RACGP eHealth

Guiding principles for clinical follow up systems in general practice software

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1.   Introduction

The Royal Australian College of General Practitioners (RACGP) has been working with medical defence organisations and with vendors who provide clinical information system software, to achieve clinical systems that are consistent and safe in the way they record, use and share information.

General practitioners (GPs) need to be able to work safely with any clinical information system and improving common functions in clinical information systems will help to improve the safety, quality and efficiency of care.

2.   Purpose

The RACGP *Standards for general practices (4th edition)* (the Standards) require general practices to have a 'rigorous' follow up system. This is to ensure the appropriate follow up of tests and results. Follow up systems are also important to deliver preventative healthcare.

Follow up systems in general practice rely heavily on system-generated 'recalls' and 'reminders'. An RACGP review of some widely-used clinical information systems identified that 'recalls' and 'reminders' are handled differently.

Each clinical information system has built in functions to generate a 'recall' or 'reminder'. However; there is a significant variation between the processes and use of terminology. There are also multiple places where recalls and reminders may sit in each clinical information system.

The variation and inconsistency in the ways these terms are used in clinical information systems is, in part, a consequence and reflection of the inconsistent way in which 'follow up' terminology appears in the Standards.

Consistency in the way that information is handled by different clinical information systems together with a standards based approach will improve the manner in which information is collected, managed and stored, improving efficiency and assisting in reducing clinical risk.

These guiding principles aim to support clinical information system software vendors and general practices achieve this consistency.

Additionally, we make recommendations for the consistent use of follow up terminology in the next edition of the Standards.

3.   Scope

These guiding principles look at how 'recalls' and 'reminders' functions and terminology are utilised as part of a patient follow up system. Other terms and functions in clinical information systems, such as 'alerts',

'flags' and 'prompts', that are generally utilised by clinicians for purposes not related to GP follow up systems, are out of scope for this document.

4. Recalls and reminders in general practice

General practices use recalls and/or reminders either to follow up and review a recent event or cycle of care which may include diagnostic tests and reports, or to support preventive healthcare delivery. While there is no legal obligation for general practices to have a reminder system, GPs do have a legal duty to recall patients to inform them about clinically significant test results.

The clinical information systems usually generate 'prompts' that occur during consultations, or when viewing a patient's clinical record, to draw GPs' attention to recalls and reminders.

Practices also use the recalls and/or reminders information to proactively contact patients with a message about their care. For example, to suggest they come back to the practice to discuss a test result or to recommend a preventive activity, such as cancer screening.

5. Confusion over 'follow up' terminology in RACGP Standards

The Standards require general practices to have a 'rigorous' follow up system to achieve accreditation. However, terms like follow up, recalls and reminders, are used interchangeably and inconsistently in the Standards, contributing to the inconsistency and confusion in the way 'follow up' terminology is used in clinical information systems. For examples, refer to Criterion 1.5.3 – System for follow up of tests and results

A proposed clarification is that:

- **A recall** is issued after human intervention has occurred and is based on a GP making the decision the patient needs to be reviewed within a specified time frame.
- **A reminder** occurs due to the patient being added to a recommended preventive activity list that is generated and actioned on a periodic basis.

6. Guiding principles

To address the issues described above and improve the safety and efficiency of general practice follow up systems, the RACGP recommends the following principles for general practices and clinical information system software vendors to adhere to when developing a follow up system:

6.1   Guiding principles for general practices on developing a follow up system

a. Practice policies should be developed to underpin the patient follow up systems
b. The policies needs to be supported by business processes within the practice
c. Team roles and responsibilities should be defined in relation to the follow up process.

6.2   Guiding principles for clinical information system software vendors on developing a follow up system

a. Consistent terminology should be used across clinical information systems and functions should adhere to this terminology.
    i.   Recall - issued after human intervention has occurred and is based on a GP making the decision the patient needs to be reviewed within a specified time frame.

    ii.   Reminder - occurs due to the patient being added to a recommended preventive activity list that is generated and actioned on a periodic basis.

b. All clinical information system software vendors should use consistent functionality for recalls and reminders:
    i.   Follow up systems should be displayed in a unified view where current and outstanding recalls and reminders are visible and actionable, with the ability to filter and prioritise different actions.
    ii.   The urgency and clinical importance and reason of each follow up item in the list needs to be easily identified.
    iii.   A readily accessible audit log should be available to track and trace the process for the completion of each item, to identify precisely what action was taken when that action was taken, any response(s) from the patient and whether the action has been completed. This will also require processes to maintain up to date demographic information including telephone numbers, email address and/or postal address.

c. Where practices are using a separate administrative or management system (for billing and appointments) and a clinical information system for patient healthcare details, these systems should be able to exchange follow up information where required.

d. Software should have a process that allows follow up appointments to be flagged so if the patient does not return as expected the matter can be followed up appropriately.

e. Provide clear release notes/guidance for updated software functions, as support and education for general practice.

7.   RACGP advocacy

To support the recommendations of the guiding principles for general practices and clinical information system software vendors, the RACGP will:

1. Work with the clinical information system software vendors to encourage and support the adoption and implementation of the recommendations of this document.

2. The RACGP will provide advice and education for GPs and practice staff, to support a rigorous and streamlined approach to the use of a follow up system.

3. Ensure the 5th edition RACGP *Standards for general practices*, due in 2017, are updated to:
   - define recalls and reminders as two different functions
   - define the meaning of each word
   - use the terminology consistently and not interchangeably
   - reflect the catch-all term for both functions as being 'follow up'.