National MyMedicare PHN Implementation Program

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Mental Health & Better Access Quality Improvement Activation Series

Primary Health Networks (PHNs) and the National MyMedicare PHN Implementation Program have developed this Mental Health Quality Improvement (QI) Activation Series to guide general practices in using practice data to organise and proactively deliver care for populations of their patients with a mental health condition.

The Activation Series consists of the following activities:

1. **Data Cleansing for Mental Health**
2. **Patients with a mental health diagnosis without a mental health treatment plan.**
3. **Patients on a medication indicated in Mental Health without a Mental Health diagnosis.**
4. **Patients with a mental health treatment plan that have not visited the practice in 6 months.**
5. **Patients with a current diagnosis of mental health that require phone and video telehealth (e.g., High risk mental health patients with a Mental Health Treatment Plan)**
6. **Patients with a mental health and chronic disease diagnosis requiring MyMedicare registration guidance.**

Each activity includes:

1. Step by step instructions for using practice software to search and identify relevant data, and links to practice software or data cleansing support materials
2. Sample audit worksheets to record your data results

We encourage you to use the Model for Improvement and Plan-Do-Study-Act templates (Appendix 1) for your practice to set clear goals, timelines and plan actions with your practice team.

For evidence based decision support and local services/referral guidance, refer to your local **HealthPathways**.

Refer to the Quick Reference Links for Practice Software for more information about how to search and use data in your practice systems.

MyMedicare – PHN National Change Management

MyMedicare formalises the relationship between patients, their general practice, general practitioner, and primary care team, strengthening continuity of care. This Activation Series supports practices to make small manageable changes in response to the redesign of the Better Access Initiative on 1 November 2025, which requires a patient's Mental Health Treatment Plan (MHTP) to be prepared by their MyMedicare registered practice or their usual medical practitioner.

PHNs are leading MyMedicare change management and supporting translation with general practices through the National PHN MyMedicare Implementation Program, sponsored by the PHN Cooperative. PHNs collaborate on general practice data-driven quality improvement through the PHN National Improvement Network Collaborative.

Acknowledgement

This resource has been developed by PHN's nationally through the PHN Cooperative, the National Improvement Network Collaborative (NINCo), and the National MyMedicare PHN Implementation Program. Content in this resource is informed by material produced by PHNs, the Department of Health, Disability and Ageing, Services Australia, Royal Australian College of General Practitioners (RACGP), Best Practice and Medical Director. These organisations retain copyright over their original work. Referencing of material is provided throughout.

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

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Activity 1 - Data Cleansing for Mental Health

Overview

Data cleansing ensures your mental health register is accurate, up-to-date, and supports high-quality care, QI reporting, and compliance. The process involves identifying and archiving inactive patients, correcting missing or uncoded data, and ensuring all relevant clinical information is coded and current.

Preparation

1. **Assemble your QI/data team**: Include clinical, admin, and IT staff.
2. **Back up your database**: Always back up before making bulk changes.
3. Ensure access to, **POLAR** audit tool from CESPHN For reporting and cross-checks.
4. Review relevant guides:
   - Best Practice
   - Medical Director Help

Step-by-step guide

Step 1: Identify and Archive Inactive Patients

Best Practice Premier

- Go to Utilities > Search > Deactivate Patient.
- Use the search criteria (e.g., "Not seen since" a chosen date, such as 2 years ago).
- Review the list and select patients to archive.
- Deactivate in bulk or individually as appropriate.
- Database Search: Mark patients as inactive or deceased

Medical Director

- From the main menu, click **Search > Patients**.
- Tick "Not seen since" and enter your cut-off date.
- Run the search and review the list.
- To inactivate a patient:
   - Select the patient, click **Edit**, and set status to "Inactive".
   - Save changes.
- For bulk inactivation, repeat as needed.
- Database Search: Mark patients as inactive or deceased

Step 2: Clean Up Uncoded or Free Text Diagnoses

Best Practice Premier

- Use the Past History Cleanup tool:
   - Go to Utilities > Past History Cleanup.
   - Review uncoded (free text) entries.
   - Map each to a coded diagnosis using the dropdown list.
   - Replace free text with the appropriate code.
- Ensure all mental health diagnoses are coded, not free text.
- Database Search: Mark patients as inactive or deceased

Medical Director

- Go to Patient > Past History.
- Review for uncoded or duplicate entries.
- Link or replace free text with a coded diagnosis.

- Remove duplicates and mark resolved/irrelevant items as inactive.
- Patient Database Clean-up Tips

Step 3: Review and Update Demographics and Clinical Data

- Check for missing or outdated demographic fields (e.g., address, phone, Medicare number, Indigenous status).
- Update missing clinical items (e.g., allergies, medications, recalls, reminders).
- Remove or update old, irrelevant, or duplicate entries.
- Ensure all allergies and adverse reactions are recorded and coded.

Step 4: Review and Update Mental Health Medications and Diagnosis

- Identify patients on mental health medications without a coded diagnosis.
- Use POLAR or your software's reporting tools to generate these lists for follow-up.

Step 5: Document and Reflect

- Record the number of records archived, diagnoses coded, and missing data corrected.
- Use audit worksheets or run charts to track progress.
- Reflect as a team: What worked? What needs improvement?
- Schedule regular (e.g., annual) data cleansing as a standing QI activity.

Key Tips and Resources

- Best Practice Premier: Deactivate Patient
- Medical Director: Patient Database Clean-up Tips

Summary Table

Step	Best Practice Premier	Medical Director
1. Archive Inactive Patients	Utilities > Search > Deactivate Patient	Search > Patients > Not seen since
2. Clean Up Diagnoses	Utilities > Past History Cleanup	Patient > Past History
3. Update Demographics/Clinical	Patient record > Edit fields	Patient record > Edit fields
4. Review Mental Health Medications and Diagnosis	POLAR	POLAR
5. Document & Reflect	Audit worksheet/run chart	Audit worksheet/run chart

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Sample Audit Worksheet: Data Cleansing for Mental Health

Audit Item	Description	Data Source/Tool	Baseline (Before Cleansing)	Post-Cleansing	Comments/Actions
1. Number of active patients (3+ visits in 2 years)	Total active patient population	POLAR / Practice Software			
2. Number of inactive patients archived	Patients not seen in 2+ years, now archived	Deactivation Tool			
3. Number of patients with a coded mental health diagnosis	Patients with coded (not free text) diagnosis	Past History Cleanup / Diagnosis Search			
4. Number of patients with free text or uncoded mental health diagnosis	Patients with uncoded or free text entries	Past History Cleanup			
5. Number of patients on mental health medications without a coded diagnosis	Cross-check medication and diagnosis	POLAR/ Medication Report			
6. Number of missing demographic fields (e.g., Medicare, phone, address)	Incomplete demographic data	Patient Demographics Report			
7. Number of duplicate or merged records	Duplicate patient entries	Merge Tool / Manual Review			
8. Number of allergies/adverse reactions not coded	Uncoded allergy/adverse reaction entries	Allergy Report			

Instructions for Use

- **Baseline:** Record the count before starting the data cleansing activity.
- **Post-Cleansing:** Record the count after completing the activity.
- **Comments/Actions:** Note any issues, follow-up actions, or observations (e.g., "10 patients required manual review," "Bulk deactivation completed on 01/02/2026").
- **Repeat:** Use this worksheet for regular (e.g., annual) audits to track improvement.

Tips

- Use POLAR or your clinical software's reporting tools to extract data for each item.
- Involve both clinical and admin staff in the review and action steps.
- Document and reflect as a team after each audit cycle.

Activity 2 - Patients with a mental health diagnosis without a mental health treatment plan

Purpose

To ensure all patients with a coded mental health diagnosis are reviewed for eligibility and, where appropriate, offered a Mental Health Treatment Plan (MHTP), supporting better access to care and compliance with quality improvement standards.

Preparation

1. **Assemble your QI/data team:** Include clinical, admin, and IT staff.
2. **Back up your database:** Always back up before making bulk changes.
3. **Ensure access to CAT4 or equivalent audit tool:** For reporting and cross-checks.
4. **Review relevant guides:**
    - Best Practice
    - Medical Director Help

Step-by-step guide

Step 1: Identify Patients with a Mental Health Diagnosis

Best Practice Premier

- Use the **Past History Cleanup** tool to ensure all mental health diagnoses are coded (not free text).
    - Go to **Utilities > Past History Cleanup**.
    - Review and map free text entries to coded diagnoses.
- Use **Search** to find patients with a coded mental health diagnosis:
    - Go to **Utilities > Search > Patients**.
    - Set criteria for mental health diagnoses (e.g., depression, anxiety, bipolar, schizophrenia).
    - Export or print the list for review.
- Best Practice

Medical Director

- Ensure all diagnoses are coded:
    - Go to **Patient > Past History**.
    - Link or replace free text with a coded diagnosis.
- Use **Search** to find patients with a coded mental health diagnosis:
    - From the main menu, click **Search > Patients**.
    - Filter by diagnosis (e.g., depression, anxiety, bipolar, schizophrenia).
    - Export or print the list for review.
- Detailed instructions

Step 2: Identify Patients Without a Mental Health Treatment Plan (MHTP)

Best Practice Premier

- Use the **Search** function to cross-check for patients with a mental health diagnosis but no MHTP:
    - Go to **Utilities > Search > Patients**.
    - Add criteria: “Mental health diagnosis” AND “No MHTP in past 12 months.”
    - Use the “Not recorded” or “Missing” filter for MHTP item numbers.
    - Export the list for clinical review.

Medical Director

- Use the **Search** function to cross-check for patients with a mental health diagnosis but no MHTP:
    - Go to **Search > Patients**.
    - Add criteria: "Mental health diagnosis" AND "No MHTP in past 12 months."
    - Use the "Not recorded" or "Missing" filter for MHTP item numbers.
    - Export the list for clinical review.

Step 3: Clinical Review and Action

1. **Review the list with clinicians:**
    - Determine if each patient is eligible for an MHTP.
    - Exclude patients with a recent plan or those not clinically indicated.
2. **Contact eligible patients:**
    - Invite for a review appointment to discuss and initiate an MHTP.
3. **Document actions:**
    - Record outcomes in the patient record.
    - Update the register to reflect new or updated MHTPs.

Step 4: Monitor and Reflect

- **Track the number of patients identified, contacted, and who received an MHTP.**
- **Use an audit worksheet** (see previous response for template) to document baseline and post-intervention numbers.
- **Reflect as a team:** What worked? What could be improved for next cycle?

Key Tips and Resources

- **Better Access Initiative resources:**
    - Better Access Initiative Resource Collection
- **Best Practice Premier:**
    - Best Practice
- **Medical Director:**
    - Search and Patient Database Clean-up
- **POLAR:**
    - Use POLAR reports to cross-check and validate your findings.
- For interventions and pathways when a patient does not require at least a moderate level of mental health support through Better Access can be found here: Publications | Australian Government Department of Health, Disability and Ageing

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Summary Table

Step	Best Practice Premier	Medical Director
1. Identify Diagnoses	Utilities > Past History Cleanup, Search	Patient > Past History, Search
2. Find No MHTP	Search > Patients, filter by "No MHTP"	Search > Patients, filter by "No MHTP"
3. Clinical Review	Review/export list, clinician review	Review/export list, clinician review
4. Contact & Document	Recall, update records	Recall, update records

Sample Audit Worksheet: Patients with a Mental Health Diagnosis Without a Mental Health Treatment Plan

Audit Item	Description	Data Source/Tool	Baseline (Before Intervention)	Post-Intervention	Comments/Actions
1. Number of patients with a coded mental health diagnosis	Patients with a coded (not free text) mental health diagnosis	Past History Cleanup / Diagnosis Search			
2. Number of patients with a coded mental health diagnosis and a MHTP	Patients with a coded diagnosis and a MHTP	POLAR/ Clinical Audit / Practice Software			
3. Number of patients with a coded mental health diagnosis and no MHTP	Patients eligible for MHTP preparation	POLAR/ Clinical Audit / Practice Software			
4. Number of patients contacted for review	Patients invited for review to discuss MHTP	Practice Software / Recall System			
5. Number of new MHTPs initiated	Patients who received a new MHTP as a result of this activity	Practice Software / MBS Billing Report			
6. Number of patients excluded (not clinically indicated or recent plan)	Patients reviewed but not eligible for MHTP	Clinical Review			

Instructions for Use

- **Baseline:** Record the count before starting the intervention.
- **Post-Intervention:** Record the count after completing the activity.
- **Comments/Actions:** Note any issues, follow-up actions, or observations (e.g., “5 patients declined review,” “3 patients had recent plans”).
- **Repeat:** Use this worksheet for regular (e.g., annual or quarterly) audits to track improvement over time.

Tips

- Use POLAR or your clinical software’s reporting tools to extract data for each item.
- Involve both clinical and admin staff in the review and action steps.
- Document and reflect as a team after each audit cycle.

Activity 3 - Patients on a Mental Health Medication Without a Mental Health Diagnosis

Purpose

To ensure all patients prescribed medications commonly used for mental health conditions (e.g., antidepressants, antipsychotics, mood stabilizers) have an appropriate, coded mental health diagnosis in their record. This supports safe prescribing, accurate clinical records, and quality improvement.

Preparation (All Practices)

- **Assemble your QI/data team:** Include clinical, admin, and IT staff.
- **Back up your database:** Always back up before making bulk changes.
- **Ensure access to CAT4 or equivalent audit tool:** For reporting and cross-checks.
- **Review relevant guides:**
  - Best Practice Knowledge Base
  - Medical Director: https://www.medicaldirector.com/

Step-by-step guide

Step 1: Identify Patients on Mental Health Medications

Best Practice Premier

1. **Run a Medication Search:**
   - Go to **Utilities > Search > Patients**.
   - Set criteria for medications commonly used in mental health (e.g., SSRIs, SNRIs, antipsychotics, mood stabilizers).
   - Export or print the list of patients on these medications.
   - Best Practice Knowledge Base
2. **Cross-Check for Diagnosis:**
   - Use the same search tool to filter for patients **on these medications but without a coded mental health diagnosis**.
   - Use the “Not recorded” or “Missing” filter for mental health diagnoses.

Medical Director

1. **Run a Medication Search:**
   - Go to **Search > Patients**.
   - Set criteria for medications indicated in mental health.
   - Export or print the list of patients on these medications.
   - Medical Director Help
2. **Cross-Check for Diagnosis:**
   - Use the search filters to identify patients **on these medications but without a coded mental health diagnosis**.
   - Use the “Not recorded” or “Missing” filter for mental health diagnoses.

Step 2: Clinical Review and Action

- **Review the list with clinicians:**
  - For each patient, determine if a mental health diagnosis is clinically indicated but not coded.
  - Exclude patients where the medication is used for non-mental health indications (e.g., chronic pain, migraine). Review medications to ensure they are appropriate and safe. Consider referring eligible patients for a Home Medication Review.

- **Update records as appropriate:**
  - If a mental health diagnosis is confirmed, ensure it is coded in the patient’s record (not free text).

- If no diagnosis is appropriate, document the alternative indication for the medication.

Step 3: Patient Follow-Up

- **Contact patients as needed:**
  - If further assessment is required, invite the patient for a review appointment.
  - Discuss the indication for the medication and update the clinical record accordingly.

Step 4: Documentation and Reflection

- **Record outcomes in the patient record.**
- **Update the register to reflect new or updated diagnoses.**
- **Track the number of patients identified, reviewed, and updated.**
- **Reflect as a team:** What worked? What could be improved for next cycle?

Key Tips and Resources

- **Best Practice Premier:**
  - Best Practice Knowledge Base
- **Medical Director:**
  - Search and Medication Reports

POLAR
  - Use POLAR reports to cross-check and validate your findings.

Summary Table

Step	Best Practice Premier	Medical Director
1. Identify Patients on Medications	Utilities > Search > Patients	Search > Patients
2. Cross-Check for Diagnosis	Use “Missing” filter for diagnosis	Use “Missing” filter for diagnosis
3. Clinical Review	Review/export list, clinician review	Review/export list, clinician review
4. Update Records	Code diagnosis or document alternative	Code diagnosis or document alternative

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Sample Audit Worksheet: Patients on a Mental Health Medication Without a Mental Health Diagnosis

Audit Item	Description	Data Source/Tool	Baseline (Before Intervention)	Post-Intervention	Comments/Actions
1. Number of patients on a mental health medication	Patients prescribed antidepressants, antipsychotics, or mood stabilizers	Medication Search /POLAR / Practice Software			
2. Number of patients on a mental health medication with a coded mental health diagnosis	Patients with both a relevant medication and a coded diagnosis (not free text)	Medication & Diagnosis Cross-check			
3. Number of patients on a mental health medication without a coded mental health diagnosis	Patients on medication (antidepressant, Antipsychotic, mood stabiliser, pain relief medications but missing a coded mental health diagnosis	Medication & Diagnosis Cross-check			
4. Number of patients reviewed by clinicians	Patients whose records were reviewed for clinical appropriateness	Clinical Review			
5. Number of patients with a mental health condition that may be eligible for a home medication review (HMR)	Patient records where clinician review identified possible HMR/referral for HMR	Clinician Review			
6. Number of patients updated with a new or corrected diagnosis	Patients whose records were updated to include a coded mental health diagnosis	Practice Software			
7. Number of patients where medication was confirmed for non-mental health indication	Patients where medication is used for another condition (e.g., pain, migraine)	Clinical Review			
8. Number of patients invited for further assessment	Patients contacted for review appointment	Recall/ Appointment System			

Instructions for Use

- **Baseline:** Record the count before starting the intervention.
- **Post-Intervention:** Record the count after completing the activity.

- **Comments/Actions:** Note any issues, follow-up actions, or observations (e.g., "10 patients required Home Medications Review," "5 patients had medication for chronic pain, not mental health").
- **Repeat:** Use this worksheet for regular (e.g., annual or quarterly) audits to track improvement over time.

Tips

- Use POLAR or your clinical software's reporting tools to extract data for each item.
- Involve both clinical and admin staff in the review and action steps.
- Document and reflect as a team after each audit cycle.

Activity 4 - Patients with a Mental Health Treatment Plan Who Have Not Visited in 6 Months

Purpose

To ensure patients with an active MHTP who have not attended the practice in the last 6 months are identified followed up, supporting continuity of care, and improved mental health outcomes.

Preparation

- **Assemble your QI/data team:** Include clinical, admin, and IT staff.
- **Back up your database:** Always back up before making bulk changes.
- **Ensure access to POLAR or equivalent audit tool:** For reporting and cross-checks.
- **Review relevant guides:**
  - Best Practice Knowledge Base
  - Medical Director: https://www.medicaldirector.com/

Step-by-step guide

Step 1: Identify Patients with an Active MHTP

Best Practice Premier

1. **Search for patients with an active MHTP:**
   - Go to **Utilities > Search > Patients**.
   - Set criteria for patients with a MHTP (use relevant item numbers or diagnosis codes).
   - Export or print the list for review.
   - Best Practice Knowledge Base

Medical Director

1. **Search for patients with an active MHTP:**
   - Go to **Search > Patients**.
   - Filter by patients with a MHTP (use relevant item numbers or diagnosis codes).
   - Export or print the list for review.
   - Medical Director Help

Step 2: Identify Patients Who Have Not Attended in 6 Months

Best Practice Premier

1. **Add attendance filter:**
   - In the search criteria, add “Last visit date” or “Not seen since” and set the cut-off to 6 months ago.
   - Combine with the MHTP filter to find patients with an active MHTP who have not attended in 6 months.
   - Export or print the list for clinical review.

Medical Director

1. **Add attendance filter:**
   - In the search criteria, add “Last visit date” or “Not seen since” and set the cut-off to 6 months ago.
   - Combine with the MHTP filter to find patients with an active MHTP who have not attended in 6 months.
   - Export or print the list for clinical review.

Step 3: Clinical Review and Action

- **Review the list with clinicians:**
  - Determine if each patient requires follow-up or recall.
  - Exclude patients who are no longer clinically indicated for follow-up.
- **Contact eligible patients:**
  - Use recall systems (letters, SMS, phone calls) to invite patients for a review appointment.
  - Document all contact attempts and outcomes in the patient record.

Step 4: Documentation and Reflection

- **Record outcomes in the patient record.**
- **Update the register to reflect new or updated MHTPs and attendance.**
- **Track the number of patients identified, contacted, and who attended follow-up.**
- **Use an audit worksheet to document baseline and post-intervention numbers.**
- **Reflect as a team:** What worked? What could be improved for next cycle?

Key Tips and Resources

- **Best Practice Premier:**
  - Best Practice Knowledge Base
- **Medical Director:**
  - Medical Director Help
- **POLAR**
  - Use POLAR reports to cross-check and validate your findings.

Summary Table

Step	Best Practice Premier	Medical Director
1. Identify MHTP Patients	Utilities > Search > Patients	Search > Patients
2. Filter by Attendance	Add “Not seen since 6 months”	Add “Not seen since 6 months”
3. Clinical Review	Review/export list, clinician review	Review/export list, clinician review
4. Recall & Document	Recall, update records	Recall, update records

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Sample Audit Worksheet: Patients with a Mental Health Treatment Plan Who Have Not Visited in 6 Months

Audit Item	Description	Data Source/Tool	Baseline (Before Intervention)	Post-Intervention	Comments/Actions
1. Number of patients with an active MHTP	Patients with a coded mental health treatment plan	POLAR / Practice Software			
2. Number of patients with an active MHTP who have not attended in 6 months	Patients with an MHTP and no visit in the last 6 months	Appointment/ Attendance Report			
3. Number of patients contacted for follow-up	Patients invited for review to discuss their MHTP	Recall/ Appointment System			
4. Number of patients who attended follow-up after recall	Patients who responded to recall and attended a review	Practice Software			
5. Number of MHTPs reviewed/updated as a result	Patients whose MHTP was reviewed or updated after follow-up	Practice Software / MBS Billing Report			
6. Number of patients excluded (not clinically indicated or transferred)	Patients reviewed but not eligible for recall (e.g., transferred, deceased, not clinically indicated)	Clinical Review			

Instructions for Use

- **Baseline:** Record the count before starting the intervention.
- **Post-Intervention:** Record the count after completing the activity.
- **Comments/Actions:** Note any issues, follow-up actions, or observations (e.g., “5 patients declined review,” “2 patients transferred out”).
- **Repeat:** Use this worksheet for regular (e.g., annual or quarterly) audits to track improvement over time.

Tips

- Use POLAR or your clinical software’s reporting tools to extract data for each item.
- Involve both clinical and admin staff in the review and action steps.
- Document and reflect as a team after each audit cycle.

Activity 5 - Patients with a Mental Health Diagnosis Requiring Telehealth Appointments

Purpose

To ensure patients with a mental health diagnosis (particularly high-risk mental health patients, e.g. bipolar disorder and a Mental Health Treatment Plan) that require phone (level C or D) and/or videoconference longer appointments (level C, D or E) are identified and proactively offered MyMedicare registration supporting continuity of care and improved outcomes.

Note:

- For Better Access telehealth services (including MHTPs), eligible patients must have had at least one face-to-face appointment in the previous 12 months with a GP or PMP.
- Phone level C and D appointments are only available to MyMedicare registered patients at their MyMedicare practice.
- Phone and video level C, D or E appointment attract 'triple' bulk billing incentives for MyMedicare registered patients at their MyMedicare practice.

Preparation

- **Assemble your QI/data team:** Include clinical, admin, and IT staff.
- **Back up your database:** Always back up before making bulk changes.
- **Ensure access to POLAR or equivalent audit tool:** For reporting and cross-checks.
- **Review relevant guides:**
  - Best Practice Knowledge Base
  - Medical Director: Medical Director Help

Step-by-step guide

Step 1: Identify High-Risk Mental Health Patients with Current Diagnosis and MHTP

Best Practice Premier

1. **Search for patients with a current mental health diagnosis and a MHTP in place:**
   - Go to **Utilities > Search > Patients**.
   - Set criteria for mental health diagnoses (e.g., bipolar, schizophrenia, severe depression) and filter for those with a Mental Health Treatment Plan (MHTP).
   - Export or print the list for review.
   - Best Practice Knowledge Base

Medical Director

1. **Search for patients with a current mental health diagnosis and a MHTP in place:**
   - Go to **Search > Patients**.
   - Filter by diagnosis (e.g., bipolar, schizophrenia, severe depression) and by those with an active MHTP.
   - Export or print the list for review.
   - Medical Director Help

Step 2: Identify Patients Who Require/Prefer Telehealth

- **Review the list with clinicians** to determine which patients are high-risk, have barriers to in-person care, or have previously indicated a preference for telehealth.
- Identify which of those patients are currently registered or not registered for MyMedicare with the general practice.
- **Engage patients not registered for MyMedicare to voluntarily register** as appropriate.
- **Add a flag or note** in the patient record for those who should be prioritized for phone/video appointments.

Step 3: Schedule and Offer Telehealth Appointments

- **Contact eligible patients** (via phone, SMS, or email) to offer a telehealth appointment.
- **Use recall or appointment systems** to schedule and document telehealth appointments.
- **Provide instructions** to patients on how to access phone or video consultations.

Step 4: Documentation and Follow-Up

- **Record all contact attempts, patient preferences, and appointment outcomes** in the patient record.
- **Update the register** to reflect telehealth appointments and any changes to the care plan.
- **Track the number of patients identified, contacted, and who attended telehealth appointments.**
- **Reflect as a team:** What worked? What could be improved for next cycle?

Key Tips and Resources

- Use the following MyMedicare Registration Checklist to support your practice processes related to informed consent and MyMedicare registration
    - MyMedicare Registration Checklist.docx
- **Best Practice Premier:**
    - Best Practice Knowledge Base
- **Medical Director:**
    - Medical Director Help
- **POLAR:**
    - Use POLAR reports to cross-check and validate your findings.

Summary Table

Step	Best Practice Premier	Medical Director
1. Identify MH patients with MHTP that require telehealth	Utilities > Search > Patients	Search > Patients
2. Flag for telehealth	Add note/flag in record	Add note/flag in record
3. Schedule telehealth	Recall/appointment system	Recall/appointment system
4. Document & follow-up	Update patient record & register	Update patient record & register

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Sample Audit Worksheet: Patients with a Mental Health Diagnosis Requiring Telehealth Appointments

Audit Item	Description	Data Source/Tool	Baseline (Before Intervention)	Post-Intervention	Comments/Actions
1. Number of patients with a coded mental health diagnosis and active MHTP	Patients with a coded mental health diagnosis and an active Mental Health Treatment Plan	POLAR/ Practice Software			
2. Number of high-risk patients identified as requiring telehealth (e.g., bipolar, severe depression, schizophrenia)	Patients flagged as high-risk and suitable for phone/video appointments	Clinical Review / Patient Record			
3. Number of mental health patients requiring telehealth registered for MyMedicare with the practice	Patients flagged as needing telehealth already registered for MyMedicare with the practice	Clinician Review / Patient Record			
4. Number of mental health patients requiring telehealth not registered for MyMedicare with the practice	Patients flagged as needing telehealth with access limitations due to MyMedicare	Clinician Review / Patient Record			
5. Number of patients contacted and offered MyMedicare Registration and telehealth appointments	Patients invited for to register for MyMedicare and access phone/video review	Recall/ Appointment System			
6. Number of patients who accepted and attended telehealth appointments	Patients who responded and attended a telehealth review	Practice Software / Telehealth Log			
7. Number of care plans reviewed/updated as a result	Patients whose MHTP was reviewed or updated after telehealth	Practice Software / MBS Billing Report			
8. Number of patients excluded (not clinically indicated, declined, or unable to access telehealth)	Patients reviewed but not eligible or unable to participate in telehealth	Clinical Review			

Instructions for Use

- **Baseline:** Record the count before starting the intervention.
- **Post-Intervention:** Record the count after completing the activity.
- **Comments/Actions:** Note any issues, follow-up actions, or observations (e.g., “3 patients declined telehealth,” “2 patients lacked internet access”).
- **Repeat:** Use this worksheet for regular (e.g., annual or quarterly) audits to track improvement over time.

Tips

- Use POLAR or your clinical software’s reporting tools to extract data for each item.
- Involve both clinical and admin staff in the review and action steps.
- Document and reflect as a team after each audit cycle.

Activity 6 - Patients with a Mental Health and Chronic Disease Diagnosis Requiring MyMedicare Registration Guidance

Purpose

To ensure patients with both a mental health and chronic disease diagnosis are identified and proactively offered guidance and support to register with MyMedicare, improving care coordination and access to relevant incentives and services.

Preparation (All Practices)

- **Assemble your QI/data team:** Include clinical, admin, and IT staff.
- **Back up your database:** Always back up before making bulk changes.
- **Ensure access to POLAR or equivalent audit tool:** For reporting and cross-checks.
- **Review relevant guides:**
    - Best Practice Knowledge Base
    - Medical Director: Medical Director Help

Step-by-step guide

Step 1: Identify Patients with Both a Mental Health and Chronic Disease Diagnosis

Best Practice Premier

1. **Search for patients with a mental health diagnosis:**
    - Go to **Utilities > Search > Patients**.
    - Set criteria for mental health diagnoses (e.g., depression, anxiety, bipolar, schizophrenia).
2. **Add criteria for chronic disease diagnosis:**
    - Add additional criteria for chronic diseases (e.g., diabetes, cardiovascular disease, COPD, asthma).
    - Use Boolean logic (AND) to filter for patients with both conditions.
3. **Export or print the list for review.**
    - Best Practice Knowledge Base

Medical Director

1. **Search for patients with a mental health diagnosis:**
    - Go to **Search > Patients**.
    - Filter by mental health diagnosis.
2. **Add criteria for chronic disease diagnosis:**
    - Add additional filter for chronic diseases.
    - Use Boolean logic (AND) to filter for patients with both conditions.
3. **Export or print the list for review.**
    - Medical Director Help

Step 2: Cross-Check MyMedicare Registration Status

- **Use POLAR or your clinical software's reporting tools** to check which patients on your list are already registered with MyMedicare.
- **Flag patients who are not registered** for targeted outreach.

Step 3: Clinical Review and Action

- **Review the list with clinicians and admin staff:**
    - Confirm eligibility and appropriateness for MyMedicare registration.
    - Exclude patients who are not suitable (e.g., already registered, not interested, or not clinically indicated).
- **Contact eligible patients:**

- Use recall systems (letters, SMS, phone calls) to invite patients for a discussion about MyMedicare registration.
- Provide information about the benefits of registration and support them through the process.

Step 4: Documentation and Follow-Up

- **Record outcomes in the patient record:**
  - Note registration status, patient preferences, and any follow-up actions.
- **Update the register** to reflect new registrations.
- **Track the number of patients identified, contacted, and registered.**
- **Reflect as a team:** What worked? What could be improved for next cycle.

Key Tips and Resources

- Use and adapt the following conversation starters resource to help your practice team talk to patients about MyMedicare registration and support informed consent,
  - Conversation Starters - MyMedicare CCM. MHTP - FMinal 12 Nov 2025.docx
- Use the following MyMedicare Registration Checklist to support your practice processes related to informed consent and MyMedicare registration
  - MyMedicare Registration Checklist.docx
- **Better Access Initiative resources:**
  - Better Access Initiative Resource Collection
- **Best Practice Premier:**
  - Best Practice Knowledge Base
- **Medical Director:**
  - Medical Director Help
- **POLAR:**
  - Use POLAR reports to cross-check and validate your findings.

Summary Table

Step	Best Practice Premier	Medical Director
1. Identify patients with both diagnoses	Utilities > Search > Patients (mental health AND chronic disease)	Search > Patients (mental health AND chronic disease)
2. Cross-check MyMedicare registration	POLAR / Practice Software	POLAR / Practice Software
3. Clinical review & outreach	Review/export list, recall system	Review/export list, recall system
4. Document & follow-up	Update patient record & register	Update patient record & register

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Sample Audit Worksheet: Patients with a Mental Health and Chronic Disease Diagnosis Requiring MyMedicare Registration Guidance

Audit Item	Description	Data Source/Tool	Baseline (Before Intervention)	Post-Intervention	Comments/Actions
1. Number of patients with both a mental health and chronic disease diagnosis	Patients with both a coded mental health and a coded chronic disease diagnosis	CAT4 / Practice Software			
2. Number of patients with both a mental health treatment plan and a GP Chronic Condition Management Plan	Patients with both a MHTP and GPCCMP	Practice Software			
3. Number of patients in audit item 1. and 2. already registered with MyMedicare	Patients with both diagnoses who are already registered	CAT4 / Practice Software / MyMedicare Register			
4. Number of patients in audit item 1. and 2. not registered with MyMedicare	Patients with both diagnoses who are not registered	CAT4 / Practice Software / MyMedicare Register			
5. Number of patients contacted for MyMedicare registration guidance	Patients invited for discussion or sent information about MyMedicare	Recall/ Appointment System			
6. Number of patients who completed MyMedicare registration as a result	Patients who registered after receiving guidance	Practice Software / MyMedicare Register			
7. Number of patients excluded (not clinically indicated, declined, or not interested)	Patients reviewed but not eligible or not interested in registration	Clinical Review			

Instructions for Use

- **Baseline:** Record the count before starting the intervention.
- **Post-Intervention:** Record the count after completing the activity.
- **Comments/Actions:** Note any issues, follow-up actions, or observations (e.g., “5 patients declined registration,” “2 patients already registered elsewhere”).
- **Repeat:** Use this worksheet for regular (e.g., quarterly) audits to track improvement.

Tips

- Use CAT4 or your clinical software’s reporting tools to extract data for each item.
- Involve both clinical and admin staff in the review and action steps.
- Document and reflect as a team after each audit cycle.

Appendix 1 – Model For Improvement and PDSA Template

Model for Improvement and Plan-Do-Study-Act Cycle

Start by documenting your practice QI team and define your problem and specified a robust ***Problem Statement*** using the Quality Improvement Template. Next, consider Model for Improvement.

In the Model for Improvement, the **'Thinking Part'** focuses on the overall improvement strategy, while the **'Doing Part'** implements changes through the Plan-Do-Study-Act (PDSA) cycle. This model uses PDSA cycles to test changes, ensuring measurable and sustainable improvements.

Click here for a short video explaining the Model for Improvement and PDSA's.

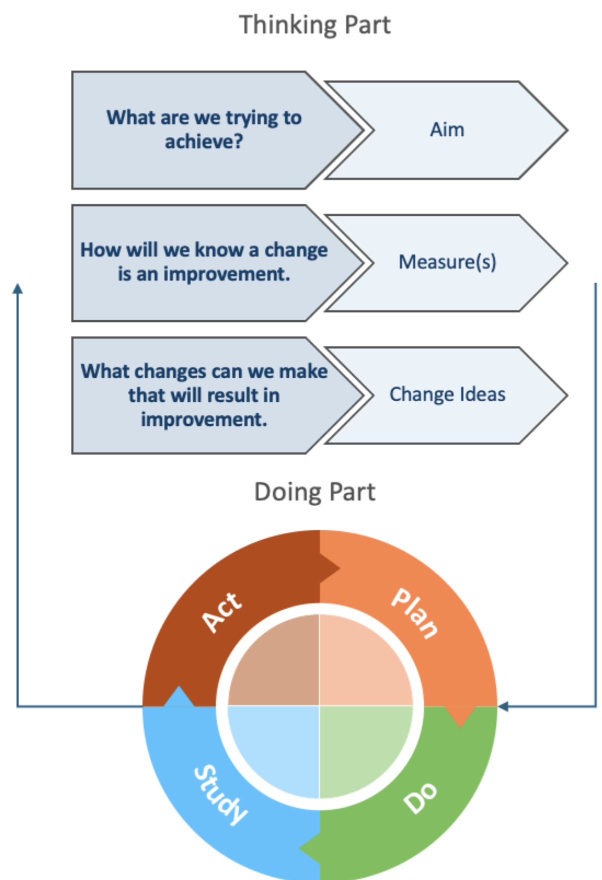
Step 1: Thinking Part - Model for Improvement

1. **AIM: What are we trying to accomplish?** Develop a S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Time-bound) and people-crafted ***Aim Statement***.
2. **MEASURE: How will we know that a change is an improvement?** Identify what good looks like and develop a measure(s) of success.
3. **CHANGE IDEAS: What changes can we make that will result in an improvement?** Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Each change idea may involve multiple small rapid PDSA cycles.

Step 2: Doing Part - Plan-Do-Study-Act (PDSA)

1. **PLAN:** Describe the change idea (what, who, when, where). Predict outcomes and define the data to collect.
2. **DO:** Carry out the plan. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.
3. **STUDY:** Analyse results, compare them to predictions, and reflect on what you learned.
4. **ACT:** Based on what you learned from the test, consider what you will do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?

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



Quality Improvement Template

Practice name:	*Add your primary healthcare service name here*	**Date:**	*Add date of commencement here*
QI team:	*List the team members involved*		
Problem:	*Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?*		
Problem Statement:	*Document your succinct problem statement here*		

*Once you have completed the QI template, move onto the **Model for Improvement** (the Thinking Part)*

Model for Improvement Template

Step 1: Thinking Part - Three Fundamental Questions
Complete the Model for Improvement (MFI) as a whole team.

AIM	1. What are we trying to accomplish?	
By answering this question, you will develop your GOAL for improvement. It important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.		
By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison. Tip: Use a Run Chart to plot trends.		
Baseline:		**Baseline date:**
By answering this question, you will develop IDEAS for change. ***Tip: Engage the whole team in formulating change ideas using Institute for Healthcare Improvement QI tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.***		
Idea 1		
Idea 2		
Idea 3		
Idea 4		
Idea 5	*Add other rows if needed.*	
Next steps:	*Each idea may involve multiple short and small PDSA cycles.*	

*Once you have completed the **Model for Improvement,** shortlist your ideas and start to put them into action using the **Plan-Do-Study-Act** (PDSA) cycle to plan, test, and review changes.*

PDSA (Plan-Do-Study-Act) Template

Step 2: Doing Part - Plan-Do-Study-Act

Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	How *will we run this test?* ***Who*** *will do it and* ***when****?* ***What*** *will we measure?*	***Prediction*** *or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned.*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
Change idea 1.1	*Specify*				
	Keep adding rows and cycles as needed.				
Change idea 1.2	*Introduce a new change idea is required.*				
	Keep adding rows and cycles as needed.				

Quick Reference Links for Practice Clinical Software

Best Practice - Best Practice Knowledge Base

Communicare - https://communicare-portal.telstrahealth.com/login/

Genie - How to Search in Genie | Genie Support

Medical Director - Medical Director Help

Stat Health - Healthcare Software | Medical Software Australia | Stat Health

Zedmed - Welcome to the Zedmed knowledge base | zedmed