



Why we love the PEN Clinical Audit Tool (PCAT)!

Jeanne Webb, Practice Manager, Charlton Medical

In an ideal world we would all make optimal use of every EPC item number.

In that ideal world every diabetic would have a GP management plan, an annual cycle of care, and possibly a team care arrangement. When they reached 45 they would all have a 45 year old health check – every one of them, and at 75 they would begin their annual health assessments – which they would never miss...Each of them would be visited annually by a pharmacist for a domiciliary medication management review (home medicines review)...in an ideal world.

Unfortunately for us, there are many factors that prevent this ideal scenario – or even anything vaguely resembling it. Doctor shortages, nursing shortages, data entry staff shortages, and patients who have things to do other than sitting in our waiting room, by necessity have resulted in all of us making decisions about which areas of EPC we will incorporate into our practices.

At Charlton Medical, a two doctor practice, we focussed on 75 year old health assessments, mental health care plans, diabetic annual cycles of care and a few others. We really just dabbled with the other item numbers – great idea, not enough time.

Then, in February, we had the PEN Clinical Audit Tool installed on our server. We haven't looked back!! We love the PCAT!

Let me explain... This tool uses our clinical data – in our case from MD3 – and translates it into graphs, producing data in a format that makes it easy to understand and to action. It allows us to target specific risk profiles and then obtain a printout of each patient in that group.

We began with a data cleansing exercise. The PCAT told us that we had 294 patients with no allergies records. That really surprised us – we record the allergies of every patient seen at the practice, but by checking the archiving settings we were able to get that figure down to a much more realistic 14 patients – quickly and easily. We then did the same with smoking.

Data cleansing over, we moved onto the real reason we love the PCAT – we moved onto the areas that improve patient care and in the process make us more money using minimal extra staff resources.

We began with women who had not had a pap smear in the last 4 years. The PCAT told us that we had 30 women between 21 and 75 in this group. We sent individual letters inviting them along to have this done. We now have only 5 outstanding.

Next we moved onto DMMRs, beginning with patients on 8 or more medications. We sent out lots of letters – David Senator was pleased – and have recently invited patients on 7 medications. Six and 5 medications still to go!!

Four of our patients were identified as having a 10 year risk of a cardiovascular event greater than 20%. Reviewing these patients was an obvious priority! All have now been reviewed.

We're now working on getting our diabetic register up to date. There are sure to be many patients with complete annual cycles of care that have not been billed. We might not be able to achieve that ideal world picture, but we can certainly bill for what we've done!!

The PCAT makes this all really easy. That's why we love it!

Probably its main downfall is that PCAT really only concentrates on the major disease states, CHD, diabetes and asthma. For all the others you have to look at a program with much more power. The Practice Health Atlas is one such program, and we received our report from Kerry, Brenda and Ruth a couple of weeks ago. We'll let you know how it goes!!

In the mean time, get this tool installed. It's almost painless...honestly!