**With acknowledgement to South Western Sydney PHN for their assistance.**

<table>
<thead>
<tr>
<th>Focus</th>
<th>MBS items</th>
<th>Why improve this area?</th>
<th>Quality Improvement Ideas</th>
<th>Clinical and QI Resources</th>
</tr>
</thead>
</table>
|       | - GP Management Plan (GPMP) item 721  
- Team Care Arrangements (TCA) item 723  
- GPMP RACF item 731  
- Review of GPMP &/or TCA item 732  
- GP Multidisciplinary Case Conferences (735, 739, 743, 747, 750, 758)  
- Health assessments (701,703,705,707,715)  
- Immunisation item 10993  
- Allied Health item 10950-10970  
- PNIP items 10987 & 10997  
- Home Medicines Review (item 900) | - Improved patient outcomes and quality of life  
- Improved patient self-management, health literacy and education  
- Reduce the risk of under treatment/overtreatment  
- Provide multi-disciplinary care  
- Burden of disease is high  
- Precursor to other chronic disease  
- Adherence to evidence based guidelines  
- Enhanced systems aligned with Quality PIP (2019)  
- Up-to-date MHR  
- Evidence to support accreditation requirements | - Establish team roles  
- Undertake data cleansing  
- Identify target population/s  
- Collect baseline data  
- Monitor progress  
- Implement recall and reminder system  
- Set goals for no. of patients treated to target  
- Schedule staff training  
- Schedule internal meetings  
- Schedule COORDINARE meetings  
- Design service delivery model  
- Prepare and send patient invitations  
- Implement service delivery model  
- Create relevant patient action plans  
- Updates at team meetings  
- Benchmark report in team meeting/s  
- Speak to your Health Coordination Consultant for additional QI ideas | - COORDINARE SPDS resources:  
- Data cleansing manual and supplementary manual.  
- CQI Facilitation Tool and CQI Tracking Tool.  
- HealthPathways Illawarra-Shoalhaven and  
- HealthPathways ACT-Southern NSW  
- Guidelines for preventive activities in general practice (Red Book)  
- NSW Health Integrated care – Chronic Conditions  
- Best practice examples of CDM  
- Quick Steps to manage Chronic Pain in Primary Care  
- CVD absolute risk calculator  
- Refer Aboriginal and Torres Strait Islander patients to the ITC program |