





# POLAR GP Walkthrough Guide

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- Identify patients with no Zostavax immunisation
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## **Technical**

- Polar User Manual
- Category Coding information
- Setting computer to 'never sleep'
- Patient Opt Out
- Data Cleaning Resource MD
- Data Cleaning Resource BP

## **POLAR GP Quick Reference Guide**





## **POLAR GP Tips and Tricks**



#### Tips and Tricks for users of POLAR GP including some example search topics

#### How do you apply filters?

The filters bar is available on the left hand side of each page and allows for quick access in filtering: patient status, and time period. All tables and graphs in POLAR GP can also be used as filters and will hold when you move onto different pages. These can also be easily expanded or extracted by right clicking to bring up the icons:

#### expand and extract



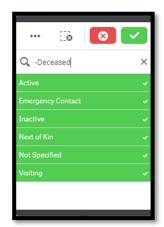


#### Lasso selection

In some graphs when you left click, a little lasso icon will appear. This can be used by selecting the icon, holding down the left click and dragging across all of the items you would like included in your filter.

#### **Exclusion Filters**

If you would like to exclude a group via filtering this can be done using the Minus (-) sign as an exclusion filter for example. Selecting *-Deceased* under the patient status filter will remove all of the patients that are listed as Deceased.



#### **Potential Searches** Filters to Apply Active patients aged Risk Factors page 45 to 49 eligible for a active patients 45-49 health age group 45-49 assessment. risk factors you would like to target. E.g. high BMI, blood pressure, smoking status **Identify Patients with** Diagnosis page Hypertension active patients diagnosis active: active SNOMED text: hypertension (use search function if needed) **Active patients Medications Page** currently being active patients prescribed opioids. current medications: current medications medium level search: opioids (use search function if needed) **Review missing** Quality page demographic and **RACGP** active patients clinical data for you can then filter by accreditation. the missing demographic and clinical information This patient list can be fields available, such as: identified for data age, ATSI status, allergy cleansing and quality status, BMI improvement.

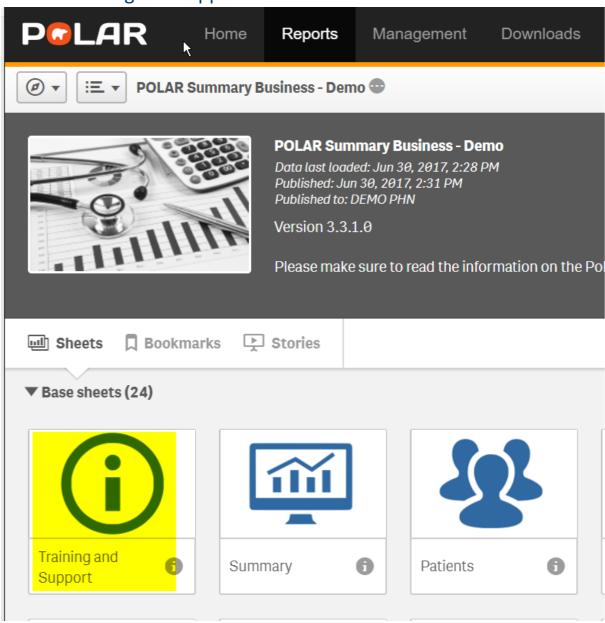
## What is SNOMED and what does it mean for me?

SNOMED CT is the most comprehensive and precise clinical health terminology product in the world. POLAR GP has developed the ability for practices to search for diagnosis both by GP free text but also by SNOMED Clinical Terminology.

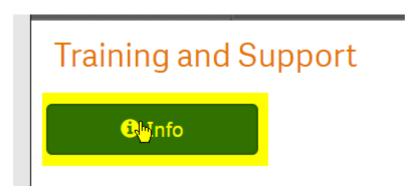


When searching for a specific item in large tables. Clicking on the heading will allow you to type in the item you are searching for, this is particularly useful for tables such as Diagnosis and Medications.

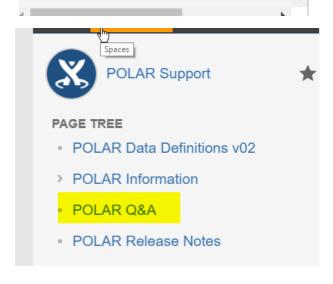
## **POLAR Training and Support**



#### Go to Info



Select Training and Tips to go to Webinars, then Polar Q & A (see below) or Walkthroughs to get instruction pages



## Health Assessments Over 75s

## POLAR Walkthrough – Health Assessments Over 75s

This walkthrough will demonstrate how to generate a patient list for patients who are 75 years of age or older and have not had a Health Assessment performed in the last 12 months.

#### Patient cohort:

#### All patients who are:

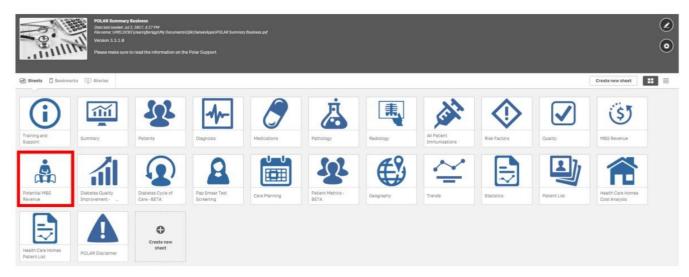
- Active in the clinical system
- Active as per the RACGP definitions
- Aged 75 years or older
- Have not had a 701,703,705,707 MBS item billed in the last 12 months

## **POLAR Report**

#### **POLAR Summary Business**



 $1. \ \ Open the \ POLAR \ Summary \ Business \ report \ and \ select \ the \ \textbf{Potential MBS Revenue} \ tile.$ 

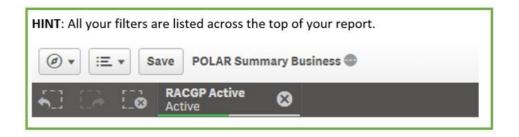


2. Use the Patient Filters, and select Active from the RACGP Active filter list. Remember to select the tick to confirm your selections.

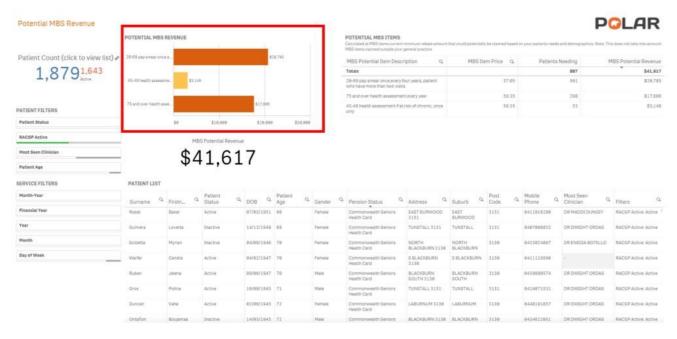


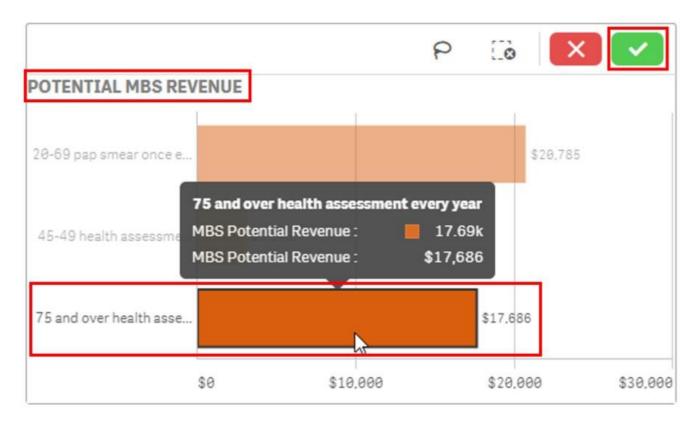
HINT: Did you notice that every time you select a filter, your Patient Count decreases.

Patient Count (click to view list) Patient Count (click to view li



3. Navigate to the  ${\bf Potential\ MBS\ Revenue}$  chart.



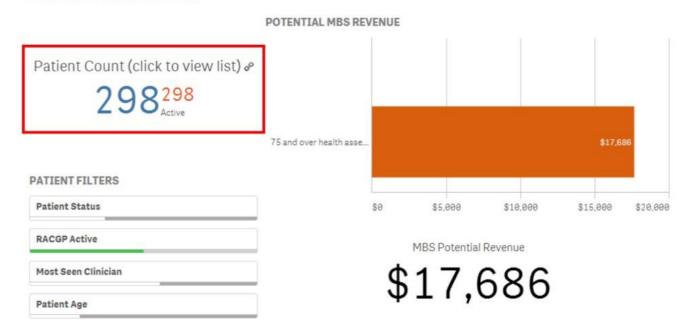


POLAR has pre-program certain useful selections for you. The '75 and over health assessment every year' is one of these items that will save you time identifying patient cohorts.

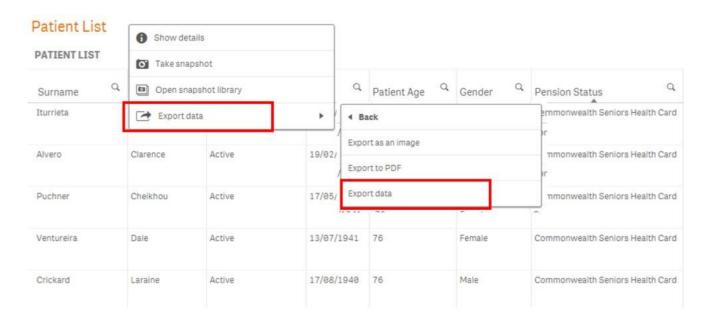
The chart in this instance also advises you that the Practice could potentially make an additional \$17,686 in revenue (based upon the current MBS billing schedule) through providing these assessments to patients.

4. Double click the Patient Count to view the patient list

#### Potential MBS Revenue



5. Right click the mouse anywhere on the **Patient List**, and select the **Export data** option to export the data to an Excel spreadsheet. You will need to select **Export data** twice to complete this process.



We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team: p. (03)8822 8444

e. support@outcomehealth.org.au

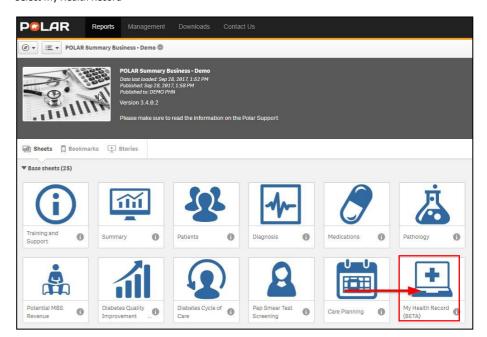
## POLAR Walkthrough – Identify Patients who have a My Health Record and Patients who have a Shared Health Summary Uploaded

#### **POLAR Report**

Polar Summary or Polar Summary Business



#### Select My Health Record



Select Click to select patients with a My Health Record Registration and confirm





Select active patients and click again to open patient list

To export the Patient list to an excel file for printing, right click on the table and select the three dots

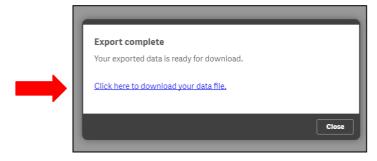


Select Export Data and then click "Export data".





Click on the hyperlink to download the excel file.



Repeat for Patients who have had Uploaded Shared Health Summaries, you can also select PIP quarters using the filters or the tables.



## Nicotine Replacement Therapy and Smoking Status

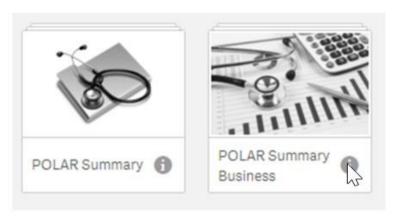
This walkthrough will demonstrate how to identify your **RACGP Active** and **Patient Status Active** population that are currently prescribed Nicotine Replacement Therapy (active ingredient Nicotine, Varenicline, Bupropion).

#### **Patient Cohort**

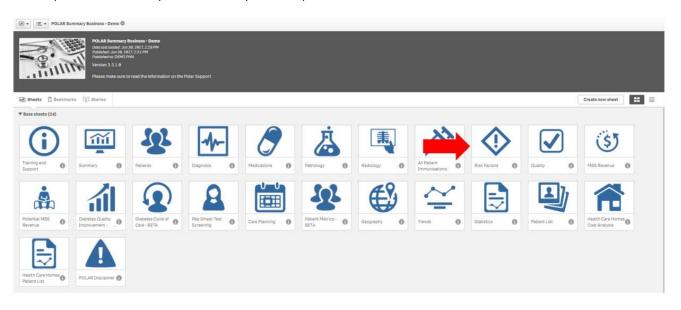
All RACGP Active and Patient Status Active patients, Age 10+

#### **POLAR Report**

**Summary or Summary Business** 



1 Open the POLAR Summary or POLAR Summary Business Report.



2. Select the Risk Factors tile.

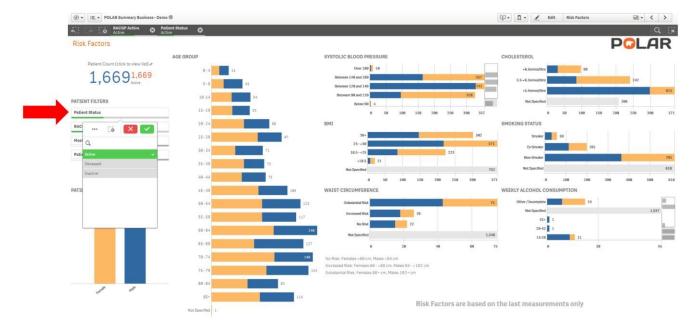


3. Select the **RACGP Active** Filter – Active (click on the green tick to confirm your selection).

This will filter by all patients considered as RACGP active, if they have had had three or more clinical activities/encounters in the last two years.



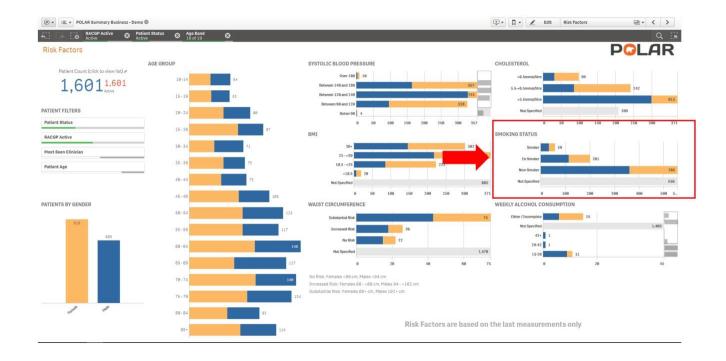
4. Select the **Patient Status** Filter – Active (click on the green tick to confirm your selection). This will filter by all active patients as recorded in your Clinical Software



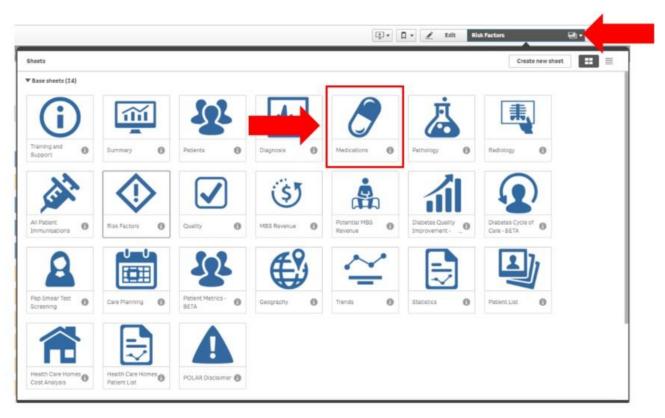
5. a. In the AGE GROUP GRAPH click on 10-14 then hold and drag to 85+ (click on the green tick to confirm your selection). This will select all patients above the age of 10.



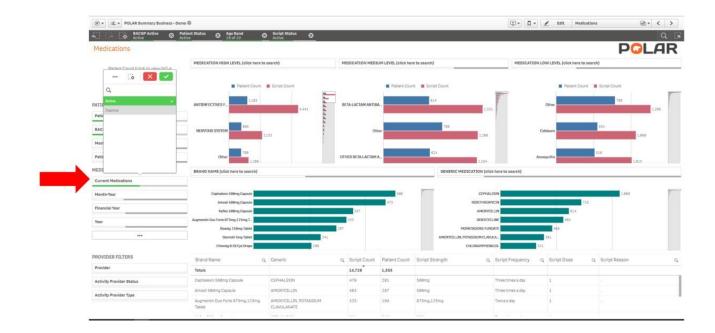
b. To view the breakdown of this patient cohort by smoking status refer to the graph on the right hand side in the middle. (No selection is required, this is to display smoking status only)



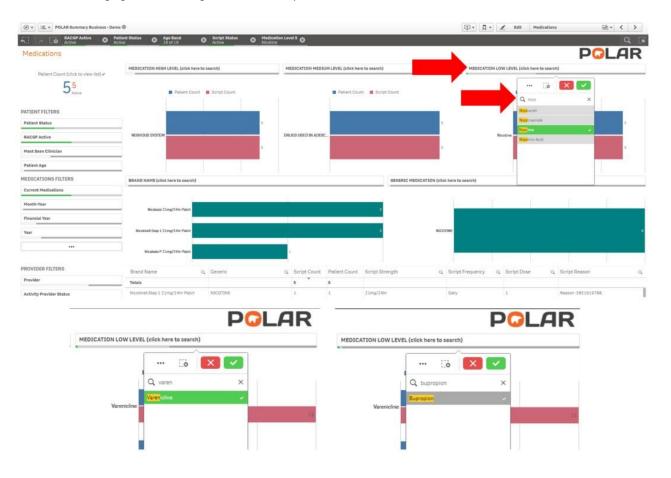
6. Click on the Page Menu and select the Medications Page.



7. Select **Current Medications – Active** filter (click on the green tick to confirm your selection).



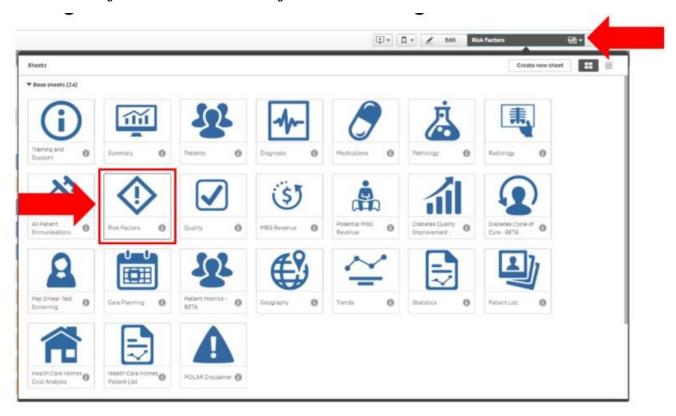
8. To select Nicotine Replacement Therapy prescription click on the **MEDICATION LOW LEVEL.** Click on the title to enable a search. Click next to the magnifying glass and type in **Nicotine** and select it, then type in **Varenicline** and select, finally type in **Bupropion** and select. Once all selections are highlighted click on the green tick to confirm your selection.



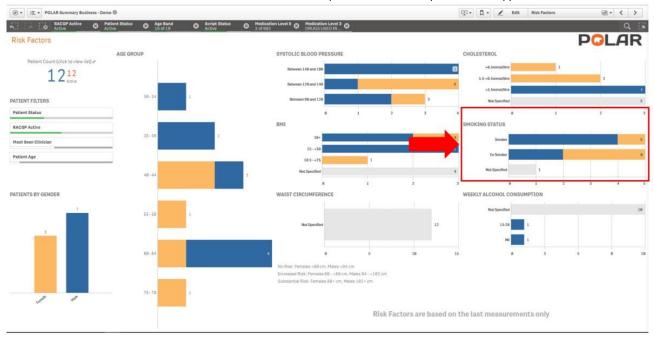
The **MEDICATION LOW LEVEL** graph gives you the number of patients and scripts on the listed medications. Please note that the patient count may not equal the overall patient count, as patients may be on multiple medications.



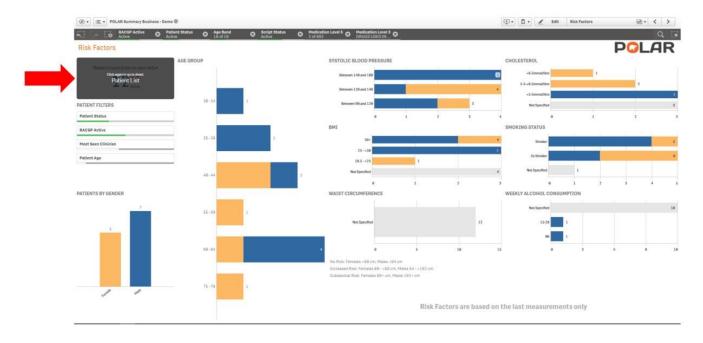
9. Click on the Page Menu and select the Risk Factors Page.



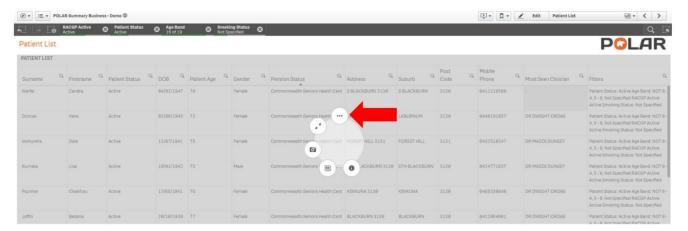
10. The **SMOKING STATUS** table shows the breakdown of **SMOKING STATUS** for patients on Nicotine Replacement Therapy.



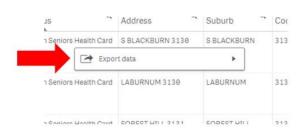
 $11. \ \ Double \ click \ the \ \textbf{Patient Count} \ to \ view \ the \ patients \ on \ Nicotine \ Replacement Therapy.$ 

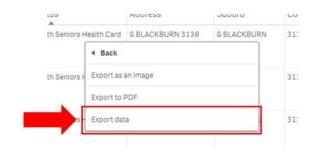


12. To export the Patient List to an excel file for printing and recalls, right click on the table and select the threedots.

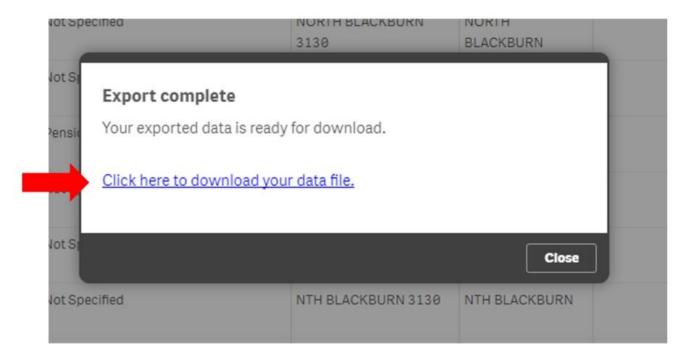


13. Select Export data and then click "Export data".

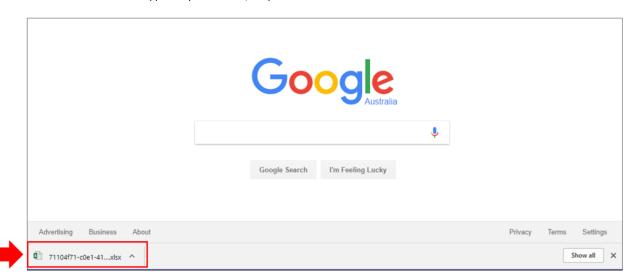




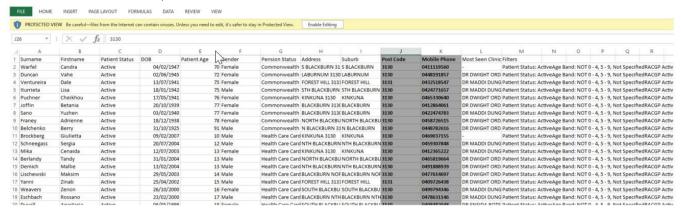
14. Click on the hyperlink to download the excel file.



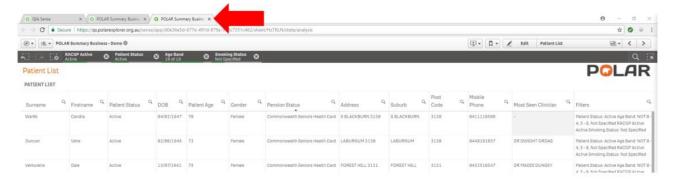
15. The downloaded file will then appear in your browser, to open click on this file.



16. The excel document is now ready for a recall list.



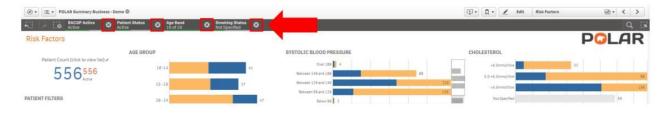
17. To return to the POLAR GP Risk factors page close the patient list tab by clicking on thex.



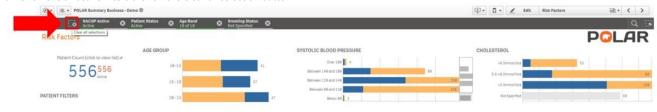
18. To find current smokers on Nicotine Replacement Therapy click on the SMOKING STATUS table and selectSmoker



- 19. To view patents follow above Steps 11 16.
- $20.\,$  a. To remove an active filter, click the x next to the filter you wish to remove in the active filter bar.



b. To remove all active filters click on the Clear all selection button.



We hope you find this walkthrough useful. If you have any queries, please feel free to contact the Gippsland PHN Digital Health Team.

Henry Yu (Coordinator Digital Health)

Liz Porter (Health System Integration Project Officer)

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e: liz.porter@gphn.org.au

## Missing Aboriginal and Torres Strait Islander Status

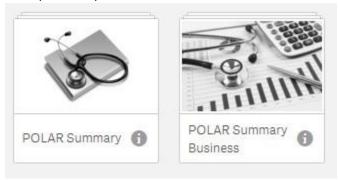
This walkthrough will demonstrate how to identify your ACTIVE patient population that does NOT have an Aboriginal and Torres Strait Islander status recorded.

#### **Patient Cohort**

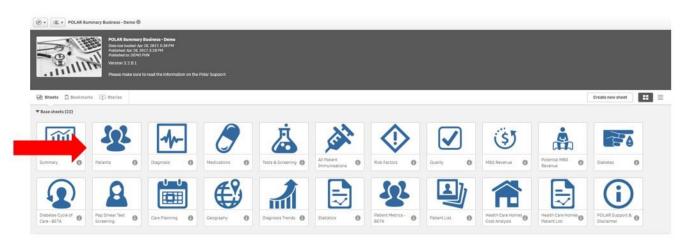
All ACTIVE patients.

## **POLAR Report**

#### **Summary or Summary Business**



1. Open the POLAR Summary or Summary Business Report

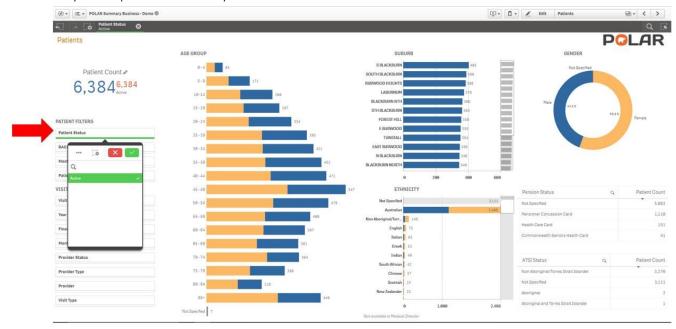


#### 2. Select the Patients tile



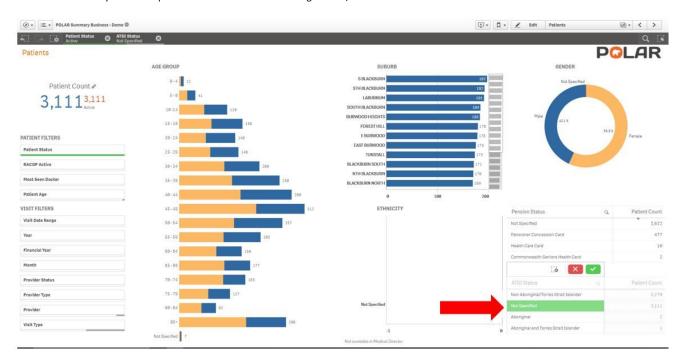
#### 3. Select the Patient Status Filter – Active

This will filter by all active patients as recorded in your Clinical Software.

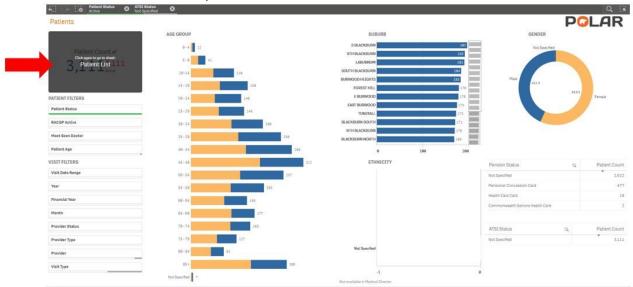


#### 4. Select NOT SPECIFIED under the ATSI status table

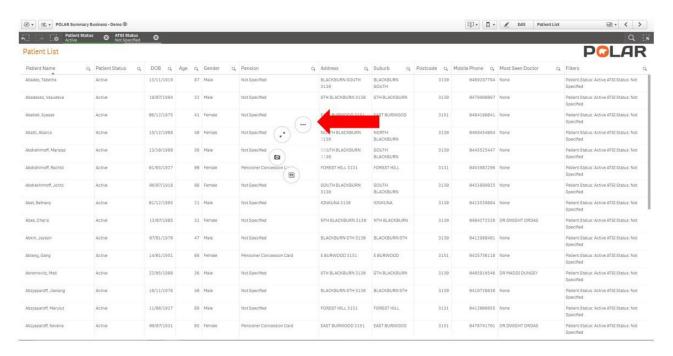
This will filter by all ACTIVE patients that do not have an Aboriginal and/or Torres Strait Islander.status recorded



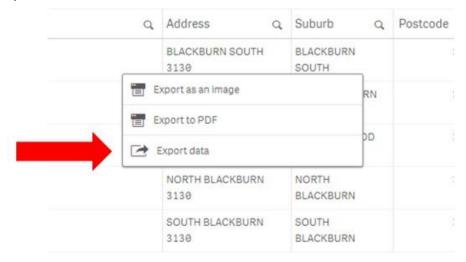
5. Double click the PATIENT COUNT to view the patient list



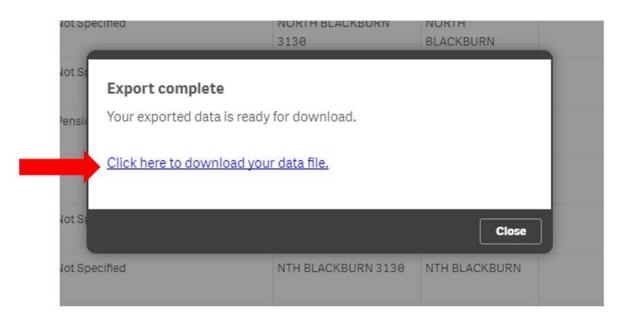
6. To export the Patient list to an excel file for printing, right click on the table and select the threedots



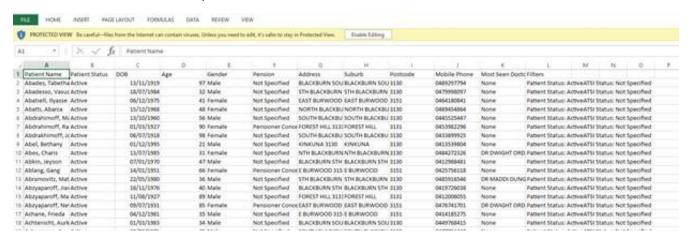
#### 7. Select Export Data



#### 8. Click on the hyperlink to download the excel file



#### 9. The excel document is below ready for a recall list



We hope you find this walkthrough useful. If you have any queries, please feel free to contact the Gippsland PHN Digital Health Team Henry Yu (Coordinator Digital Health) Liz Porter (Health System Integration Project Officer) p. 0447 249 115 p: 0457 168 741

e: henry.yu@gphn.org.au e: liz.porter@gphn.org.au

## **Identify Eligible ATSI Health Assessment Patients**

This walkthrough will demonstrate how to identify your ACTIVE patient cohort that have identified as an Aboriginal and Torres Strait Islander (ATSI) and is eligible for a Health Assessment for Aboriginal and Torres Strait Islander People – MBS item 715, once every nine months.

\*Please note that this will only identify patients that have claimed a MBS item 715 at your clinic.

#### **Patient Cohort**

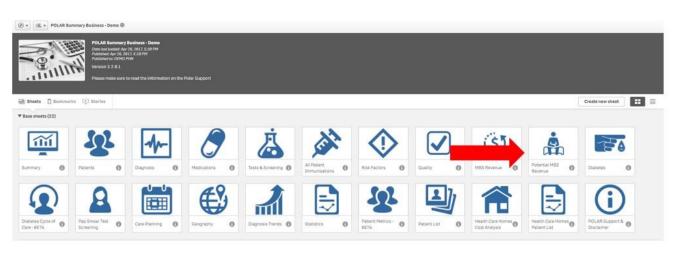
Identified ACTIVE patients that identify as Aboriginal and Torres Strait Islander

## **POLAR Report**

#### **Summary Business**



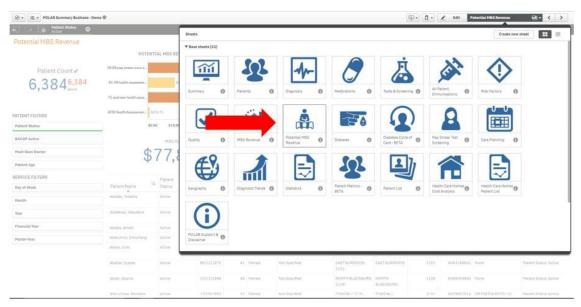
1. Open the POLAR Summary Business Report



2. Select the Potential MBS Revenue tile

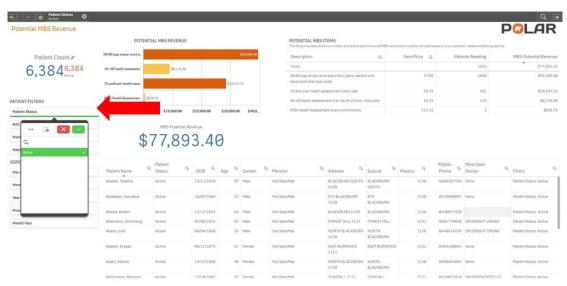


Alternatively, if you are already in POLAR, select the PAGE MENU to navigate to the Potential MBS Revenue Page.

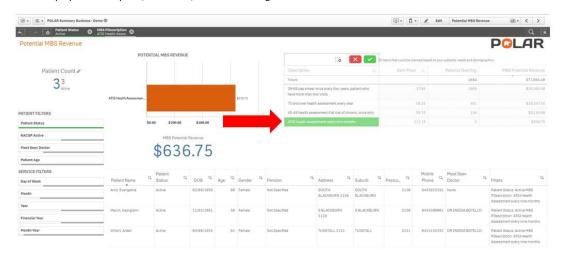


#### 3. Select the Patient Status Filter – Active

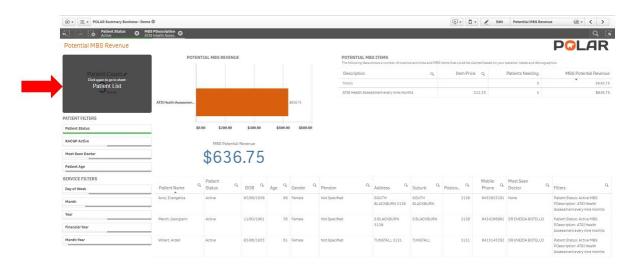
This will filter by all active patients as recorded in your Clinical Software.



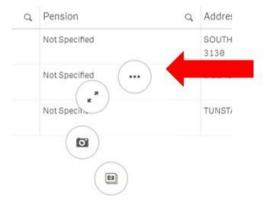
4. Select the ATSI Health Assessment every nine month link on the Potential MBS ItemTable This will display the Description, Item Price, Patients Needing and MBS Potential Revenue.



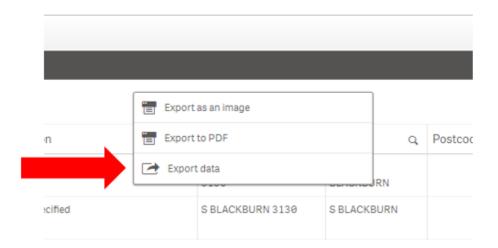
5. Double click the PATIENT COUNT to view the patient list



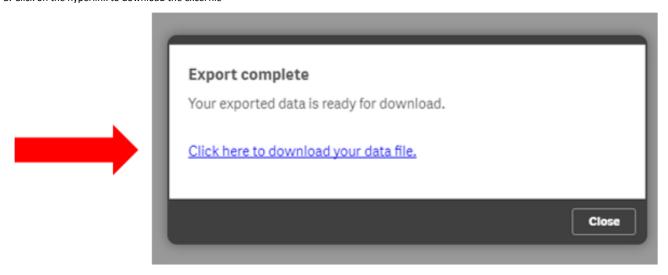
6. To export the Patient list to an excel file for printing, right click on the table and select the three dots



#### 7. Select Export Data



#### 8. Click on the hyperlink to download the excel file



We hope you find this walkthrough useful. If you have any queries, please feel free to contact the Gippsland PHN Digital Health Team Henry Yu (Coordinator Digital Health) Liz Porter (Health System Integration Project Officer) p. 0447 249 115 p: 0457 168 741

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## POLAR Walkthrough – Identify Patients Eligible for a Care Plan

This walkthrough will demonstrate how to identify your **ACTIVE Patients** that are eligible for a **GP Management Plan** or **Team Care Arrangement**, MBS item 721 and 723 once every twelve months.

#### **Patient Cohort**

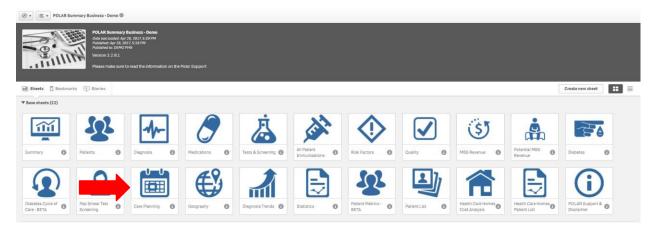
Identified **ACTIVE** patients

#### **POLAR Report**

Polar Summary or Polar Summary



1. Open the POLAR Summary or POLAR Summary Business Report.

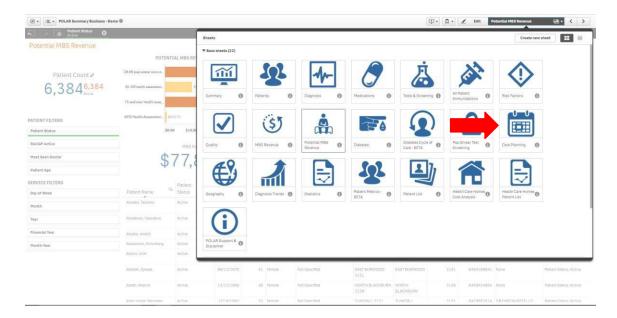


2. Select the Care Planning tile.



<sup>\*</sup>Please note that this will only identify patients that have claimed a MBS item 721 or 723 at your clinic in the past.

Alternatively, if you are already in POLAR, select the **PAGE MENU** to navigate to the Care Planning Page.



3. Select the **Patient Status** Filter – Active (click on the green tick to confirm yourselection). This will filter by all active patients as recorded in your Clinical Software.



4. In the **Care Plan Patients** Graph select last 12-24 Months and over 24 months (click on the green tick to confirm your selection).

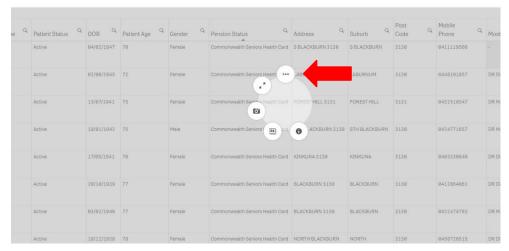
This will display the patients that have previously had a GP Management Plan or a Team Care Arrangement but have not had another one claimed in over 12 months.



5. Double click the **PATIENT COUNT** to view the patient list.

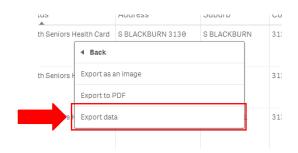


6. To export the Patient list to an excel file for printing, right click on the table and select the three dots

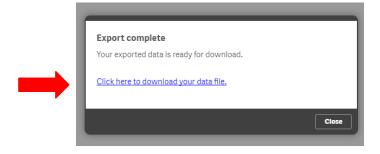


7. Select Export Data and then click "Export data".

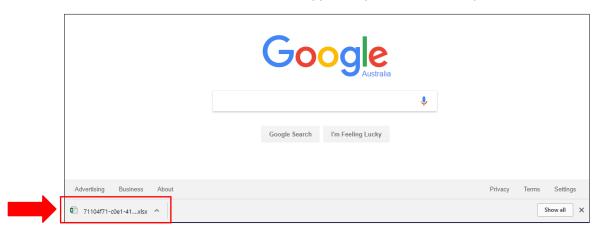




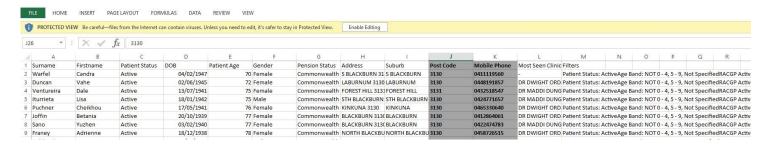
8. Click on the hyperlink to download the excel file.



9. The downloaded file will then appear in your browser, to open click on this file.



#### 10. The excel document is now ready for a recall list



We hope you find this walkthrough useful. If you have any queries, please feel free to contact the Gippsland PHN Digital Health Team

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## POLAR Walkthrough - Identify Patients Eligible for a Care Plan Review

This walkthrough will demonstrate how to identify your **ACTIVE patients** that are eligible for a **GP Management Plan Review** or **Team Care Arrangement Review**, MBS item 732.

### **Patient Cohort**

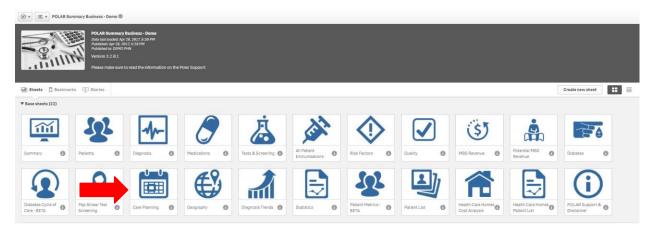
Identified **ACTIVE** patients

### **POLAR Report**

**Summary or Summary Business** 



1. Open the POLAR Summary or POLAR Summary Business Report.



2. Select the Care Planning tile.



Alternatively, if you are already in POLAR, select the **PAGE MENU** to navigate to the Care Planning Page.



3. Select the **Patient Status** Filter – Active (click on the green tick to confirm yourselection). This will filter by all active patients as recorded in your Clinical Software.



4. In the **CARE PLAN PATIENTS** Graph select last 3-6 Months and last 6-12 Months (click on the green tick to confirm your selection).

This will display the patients that had a GP Management Plan or a Team Care Arrangement in the last 3-12 Months.



5. On the right hand side you will see a circular graph that identifies **PATIENTS WITH NO CARE PLAN REVIEW**. Select this Graph to filter by these patients (click on the green tick to confirm your selection). This displays patients who have had a care plan in the last 3-12 Months and have NOT had a care plan review.



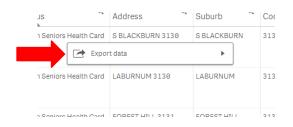
6. Double click the **PATIENT COUNT** to view the patient list.

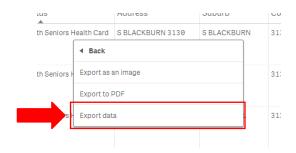


7. To export the Patient list to an excel file for printing, right click on the table and select the three dots.

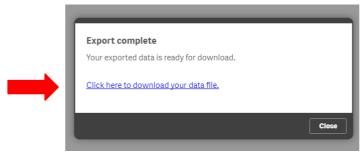


8. Select Export Data and then click "Export data".

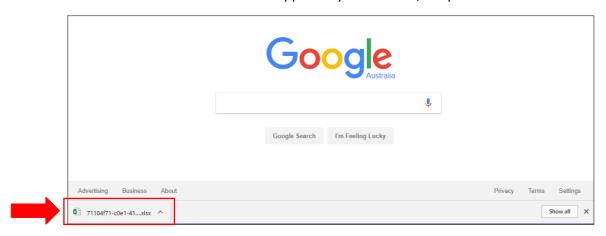




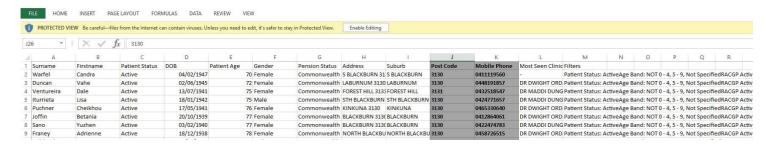
9. Click on the hyperlink to download the excelfile.



10. The downloaded file will then appear in your browser, to open click on this file.



11. The excel document is now ready for a recall list.



We hope you find this walkthrough useful. If you have any queries, please feel free to contact the Gippsland PHN Digital Health Team

Henry Yu (Coordinator Digital Health)

Liz Porter (Health System Integration Project Officer) p.

0447 249 115

p: 0457 168 741

e: henry.yu@gphn.org.au

e: liz.porter@gphn.org.au

# **Data Quality - Smoking Status**

# POLAR Walkthrough – Data Quality – Smoking Status

This walkthrough will demonstrate how to identify your RACGP Active and Patient Status Active population that do NOT have a smoking status recorded.

### **Patient Cohort**

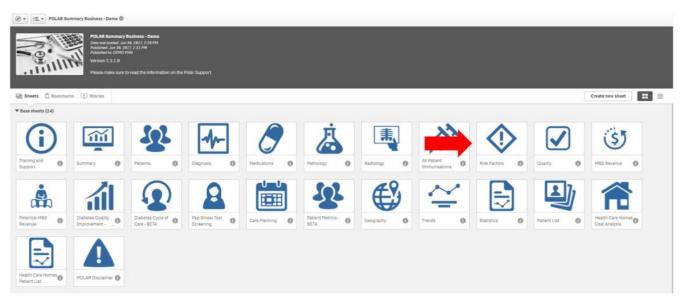
All RACGP Active and Patient Status Active patients, Age 10+

## **POLAR Report**

**Summary or Summary Business** 



1. Open the POLAR Summary or POLAR Summary Business Report.

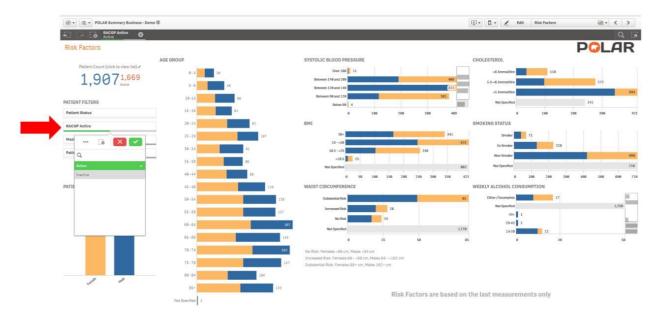


2. Select the Risk Factors tile.



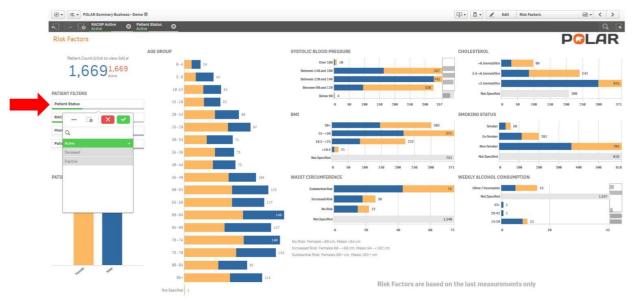
3. Select the **RACGP Active** Filter – Active (click on the green tick to confirm your selection).

This will filter by all patients considered as RACGP active, if they have had had three or more clinical activities/encounters in the last two years.



 $4.\ a.\ Select\ the\ \textbf{Patient\ Status\ Filter-Active\ (click\ on\ the\ green\ tick\ to\ confirm\ your\ selection)}.\ This\ will$ 

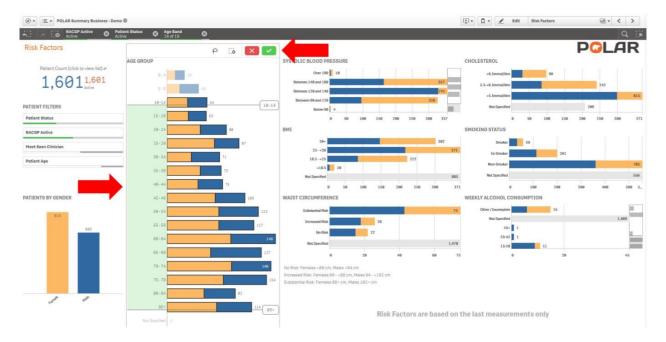
filter by all active patients as recorded in your Clinical Software.



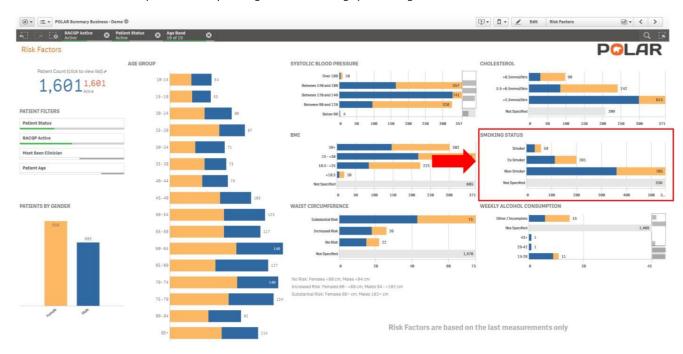
b. The total number of RACGP active patients is displayed on the left hand site at the top.



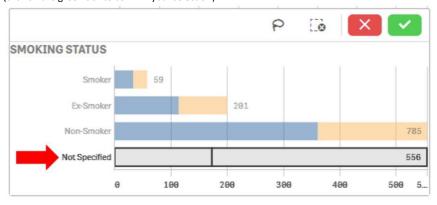
5. a. In the AGE GROUP GRAPH click on 10-14 then hold and drag down to 85+ (click on the green tick to confirm your selection). This will select all patients above the age of 10.



b. To view the breakdown of this patient cohort by smoking status refer to the graph on the right hand side in the middle.



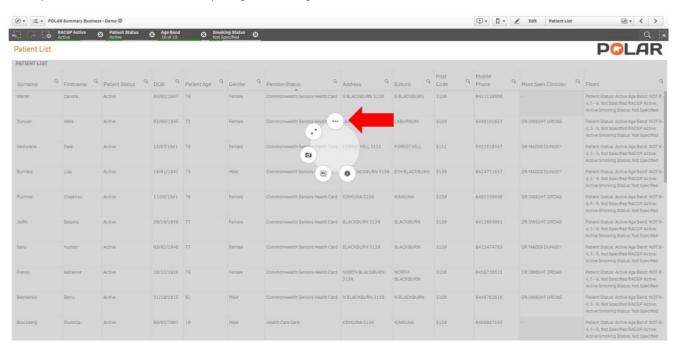
6. In the **SMOKING STATUS** table select the "Not Specified" bar chart, to select all patients in this cohort that don't have a smoking status recorded (click on the green tick to confirm your selection).



7. Double click the **Patient Count** to view the patient list.



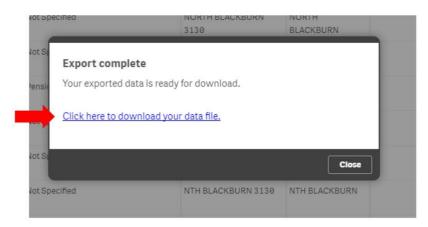
8. To export the Patient List to an excel file for printing and recalls, right click on the table and select the three dots.



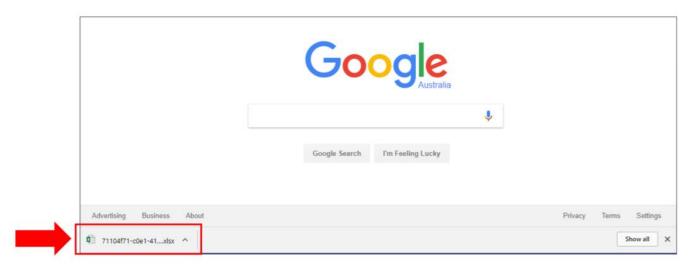
9. Select Export data and then click "Export data".



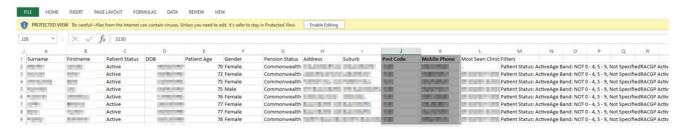
10. Click on the hyperlink to download the excel file.



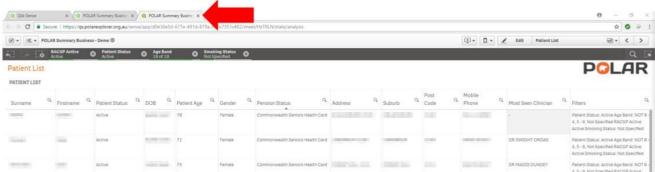
11. The downloaded file will then appear in your browser, to open click on this file.



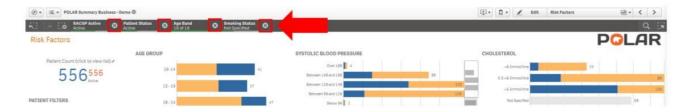
12. The excel document is now ready for a recall list.



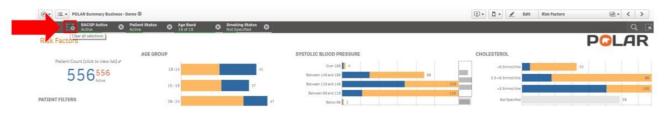
 $13. \ To \ return \ to \ the \ POLAR \ GP \ Risk \ factors \ page \ close \ the \ patient \ list \ tab \ by \ clicking \ on \ thex.$ 



14. a. To remove an active filter, click the x next to the filter you wish to remove in the active filterbar.



b. To remove all active filters click on the Clear all selection button.



We hope you find this walkthrough useful. If you have any queries, please feel free to contact the Gippsland PHN Digital Health Team. Henry Yu (Coordinator Digital Health) Liz Porter (Health System Integration Project Officer) p. 0447 249 115 p: 0457 168 741

e: henry.yu@gphn.org.au e: liz.porter@gphn.org.au

## Diabetes Patients No Care Plan for Over 24 months

## POLAR Walkthrough – Diabetes Patients, No Care Plan for Over 24mths

This walkthrough will demonstrate how to generate a patient list for patients with an Active Diagnosis of Diabetes that **have not** had a Care Plan activated in the last 24 months.

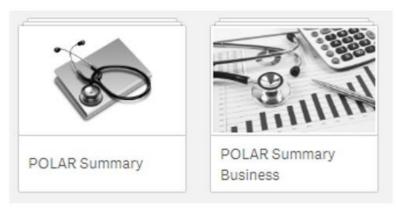
### Patient cohort:

All patients who are:

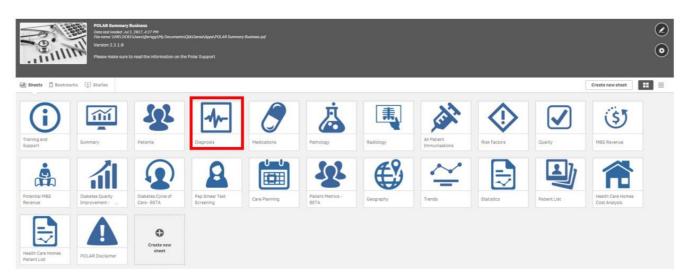
- Active in the clinical system
- Active as per the RACGP definitions
- Patients identified as having an Active Diabetes diagnosis recorded Have
- not had 721 MBS item billed in the last 24 months

## **POLAR Report**

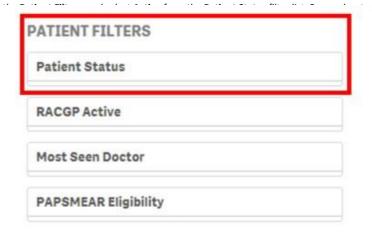
POLAR Summary or POLAR Summary Business



1 Open either the POLAR Summary or POLAR Summary Business report and select the **Diagnosis** tile.

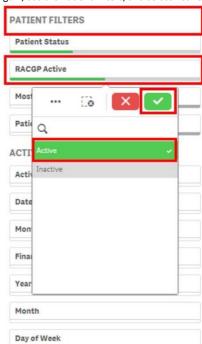


select the tick to confirm yourselections





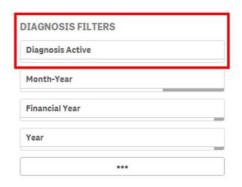
3. Again, use the **Patient Filters**, and select **Active** from the RACGP Active filter list. Select the tick to confirm your selections.

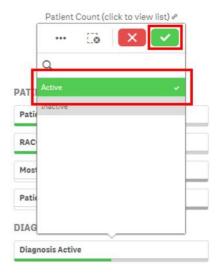


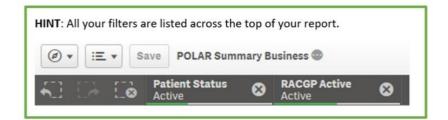
HINT: Did you notice that every time you select a filter, your Patient Count decreases.

Patient Count (click to view list) 
Patient Count (click to view list) 
7,627 
1,643 
1,643 
Active

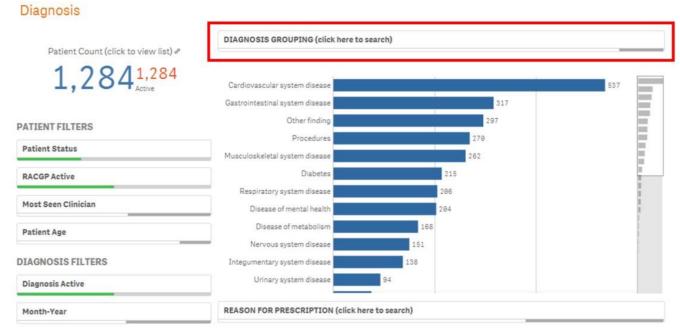
4. Use the **Diagnosis Filters**, and select **Active** from the Diagnosis Active filter list. Select the tick to confirm your selections.

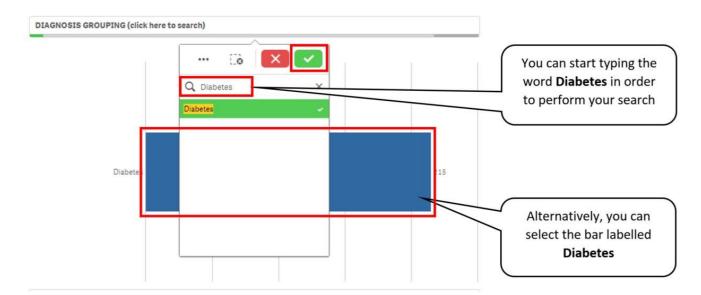




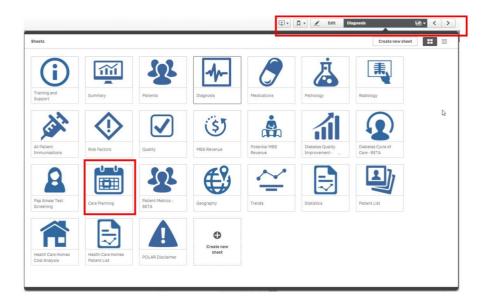


5. Use the **Diagnosis Grouping** search box to find a Diagnosis of **Diabetes**. Select the tick to confirm your selections.





In summary, you now have all **Active** and **RACGP Active** patients with and **Active Diagnosis** of **Diabetes. Note:** An Active Diagnosis means that the diagnosis has been recorded as Active/Current in the Clinical Software.gate to the Care Planning page by selecting the Care Planning tile.



#### 6. Navigate to the Care Plan Patients chart, and select the Over 24 Months bars.



#### 7. Select the tick to confirm your selections.

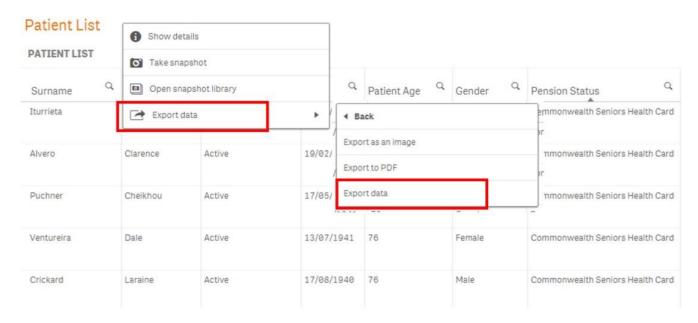


This will now give you the number of Patients that **have not** had a Care Plan activated in the last 24 months.

#### 8. Care Planning



9. Right click the mouse anywhere on the Patient List, and select the Export data option to export the data to an Excel spreadsheet. You will need to select **Export data** twice to complete this process.



We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team: p. (03)8822 8444

e. support@outcomehealth.org.au

### Diabetes Patients No Care Plan Review for over 6 months

## POLAR Walkthrough – Diabetes Patients, No Care Plan Review for Over 6mths

This walkthrough will demonstrate how to generate a patient list for patients with an Active Diagnosis of Diabetes that **have not** had a Care Plan Review for over 6 months.

### Patient cohort:

All patients who are:

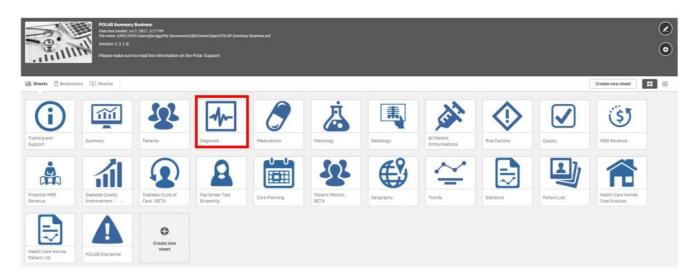
- Active in the clinical system
- Active as per the RACGP definitions
- Patients identified as having an Active Diabetes diagnosis recorded Have
- had 721 MBS item billed in the last 24 months
- Have **not** had a 732 MBS item billed in the last 6 months

### **POLAR Report**

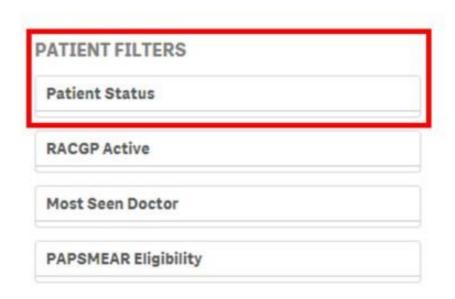
POLAR Summary or POLAR Summary Business



1 Open either the POLAR Summary or POLAR Summary Business report and select the **Diagnosis** tile.

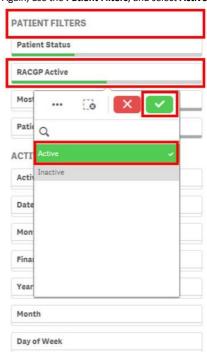


2. Use the Patient Filters, and select Active from the Patient Status filter list. Remember to select the tick to confirm your selections.





3. Again, use the Patient Filters, and select Active from the RACGP Active filter list. Select the tick to confirm your selections.



HINT: Did you notice that every time you select a filter, your Patient Count decreases.

Patient Count (click to view list) 
Patient Count (click to view list) 
Fatient Count (click to view list) 
Active

7,643
1,643
Active

4. Use the **Diagnosis Filters**, and select **Active** from the Diagnosis Active filter list. Select the tick to confirm your selections.



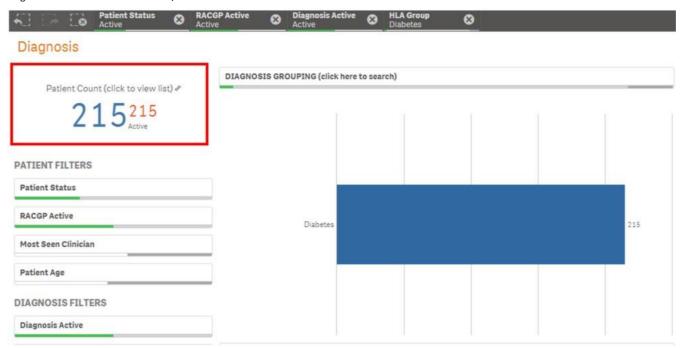




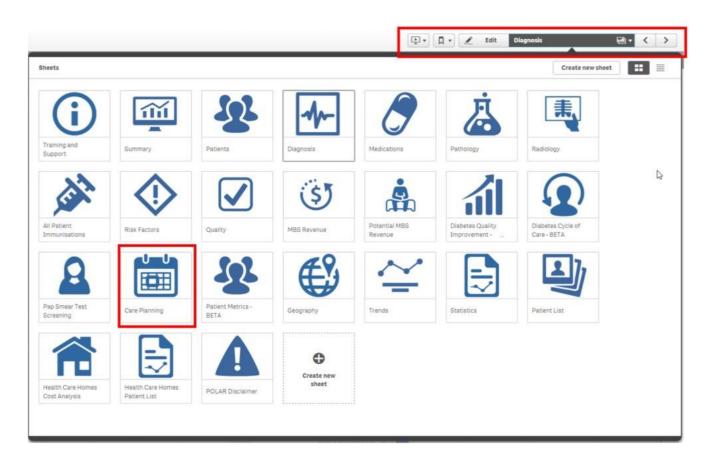
5. Use the **Diagnosis Grouping** search box to find a Diagnosis of **Diabetes**. Select the tick to confirm your selections.



In summary, you now have all Active and RACGP Active patients with and Active Diagnosis of Diabetes. Note: An Active Diagnosis means that the diagnosis has been recorded as Active/Current in the Clinical Software.



 $6.\ \mbox{Navigate}$  to the Care Planning page by selecting the Care Planning tile.



#### 7. Navigate to the Care Plan Reviews chart, and select the Last 6 to 10 Months bar. Select the tick to confirm your selections.



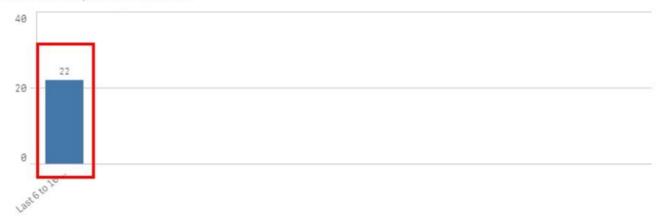
8.



This will now give you the number of Patients that **have not** had a Care Plan Review in over 6 months.

#### CARE PLAN REVIEWS (10 months retrospective)

Use the graph below to identify which patients with a currently active Care Plan have had a Care Plan Review. Select patients with no review in the last 3 months to recall patients due for a review.

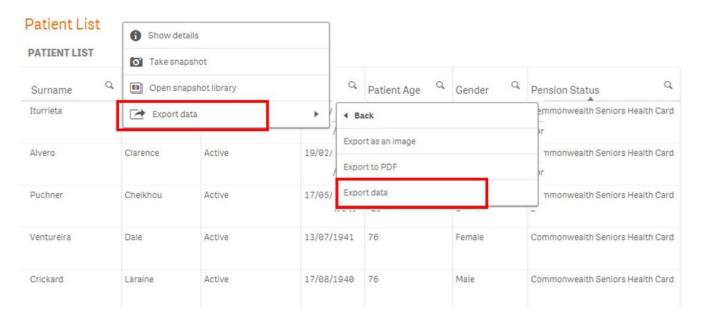


Calculates patients who have had a Care Plan Review (MBS 732)

9. Double click the Patient Count to view the patient list



10. Right click the mouse anywhere on the **Patient List**, and select the **Export data** option to export the data to an Excel spreadsheet. You will need to select **Export data** twice to complete this process.



We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team: p. (03)8822

e. support@outcomehealth.org.au

# **Medication Management**

# POLAR Walkthrough – Medication Management Reviews

This walkthrough will demonstrate how to generate a patient list for patients who are eligible for a Medication Management Review.

### Patient cohort:

All patients who are:

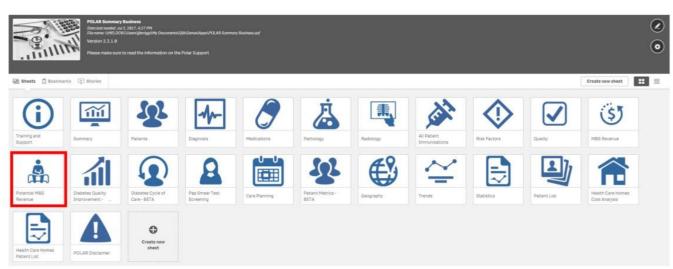
- Active in the clinical system
- Active as per the RACGP definitions
- Currently taking 5 or more medications
- Have not had a 900 or 903 MBS item billed in the last 12 months

## **POLAR Report**

#### **POLAR Summary Business**



 $1. \ \ \text{Open the POLAR Summary Business report and select the \textbf{Potential MBS Revenue} tile.}$ 



2. Use the Patient Filters, and select Active from the RACGP Active filter list. Remember to select the tick to confirm your selections.

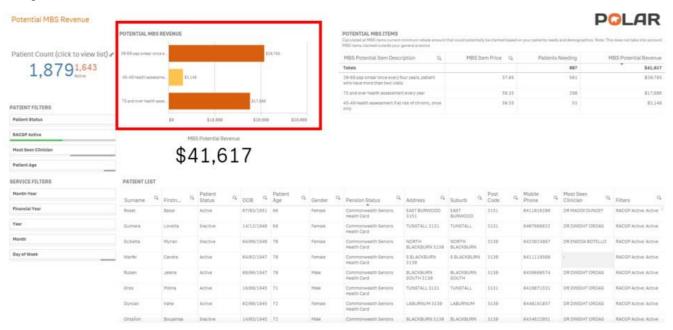


HINT: Did you notice that every time you select a filter, your Patient Count decreases.

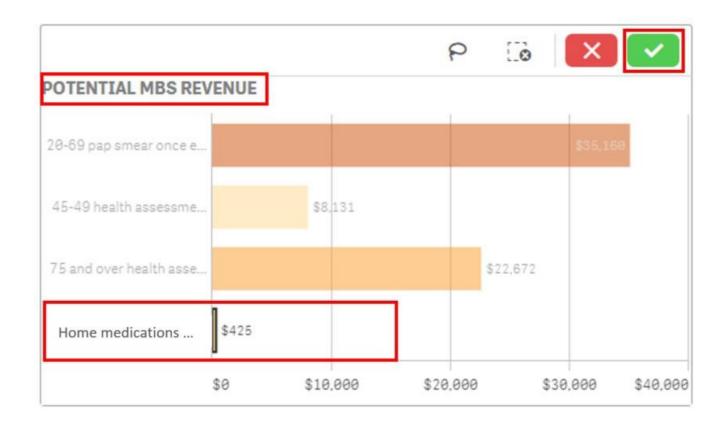
Patient Count (click to view list) Patient Count (click to view li



3. Navigate to the Potential MBS Revenue chart.



Select the Bar titled 'Home medications review. Remember to select the tick to confirm your selections.



POLAR has pre-program certain useful selections for you. The 'Home medications review' is one of these items that will save you time identifying patient cohorts.

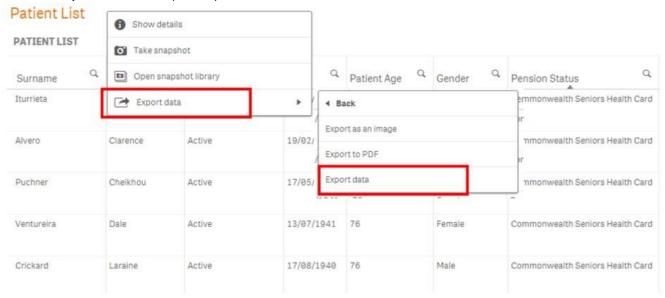
The chart in this instance also advises you that the Practice could potentially make an additional \$425 in revenue (based upon the current MBS billing schedule) through providing these reviews to patients.

4. Double click the Patient Count to view the patient list

### Potential MBS Revenue

## POTENTIAL MBS REVENUE Patient Count (click to view list) & \$425 Home medications ... **PATIENT FILTERS Patient Status** \$0 \$200 \$400 \$600 **RACGP Active** MBS Potential Revenue Most Seen Clinician \$425 Patient Age

5. Right click the mouse anywhere on the Patient List, and select the Export data option to export the data to an Excel spreadsheet. You will need to select **Export data** twice to complete this process.



We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team: p. (03)8822 8444

e. support@outcomehealth.org.au

# Pap Test Recorded in 4 years

## POLAR Walkthrough – Pap Test recorded in 4 years

This walkthrough will demonstrate how to generate a patient list for patients who have not had a Pap Smear test recorded in the last 4 years.

### Patient cohort:

All patients who are:

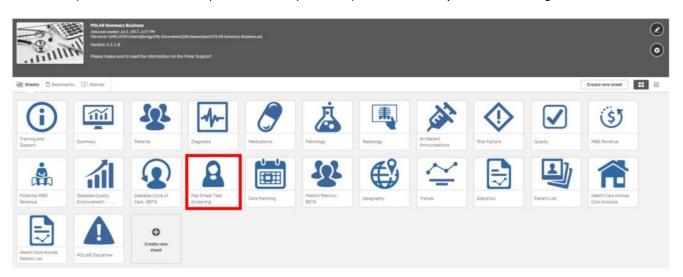
- 18 to 70 year old
- females Active in the clinical system
- Active as per the RACGP definitions
- Have not had a Pap Test recorded in the last 4 years

## **POLAR Report**

POLAR Summary or POLAR Summary Business



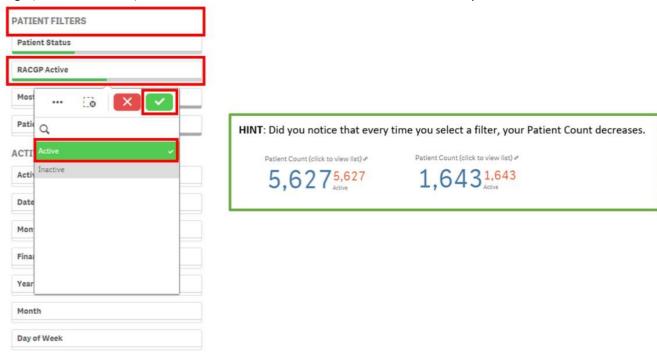
1. Open either the POLAR Summary or POLAR Summary Business report and select the Pap Smear Test Screening tile.



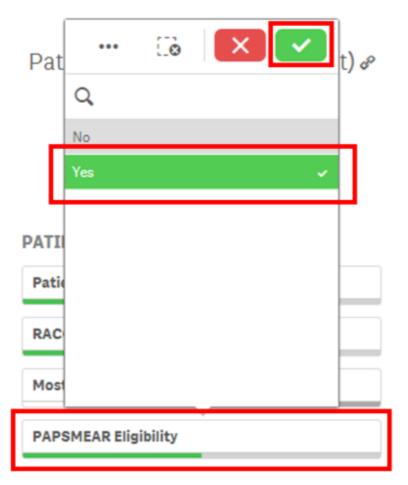




3. Again, use the Patient Filters, and select Active from the RACGP Active filter list. Select the tick to confirm your selections.



4. Again, use the **Patient Filters**, and select **Yes** from the PAPSMEAR Eligibility filter list. Select the tick to confirm yourselections.



5. Use the LAST PAP TEST PERFORMED chart, and select 48 to 60 Months and Over 60 Months from the bar chart. Select the tick to confirm your selections. This will now give you a list of patients that have not had a pap test for over 4 years (48 months).



6. Double click the **Patient Count** to view the patient list

## Pap Smear Test Screening

Patient Count (click to view list) &	1 Info	<b>Patient eligibility criteria</b> : All women between & including the age Note that patients not requiring a pap test may be included on the report e.g. patie			
PATIENT FILTERS  Patient Status	41	PATIENTS WITH NO RECO Use to identify/recall patients with no recorded pap test	PAP TESTS WITH NO END Use to identify PAP tests with adequate endocervical cells		
RACGP Active	PATIENTS		No Cells 17		
Most Seen Clinician		The chart is not displayed because it contains only negative			
Patient Age	41 PATIENTS WITH	or zero values.			

7. Right click the mouse anywhere on the Patient List, and select the Export data option to export the data to an Excel spreadsheet. You will need to select **Export data** twice to complete this process.

#### Patient List

#### PATIENT LIST

Surname Q	Firstna Q	Patient Status Q	DOB Q	Patient Age Q	Gender Q	Pension Status Q
Roset	Bakar	Active	07/03/1951	66	Female	Commonwealth Seniors Health Card
			◀ Back			
Eroshkevich	Farhana	Active	Export as an image			Health Care Card
Marter Russell	Active Export to PDF			Health Care Card		
			Export data			Back
Rebimbas	Lledo	Active	21/04/1970	47	Female	Export as an image
Goedsche	Andzelika	Active	08/12/1962	54	Female /	Export to PDF
					Export data	
Aufderheide	Kaila	Active	26/08/1958	58	Female	
Flenner	Angelica	Active	12/02/1955	62	Female	Health Care Card

Note: This patient list does not currently exclude patients that may have been identified at the Practice as not being required to have a Pap smear test. The functionality to exclude these patients will be incorporated into a future release of POLAR. We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team:

p. (03)8822 8444

e. support@outcomehealth.org.au

## **Zostavax Immunisation List**

This walk through will demonstrate how to generate a patient list for eligible patients that have **NOT** had a Zostavax immunisation.

### Patient cohort:

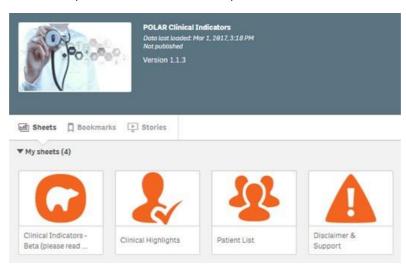
Patients aged 70 to 79 years of age.

## **POLAR Report**

**Clinical Indicators** 

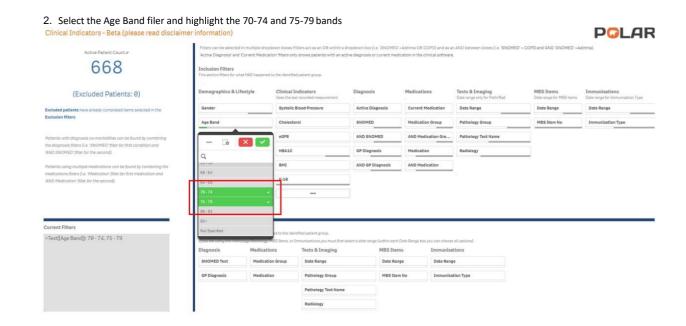


1. Open the POLAR Clinical Indicators report



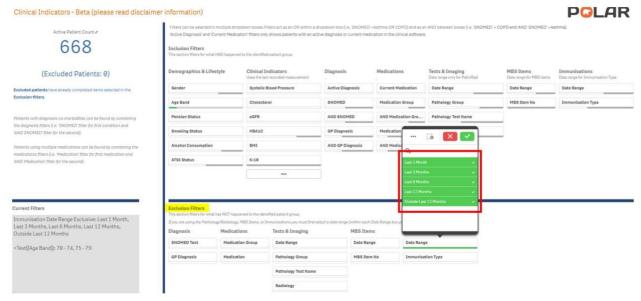
1. Select the Clinical Indicators tile





3. Go the Exclusion Filters section of the report (below the blue line) and select all the Date Range.

4. While in the Exclusion Filters section of the page, Select the Immunisation Type filer and select 'Zostavax'



Active Patient Court #
665

(Excluded Patients: 3)

Excluded patients: 3)

Excluded patients: 3)

Excluded patients: 3)

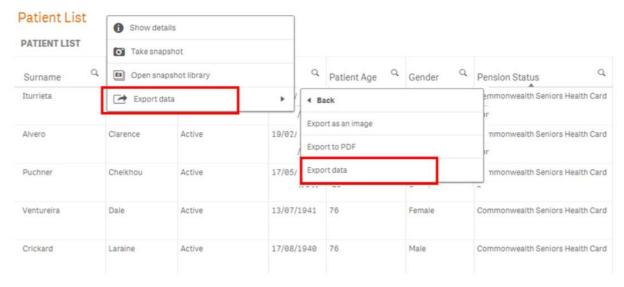
Excluded patients: 4 memory of the Patient of the State of the Sta

5. To generate the patient list, Double Click the 'Active Patient Count':

Active Patient Count & 665

# (Excluded Patients: 3)

6. We recommend exporting the data before printing out the list.



We hope you find this walk through useful. If you have any queries, please feel free to contact the POLAR support team: p. (03)8822

8444

e. support@outcomehealth.org.au

# **Diabetes Coding Errors**

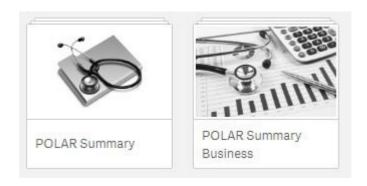
This walk through will demonstrate how to generate a patient list for diabetes patients that have **NOT** had their diagnosis mapped to SNOMED.

#### Patient cohort:

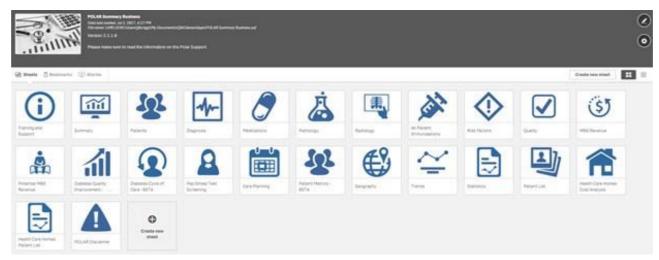
All patients with a free text diagnosis that includes the part words: 'diab', 'gluc', 'fast' or 'ogtt'.

# **POLAR Report**

POLAR Summary Business or POLAR Summary



1. Open the POLAR report Summary or Summary Business



2. Select the Diabetes Quality Improvement tile



Go to the SNOMED TEXT - DIABETES RELATED table and from the SNOMEX Text filter, select the ellipsis "..." button and select the 'Select all' option.

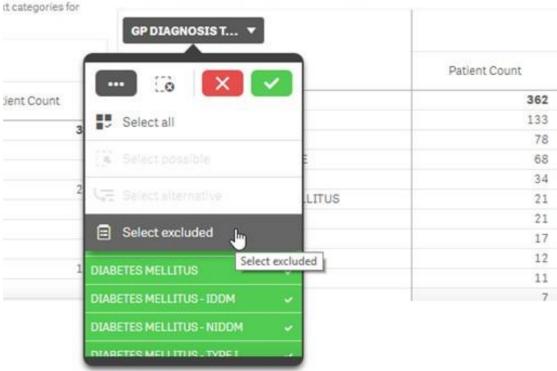


Go to the GP DIAGNOSIS - DIABETES RELATED table and from the GP DIAGNOSIS TEXT filter, select the ellipsis "..." button followed by the 'Select possible' option.



Again, use the GP DIAGNOSIS TEXT filter list, however this time select the ellipsis "..." button followed by the 'Select excluded' option.

#### **GP DIAGNOSIS- DIABETES RELATED**



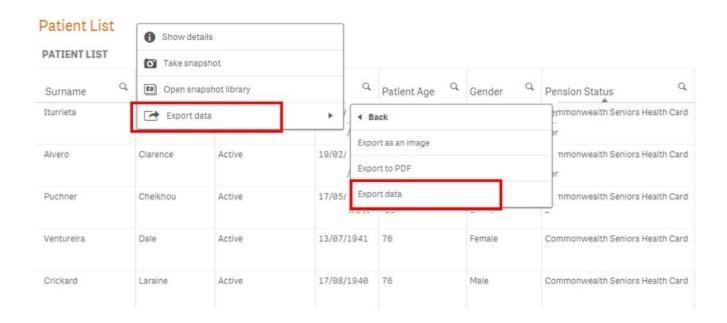
This will now return a list of the GP free text diagnoses that are **NOT** mapped to a SNOMED code.



6. Double click on the Patient Count, to generate a list of patients for data cleansing in your GP Clinical software.

#### Diabetes





We hope you find this walk through useful. If you have any queries, please feel free to contact the POLAR support

team: p. (03)8822 8444

e. support@outcomehealth.org.au



Author: Michael Browning Release Date: 12 December 2016 Version: 1.0

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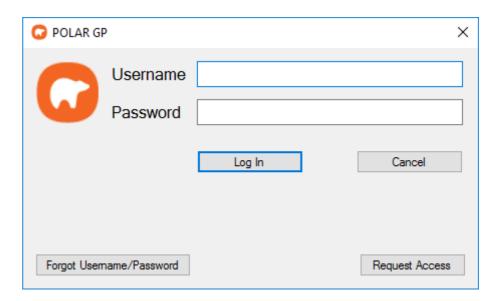
Logging into Polar GP	3
Forgot Username or Password	4
Request Access	6
System Icon Options	7
Change Password	7

#### **Logging into Polar GP**

Run the Polar GP application from your workstation.



You will be presented with the login screen. Enter the login username and password, then press **Log In**.

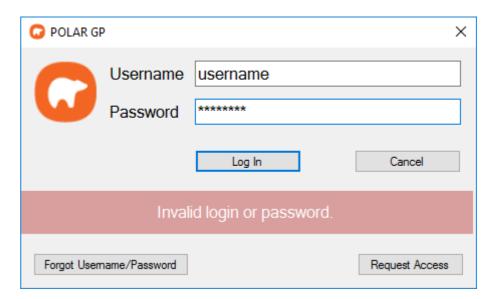


#### **Please Note**

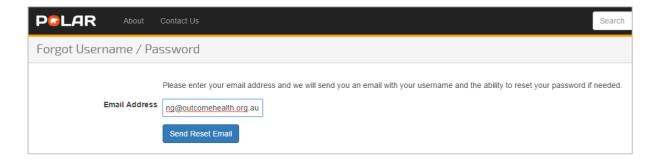
If you do not have a username or password, see the **Request Access** section of this document. If you have a username but do not know your password, see the **Forgot Username/Password** section of this document.

#### **Forgot Username or Password**

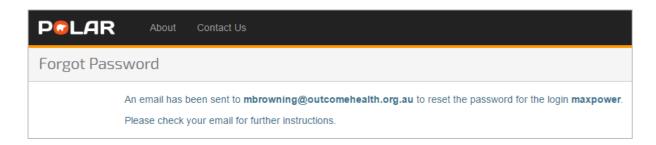
If you have been assigned a login but are unsure of your password, click the **Forgot Username/Password** button.



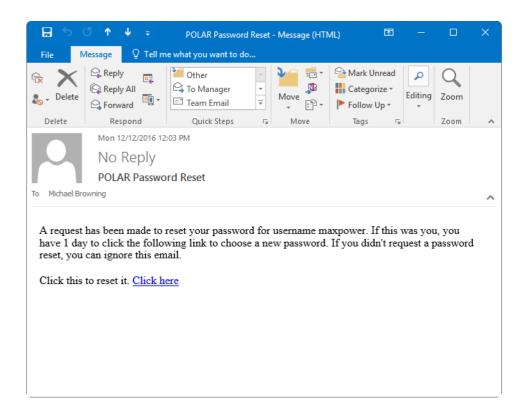
A webpage will open asking for the email address that is linked to your login.



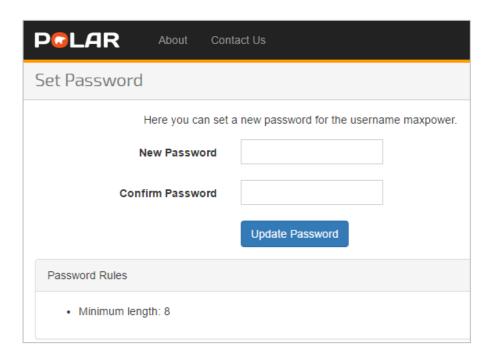
Once you have entered your email address, press the Send Reset Email button. You will then see a confirmation screen and an email will have been sent to the entered email account.



The email that is sent contains your username and a link that is valid for 24 hours.



Clicking this link takes you to Polar Explorer and allows you to enter a new password.

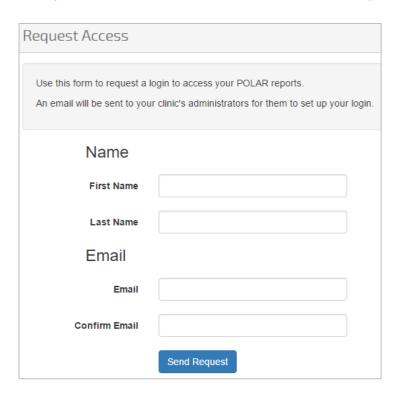


The only requirement for the password is that it is at least 8 characters long. Pressing Update Password changes the password for the username in your email.

#### **Request Access**

If you do not have a username assigned, click the **Request Access** button. A webpage will open requesting your details.

Compiled by Yu Gary Sun, Rural Health Academic Centre, The University of Melbourne. March, 2013 Document V0.1 Enter your First Name, Last Name and Email address, then press Send Request.



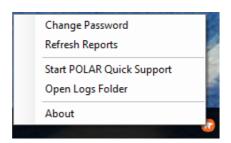
Submitting this will automatically send an email to your Group Administrator(s) who can then setup your access.

#### **System Icon Options**

Once you have logged into Polar GP, a system tray icon will appear next to the time on your computer.

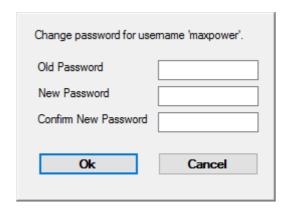


Right-click on this icon to view the following options:



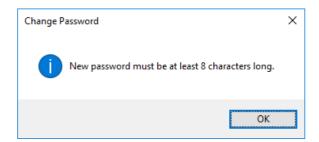
#### **Change Password**

After right-clicking on the system tray icon, select Change Password. You will be prompted to enter your existing password, followed by the new password.



Pressing Ok changes your password.

Please note that the new password must be at least 8 characters long. If this requirement is not met, the following information box will appear.



#### **POLAR GP Information**

#### **SNOMED CT: The Global Language of Healthcare**

SNOMED CT is the most comprehensive and precise clinical health terminology product in the world, owned and distributed around the world by The International Health Terminology Standards Development Organisation (IHTSDO).

SNOMED CT has been developed collaboratively to ensure it meets the diverse needs and expectations of the worldwide medical profession and is now accepted as a common global language for health terms.

Patients and healthcare professionals benefit from improved health records, clinical decisions and analysis, leading to higher quality, consistency and safety in healthcare delivery.

#### **SNOMED CT:**

- Is the most comprehensive, multilingual clinical healthcare terminology in the world.
- Is a resource with comprehensive, scientifically validated clinical content.
- Enables consistent, processable representation of clinical content in electronic health records.
- Is mapped to other international standards.
- Is already used in more than fifty countries.

When implemented in software applications, SNOMED CT can be used to represent clinically relevant information consistently, reliably and comprehensively as an integral part of producing electronic health information. SNOMED CT supports the development of comprehensive high-quality clinical content in health records. It provides a standardised way to represent clinical phrases captured by the clinician and enables automatic interpretation of these. SNOMED CT is a clinically validated, semantically rich, controlled vocabulary that facilitates evolutionary growth in expressivity to meet emerging requirements. SNOMED CT based clinical information benefits individual patients and clinicians as well as populations and it supports evidence based care.

The use of an Electronic Health Record (EHR) improves communication and increases the availability of relevant information. If clinical information is stored in ways that allow meaning-based retrieval, the benefits are greatly increased. The added benefits range from increased opportunities for real time decision support to more accurate retrospective reporting for research and management.

Link: <a href="http://www.ihtsdo.org/snomed-ct">http://www.ihtsdo.org/snomed-ct</a>

SNOMED Starter Guide: <a href="http://www.ihtsdo.org/snomed-ct/what-is-snomed-ct">http://www.ihtsdo.org/snomed-ct/what-is-snomed-ct</a>

#### How does POLAR use SNOMED CT?

MEGPN, along with Health Language Analytics, mapped 57,000 GP Diagnoses and Reason for Visit to SNOMED CT codes. This included both free text and categorised items to determine how free-text could be mapped. This process led to a strong mapping of most items and is an ongoing part of MEGPNs work to enhance the current system over time.

For example, a GP may input "Hypertension in pregnancy"- this is then mapped to the SNOMED category "Hypertension". This allows GPs to also have some more details in their clinical records, but allows POLAR GP to audit at a higher level.

#### **Higher Order Diagnosis**

The Higher Order Diagnosis groups are grouped on a broader SMUC codes system. The SNOMED CT codes have been used to map to these to allow practices to start in more broad categories such as "cardiovascular system" and as they apply that filter they can then review all GP inputted and SNOMED CT diagnoses in that category.

# Medications: ATC classification System from the Word Health Organisation

The internationally recognised Anatomical Therapeutic Chemical (ATC) classification system divides active substances into different groups according to the organ or system on which they act and their therapeutic, pharmacological and chemical properties. Drugs are classified in groups at five different levels. The drugs are divided into fourteen main groups (1st level), with pharmacological/therapeutic subgroups (2nd level). The 3rd and 4th levels are chemical/pharmacological/therapeutic subgroups and the 5th level is the chemical substance. The 2nd, 3rd and 4th levels are often used to identify pharmacological subgroups when that is considered more appropriate than therapeutic or chemical subgroups.

For example: The complete classification of metformin illustrates the structure of the code:

- Alimentary tract and metabolism (1st level, anatomical main group)
- Drugs used in diabetes (2nd level, therapeutic subgroup)
- Blood glucose lowering drugs, excl. insulins (3rd level, pharmacological subgroup)
- Biguanides (4th level, chemical subgroup)
- metformin (5th level, chemical substance)

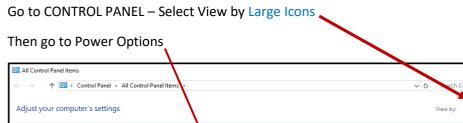
In POLAR GP, there are 3 levels provided:

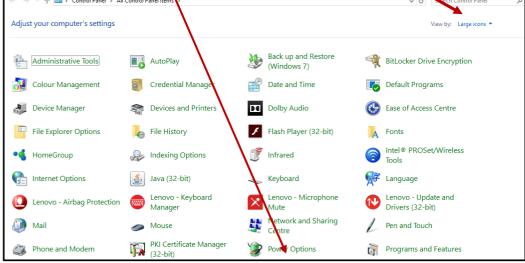
- High Level Search: Level 1 in the ATC- a broad search capability
- Medium Level Search: Level 3 in the ATC- a medium search capability
- Low Level Search: Level 5 in the ATC- a narrow search capability

Again, this allows the practice to start broadly or from a very specific drug for their audit.

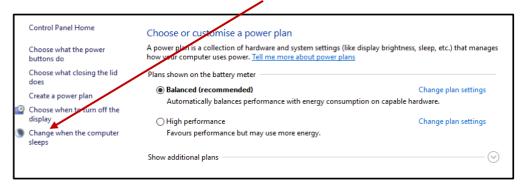
Link: http://www.whocc.no/atc/structure and principles/

How to put the Computer onto 'Never Sleep' so practices can have a successful Extraction:

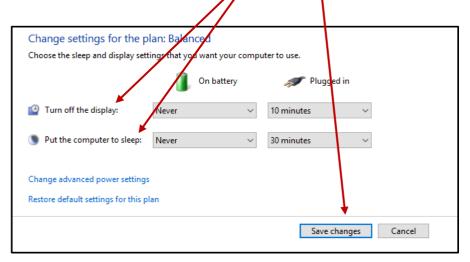




#### Clic on 'Change when the computer sleeps'



Change the settings to Never on both: and SAVE CHANGES



Compiled by Yu Gary Sun, Rural Health Academic Centre, The University of Melbourne.

March, 2013 Document V0.1



# GRHANITE Consent Denial Patient Optout Manual

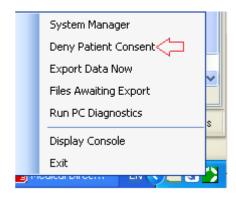
#### Introduction

This manual describes how to use the GRHANITE Consent Denial, to opt-out patient in the Clinic. Once this Consent Denial process is completed, patient's information will not be extracted by GHRANITE software. The Consent Denial is non-reversible. Patient could not change their mind and opt-in later.

#### How to active patient opt-out process.

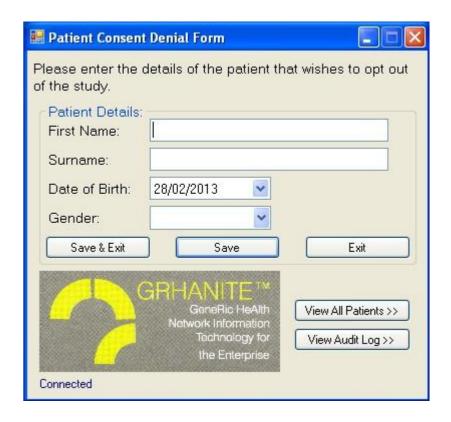
To active the opt-out process, an authorised person at the practice must:

- 1. Log in to the PC that is running the GRHANITE software.
- 2. In windows task bar(located on right bottom of the screen), Mouse right Click on the GRHANITE Icon(Green one) ② Left click on the "Deny Patient Consent" option

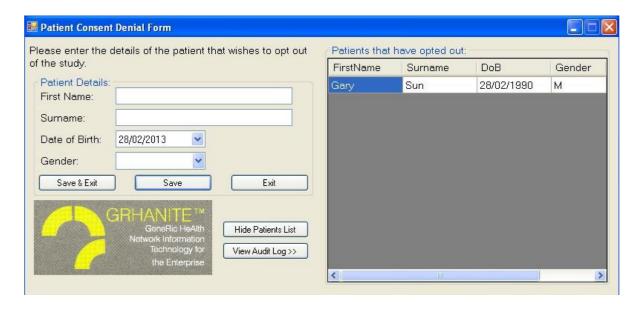


3. When the "Patient Consent Denial Form" window is open, enter the patient's details into the specified fields.

Note: All entered details must EXACTLY match the information entered into the GP system.



- 4. This will automatically exclude a patient's information during the GRHANITE data extraction process.
- 5. Click "View All Patients" will enable the view of patients that have opted out.



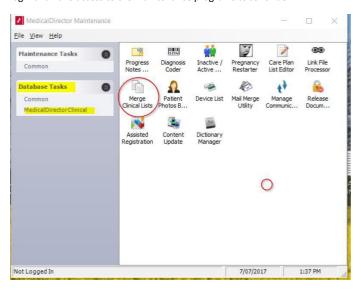


# Data Cleaning Tips in Medical Director

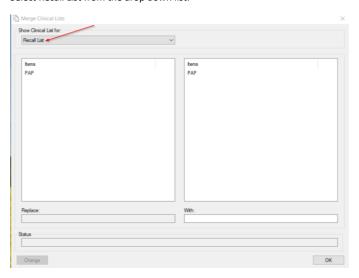
Cleaning up Recall Lists in Medical Director:



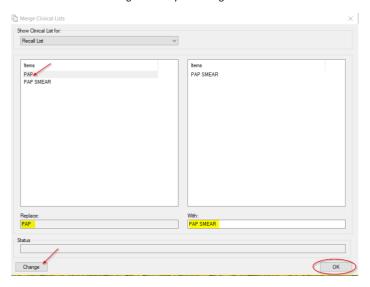
Open Medical Director Maintenance from the desktop Database Tasks/Medical Director Clinical/Merge Clinical Lists/You will need to login and have access to the maintenance programs to continue.



Select Recall List from the drop down list:



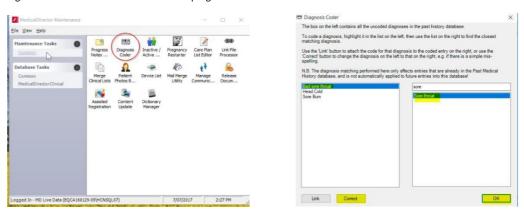
This is where you can link recall reasons that are either misspelt, incorrect, or there are too many recall reasons that are the same from the practice staff continuing to add new recall reasons. Ensure the reason is in "patient speak" as this is what will appear on letters and SMS recalls. See screen shot below where you can replace and tidy up the reasons without losing the recall. Choose the item and the one you wish to link it to then change and okay. Encourage GPs to stick to the list and not to add new recall reasons unless appropriate.



### Linking free text reasons for visit with coded reasons for visit:



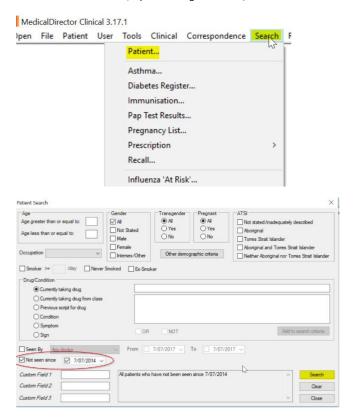
Open Medical Director Maintenance from the desktop Database Tasks/Medical Director Clinical/Diagnosis Coder/You will need to login and have access to the maintenance programs to continue.



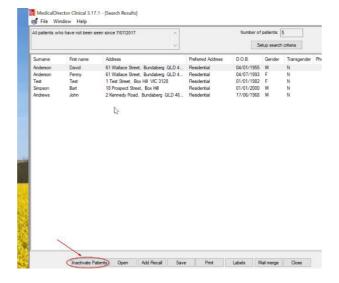
Select the un-coded diagnosis from the left side and link it with the coded reason on the right hand side, correct then ok. See screen shot.

#### Making patients inactive (bulk inactivation)

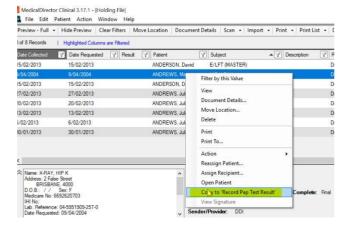
In Medical Director not in, a patient file go to Search/Patients



Patients not seen since put in your date range i.e. go back 2 years or whatever is appropriate for your practice and then search once the list is generated check the contents of the window and then inactivate patients this will not delete patients it will create an inactive status they can be made active again but only one by one.

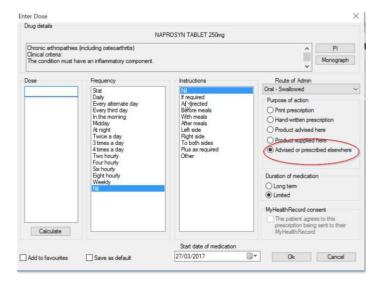


**Doctors** please mark results as notified add recalls update or delete recalls and when adding Pap smear results please add them to the Pap test record by right clicking on the result and Copy to Record Pap Test Result (see below)



# When checking the holding file Doctors Update Medications from Discharge summaries, specialist letters or results

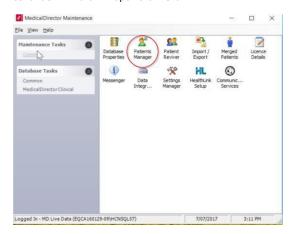
From the holding file, highlight the patient then open patient add RX RX + Prescibed elsewhere. Update new history items if needed.



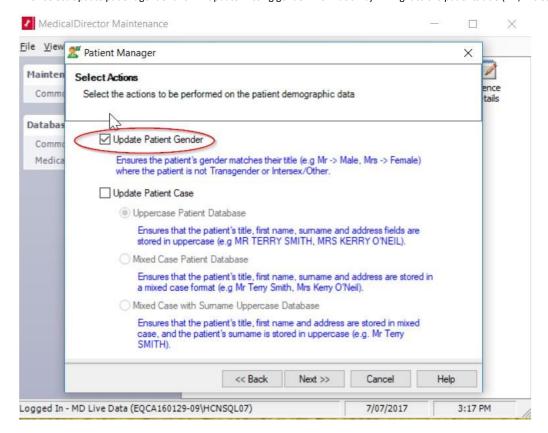
#### Update patient gender



Open Medical Director Maintenance from the desktop Database Tasks/Common/You will need to login and have access to the maintenance programs to continue. A wizard will open click next



Then select Update patient gender this will update missing gender information by linking it to the patients title (Mr,Mrs etc..)



# Best Practice Data Cleaning (Steps taken from BP knowledge

#### base)

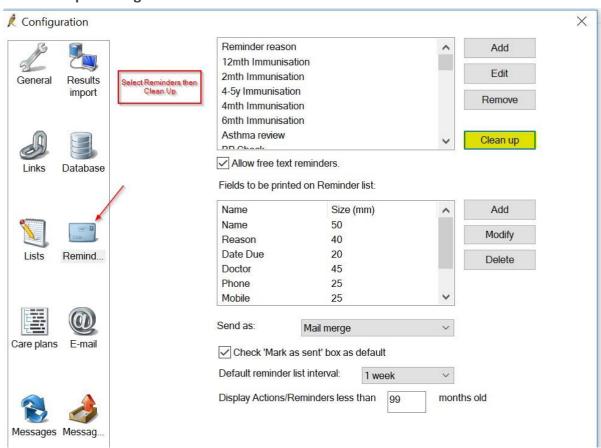
Cleaning up un-coded and free text data

BP Premier offers a range of clean-up utilities that can merge:

- obsolete contact categories
- document categories
- reminders
- un-coded past history items.

#### **CLEANING UP REMINDERS**

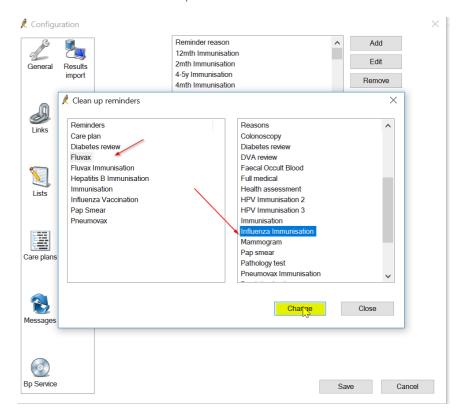
 From the main Best Practice screen, select Setup > Configuration > Reminders.



2. In the **Reminder Reason** section, click **Clean Up**. The **Clean up** reminders screen will appear.

The left hand side shows all the Reminder reasons associated with reminders in the database: both entered as free text and from the

coded **Reminder reason** drop-down. The right hand side shows all the reminder reasons that have been actually added into the **reminder reason** table on the previous screen.



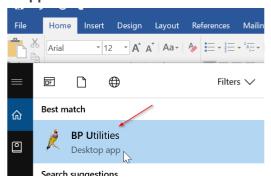
- 3. Before you start the clean-up process, it is good practice to ensure that the Reasons list contains only Reminder reasons that you feel are relevant for your clinic's use. Edit and remove unwanted reasons from
  - the **Configuration** > **Lists** screen.
- 4. To merge document categories, select the items on the left hand side that you want to merge into a category on the right hand side. Select multiple items by using Ctrl+Click.
- 5. Once the items are selected on the left hand side, select the item on the right you wish to merge them to.
- 6. Click **Change**. A prompt will display to ensure you wish to change the selected reasons to a category.
- 7. Make sure that you have the correct items selected and click **Yes** to merge.
- 8. Repeat steps 4–7 for any other reminders you want to clean up. Click **Close** to return to the **Configuration** screen.

#### **CLEANING UP UNCODED PAST HISTORY ITEMS**

You can clean up un-coded conditions that have been recorded in the **Past History** section of Best Practice. Cleaning up un-coded items makes it easier to perform database searches and manage third-party clinical audit tools.

Past history, clean-up is not accessed through the BP Premier main screen, but through the BP Premier Utilities functions. Users will need the **Past History** user permission set to 'Add/Edit/Delete' to use this clean-up function.

1. On Windows 8 or later, select the Windows logo in the bottom left > Apps > BP Utilities.



On Windows 7 or earlier, select **Start > Programs > Best Practice Software > Best Practice > BP Utilities**.

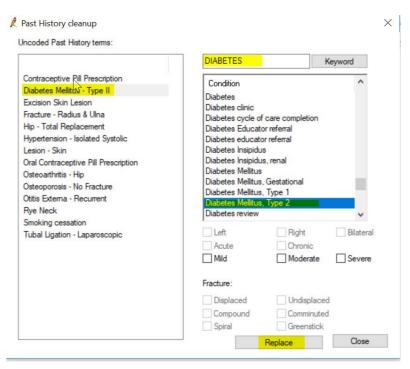
- 2. Select your user name from the drop down list and enter your password.
- 3. Double-click on the **Clean up history** icon. The **Past History clean up** screen will appear.



The **Un-coded Past History Items** list shows all past history entries entered into the database, from a conversion or free text.

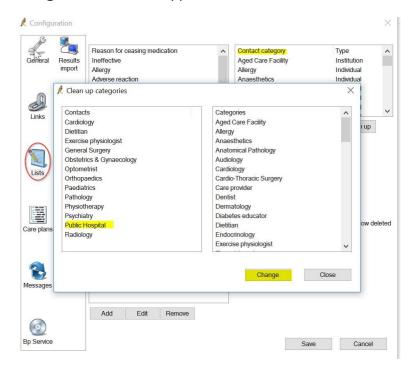
The **Conditions** list is the list of coded conditions entered into Best Practice.

- 4. On the left hand side, select the items that will be merged to a coded condition. Use Ctrl+click to select multiple items.
- 5. To filter the coded **Condition** list, enter the coded condition you want to map to into the keyword search field and click **Keyword**.
- 6. Select the condition to merge to and click **Replace**. In the example above, several free text abbreviations for diabetes are being remapped to the coded condition 'Diabetes Mellitus Type 2'.
- 7. A prompt will display to ensure you wish to merge the selected items to a category. Make sure that you have the correct items selected and click **Yes**.
- 8. Repeat steps 4–7 for any other un-coded items you want to clean up. Click **Close** to close the **Past History clean up** screen.



#### **CLEANING UP CONTACT CATEGORIES**

- From the main Best Practice screen, select Setup > Configuration > Lists.
- 2. In the **Contact category** section, click **Clean Up**. The **Clean up categories** screen will appear.



The left hand side shows all the contact categories that are used

in Contact records: both entered as free text and from the coded Category

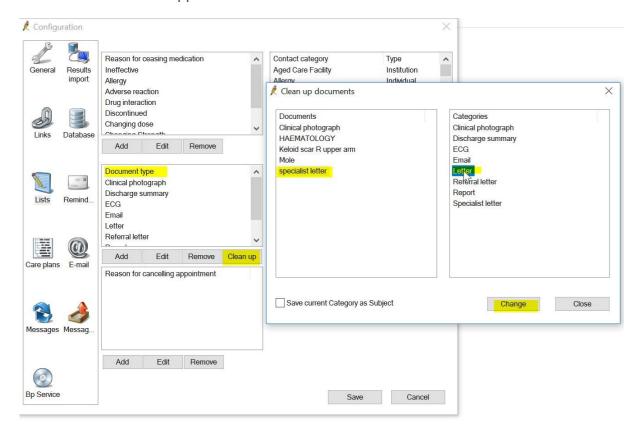
drop-down.

The right hand side shows all the contact categories that have been added into the **Configuration > Lists** categories table.

- 3. Before you start the cleanup process, it is good practice to ensure that the Categories list contains only those categories that you feel are relevant for your clinic's use. Edit and remove unwanted categories from the Configuration > Lists screen.
  - 4. To merge contacts, select the items on the left hand side that you want to merge into a category on the right hand side. Select multiple items by using Ctrl+Click.
  - 5. Once the items are selected on the left hand side, select the item on the right you wish to merge them to.
  - 6. Click **Change**. A prompt will display to ensure you wish to change the highlighted contact types to a category.
  - 7. Make sure that you have the correct items selected and click **Yes** to merge.
  - 8. Repeat steps 4–7 for any other contact categories you want to clean up. Click **Close** to return to the **Configuration** screen.

#### **CLEANING UP DOCUMENT TYPES**

- From the main Best Practice screen, select Setup > Configuration > Lists.
- 2. In the **Document type** section, click **Clean Up**. The **Clean up documents** screen will appear.



The left hand side shows all the document types that are associated with documents within the database: both entered as free text and from the coded **document types** drop-down.

The right hand side shows all the Document Types that have been actually added into the **Configuration**> **Document types** table.

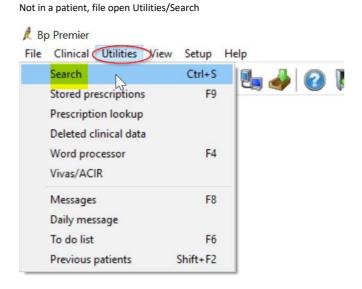
3. Before you start the cleanup process, it is good practice to ensure that the Categories contains only document types that you feel are relevant for your clinic's use. Edit and remove unwanted document categories from

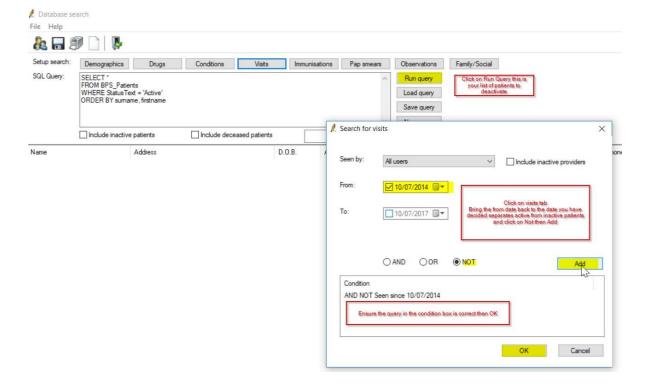
the Configuration> Lists screen.

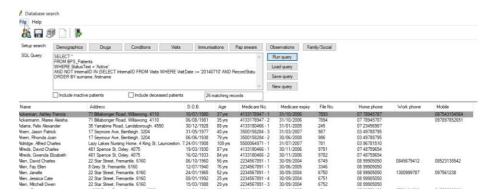
- 4. To merge document categories, select the items on the left hand side that you want to merge into a category on the right hand side. Select multiple items by using Ctrl+Click.
- 5. Select **Save current Category as Subject** to save the left hand side document category as the subject of the merged document. This will ensure that documents are still labeled correctly.

- 6. Once the items are selected on the left hand side, select the item on the right you wish to merge them to.
- 7. Click **Change**. A prompt will display to ensure you wish to change the selected document types to a category.
- 8. Make sure that you have the correct items selected and click **Yes** to merge.
- 9. Repeat steps 4–8 for any other document categories you want to clean up. Click **Close** to return to the **Configuration** screen.

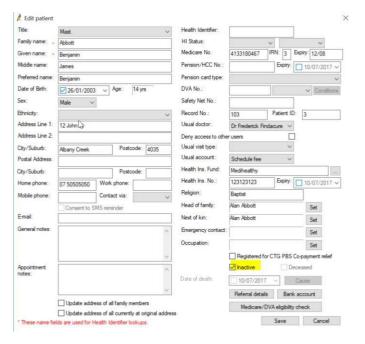
#### **Inactivate Patients in Best Practice**



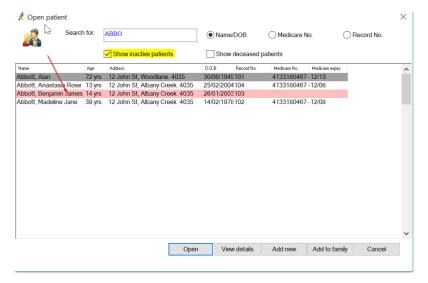




Make patient inactive by opening patient, double clicking anywhere in the details area which brings up the edit patient function then put a tick in the inactive box.



The patient can be made active again put a tick in the box when searching (inactive patients show in red) and can be made active again by changing the status to active.



# **Correspondence In:**

From Correspondence In add reminders, past history, add smear results and update medications

Tests Complete Tests Pending Sample Pending	in the transfer of the transfe					
	This result is:	Action to be taken:	Store result in:	Store for location:	EMPHN	~
	Normal	O No action	<ul><li>Investigations</li></ul>	✓ Include header		
	Abnormal	Reception to advise	Ocrrespondence in	Details		
	◯ Stable	Nurse to advise	Clinical Images			
	Acceptable	O Doctor to advise				
	Ounacceptable	Send routine reminder	Add Reminder	Add Past History		
	Being treated	O Non-urgent appointment	Add Action	Add Smear	Add INR	

Go to Current Rx then add medications click on Mediation started by specialist or elsewhere

