

Acknowledgement of Country

In the spirit of reconciliation Cubiko acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Gaagal by Miimi and Jiinda



House Keeping

- Change the chat from 'Hosts and panelists' to 'Everyone' so that we can all join in on the conversation.
- If you have a question, please add it to the Q&A area at the bottom of your screen.
 This helps ensure that we can see and answer your questions.
- This session will be recorded. A copy of the recording will be sent out later today, along with any links or resources shared in today's session.



Overview of today's session

End of year strategies for your practice

- EOY checklist to guide your practice through important end-of-year preparations.
- Complete last-minute CPD hours before 1 January and how Cubiko can help support earning up to 32.5 CPD hours
- Explore ways to set up quality improvement (QI) activities and create CPD plans for 2025.
- Using practice data to review debtors and unbilled Medicare appointments to action before year end to start 2025 with a clean slate.
- Learn how to identify patients due for care plans, reviews, and 10997 services, ensuring necessary actions are completed before the calendar year ends.







End of year strategies for your practice

One resource for ticking off your EOY admin

- ✓ Notify patients of your holiday closure
- ✓ Confirming your diaries
- ✓ Manage leave approvals
- ✓ Taking care of your team!





End of year strategies for your practice

Notify patients of your holiday closure

- The checklist includes recommended wording for informing patients of closure dates
- A complete list of ways to inform patients including posters, website updates, emails and more

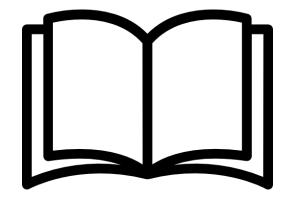




End of year strategies for your practice

Wrapping up your admin

- Direct patients to other health facilities during closure
- Manage your team's leave
- End of year bonuses, Christmas party, tax considerations





FREE DOWNLOAD

End of Year Checklist & Christmas Closure Posters











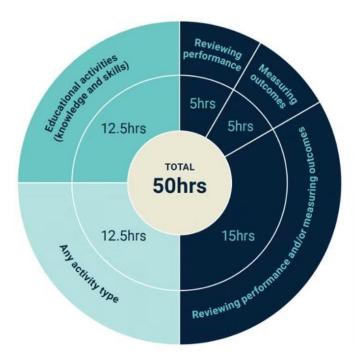
Last minute activities to make CPD a breeze

Three categories of CPD to complete

Educational activities

Reviewing performance

Measuring outcomes



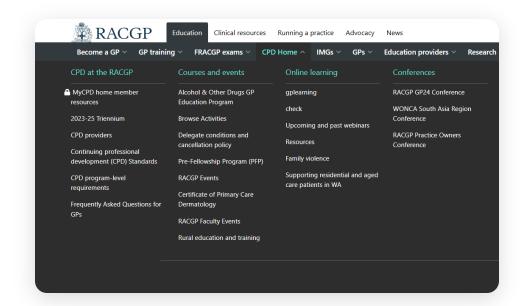


Educational activities

RACGP.org.au

As always, the RACGP is your go-to place for all things CPD

There is a huge variety of content as well as links to 3rd party CPD education providers to assist your GPs in completing their hours

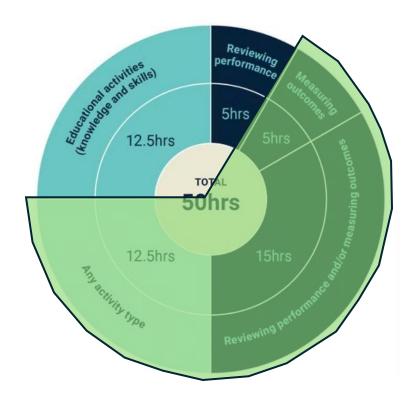




Measuring outcomes

Measuring outcomes can contribute up to 32.5/50 hours of total CPD.

For many GPs it's the most difficult category of learning activities to complete

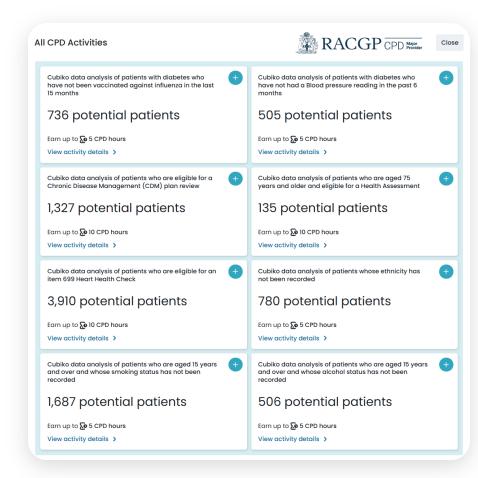




Measuring outcomes

Within Cubiko, there are 8 CPD activities pre-approved by the RACGP, helping GPs easily identify the actions that will have the biggest impact on your patients.

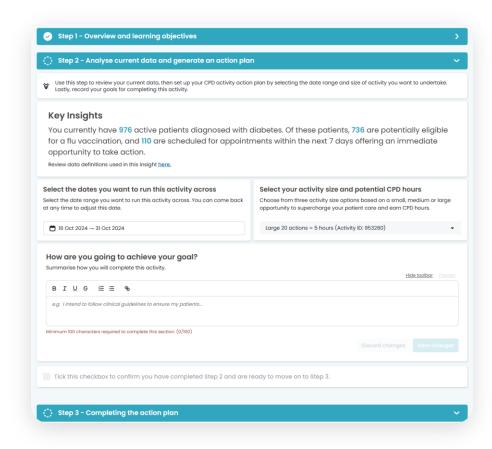
The activities can be a simple way to complete outstanding CPD requirements before the end of 2024





Measuring outcomes

These activities are broken down into 5 simple steps, enabling GPs to easily understand objectives, complete reflection and see exactly which patients they need to see to improve patient outcomes.



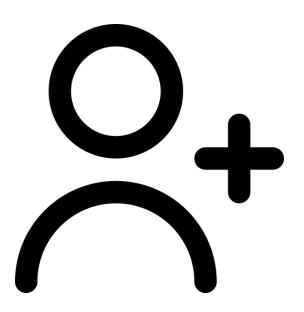






Consider your focus areas and discuss them ahead of time

- 1. Gather input from GPs, nurses and staff
- 2. Set objectives and goals
- 3. Schedule monthly workshops well ahead of time
- 4. Complete your activities throughout 2025
- 5. Organise an end of year review and start the cycle again





Consider your focus areas and discuss them ahead of time

There are hundreds of metrics that you can use to create QI activities!

Get ideas from your practice team about what will help your practice improve and provide better care to your patients next year.

- Recalls / Reminders
- Medicare / DVA exceptions (rejections)
- Held accounts
- Outstanding debt
- Health Assessments
- Chronic Disease Management
- Patient wait time
- Time till third next available appointment



Consider your focus areas and discuss them ahead of time

Consider a yearly collaborative cycle of QI and CPD

Proposed changes in the works for the RACGP Standards 6th edition

CQI.1►A Our practice team undertakes continuous quality improvement activities.

You must:

- train team member/s who have the primary responsibility for quality improvement activities in your practice about their role
- have a system to identify quality improvement activities
- include at least one clinical improvement activity every 12 months
- keep a record of feedback from your practice team about quality improvement systems
- document quality improvements made to your practice or practice systems in response to feedback, complaints, or audits.



Using data to review potentially missed billings





Using data to review potentially missed billings What areas can we explore to find missed billings?

Administrative gaps

Outstanding debt
Uncompleted patient appointments
Unbilled appointments
Billings on hold

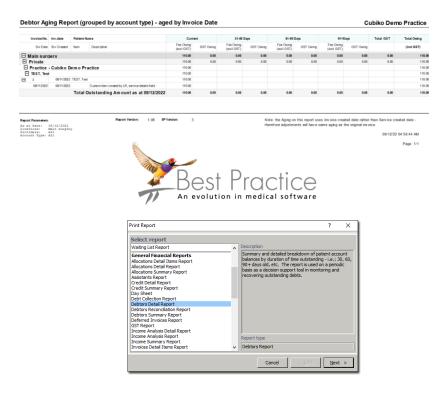
Historical item usage

Item 23 for extended consults
Missed 10997's



Using data to review potentially missed billings Outstanding debt

- Clearing out debt is integral to a health practice bottom line
- Your PMS of choice as well as reporting systems have a number of reports to help you identify account that need following up before Christmas closure

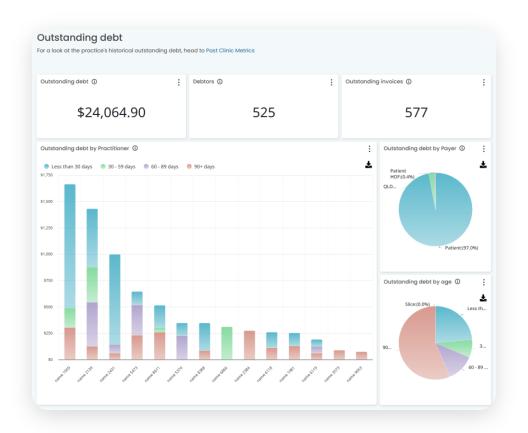






Using data to review potentially missed billings Outstanding debt

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Using data to review potentially missed billings Uncompleted appointments

- Another area where billings can become trapped
- Look for historical appointments with a status of booked, at billing, with Dr or similar within your PMS



	INTERNAL	Record no.	Appointment Date	Patient	Appt Status	Appointment Type	Duration (mins)
1	8118	32159	21/10/2024	surname 9929, firstname 1473 (19yrs - city 1117)	Booked	description 8688	20
2	6773	30135	09/10/2024	surname 9893, firstname 6621 (36yrs - city 3844)	Booked	description 7432	20
3	11567	40852	10/10/2024	surname 9667, firstname 9984 (33yrs - city 5684)	At Billing	description 3639	10
4	3756	15269	10/10/2024	surname 9476, firstname 4586 (50yrs - city 5684)	Booked	description 7432	20
5	2755	11544	15/10/2024	surname 9356, firstname 2867 (60yrs - city 5684)	With Dr	description 3685	20
6	1460	1742	23/10/2024	surname 9292, firstname 2979 (76yrs - city 5684)	Booked	description 8184	20
7	39419		23/10/2024	surname 9161, firstname 2867 (59yrs - city 1457)	Booked	description 1525	60
8	3388	24170	10/10/2024	surname 9132, firstname 7649 (11yrs - city 5684)	Booked	description 7432	20
9	39398		18/10/2024	surname 8816, firstname 7649 (53yrs - city 7482)	Booked	description 1525	60
10	11931	29249	18/10/2024	surname 8355, firstname 8623 (83yrs - city 2152)	Booked	description 3776	10
11	1304	4665	09/10/2024	surname 8355, firstname 5966 (74yrs - city 7259)	At Billing	description 2225	20
2	12510	42832	01/10/2024	surname 8136, firstname 7649 (58yrs - city 8446)	Booked	description 6867	10
13	12499	42773	18/10/2024	surname 7974, firstname 6621 (23vrs - city 4586)	Booked	description 8412	30



Using data to review potentially missed billings Unbilled appointments

- More difficult to find as you're looking for the absence of invoices related to bookings
- Generate a report on appointments and look for an invoice count of 0

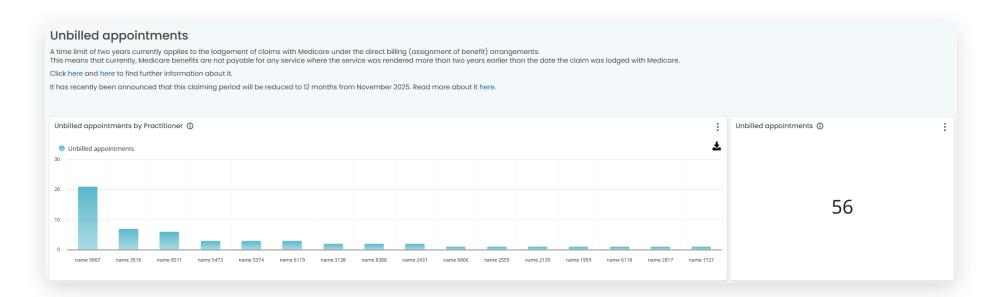






Using data to review potentially missed billings Unbilled appointments

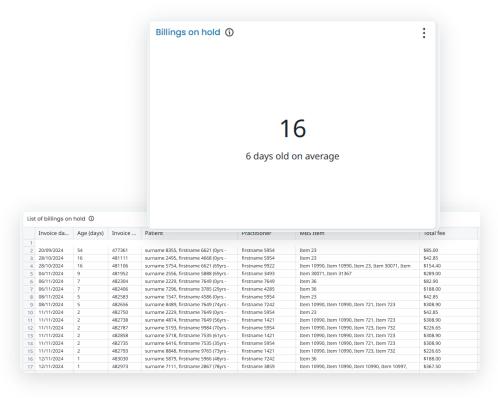
 More difficult to find as you're looking for the absence of invoices related to bookings





Using data to review potentially missed billings Billings on hold

- These are found in Bp and are optionally used by many practices
- If you aren't familiar with the option, it's worth checking that it hasn't been accidentally used





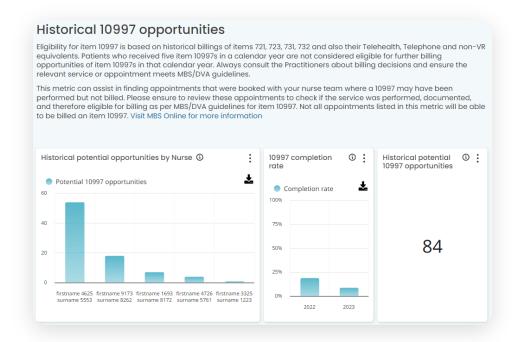
Identifying missed and outstanding services for the year





Identifying outstanding services How do we find our missed billings, 10997's and other items?

- Searching for patients who have been billed a CDM item and have then seen the nurse, but no 10997 has been billed
- Conduct chart audits to assess whether billing the 10997 is appropriate





Identifying outstanding services How do we find our missed billings, 10997's and other items?

- Standard consult item usage!
- For each practitioner, look through appointments where an item 23 was billed with a longer than expected appointment duration.
- Was it clinically suitable to have billed an item 36 or another item for the extended consult?

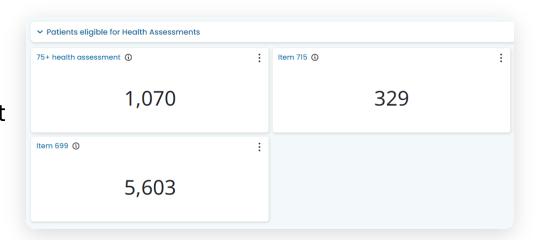
Ite	em 23: appointment length vs item billed ①								
	Date	Invoice ID	Actual appt durati	Booked appt dura					
1	09/10/2024	479140	28	10					
2	02/10/2024	478544	28	10					
3	29/10/2024	481250	38	20					
4	25/10/2024	480865	30	20					



Finding care opportunities

How do we find our remaining or future 10997's and other CDM/HA items?

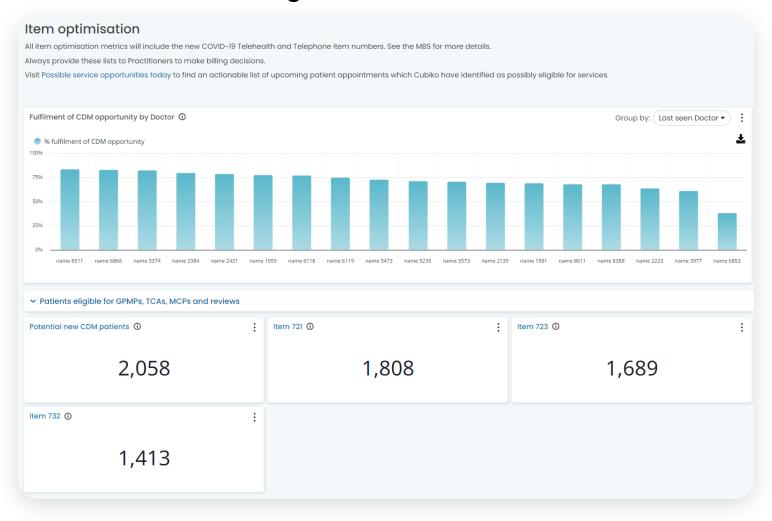
- Look for patients with a historical billing
- Are they eligible now?
- Are there any other outstanding health assessments or CDM services that warrant reaching out to book before EOY





Finding care opportunities

How do we find our remaining or future 10997's and other CDM/HA items?









Any questions?

