensuring the practice has consistent coding for patients with anxiety and depression
- preventative health
- Medicare item numbers for patients with anxiety and depression
- referral pathways and support options via SpotOnHealth HealthPathways
- resources.

## Key goals/objectives for using this toolkit

This toolkit is to be used in general practice to:

- develop a register of patients with anxiety and/or depression to facilitate better continuity of care (reminders, recalls)
- better manage the physical health of patients with anxiety and/or depression
- improve medication management through review against clinical guidelines (e.g. appropriate use of medications, risk management)
- identify patients eligible for mental health and other funding streams.

# Activity 1 - Understanding your patient anxiety profile

## What is an anxiety disorder?

Anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety.<sup>1</sup>

Anxiety becomes an anxiety disorder when it is more pervasive than usual and affects a person’s ability to function day to day.

Anxiety is the most common mental health condition in Australia. Up to one-third of women and one-fifth of men will experience anxiety at some point in their lives.

Anxiety disorders include a group of diagnoses including:

- generalised anxiety disorder
- social phobia
- specific phobia
- obsessive compulsive disorder
- panic disorder with and without agoraphobia
- separation anxiety disorder
- post-traumatic stress disorder (this may also be considered separately as a trauma/stress related disorder rather than an anxiety disorder).

## Using CAT4 to identify patients with anxiety

You are able to search for patients with anxiety under conditions.

The screenshot shows the CAT4 search interface with various navigation icons (Collect, View Extracts, Hide Filter, Report, View Population, Dashboard, CAT4, Cleansing CAT, Registrar CAT) and a search filter table.

General	Ethnicity	Conditions	Medications	Date Range (Results)	Date Range (Visits)	Patient Name	Patient Status	Providers	Risk Factors	MBS Atten
Chronic	Mental Health	Cancer	Other							
<b>Mental Health</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>High Prevalence:</i> <input type="checkbox"/> Anxiety <input type="checkbox"/> No <input type="checkbox"/> Depression <input type="checkbox"/> No <input type="checkbox"/> <i>Low Prevalence:</i> <input type="checkbox"/> Schizophrenia <input type="checkbox"/> No <input type="checkbox"/> Bipolar <input type="checkbox"/> No		<b>MH - Degenerative</b> <input type="checkbox"/> Dementia <input type="checkbox"/> No		<b>MH - Developmental</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ADHD <input type="checkbox"/> No <input type="checkbox"/> Autism <input type="checkbox"/> No		<b>MH - Other</b> <input type="checkbox"/> Postnatal Depression <input type="checkbox"/> No				

<sup>1</sup> <https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>

## Identifying patients who may be eligible for a Mental Health treatment plan

The [GP mental health treatment plan](#) (MHTP) provides a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing referral pathways to clinical psychologists and allied mental health service providers.

**Please note:** please select **Anxiety** under conditions.

### Activity 1.1 – Data collection from CAT4

*The aim of this activity is to collect data to identify patients with an anxiety disorder and assist with the management of these patients*



Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website. [Number of patients with an anxiety disorder](#) or [Number of patients who have had a mental health treatment plan completed in the past 12 months](#) or [Number of patients on medications](#) or [Number of patients with anxiety with risk factors](#)

	Description	Total number of active patients as per RACGP criteria (3 x visits in 2 years)	Total number of active patients
1.1a	Number of active patient population		
1.1b	Number of active patients (i.e.: 3 x visits in 2 years)		
1.1c	Number of patients with an <i>active</i> anxiety disorder		
1.1d	Number of patients aged <=15 years with an anxiety disorder		
1.1e	Number of patients aged between 16 years and 25 years with an anxiety disorder		
1.1f	Number of patients aged between 26 years and 64 years with an anxiety disorder		
1.1g	Number of patients aged >= 65 years with an anxiety disorder		
1.1h	Number of patients who identify as Aboriginal and Torres Strait Islander with an anxiety disorder		
1.1i	Number of patients with anxiety who have had a mental health treatment plan completed in the past 12 months		
1.1j	Number of patients with an anxiety disorder on antidepressant medications		
1.1k	Number of patients with an anxiety disorder on mood stabilisers		



	Description	Total number of active patients as per RACGP criteria (3 x visits in 2 years)	Total number of active patients
1.1l	Number of patients with an anxiety disorder on regular benzodiazepines		
1.1m	Number of patients with an anxiety disorder who are current smokers		
1.1n	Number of patients with an anxiety disorder with medication/substance abuse		
1.1o	Number of patients with an anxiety disorder who are classified as obese		

*Please note: the RACGP defines active as 3 x visits in 2 years. This search criteria does not capture those patients who may come in for screening every 2 years, or twice in 2 years e.g. flu vaccine, hence the option to look at all active patients.*

Reflection on Activity 1.1:

Practice name:	Date:
Team member:	

Activity 1.2 – Reviewing your practice anxiety profile



Complete the checklist below to review your practice’s anxiety patients.

Description	Status	Action to be taken
After completing activity 1.1, are there any unexpected results with your practice’s anxiety disorder profile?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b> <input type="checkbox"/> No: continue with activity.	<p>Please explain: (e.g. lower number of patients with anxiety disorder than expected or a large number of patients with anxiety disorder have drug/alcohol abuse)</p> <p>How will this information be communicated to the practice team?</p>

Description	Status	Action to be taken
After reviewing your practice’s anxiety disorder profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b> <input type="checkbox"/> No: you have completed this activity.	Refer to the Model for Improvement (MFI) and the <u>Thinking part</u> at the end of this document.  Refer to the <u>Doing part - PDSA</u> of the Model for Improvement (MFI) to test and measure your ideas for success.

Reflection on Activity 1.2:

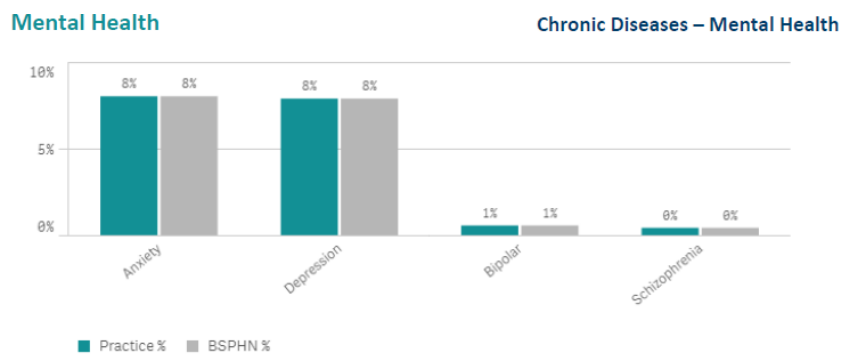
Practice name:	Date:
Team member:	

Activity 1.3 – Anxiety disorder measures on Benchmark report



The aim of this activity is to review your practice’s data dashboard on the monthly benchmark report provided by Brisbane South PHN.

You will need your practice’s benchmark report to complete this information.



Mental Health Diagnosis*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420		132,420	
Anxiety	82,115	8%	82,115	8%
Depression	80,736	8%	80,736	8%

	Description	Number	Percentage
1.3a	Active population with coded mental health diagnosis		
1.3b	Active patients with an anxiety disorder		

Reflection on Activity 1.3:

Practice name:	Date:
Team member:	

### Activity 1.4– Reviewing your practice anxiety condition profile on the benchmark report



Complete the checklist below to review your practice’s anxiety condition profile from your benchmark report.

Description	Status	Action to be taken
After completing activity 1.3, are there any unexpected results with your practice’s anxiety condition profile?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b>  <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. <i>more than 80% of our patients with a mental health condition have an anxiety disorder.</i> )  How will this information be communicated to the practice team?
Is your practice’s anxiety disorder patient profile similar to other practices in the Brisbane South region (compare information from Benchmark report)?	<input type="checkbox"/> Yes: continue with activity.  <input type="checkbox"/> No: <b>see actions to be taken.</b>	Outline the differences – (e.g. <i>our practice has a higher percentage of patients with an anxiety disorder than other practices.</i> )  How will this information be communicated to the practice team?

Description	Status	Action to be taken
After reviewing your practice's anxiety condition profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b>  <input type="checkbox"/> No: you have completed this activity.	Refer to the Model for Improvement (MFI) and the <u>Thinking part</u> at the end of this document.  Refer to the <u>Doing part - PDSA</u> of the Model for Improvement (MFI) to test and measure your ideas for success.

Reflection on Activity 1.4:

Practice name:	Date:
Team member:	

# Activity 2 - Understanding your patient depression profile

## What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that affects a person's physical and mental health.<sup>2</sup>

Depression is often accompanied by a range of other physical and psychological symptoms that can interfere with the way a person is able to function in their everyday life. The symptoms of depression generally react positively to treatment.<sup>3</sup>

## Using CAT4 to identify patients with depression

You are able to search for patients with depression under conditions.

The screenshot shows the CAT4 interface with various navigation icons at the top: Collect, View Extracts, Hide Filter, Report, View Population, Dashboard, CAT4, Cleansing CAT, and Registrar CAT. Below these are tabs for General, Ethnicity, Conditions, Medications, Date Range (Results), Date Range (Visits), Patient Name, Patient Status, Providers, Risk Factors, and MBS Attention. Under the 'Conditions' tab, there are sub-tabs for Chronic, Mental Health, Cancer, and Other. The 'Mental Health' sub-tab is active, showing a table with columns for Mental Health, MH - Degenerative, MH - Developmental, and MH - Other. Each column contains checkboxes for 'Yes' and 'No' and specific conditions like High/Low Prevalence, Anxiety, Depression, Schizophrenia, Bipolar, Dementia, ADHD, Autism, and Postnatal Depression.

### Activity 2.1 – Data collection from CAT4

The aim of this activity is to collect data to identify patients with depression and assist with the management of these patients



Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website. [Number of patients with depression](#) or [Number of patients who have had a mental health treatment plan completed in the past 12 months](#) or [Number of patients on medications](#) or [Number of patients with depression with risk factors](#)

	Description	Total number of active patients as per RACGP criteria (3 x visits in 2 years)	Total number of active patients
2.1a	Number of active patient population (from activity 1.1)		

<sup>2</sup> <https://www.beyondblue.org.au/the-facts/depression>

<sup>3</sup> <https://www.sane.org/information-stories/facts-and-guides/depression>

	Description	Total number of active patients as per RACGP criteria (3 x visits in 2 years)	Total number of active patients
2.1b	Number of active patients (i.e.: 3 x visits in 2 years) (from activity 1.1)		
2.1c	Number of patients with a current/active diagnosis of depression		
2.1d	Number of child & youth patients (aged 5 to 17 years) with depression		
2.1e	Number of older patients (aged >=65 years) with depression		
2.1f	Number of patients with post-natal depression in the past 24 months		
2.1g	Number of patients with depression who have had a mental health treatment plan completed in the past 12 months		
2.1h	Number of patients with depression on antidepressant medications		
2.1i	Number of patients with depression with medication/substance abuse		
2.1k	Number of patients with depression who are classified as obese		

*Please note: the RACGP defines active as 3 x visits in 2 years. This search criteria does not capture those patients who may come in for screening every 2 years, or twice in 2 years e.g. flu vaccine, hence the option to look at all active patients.*

Reflection on Activity 2.1:

Practice name:	Date:
Team member:	

## Activity 2.2 – Reviewing your practice depression profile



Complete the checklist below to review your practice's depression patients.

Description	Status	Action to be taken
After completing activity 2.1, are there any unexpected results with your practice's depression profile?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b> <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. lower number of patients with depression than expected or a large number of patients with depression have drug/alcohol abuse.)  How will this information be communicated to the practice team?
After reviewing your practice's depression profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b> <input type="checkbox"/> No: you have completed this activity.	Refer to the Model for Improvement (MFI) and the <u>Thinking part</u> at the end of this document.  Refer to the <u>Doing part - PDSA</u> of the Model for Improvement (MFI) to test and measure your ideas for success.

### Reflection on Activity 2.2:

Practice name: _____ Date: _____
Team member: _____

### Activity 2.3 – Depression measures on Benchmark report

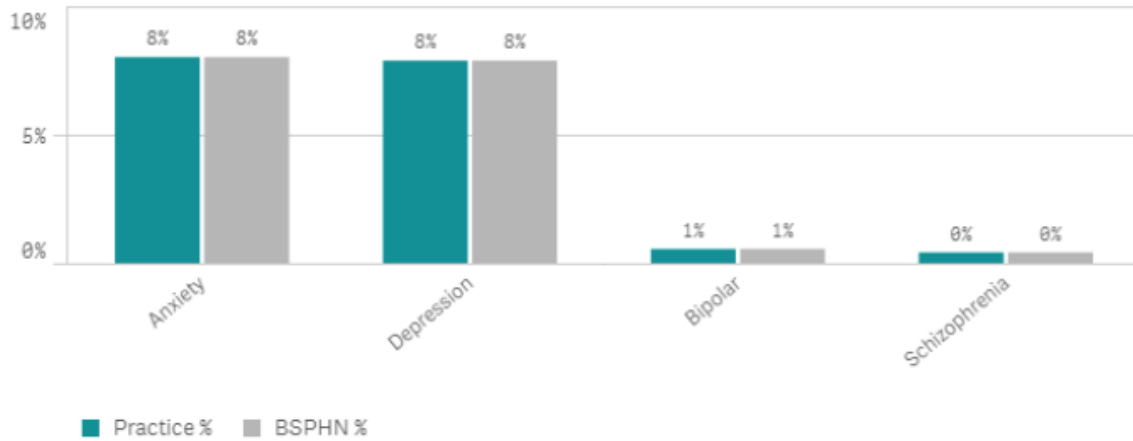


The aim of this activity is to review your practice’s data dashboard on the monthly benchmark report provided by Brisbane South PHN.

You will need your practice’s benchmark report to complete this information.

#### Mental Health

#### Chronic Diseases – Mental Health



Mental Health Diagnosis*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420		132,420	
Anxiety	82,115	8%	82,115	8%
Depression	80,736	8%	80,736	8%

	Description	Number	Percentage
2.3a	Active population with coded mental health diagnosis		
2.3b	Active patients with depression		

#### Reflection on Activity 2.3:

Practice name: _____	Date: _____
Team member: _____	



## Activity 2.4– Reviewing your practice depression condition profile on the benchmark report



Complete the checklist below which reviews your practice’s depression profile from your benchmark report.

Description	Status	Action to be taken
After completing activity 2.3, are there any unexpected results with your practice’s depression condition profile?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b>  <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. <i>more than 60% of our patients with a mental health condition have depression.</i> )  How will this information be communicated to the practice team?
Is your practice depression patient profile similar to those at other practices in the Brisbane South region (compare information from Benchmark report)?	<input type="checkbox"/> Yes: continue with activity.  <input type="checkbox"/> No: <b>see actions to be taken.</b>	Outline the differences – (e.g. <i>our practice has a higher percentage of patients with depression than other practices.</i> )  How will this information be communicated to the practice team?
After reviewing your practice’s depression profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b>  <input type="checkbox"/> No: you have completed this activity.	Refer to the Model for Improvement (MFI) and the <u>Thinking part</u> at the end of this document.  Refer to the <u>Doing part - PDSA</u> of the Model for Improvement (MFI) to test and measure your ideas for success.

Reflection on Activity 2.4:

Practice name:	Date:
Team member:	

## Activity 3 – Building your practice anxiety and depression condition register

Coding is simply a process of using an agreed standardised descriptor to store data as a series of numbers or letters. There are multiple ways clinical staff may enter a patient’s diagnosis in practice software. Some will type this information directly into the patient progress notes or enter the information as free text in the ‘reason for encounter’ or ‘diagnosis field’. This process is called free texting or un-coded diagnosis. Free text is not easily searchable in any database by the clinical software or third-party software (e.g. extraction tools).

The recommended process is to use a diagnosis from the drop-down boxes provided in the clinical software. This is a coded diagnosis. If all clinical staff within the practice use the same codes to identify a diagnosis then it is easier to search for particular conditions.

It is important to ensure your coding is consistent and agreed upon by all clinical staff in the practice, and diagnostic criteria for anxiety are uniform. Listed below are the conditions that are used when conducting searches in CAT4.

### Data mapping anxiety and depression in CAT4 – Best Practice

When you select **anxiety** or **depression** under the **conditions** section in CAT4, the following diagnoses are included in your results:

Anxiety	Depression (Active only conditions are collected)
<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Anxiety disorder</li> <li>• Anxiety neurosis</li> <li>• Anxiety/Depression</li> <li>• Fear, irrational</li> <li>• GAD</li> <li>• Generalised Anxiety Disorder</li> <li>• Irrational fear</li> <li>• Neurotic depression</li> <li>• Phobia</li> <li>• Phobic anxiety disorder</li> <li>• Phobic disorder</li> <li>• Social Anxiety Disorder</li> <li>• Social phobia</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety/Depression</li> <li>• Depression</li> <li>• Depression, endogenous</li> <li>• Depression, Post Natal</li> <li>• Depression, reactive</li> <li>• Endogenous depression</li> <li>• Neurotic depression</li> <li>• Organic depression</li> <li>• Post Natal Depression</li> <li>• Reactive depression</li> </ul>

More information about data mapping on CAT4 can be found [here](#)

## Data mapping anxiety and depression in CAT4 – Medical Director

When you select **anxiety** or **depression** under the **conditions** section in CAT4, the following diagnoses are included in your results:

Anxiety	Depression (Active only conditions are collected)
<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Anxiety - Generalised</li> <li>• Anxiety - Social</li> <li>• Anxiety disorder</li> <li>• Anxiety feeling</li> <li>• Anxiety neurosis</li> <li>• Anxiety phobia</li> <li>• Anxiety/Depression</li> <li>• Depressive anxiety disorder</li> <li>• Feeling anxious</li> <li>• GAD (Generalised Anxiety Disorder)</li> <li>• Generalised Anxiety Disorder (GAD)</li> <li>• Mixed anxiety/depressive disorder</li> <li>• Mood - anxious</li> <li>• Nervous</li> <li>• Nervous Anxiety</li> <li>• Neurotic anxiety</li> <li>• Phobia</li> <li>• Social Anxiety Disorder</li> <li>• Social Phobia</li> <li>• Tense</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety/Depression</li> <li>• Depression - Endogenous</li> <li>• Depression - Major</li> <li>• Depression - Minor</li> <li>• Depression - Post Natal</li> <li>• Depression - Reactive</li> <li>• Depression - recurrent</li> <li>• Depressive anxiety disorder</li> <li>• Endogenous depression</li> <li>• Melancholia</li> <li>• Mixed anxiety/depressive disorder</li> <li>• Organic depression</li> <li>• Post Natal Depression</li> <li>• Reactive depression</li> </ul>

More information about data mapping on CAT4 can be found [here](#)

### Activity 3.1 – Determine terms of consistent coding



The aim of this activity is for the clinical team to agree on consistent coding to be used within the practice for anxiety and depression disorders.

Description	Status	Action to be taken
<p>Are relevant practice team members aware of the importance of quality data including using consistent coding (avoiding free text)?</p>	<p><input type="checkbox"/> Yes: continue with this activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Organise a practice team meeting to discuss how to <a href="#">develop a clinical coding policy for your practice</a> for anxiety disorders.</p>
<p>Have you agreed on accepted terminology of anxiety disorder conditions from the drop-down lists in your practice software?</p>	<p><input type="checkbox"/> Yes: continue with this activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Source list of clinical codes already available in current clinical software.</p> <p>Source list of clinical codes from CAT4 clinical audit <a href="#">tool</a>.</p> <p>From these two lists agree on clinical codes for anxiety disorder to be used within practice.</p> <hr/> <hr/> <hr/> <hr/>
<p>Have you agreed on accepted terminology of depression from the drop-down lists in your practice software?</p>	<p><input type="checkbox"/> Yes: continue with this activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Source list of clinical codes already available in current clinical software.</p> <p>Source list of clinical codes from CAT4 clinical audit <a href="#">tool</a>.</p> <p>From these two lists agree on clinical codes for depression disorder to be used within practice.</p> <hr/> <hr/> <hr/> <hr/>

Description	Status	Action to be taken
Are practice team members aware of how to enter diagnosis in clinical software using agreed conditions?	<input type="checkbox"/> Yes: continue with this activity.  <input type="checkbox"/> No, <b>see action to be taken.</b>	See <a href="#">instructions</a> for Best practice users.  See <a href="#">instructions</a> for Medical Director users.
After reviewing your practice’s clinical coding guidelines for anxiety and depressive disorders, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, <b>see actions to be taken to help set your goals.</b>  <input type="checkbox"/> No, you have completed this activity.	Refer to the Model for Improvement (MFI) and the <u>Thinking part</u> at the end of this document.  Refer to the <u>Doing part - PDSA</u> of the Model for Improvement (MFI) to test and measure your ideas for success.

Reflection on Activity 3.1:

Practice name:	Date:
Team member:	

### Activity 3.2 – Cleaning up un-coded conditions in your practice software

You can clean up un-coded conditions that have been recorded in your practice software. Cleaning up un-coded items makes it easier to perform database searches and manage third-party clinical audit tools.

*Instructions for cleaning up un-coded conditions in Best Practice*

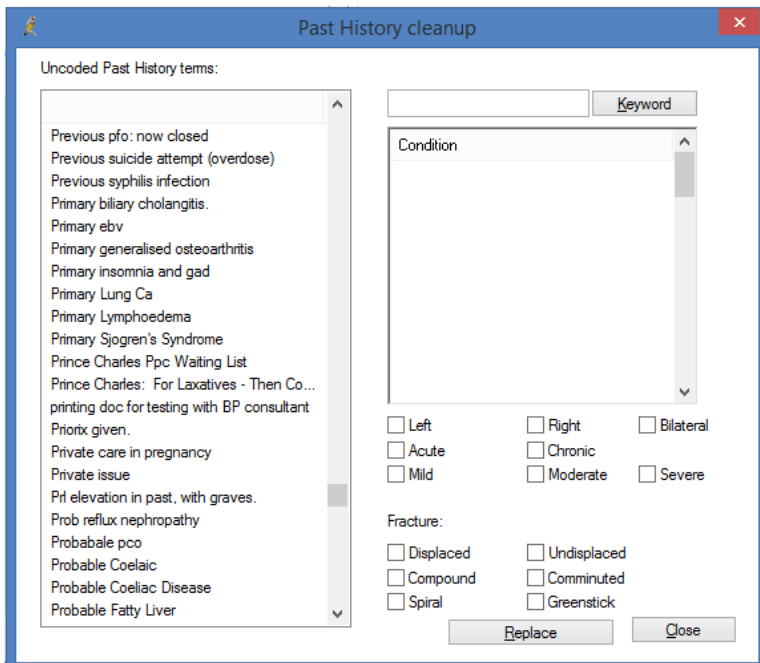


It is also possible to clean up un-coded conditions that have been recorded in the **Past History** section of Best Practice. This can assist when performing database searches or using 3rd party Clinical Audit tools.

This clean up is done via the **BP Utilities** function. Select **Start > Programs > Best Practice Software > Best Practice > BP Utilities**. Select your user name from the drop-down list. You will only have access to this function if you have sufficient user permissions.



Double click on the icon. The **Past History cleanup** screen will appear.



**Un-coded Past History** is a current list of all past history entries entered into the database (usually from a conversion or free texted), and the **Conditions** column is the complete list of coded conditions entered into Best Practice.

On the left-hand side, highlight the item that will be merged to a coded condition. On the right-hand side, enter the coded condition into the keyword search field. Highlight the condition to merge to, then select replace button.

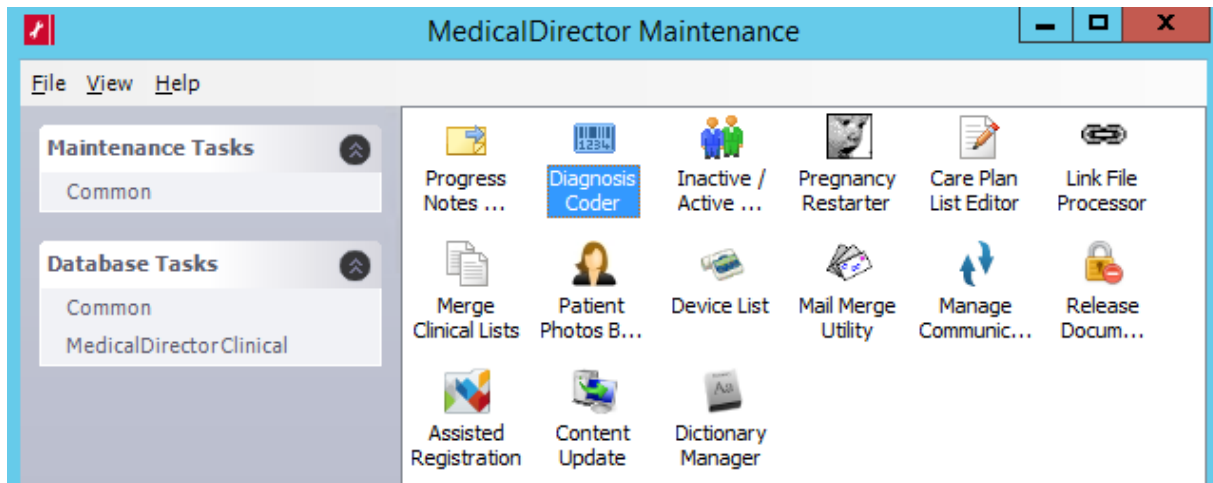
*Instructions for cleaning up un-coded conditions in Medical Director*

Medical Director provides a simple utility in **HCN Maintenance** that enables you to easily find un-coded Past Medical History items, and either link them to a coded item or replace them with the correct coded item.

1. Double click the **HCN Maintenance icon**  to open HCN Maintenance.
2. Select **Medical Director Clinical** in the list of **Database Tasks** on the left of the window.



3. Double click the **Diagnosis Coder icon**



The left-hand panel of this screen contains all the un-coded diagnosis entries in the Past Medical History database. The right-hand panel displays coded entries that you will select from to pair with your un-coded entries. Note that the right-hand panel is initially empty, but as you type into the text box above it, a list of items is generated underneath.

Simply highlight the entry on the left and the one you want to link it to or replace it with on the right, and then click either the **Link** or **Correct** button.

The link button will attach the code for that diagnosis to the coded entry on the right. The correct button will change the diagnosis on the left to that on the right (i.e. if the word was misspelled).

**Reflection on Activity 2.2:**

Practice name:	Date:
Team member:	



## Activity 4. Preventative health for people with anxiety or depression

Looking after physical health is important for everyone, but it can be an extra challenge for people who have anxiety and/or depression.

This may be related to the symptoms of the illness or the side-effects of medication. It may be due to smoking, not getting enough exercise, or other lifestyle factors. Physical health problems can also be overlooked when everyone's focus is on looking after the anxiety or depression disorder.

Whatever the reasons, people affected by mental illness often have some of the following problems:

- weight gain
- high blood pressure
- high cholesterol
- high blood glucose levels.

These problems may lead to heart disease, diabetes or other illnesses.

The aim of this activity is to look at preventative health options for patients with an anxiety or depression. This will focus on:

- physical activity
- alcohol
- smoking
- weight & BMI
- other risk factors, including blood pressure, BSL and cholesterol.

### Mental health disorders and cancer screening

People with mental health disorders are also potentially less likely to participate in cancer screening. Brisbane South PHN has a [cancer screening toolkit](#) to assist with identifying under-screened patients.

### Mental health disorders and older people

Mental health conditions are common throughout the Australian population, and older people are more likely to experience contributing factors such as physical illness or personal loss.

It is thought that between ten and fifteen per cent of older people experience depression and about ten per cent experience anxiety.<sup>4</sup>

Brisbane South PHN has a [QI toolkit for older people](#).

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<sup>4</sup> <https://www.beyondblue.org.au/who-does-it-affect/older-people>

## Physical activity

As defined in the most recent [RACGP report](#) supporting Australia’s physical activity and sedentary guidelines for adults, six terms apply to this section:

- physical activity
- sedentary behaviours
- metabolic equivalent (MET)
- intensity
- frequency
- duration.

Physical activity is important for mental health, pain management, a range of chronic diseases, disease prevention and health promotion. There is evidence that exercise can be an important part of treatment for anxiety and depression.<sup>5</sup>

### Activity 4.1 – Data Collection from CAT4



Complete the below table by collecting data from your Practice Monthly Benchmark Report.

*The aim of this activity is to collect data to determine the number of patients with their physical activity recorded.*

	Description	Total Number	% completed	Accreditation target met
4.1a	Number of active patients (3x visits in 2 years) (from activity 1.1)			
4.1b	Number of active patients who have their physical activity recorded			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1c	Number of active patients with a mental health condition who have their physical activity recorded			

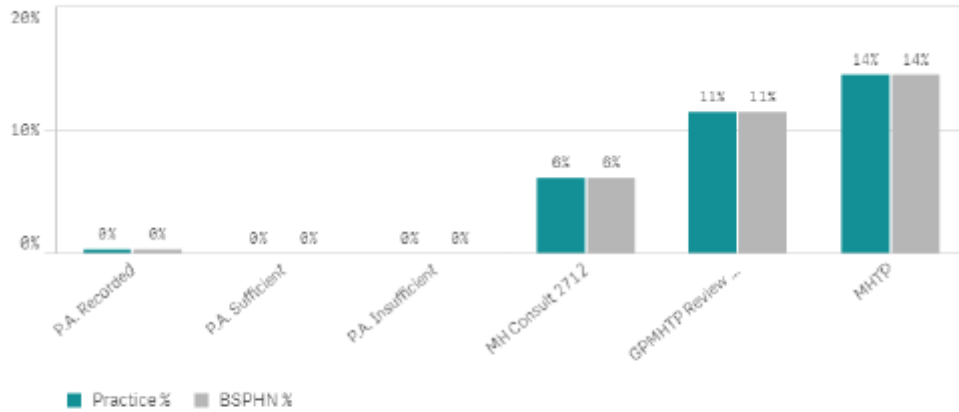
*Please note: As a general rule, data recording in this area is low across all practices in the Brisbane South PHN area. If the option for data recording is not user friendly at your practice, please notify your software provider.*

#### Reflection on Activity 4.1:

Practice name: _____ Date: _____
Team member: _____

<sup>5</sup> <https://www.sciencedirect.com/science/article/abs/pii/S016517811630909X>

**Mental Health – Management**



Mental Health Management*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420	-	132,420	-
Physical Activity Recorded	384	0%	384	0%

Figure: Sample snapshot of Brisbane South PHN benchmark report – mental health - management

**Smoking and alcohol status**

In Australia, while the prevalence of smoking is declining in the general community, it remains high among people with mental illness. Compared with the general population, people with mental illness have higher smoking rates, higher levels of nicotine dependence, and a disproportionate health and financial burden from smoking.<sup>6</sup> Anxiety disorders may also be linked with increased smoking of cannabis. This may be used as a form of self-medication but is also linked with long-term worsening of anxiety.<sup>7</sup>

Alcohol is often used by people with anxiety as a coping mechanism. This can lead to alcohol dependence and withdrawal, and can cause dangerous interactions with other medications. Alcohol can alter:

- mood
- energy levels
- sleeping patterns
- concentration
- memory
- risk of injury.

Alcohol also reduces inhibitions and impacts decision making.<sup>8</sup>

<sup>6</sup> <https://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>

<sup>7</sup> <https://www.iwatch.org/na46954/2018/06/22/cannabis-worsens-mood-and-anxiety-disorders-long-run>

<sup>8</sup> <https://headspace.org.au/young-people/how-does-alcohol-affect-mental-health/>



## Activity 4.2 – Data Collection from CAT4



Complete the below table by collecting data from your PIP QI measures from your practice monthly Benchmark Report. You can also collect information from CAT4. The recipe is available [here](#) (**change condition to anxiety or depression**)



The aim of this activity is to collect data to determine the number of patients who have their smoking and alcohol status recorded.

	Description	Percentage	Number
4.2a	Number of active patients aged 15+ years with smoking status recorded as current smoker 		
4.2b	Number of active patients aged 15+ years with an alcohol consumption status recorded 		
4.2c	Number of active patients with a mental health condition who are current smokers		
4.2d	Number of active patients with a mental health condition who drink alcohol		

Please note: not all patients included in the PIP QI reports will have an anxiety disorder. You can produce reports from CAT4 to just include anxiety disorder patients.

### Reflection on Activity 4.2:

Practice name: _____ Date: _____
Team member: _____

## Weight, BMI and cholesterol

Sometimes, people feel down or anxious about their weight. They may feel guilty for not being healthy and energetic. They may blame themselves for not being fit and active. As well, if a person has depression or anxiety their appetite, energy levels, self-esteem and weight can all be affected.<sup>9</sup>

## Links between mental health and heart disease

Heart conditions such as heart attack and angina often occur with anxiety. Anxiety and depression are considerable risk factors for coronary heart disease, along with smoking, high cholesterol and high blood pressure.

- Anxiety and depression are a significant risk factor for heart disease.
- Anxiety and depression are linked with conventional risk factors for heart disease (such as an unhealthy lifestyle).
- Anxiety and depression are common among people with heart disease. It affects recovery and increases the risk of further heart incidents. Heart attack patients with anxiety or depression are often less motivated to follow healthy daily routines, which means they may skip important medication, avoid exercise and proper diet, and continue harmful behaviours such as smoking and drinking alcohol.<sup>10</sup>

## Cardiovascular risk calculator

The Australian Absolute cardiovascular disease risk calculator has been produced by the National Vascular Disease Prevention Alliance for the information of health professionals. To use the calculator, you will need a patient’s age, blood pressure, smoking status, total and hdl cholesterol and ECG LVH if known. This calculator can be accessed at <http://www.cvdcheck.org.au/>. It is also included in Best Practice and Medical Director.

## Activity 4.3 – Data Collection from CAT4



Complete the below table by collecting data from your PIP QI measures from your practice monthly Benchmark Report or via CAT4 search.






The aim of this activity is to collect data to determine the number of patients with their BMI recorded as overweight or obese and also to monitor cholesterol levels

	Description	Percentage
4.3a	Number of active patients aged 15+ years with an anxiety disorder who have a BMI recorded as 'overweight' in the previous 12 months	



<sup>9</sup> [http://healthyweight.health.gov.au/wps/portal/Home/keep-in-check/managing%20the%20challenges/mental-health-and-weight!/ut/p/a0/04\\_Sj9CPykyssy0xPLMnMz0vMAfGjzOI9jFxdDY1MDD3dzbycDTzNLfwsfPOMjyJNTfULsh0VAUgJjsw!/](http://healthyweight.health.gov.au/wps/portal/Home/keep-in-check/managing%20the%20challenges/mental-health-and-weight!/ut/p/a0/04_Sj9CPykyssy0xPLMnMz0vMAfGjzOI9jFxdDY1MDD3dzbycDTzNLfwsfPOMjyJNTfULsh0VAUgJjsw!/)

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5149447/>

	Description		Percentage
4.3b	Number of active patients aged 15+ years with an anxiety disorder who have a BMI recorded as 'obese' in the previous 12 months		
4.3c	Number of active patients aged 15+ years with depression who have a BMI recorded as 'overweight' in the previous 12 months		
4.3d	Number of active patients aged 15+ years with depression who have a BMI recorded as 'obese' in the previous 12 months		
4.3e	Number of active patients with an anxiety disorder with a total cholesterol result > 7.5		

Reflection on Activity 4.3:

Practice name:	Date:
Team member:	

### Activity 4.4 – Understanding your practice preventative health activities



The aim of this activity is to increase your understanding of preventative health activities for your patients with an anxiety disorder.

Description	Status	Action to be Taken
After completing activity 4.1, are there any unexpected results with your practice's patient physical activity status?	<input type="checkbox"/> Yes: <b>see actions to be taken.</b> <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. low recording of physical activity status.)  How will this information be communicated to the practice team?

Description	Status	Action to be Taken
<p>After completing activity 4.2, are there any unexpected results with your practice’s patient alcohol and smoking status?</p>	<p><input type="checkbox"/> Yes: <b>see actions to be taken.</b></p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: <i>(e.g. high number of patients with an anxiety disorder who drink alcohol.)</i></p> <p>How will this information be communicated to the practice team?</p>
<p>After completing activity 4.3, are there any unexpected results with your practice’s patient weight, BMI and cholesterol status?</p>	<p><input type="checkbox"/> Yes: <b>see actions to be taken.</b></p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: <i>(e.g. high number of patients with an anxiety disorder who are obese.)</i></p> <p>How will this information be communicated to the practice team?</p>
<p>Are your practice patient measures similar to other practices in the Brisbane South region <i>(compare information from Benchmark report)</i>?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: <b>see action to be taken.</b></p>	<p>Outline the differences – <i>(e.g.: we’re on par with other practices, others are doing much better than us.)</i></p> <p>How will this information be communicated to the practice team?</p>
<p>Do all relevant team members know how to enter physical activity status in your practice’s clinical software?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: <b>see action to be taken.</b></p>	<p>See instructions on how to enter into <a href="#">Best Practice</a> or <a href="#">Medical Director</a>.</p>

Description	Status	Action to be Taken
Do all relevant team members know how to enter alcohol and smoking status in your practice's clinical software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: <b>see action to be taken.</b>	See instructions on how to enter into <a href="#">Best Practice</a> or <a href="#">Medical Director</a> .
Do all relevant team members know how to use the cardiovascular risk calculator in your practice's clinical software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: <b>see action to be taken.</b>	See instructions on how to enter into <a href="#">Best Practice</a> or <a href="#">Medical Director</a> .
Are all the measures being recorded in the correct fields in your clinical software? (e.g.: BP, BMI, waist circumference etc.,)	<input type="checkbox"/> Yes: you have completed this activity. <input type="checkbox"/> No, <b>see action to be taken.</b>	<p>Review how and where your risk factor information is being recorded in your practice software.</p> <p>See instructions on entering information in <a href="#">Best Practice</a>.</p> <p>See instructions on entering information in <a href="#">Medical Director</a>.</p> <p>Ensure all relevant team members are aware of how to record risk factor information.</p> <p>Document in practice policy.</p>
After reviewing practice physical activity, smoking, alcohol, weight, BMI and cholesterol status, are there any changes you would like to implement in the practice to help using practice software, over the next 12 months?	<input type="checkbox"/> Yes, <b>see actions to be taken to help set you goals.</b> <input type="checkbox"/> No, you have completed this activity.	<p>Refer to the Model for Improvement (MFI) and the <a href="#">Thinking part</a> at the end of this document.</p> <p>Refer to the <a href="#">Doing part - PDSA</a> of the Model for Improvement (MFI) to test and measure your ideas for success.</p>

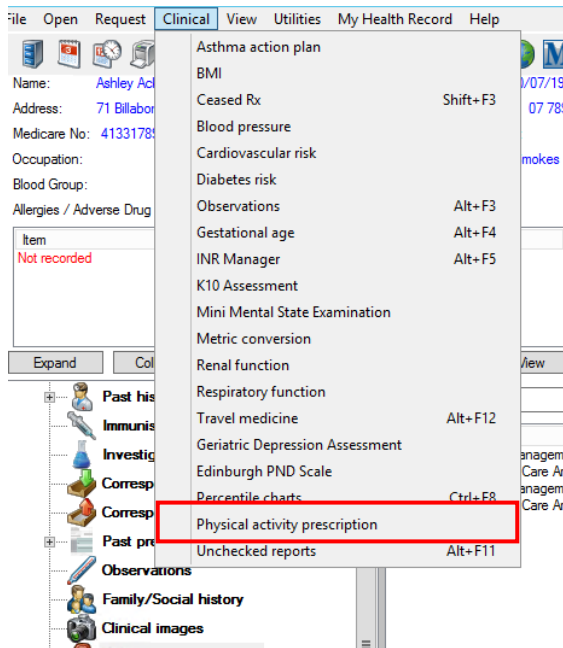
Reflection on Activity 4.4:

Practice name: _____	Date: _____
Team member: _____	

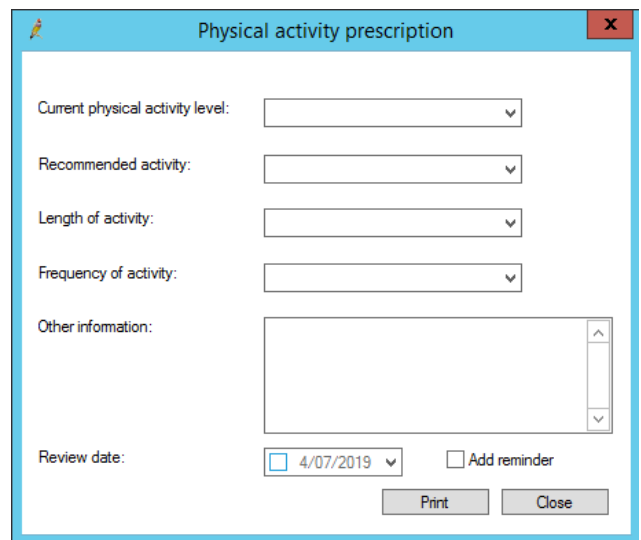


### Entering physical activity information in the patient file in Best Practice

1. Open the patient file.
2. Select **'Clinical'** and **'Physical Activity Prescription'**.

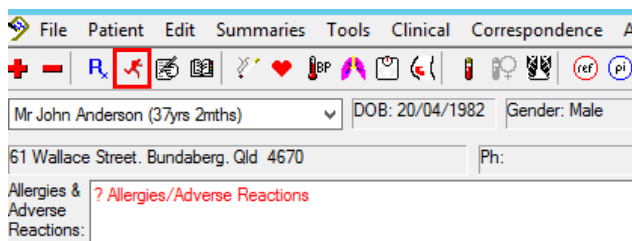


3. Complete the physical activity by using the drop-down menu options.
4. Click **'Print'** to save.

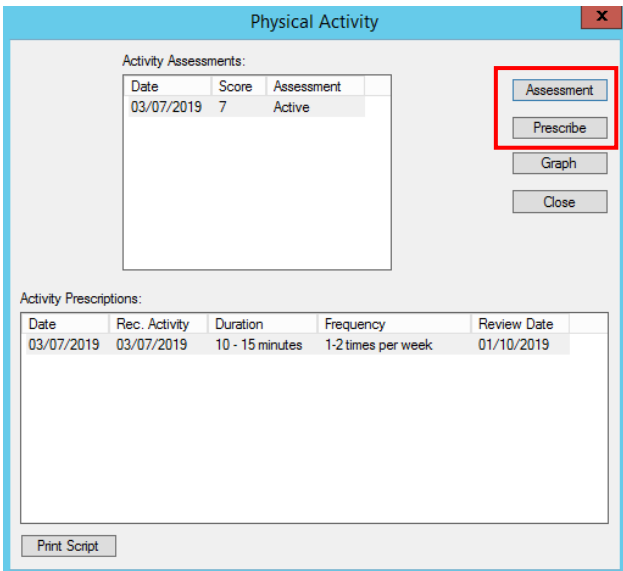


### Entering physical activity information in the patient file in Medical Director

1. Open the patient file.
2. Click on the **'Physical Activity Prescription'** (red person running) on the toolbar.

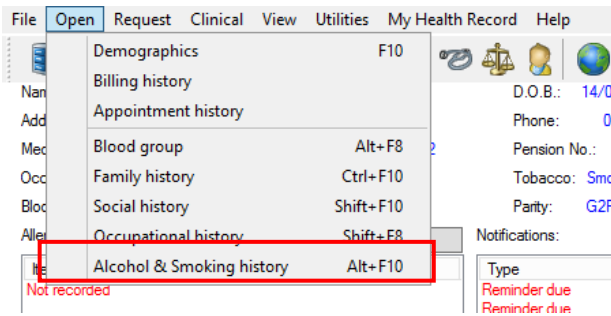


3. You can then complete an assessment or prescribe the patient a physical activity.



### Instructions for entering alcohol and smoking status in Best Practice

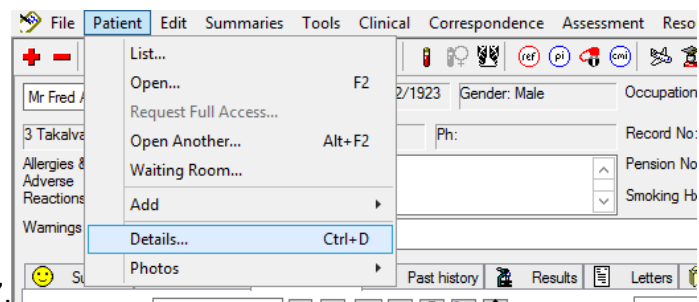
1. While the patient file is open, select **Open Alcohol & Smoking history**.



2. Select **Tobacco** on the left-hand side menu.
3. Once you have entered the information, select **Alcohol**.
4. Select **Save** to complete.

### Instructions on entering alcohol and smoking status into Medical Director

1. Have the patient file open.



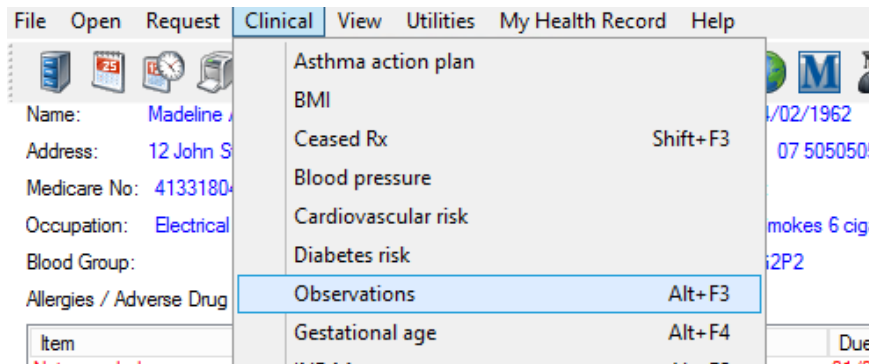
2. From the '**Patient**' menu select '**Details**'.
3. This will then open up a screen where you can enter patient details, allergy/reactions, family/social history, smoking, alcohol and personal details.

4. Select **Smoking**.

- 5. Once you have entered the details, select **Alcohol**.
- 6. Once all details have been completed, select **Save**.

Instructions on entering measurements into Best Practice

- 1. Have the patient's file open.
- 2. From the top menu, select **Clinical > Observations**.

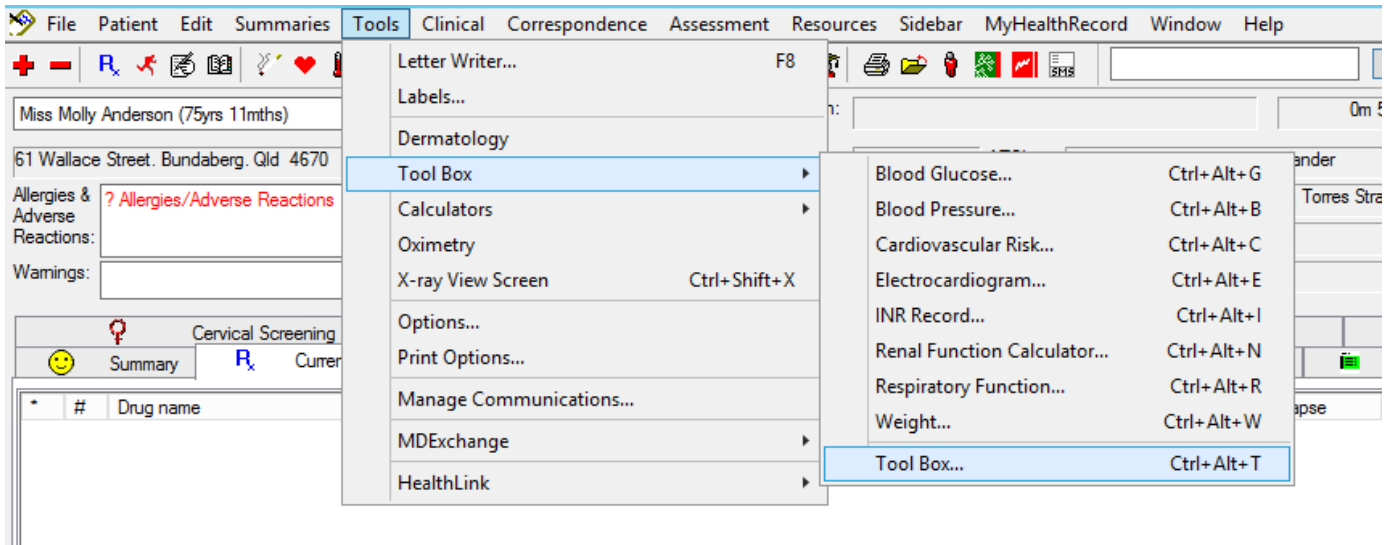


3. Enter the appropriate information.

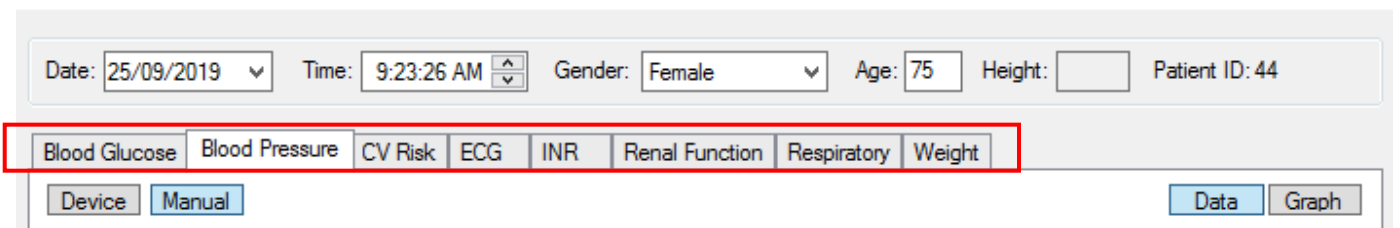
4. Click **Save** to complete.

Instructions on entering measurements into Medical Director

1. Have the patient's file open.
2. From the top menu select **Tools > Tool Box > Tool Box**.



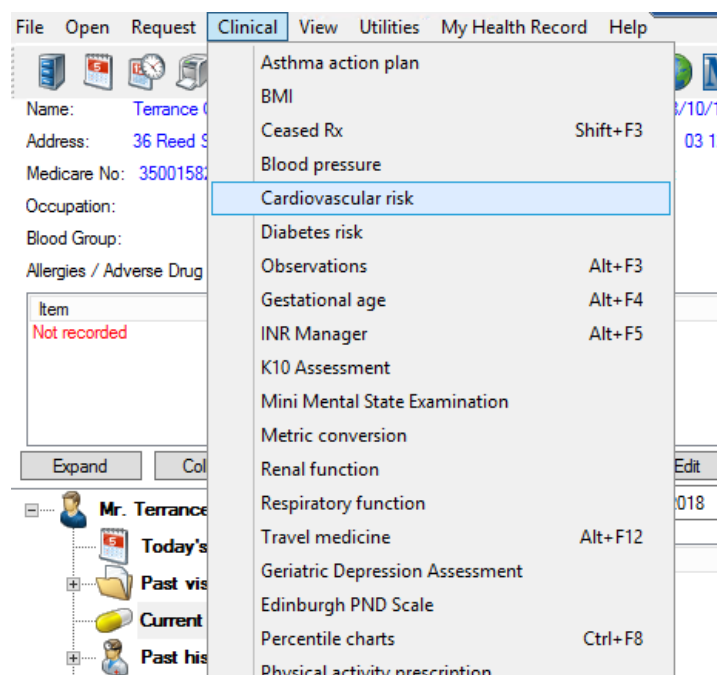
3. Select the appropriate tab and enter the relevant information.



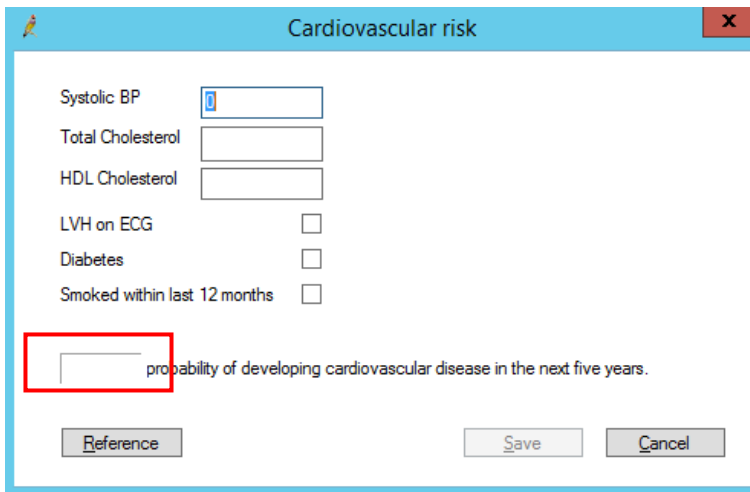
4. Click **Save** to complete.

Best Practice Cardiovascular Risk Calculator

1. Open patient file.



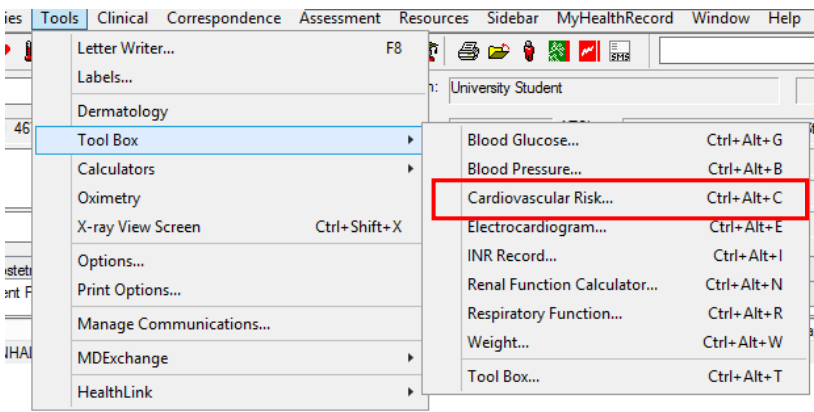
2. Select **Clincial > Cardiovascular Risk**.
3. The Cardiovascular risk screen will open.



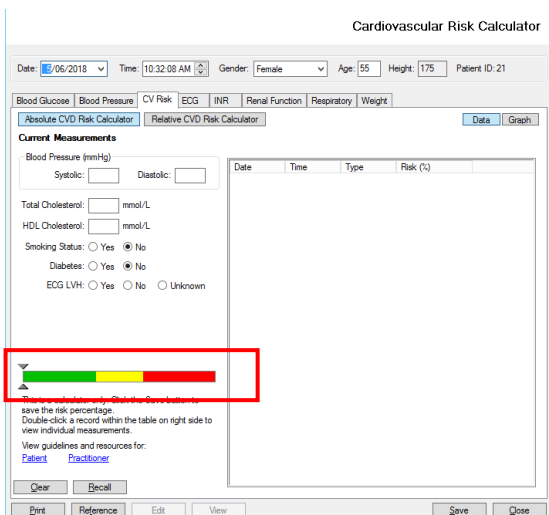
4. Enter patient results in the appropriate box. After all the details have been entered a score will appear.
5. Click **Save** for this to be recorded in patients file.

### Medical Director Cardiovascular Risk Calculator

1. Open patient file.
2. Select **Tools > Tool Box > Cardiovascular Risk**.



3. The **Cardiovascular Risk Calculator** screen will appear.



4. Enter the patient results in the appropriate boxes. The result will appear on the calculator guide.
5. Click **save** and this result will be saved in the patient's file.

## Activity 5. Medicare item numbers for patients with anxiety or depression

Patients with an anxiety and or depression disorder **may be eligible** to access item numbers within the Medicare Benefit Schedule (MBS). These are dependent on patient age, ethnicity and co-morbidities. Conditions apply to each item number; please ensure the GP understands these prior to claiming the item number/s. Brisbane South PHN has a comprehensive [toolkit](#) looking at MBS items. Item numbers include:

### Better access to psychiatrists, psychologists and general practitioners through the MBS (Better Access) initiative

The purpose of the Better Access initiative is to improve treatment and management of mental illness within the community. The Better Access initiative is increasing community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists. Part of the Better Access funding has been allocated to [education and training](#) for health professionals.

More information about the initiative can be found [here](#)

### Mental health consultation (item 2713)

The GP mental health treatment consultation item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for a patient being managed under a GP Mental Health Treatment Plan. This item may be used for ongoing management of a patient with a mental health disorder. This item should not be used for the development of a GP Mental Health Treatment Plan.

A GP mental health treatment consultation must include:

- taking relevant history and identifying the patient's presenting problem(s) (if not previously documented)
- providing treatment, advice and/or referral for other services or treatment
- documenting the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable).

Consultations associated with this item must be at least 20 minutes duration.

There are no limits to the amount of times this item number can be claimed.

More information can be found on [MBS Online](#).

## Mental health treatment plan (MBS item 2700, 2701, 2715 or 2717)

GPs providing mental health treatment plans, who have undertaken mental health skills training recognised through the General Practice Mental Health Standards Collaboration, have access to items 2715 and 2717.

Item Description	Medicare Criteria	Frequency of claiming
Mental health plan MBS Items 2700, 2701, 2715 or 2717)	<p>A mental health disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.</p> <p>The mental health plan must include:</p> <ul style="list-style-type: none"> <li>documenting the results of assessment, patient needs, goals and actions, referrals and required treatment/services</li> <li>review date in the patient's GP mental health treatment plan</li> </ul>	<p>A new plan may be completed after 12 months if clinically required and if the person meets the <a href="#">eligibility criteria</a>.</p> <p>After the plan has been completed, the patient is entitled to up to 10 Medicare-subsidised visits (6 visits initially, another 4 after a review) with a psychologist per calendar year.</p>

More information is available in the [Education guide for mental health care](#)

## Mental health treatment plan review (MBS item 2712)

The review item is a key component for assessing and managing the patient's progress once a GP mental health treatment plan has been prepared, along with ongoing management through the GP mental health treatment consultation item and/or standard consultation items. A patient's GP mental health treatment plan should be reviewed at least once.

A rebate can be claimed once the GP who prepared the patient's GP mental health treatment plan (or another GP in the same practice or in another practice if the patient has changed practices) has undertaken a systematic review of the patient's progress against the GP mental health treatment plan.

The review must include:

- recording the patient's agreement for this service
- a review of the patient's progress against the goals outlined in the GP mental health treatment plan
- modification of the documented GP mental health treatment plan if required
- checking, reinforcing and expanding education
- a plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided
- re-administration of the outcome measurement tool used in the assessment stage, except where considered clinically inappropriate.

A mental health plan review can be claimed every 3 months or at least 4 weeks after claiming the mental health plan item number.



### Activity 5.1 – Data collection from CAT4



Complete the below table by collecting data from the CAT4 data instruction tool. Instructions are available for [identifying patients eligible for a mental health treatment plan](#) OR [identifying patients eligible for a mental health treatment plan review](#) (select **anxiety** only under mental health conditions, then click **recalculate** and select **depression**)

The aim of this activity is to collect data to determine the number of patients with an anxiety disorder and depression who may be eligible for a mental health treatment plan or review

	Description	Total number of active patients as per RACGP criteria (3 x visits in 2 years)	Total number of active patients
5.1a	Number of patients with an anxiety disorder (from activity 1.1)		
5.1b	Number of patients with anxiety who have had a mental health treatment plan completed in the past 12 months (from activity 1.1)		
5.1c	Number of patients with anxiety who may be eligible for a mental health treatment plan		
5.1d	Number of patients with anxiety who may be eligible for a mental health treatment plan review		
5.1e	Number of patients with depression (from activity 2.1)		
5.1f	Number of patients with depression who have had a mental health treatment plan completed in the past 12 months (from activity 2.1)		
5.1g	Number of patients with depression who may be eligible for a mental health treatment plan		
5.1h	Number of patients with depression who may be eligible for a mental health treatment plan review		

#### Reflection on Activity 5.1:

Practice name: _____ Date: _____
Team member: _____

## Activity 5.2 – Checklist for reflection on MBS claiming



Complete the checklist below to review your practice’s MBS claiming for patients with an anxiety and/or depression disorder.

Questions to consider	Status	Action to be Taken
After completing activity 5.1, are there any unexpected results with your practice’s claiming for mental health patients?	<input type="checkbox"/> Yes: <b>see actions to be taken</b> <input type="checkbox"/> No: continue with activity	Please explain: (e.g. low % of patients with a MH treatment plan or we are doing well at claiming MH treatment plan reviews)  How will this information be communicated to the practice team?
Are there any patients with an anxiety disorder without a mental health treatment plan completed in the past 12 months? (refer to <a href="#">MBS criteria</a> )	<input type="checkbox"/> Yes, <b>see action to be taken.</b> <input type="checkbox"/> No, continue with the activity.	Please explain.  What action will you take?
Are there any patients with depression without a mental health treatment plan completed in the past 12 months? (refer to <a href="#">MBS criteria</a> )	<input type="checkbox"/> Yes, <b>see action to be taken.</b> <input type="checkbox"/> No, continue with the activity.	Please explain.  What action will you take?

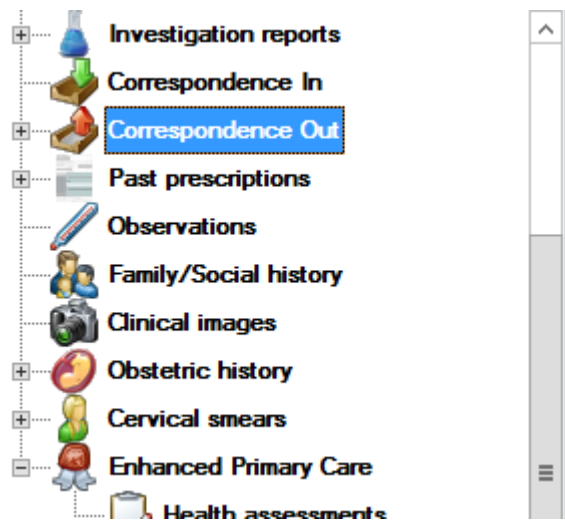
Questions to consider	Status	Action to be Taken
Do relevant staff know where to find appropriate templates for mental health treatment plans?	<input type="checkbox"/> Yes, continue with the activity.  <input type="checkbox"/> No, <b>see actions to be taken.</b>	See templates available here for <a href="#">Best Practice</a> and <a href="#">Medical Director</a> .
Do relevant staff know what the criteria is for completing mental health treatment plans and reviews?	<input type="checkbox"/> Yes, continue with the activity.  <input type="checkbox"/> No, <b>see actions to be taken.</b>	Refer to MBS criteria at:  <a href="#">Mental Health treatment plans</a>  <a href="#">Mental health treatment plan reviews</a>
Do relevant team members know how to use the MBS items app on TopBar?	<input type="checkbox"/> Yes: continue with activity.  <input type="checkbox"/> No: <b>see actions to be taken.</b>	Refer to the instructions on the <a href="#">MBS app</a> .  Contact the Digital Health team at Brisbane South PHN on <a href="mailto:ehhealth@bsphn.org.au">ehhealth@bsphn.org.au</a> if your team requires additional training.
Do you know the contact details for any MBS related questions?	<input type="checkbox"/> Yes, continue with the activity.  <input type="checkbox"/> No, <b>see actions to be taken.</b>	Email: <a href="mailto:askMBS@health.gov.au">askMBS@health.gov.au</a>  Provider enquiry line - 13 21 50
After reviewing the MBS claiming for patients with an anxiety and/or depression disorder, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, <b>see actions to be taken.</b>  <input type="checkbox"/> No, you have completed this activity.	Refer to the Model for Improvement (MFI) and the <a href="#">Thinking part</a> at the end of this document.  Refer to the <a href="#">Doing part - PDSA</a> of the Model for Improvement (MFI) to test and measure your ideas for success

Reflection on Activity 5.2:

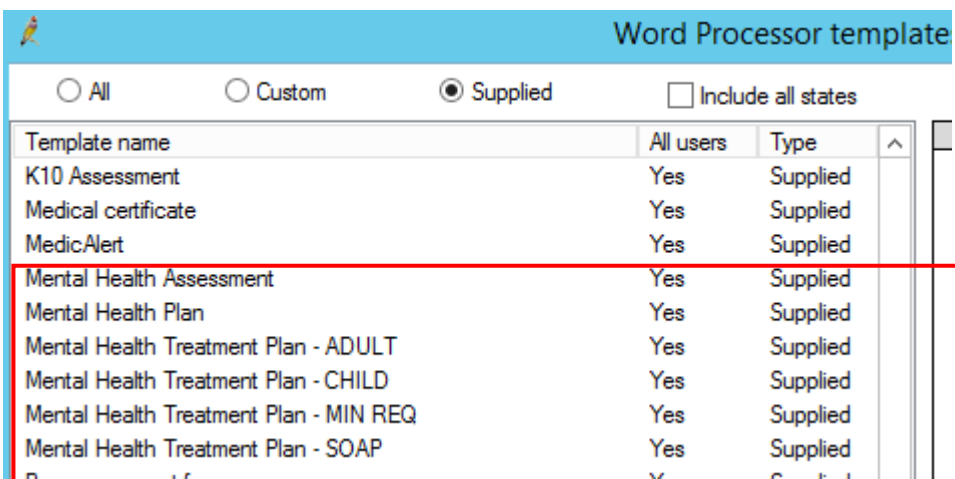
Practice name: <span style="float: right;">Date:</span>
Team member:

Instructions for completing mental health treatment plan in Best Practice

1. Open the patient file.



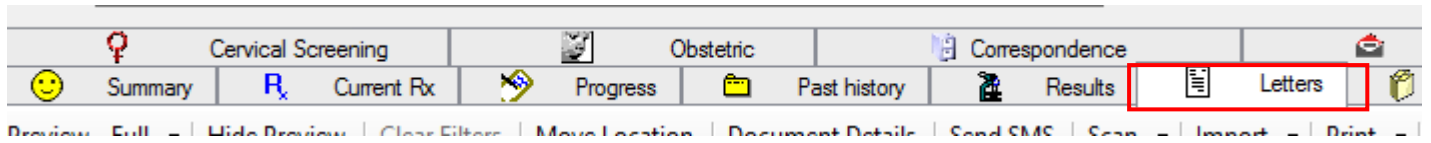
2. Select **Correspondence out**.
3. Select **Add > New document**.
4. Identify and select the appropriate mental health treatment plan.




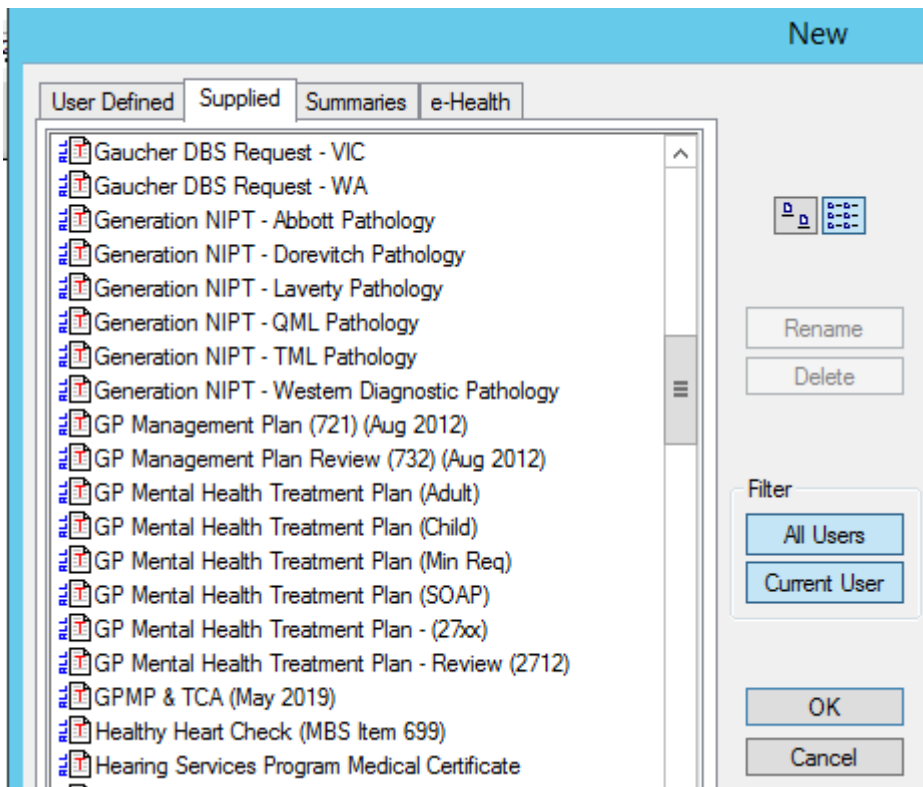
5. Complete the plan, then **Save** to complete.

## Instructions for completing mental health treatment plan in Medical Director

1. Open the patient file
2. Select **Letters** from the menu bar



3. Select **+** to start a new template. 
4. Then click **File > New**.
5. Select **GP Mental Health Treatment Plan** (either Adult or child).
6. Complete the plan, then **Save** to complete.



# Activity 6. SpotOnHealth HealthPathways - anxiety and depression

SpotOnHealth HealthPathways provides clinicians in the greater Brisbane south catchment with web-based information outlining the assessment, management and referral of more than 550 conditions.

SpotOnHealth HealthPathways boasts a range of benefits including:

- best available information on how to assess and manage common clinical conditions, including when and where to refer patients
- easy online access to clinical and patient resources for in-consult use, peer-reviewed and localised to our region
- integrated, concise, and saving you time.

It is an initiative of Metro South Health and Brisbane South PHN, in partnership with Mater Health Services and Children's Health Queensland. For more information, visit the SpotOnHealth HealthPathways project [site](#)

It is designed to be used at point of care primarily by general practitioners but is also available to specialists, nurses, allied health and other health professionals.

To access these resources, you will need to [login](#).

## SpotOnHealth HealthPathways and Topbar

The Topbar app provides a simple one-click access to the HealthPathways website. Topbar will show the app name (default is HealthPathWays) on top of your screen



## SpotOnHealth HealthPathways and anxiety

SpotOnHealth HealthPathways is a useful tool for accessing information to assist with managing your patients with anxiety and/or depression.



You can search for a particular topic in the top left corner and under each topic there is a range of information available that may include:

- information specific to Aboriginal & Torres Strait Islander people
- information specific to culturally and linguistically diverse communities
- assessment tools and pathways
- management steps according to the latest guidelines
- requests/referral pathways
- clinical Resources
- patient Information
- references.

### Activity 6.1 – Checklist for reflection on use of SpotOnHealth HealthPathways



Complete the checklist below to review your practice's use of SpotOnHealth HealthPathways

Questions to consider	Status	Action to be taken
Do all GPs and Nurses have login details for SpotOnHealth HealthPathways?	<input type="checkbox"/> Yes, continue with the activity.  <input type="checkbox"/> No, <b>see actions to be taken.</b>	To obtain username and password email <a href="mailto:spotonhealth@health.qld.gov.au">spotonhealth@health.qld.gov.au</a>
Do all GPs and Nurses know how to access SpotOnHealth HealthPathways via Topbar?	<input type="checkbox"/> Yes, continue with the activity.  <input type="checkbox"/> No, <b>see actions to be taken.</b>	Contact BSPHN Digital Health Team via email: <a href="mailto:health@bsphn.org.au">health@bsphn.org.au</a>
After reviewing the practice usage of SpotOnHealth HealthPathways, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, <b>see actions to be taken.</b>  <input type="checkbox"/> No, you have completed this activity.	Refer to the Model for Improvement (MFI) and the <u>Thinking part</u> at the end of this document.  Refer to the <u>Doing part - PDSA</u> of the Model for Improvement (MFI) to test and measure your ideas for success.

#### Reflection on Activity 6.1:

Practice name: _____ Date: _____
Team member: _____

## Activity 7. Resources and education

### Resources for health professionals

- [Mental health guidelines](#) – RACGP
- NICE Clinical Guidelines – [Generalised Anxiety Disorder and Panic Disorder in Adults](#)
- Psychiatryonline – [Quick reference for anxiety disorders](#)
- Queensland Health:
  - [Clinical Guidelines: Mental Health Act 2016](#)
  - [Examinations and Assessments](#)
  - [Mental health forms](#)
- [Keeping body and mind together](#) – RANZCP
- [Clinical Guidelines for the Physical Care of Mental Health Consumers](#)
- [Headspace clinical toolkit](#)
- [Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition](#) – American Psychiatric association
- [SpotOnHealth HealthPathways](#)

### Education for health professionals

- [Mental health skills training](#) – ThinkGP
- Black Dog Institute – [Managing anxiety online webinar and Anxiety and e-Mental Health factsheet](#)
- BMJ learning module – [Generalized anxiety disorder: diagnosis and treatment](#) - requires registration
- [Insight training](#)
- [Mental health CPD for nurses](#)
- [RACGP e-learning modules](#)
- [Brisbane South PHN Education events](#)
- [National Prescribing Service](#) - You can find a number of resources focused on mental health conditions. Specific resources of interest to health professionals may include:
  - MedicineWise News
  - Clinical eAudit
  - Online case study

### Resources for patients

- [Beyond Blue](#)
- Blackdog Institute – [Mindfulness](#)
- [CALM - Computer Assisted Learning for the Mind](#)
- Centre for Clinical Interventions – [Progressive muscle relaxation](#)
- [E-couch](#)



- [Emergency Crisis Contact Numbers](#)
- [Mental Health Online](#)
- NPS Medicinewise –[Antidepressant medications explained](#)
- [Reconnexion](#)
- [This Way Up](#)
- [YourHealthinMind](#) –[About Depression](#)

Resources for Aboriginal and Torres Strait Islander patients

- [Family support and healing](#) -Queensland health
- [Beyond Blue](#)
- [Head to health](#)

# Quality improvement activities using The Model for Improvement and PDSA

After completing any of the workbook activities above, you may identify areas for improvement in the management of patients with anxiety and/or depression. Follow these steps to conduct a Quality Improvement Activity using The Model for Improvement and PDSA. The model consists of two parts that are of equal importance.

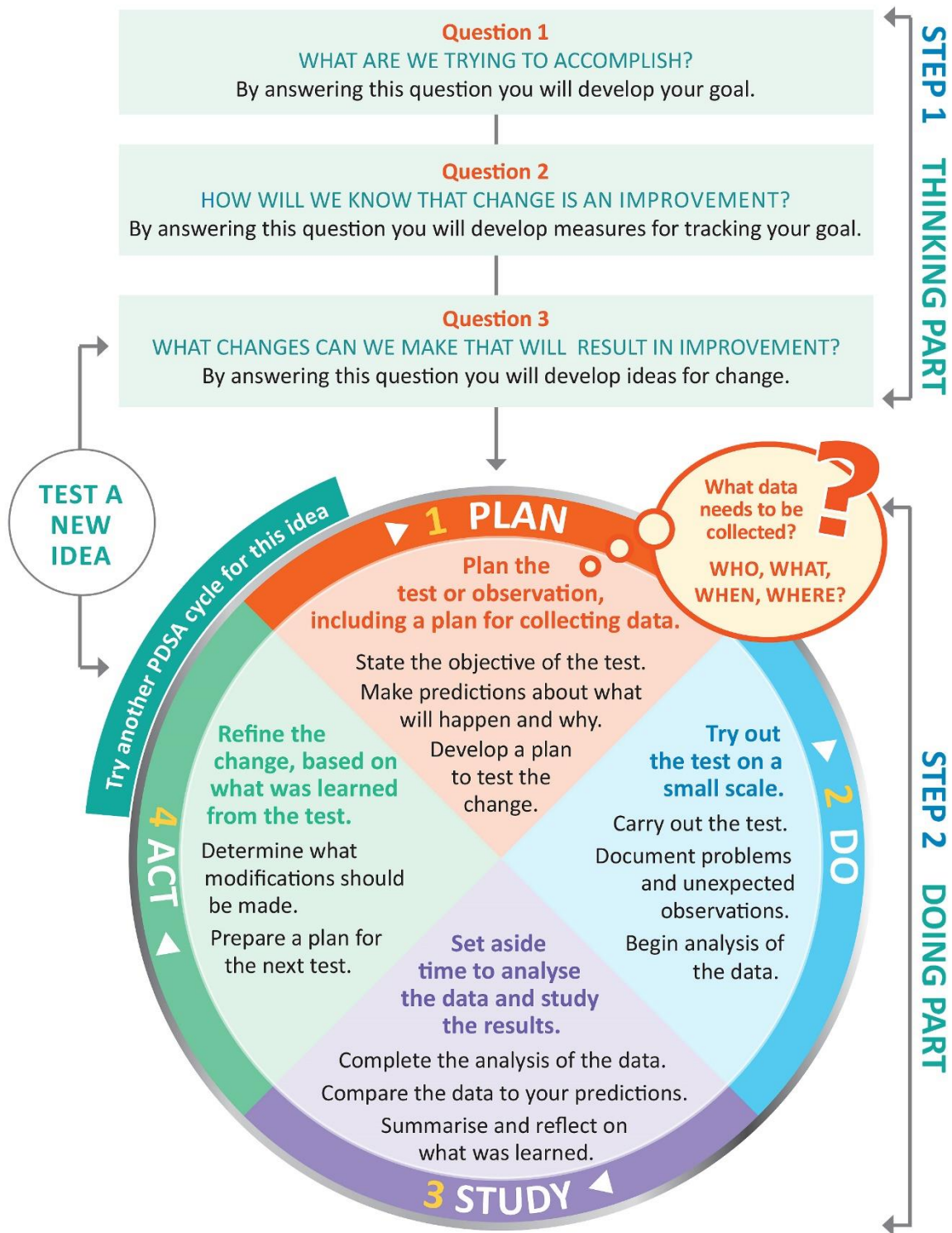
Step 1: The **'thinking'** part consists of three fundamental questions that are essential for guiding improvement work:

- What are we trying to accomplish?
- How will we know that the proposed change will be an improvement?
- What changes can we make that will lead to an improvement?

Step 2: The **'doing'** part is made up of Plan, Do, Study, Act (PDSA) cycles that will help to bring about rapid change:

- Helping you test the ideas.
- Helping you assess whether you are achieving your desired objectives.
- Enabling you to confirm which changes you want to adopt permanently.

## The model for improvement diagram



Source: <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

## Model for Improvement and PDSA worksheet EXAMPLE

### Step 1: The Thinking Part - the 3 Fundamental Questions

Practice name:	Date:
Team member:	
<b>Q1. What are we trying to accomplish? (Goal)</b>	
<b>By answering this question, you will develop your goal for improvement</b>	
<p>Our goal is to:</p> <ul style="list-style-type: none"> <li>Ensure all patients with an anxiety disorder have their GP mental health plan reviewed.</li> </ul> <p><b><i>This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.</i></b></p> <p><b><i>So, for this example, a better goal statement would be:</i></b></p> <p><b>Our S.M.A.R.T. goal is to:</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of people with anxiety who have had a review of the GP mental health plan completed in the past 12 months by 10% by 31 July.</li> </ul>	
<b>Q2. How will you know that a change is an improvement? (Measure)</b>	
<b>By answering this question, you will develop MEASURES to track the achievement of your goal.</b>	
<b>E.g. Track baseline measurement and compare results at the end of the improvement.</b>	
<p>We will measure the percentage of active patients with anxiety who have a GP mental health treatment plan to ensure they have a review completed. To do this we will:</p> <p>A) Identify the number of active patients with an anxiety disorder who have a GP mental health plan</p> <p>B) Identify the number of active patients with an anxiety disorder who have had their GP mental health treatment plan reviewed</p> <p><math>B \text{ divided by } A \times 100</math> produces the percentage of patients who have had their mental health plan reviewed.</p>	
<b>Q3. What changes could we make that will lead to an improvement? (List your IDEAS)</b>	
<b>By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal. You may wish to BRAINSTORM ideas with members of our Practice Team.</b>	
<p>Our ideas for change:</p> <ol style="list-style-type: none"> <li>Using CAT4, identify active patients with an anxiety disorder who have not had a GP mental health treatment plan completed in the past 12 months</li> <li>Identify patients from list exported from CAT4 and create a TopBar prompt</li> <li>Source and provide endorsed patient education resources (in waiting rooms, etc)</li> </ol> <p>The team selects one idea to begin testing with a PDSA cycle</p>	

**Note: Each new GOAL (1st Fundamental Question) will require a new Model for Improvement Guide**

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

**Model for Improvement and PDSA worksheet EXAMPLE**

**Step 2: The Doing Part - Plan, Do, Study, Act**

You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1  
 You will use this sheet to test an idea.

<b>PLAN</b>	Describe the brainstorm idea you are planning to work on. <span style="float: right;">(Idea)</span>
<b>Plan the test, including a plan for collecting data</b>	<i>What exactly will you do? include what, who, when, where, predictions and data to be collected</i>
<p>Idea: Using CAT4, identify active patients with an anxiety disorder with a GP mental health treatment plan who have not had plan review completed in the past 12 months.</p> <p>What: Sam will conduct a search on CAT4.</p> <p>Who: Receptionist (Sam)</p> <p>When: Begin 20 May</p> <p>Where: at the practice in Dr Brown’s room</p> <p>Prediction: 30% of the active patient population with an anxiety disorder will have GP mental health treatment plan, however only 5% of those patients will have had a plan review completed in the past 12 months.</p> <p>Data to be collected: Number of active patients with an active anxiety disorder with a GP mental health treatment plan and the number of active patients with an anxiety disorder with a GP mental health treatment plan, but no plan review in the past 12 months.</p>	
<b>DO</b>	Who is going to do what? <span style="float: right;">(Action)</span>
<i>Run the test on a small scale</i>	<i>How will you measure the outcome of your change?</i>
<p>Completed 20 May – the receptionist contacted Brisbane South PHN for support with the PenCS CAT4 search and the export function. The data search was conducted very quickly, with the receptionist being upskilled to conduct further relevant searches.</p>	
<b>STUDY</b>	Does the data show a change? <span style="float: right;">(Reflection)</span>
<b>Analyse the results and compare them to your predictions</b>	<i>Was the plan executed successfully? Did you encounter any problems or difficulties?</i>
<p>A total of 18 active patients (4%) with an anxiety disorder and a GP mental health treatment plan have had a plan review in the past 12 months = 1% lower than predicted.</p>	
<b>ACT</b>	Do you need to make changes to your original plan? <span style="float: right;">(What next)</span> OR Did everything go well?
<b>Based on what you learned from the test, plan for your next step</b>	<i>If this idea was successful you may like to implement this change on a larger scale or try something new If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance</i>

- 1.** Create a PenCS Topbar prompt to ensure all patients with an anxiety disorder and GP mental health treatment plan have a plan review completed. Review this by 31 July (in 2 months' time) to determine if there has been an increase in the % of patients recorded.
- 2.** Ensure the clinical team know how to complete GP mental health treatment plans in the medical software.
- 3.** Remind the whole team that this is an area of focus for the practice.

**Repeat Step 2 for other ideas – What idea will you test next?**

**Model for Improvement and PDSA worksheet template**

**Step 1: The Thinking Part - The 3 Fundamental Questions**

Practice name:	Date:
Team member:	
<b>Q1. What are we trying to accomplish?</b>	<b>(Goal)</b>
<b><i>By answering this question, you will develop your GOAL for improvement</i></b>	
<b>Q2. How will you know that a change is an improvement?</b>	<b>(Measure)</b>
<b><i>By answering this question, you will develop MEASURES to track the achievement of your goal.</i></b>	
<b><i>E.g. Track baseline measurement and compare results at the end of the improvement.</i></b>	
<b>3. What changes could we make that will lead to an improvement?</b>	<b>(List your IDEAS)</b>
<b><i>By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal.</i></b>	
<b><i>You may wish to BRAINSTORM ideas with members of our Practice Team.</i></b>	
Idea:	
Idea:	
Idea:	
Idea:	

Note: Each new GOAL (1st Fundamental Question) will require a new Model for Improvement plan.  
 Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

**Model for Improvement and PDSA worksheet template**

**Step 2: The Doing Part - Plan, Do, Study, Act cycle**

You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1  
 You will use this sheet to test an idea.

<b>PLAN</b>	Describe the brainstorm idea you are planning to work on. <span style="float: right;">(Idea)</span>
<b>Plan the test, including a plan for collecting data.</b>	<i>What exactly will you do? Include what, who, when, where, predictions and data to be collected</i>
<b>DO</b>	Who is going to do what? <span style="float: right;">(Action)</span>
<b>Run the test on a small scale.</b>	<i>How will you measure the outcome of your change?</i>
<b>STUDY</b>	Does the data show a change? <span style="float: right;">(Reflection)</span>
<b>Analyse the results and compare them to your predictions.</b>	<i>Was the plan executed successfully? Did you encounter any problems or difficulties?</i>
<b>ACT</b>	Do you need to make changes to your original plan? <span style="float: right;">(What next)</span> OR Did everything go well?
<b>Based on what you learned from the test, plan for your next step.</b>	<i>If this idea was successful you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.</i>

**Repeat Step 2 for other ideas - What idea will you test next?**





