

MSKPN Quality Data Collection Tutorial & FAQ's - Cliniko Focus

July 2021

Cliniko 

Why Bother?

PROFESSIONAL RESPONSIBILITY

- ❖ As a profession we currently have no way of consistently communicating the value our services create for our patients.
- ❖ Increasingly, service models are being squeezed and virtual-only models of MSK physiotherapy are being created.
- ❖ At present we have no way of confidently showcasing that your preferred way of delivering care adds any greater value to patients than these low-contact, virtual only models.
- ❖ If you want to keep doing what you love doing, help us prove the value of this on your behalf.

Why Bother?

KNOWING YOUR VALUE

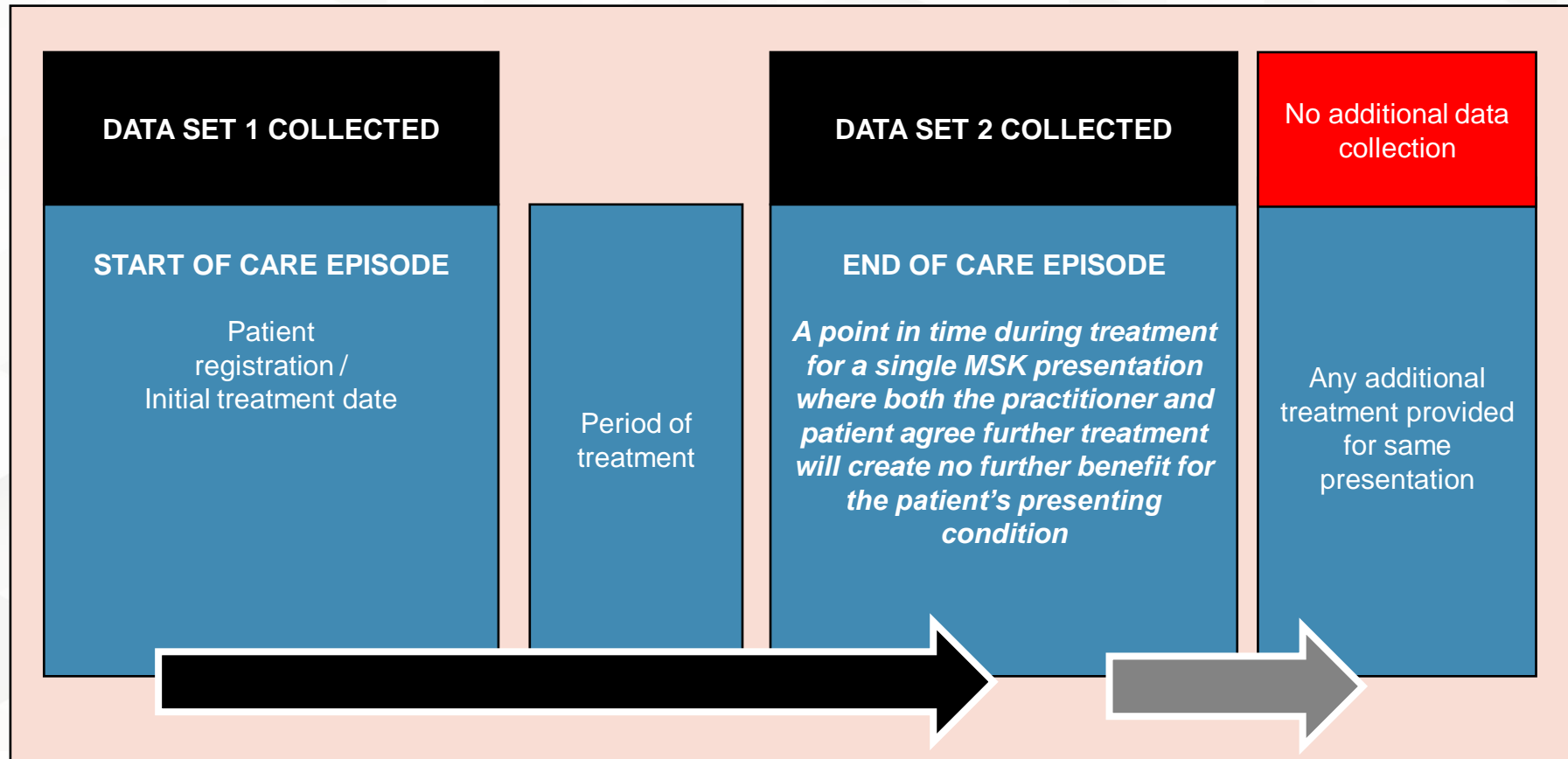
- ❖ How do you demonstrate if the treatment you provide achieves good outcomes for patients?
- ❖ How do you know if your treatment gets the same outcome for patients compared to your peers?
- ❖ Adopting this approach will allow you to understand how you compare with your peers in regards to:
 - ❖ How much do you improve patients pain
 - ❖ How much do you improve patients function
 - ❖ Overall, how much better do you make patients feel
 - ❖ Do patients rate their experience with you as a highly positive one
- ❖ Knowing this is not a bad thing!!! As life-long-learners shouldn't we want to know where we have some opportunities to improve?

Data Collection Template

- Two approaches
 - 1 Single Template, half completed at start of treatment, saved as draft, then second half completed at end of treatment
 - PRO - Single data extraction process, no requirement to match pre and post scores
 - CON - Will have incomplete templates on patient records
- 2 Separate templates
 - Template 1 - Start of Episode of Care
 - Template 2 - End of Episode of Care
 - PRO - No incomplete templates on patient records
 - CON - Requirement for merging template 1 data with template 2 data at individual patient level

Timing of Data Collection

- This approach is designed to collect **2 data sets across a single episodes of care** as this mirrors the **most common** patient journeys
- If patients don't follow this approach, don't collect data on them



Reporting the Data

EXAMPLE TM3 DATA - June 2021

Average improvement
in Pain Levels

75%

Average overall
improvement in
condition

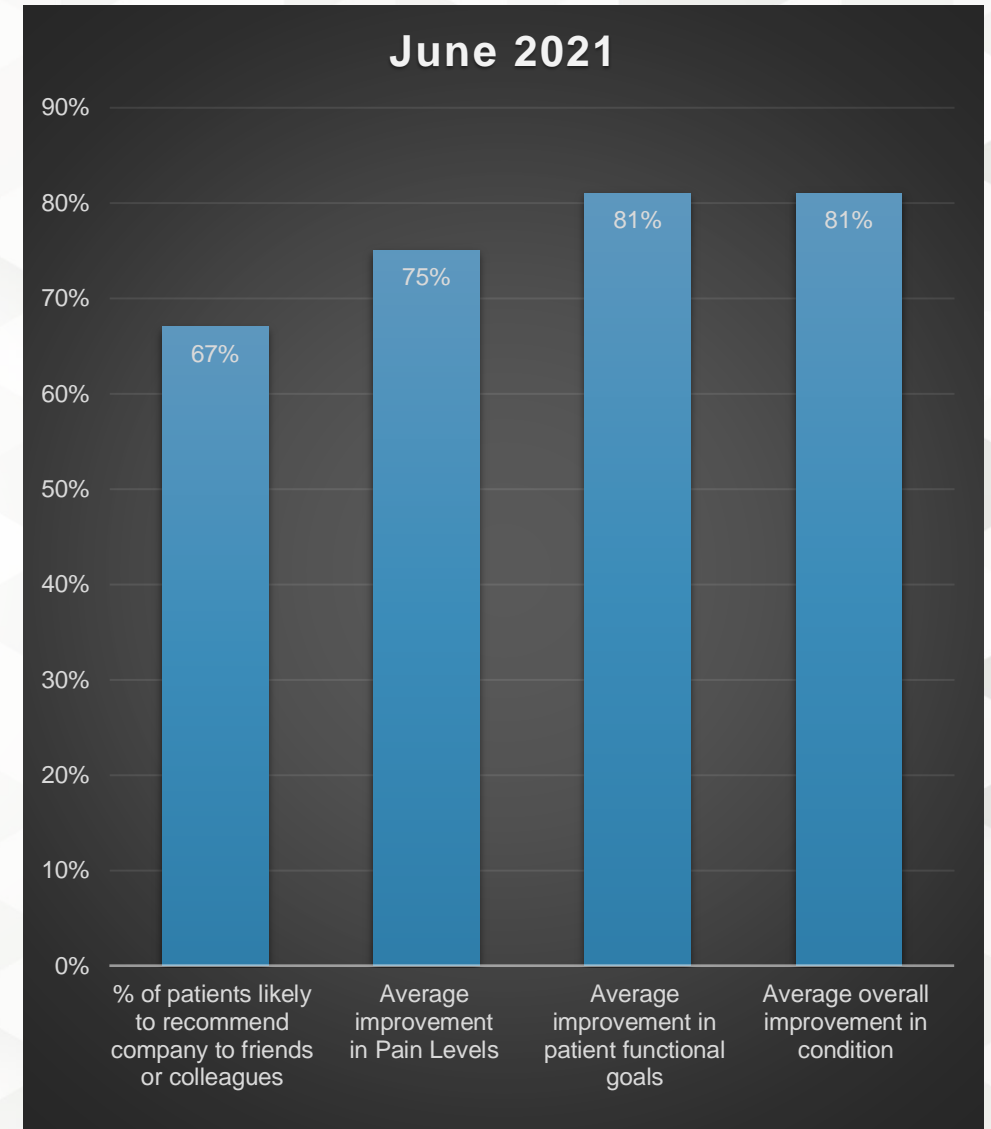
81%

Average improvement
in patient functional
goals

81%

% of patients likely to
recommend company
to friends or colleagues

67%



FAQ's

What do I do if I only see the patient once?

*If you have seen a patient for an initial consultation only and following this are not planning any future care, **do not complete the quality data template.** The quality data template is designed to capture change in patient's outcomes following a course of treatment, not from a single assessment and advice.*

What do I do if a patient has more than one body part they are seeking treatment for?

*This approach to quality assurance has been established to monitor meaningful change in patients following a single episode of care. If in a single episode of care you are treating multiple body parts, select the body part and condition code for the condition the patient is **most** concerned with / limited by. Use the data collection template to monitor changes from the start and end of care for this condition only.*

FAQ's

Why do I have to ask about depression and anxiety? Wont this make the patient feel awkward?

Depression and anxiety are clinical presentations known to significantly affect the prevalence, impact and intensity of MSK conditions. These factors are also likely to affect a patient's progress with treatment and ultimate outcome from physiotherapy. If certain cohorts of patients are reporting less favourable outcomes, you will want to be able to see what proportion of these suffer from depression and anxiety. To provide a patient-centred, biopsychosocial approach to your treatment you will also need to know this information at the start of each patient's care episode.

FAQ's

Why do I have to ask about smoking and alcohol misuse? How do we quantify alcohol misuse?

Smoking and significant alcohol consumption are factors known to affect the prevalence and recovery of MSK conditions. If certain cohorts of patients are reporting less favourable outcomes, you will want to be able to see what proportion of these smoke and have significant alcohol consumption.

Members have shared how they only select the 'yes' option to alcohol misuse if a patient actively discloses a problem with alcohol.

FAQ's

What do I record when the patient has changed their therapist through the course of one episode of care?

The lead clinician ID is only requested at the start of an episode of care. The data reports will therefore not identify if a patient changed their therapist during a course of treatment. Should this factor become relevant with your clinic's results, i.e. one therapist seems to get less favourable patient outcomes than the rest of the team, you will be able to drill down in to your local records to see if this trend is related to a single therapist consistently transferring their patient's to a different team member.

