



Well done!

Welcome to Karo's second newsletter. We got lots of positive feedback after our first one, so from time to time we'll be in touch with the latest developments for PHOs, especially around data collection and analysis.

A big thanks to everyone for updating your PMS last quarter and getting the latest downloads in on time. This means that we can now collect information about Ischaemic CVD not just Myocardial Infarction, and there's standard coding for CVD risk assessments, diabetes annual review and patients' smoking status.

We know it isn't easy to focus on admin when there's so much else going on. These are turbulent times as everyone reorganises or is reorganised. The changes all take time and effort away from frontline services. At Karo, too, we are busier than ever, responding to data requests around possible PHO mergers and new configurations.

So hunker down in the wintry weather, keep your chins up, and pat yourselves on the back for an update job well done!

Best wishes/Nga mihi

Susan, Catherine and Patricia (the Karo team)

Start recording new PPP smoking indicators now

We are delighted that our work with DHBNZ to develop a standard code for smoking indicators has been completed on time and the data can now be entered in the PMS. Karo has been involved in pilots to test the new indicators and in advising DHBNZ about the roll-out of the standards.

From 1 July, practices need to be encouraged to record the giving of brief advice and cessation support for smokers in a standard way using standard codes. The data will be counted as part of the two new PHO Performance Management Indicators:

1. The total number of smokers who have been given brief advice will be divided by the total smokers. People will be included if they were a smoker during the year – even if they have given up now.
2. The total number of smokers who have been given cessation support will be divided by the total smokers. People will be included if they were a smoker

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during the year – even if they have given up now.

It will take a year to build up the data so we should have valid numbers by the end of June 2011. This data will feed into national health targets around smoking, which are a key priority for the government.

For more detailed information, go to our website. Practices also need to refer to their own PMS release notes for more detail about how to record smoking indicators.

Still need help? Email Susan at susan@karo.co.nz or give her a ring.

More PHOs use new Karo audit tool

Eight PHOs are now using Karo's new audit tool to identify their financial risk from a Ministry of Health audit. The tool is a dummy audit that assesses a sample of enrolment forms from a practice, finds the errors and calculates the potential financial penalties across the whole practice.

The tool has shown that some practices are doing really well while others need to lift their game. Everyone has found it useful to focus people's attention on the Ministry's new audit rules.

Poor procedures that have come to light include:

- scanning enrolment forms at the wrong end of the scanner, thereby cutting off the patient's signature;

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- throwing out boxes of enrolment forms after they got water-damaged in a flood;
 - using enrolment forms without a patient eligibility question.

The Ministry of Health has given practices and PHOs six months grace before new rules apply. After that, it will audit all practices, examining 300-400 enrolment forms in each and using the results to extrapolate 'incorrect' funding across the whole practice. The most common reason for 'incorrect' funding is not being able to produce a signed enrolment form for patients.

More information is available in the [MOH Final Audit Protocol](#) and [MOH Enrolment Register FAQs May 2010](#).

Karo's audit tool is affordable, easy to use and can save PHOs thousands of dollars. It involves [four easy steps](#). A demo version is available [here](#).

Cost: \$180 per practice for Karo clients
\$250 per practice for non-clients.

Now is the time to get your processes sorted! If there are problems, it will take you six months to fix them.

Ischaemic CVD findings raise questions about MoH estimates

Karo has finished pilot testing CVD risk assessment and Ischaemic CVD rates and sent our report to DHBNZ.

PHOs who took part in the pilot might be interested in a graph we have plotted, comparing the percentages (actual Ischaemic CVD rates divided by Ministry of Health estimates) with the percentage of patients who are high need. The graph confirms our gut feeling that the Ministry is under-estimating Ischaemic CVD numbers for high-needs PHOs and over-estimating them for other PHOs. This suggests their calculations do not take enough account of either poverty or ethnicity, and is likely to be true for diabetes estimates as well.

If you would like to see the graph, please email Susan at susan@karo.co.nz

Karo runs new diabetes data system

From 1 July, Karo has started collecting the output from Diabetes Get Checked 2 to load into our back-end database and then analyse diabetes information for PHOs. Several PHOs approached us for help after the news that the Canary system was no longer being supported.

Karo also runs a number of other data collection systems including Tamariki Ora, CVD risk assessment (Edge tool) and a Pacific youth assessment form.

For more information about Diabetes Get Checked 2, contact Susan or Patricia at Karo.

Changes to Tamariki Ora checks

Changes to the Tamariki Ora/Well Child National Schedule are being implemented over the next 12 months, starting from 1 July 2010. The eight core health checks will stay but there will be a greater focus on the early development stages during the first year.

In August, the Ministry of Health will publish an updated Tamariki Ora Well Child Health Book. It will include the timing of the new checks, the introduction of the *Parental Evaluation of Developmental Status* questionnaire from the three-month check onwards, revised growth charts, and the inclusion of the *Lift the lip* assessment at every core check from 9 to 12 months onwards.

Karo will be revising its Tamariki Ora Advanced Form to incorporate the changes.

For more information about the changes, go to the [Well Child Tamariki Ora Newsletter, No. 7 June 2010](#).

Karo works on data solution for cross-DHB PHOs

Karo continues to be involved in discussions with the Ministry of Health, DHBs and PHOs about how to handle data for cross-DHB PHOs. A small number of PHOs are planning to merge along philosophical rather than geographical lines, resulting in PHOs that will span a number of DHBs.

Karo believes any additional costs associated with collecting and analysing cross-DHB data should not be borne by PHOs, and is working hard to find a solution.

Care Plus payments change

You may already know that from 1 July 2010 Care Plus payments are being adjusted in five per cent bands rather than the previous 65 per cent, 80 per cent and 100 per cent bands. This means PHOs and practices will be more susceptible to small losses of Care Plus patients and will have to keep a close eye on their numbers.

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