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| **QOOL-Vic MDM Software**  **Frequently Asked Questions (FAQ)** |
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# Implementing QOOL-Vic

## Rationale

This document has been created to support the implementation of QOOL-Vic. It is a dynamic document aiming to update stakeholders who may have questions on the benefits, processes, and resources available to support implementation of QOOL-Vic.

# User Experience

**Will it be easier to refer patients to an MDM using QOOL-Vic?**

For the majority of clinicians, referring a case to QOOL-Vic will be easier than it is now using current systems (whether using your existing MDM software or manual systems such as Microsoft Excel). QOOL-Vic receives all pathology reports for notified cancers that are sent to the Victorian Cancer Registry electronically. The Registry receives approximately 97% of all cancer pathology notifications in near real-time through the e- Path software which provides a feed to QOOL-Vic. For a majority of patients referred to MDMs, details of their cancer will already be in QOOL-Vic at the time of their referral based on their pathology reports.

Over time, there are plans to integrate other systems into QOOL-Vic through the Department of Health’s roll out of the Unique Patient Identifier (UPI). UPI will sit above all other Health systems used in the health sector and act as a matching software, to pull patient demographic information out of PAS and integrate it with QOOL-Vic. In return this will improve the access to patient demographic details at the time of the patient’s referral. The intent is to streamline the referral process as much as possible and also reduce the risk of ‘duplicate’ patients. The Department is committed to developing QOOL-Vic further over time working closely with the Vic User Group to determine any needed enhancements.

**How can users’ access QOOL-Vic and QOOL-Vic data?**

Anyone with a log in and password can access QOOL-Vic via the internet and web browser on a computer, tablet, laptop, or mobile phone. For privacy and medico-legal reasons users need to be ‘registered’ users. Additionally, a range of QOOL-Vic data extracts can be downloaded in CSV format or QOOL-dash can used in real time, enabling some local automated processes and analytics.

**Can QOOL-Vic be tailored to meet local needs?**

QOOL-Vic can be tailored in many ways to meet specific health service and multidisciplinary team meeting needs based on the tumour streams discussed. User customisable configuration per tumour stream allows for groups of fields that can be selected or hidden. For example, a breast MDM will have different fields/data to a prostate MDM.

QOOL-Vic has built-in pre and post communication templates such as an Agenda, GP letter and MDM summary templates. As all data in QOOL-Vic can be downloaded, sites can create and use their own templates populated by the downloaded data. For example, a GP letter could be created using Microsoft Word, utilising downloaded data via the “mail merge” function. Alternatively, the GP letter template within QOOL-Vic can

be used. An enhancement to integrate with general practice software products is also under investigation.

**How are decisions made for enhancements to QOOL-Vic?**

Software enhancements to QOOL-Vic are prioritised and agreed by the QOOL-Vic Users Group. Quotations for any agreed enhancements are sourced from Queensland Cancer Control Analysis Team (QCCAT) also known as the software developer and progressed subject to funding availability.

Each user site nominates its own representative at the QOOL-Vic Users Group. This representative needs to be authorised to agree to decisions on behalf of the site.

# QOOL-Vic information and data sharing

Implementation projects for QOOL-Vic all include the addition of MDM summaries to medical records and generating letters.

**How does QOOL-Vic support information sharing with specialist clinics, inpatient and emergency departments?**

Meeting recommendations can be emailed to electronic medical records as a pdf (this can be done in real time in the meeting setting), ensuring collation within a medical record or printed in batches if wanted. QOOL-Vic does not currently integrate with electronic medical records systems are this requires a specific interface for the EMR. Nominated specialists /meeting participants can received an automated output from of recommendations from the meeting and others can access the meeting recommendations via the hospital EMR including those who are not ‘registered QOOL- Vic users (when added by medical records).

**How does QOOL-Vic support information sharing with referrers and GPs?**

QOOL-Vic has built-in templates such as an agenda, GP letter and MDM Summary and sending can be automated. As all data in QOOL-Vic can be easily downloaded, sites could create and use their own correspondence templates populated by the downloaded data.

**How does QOOL-Vic support regional to metropolitan patient sharing?**

QOOL-Vic allows for sharing patients between health services resulting in equity of care for both regional and metropolitan regions. This means that smaller regional cancer services can be supported by adding a patient to MDMs of larger metropolitan services that have a wider range of sub speciality expertise.

**How does QOOL-Vic benefit research, data monitoring and reporting?**

QOOL-Vic has an inbuilt dashboard (‘QOOL Dash’) which brings together up-to-date data from QOOL-Vic, to monitor MDT activity and data quality in real time. This functionality helps users review and monitor the quality of their local data capture, report on their patient data and allows monitoring of patient outcomes against state- wide trends. Additionally, local administrators can download their own health service data for all fields in QOOL-Vic.

Subject to appropriate ethics applications these data can also support local and multi- site research projects. Examples of such reports created in Queensland are available at: <https://cancerallianceqld.health.qld.gov.au/Website/reports-publications/>. Some of these reports were enabled because QOOL-Vic can facilitate prospective data collection.

Some fields in QOOL-Vic will also be used to populate the Victorian Cancer Registry, for example Stage and Performance status (ECOG). The capability for this reporting resides with Department of Health and involves a 3-6 monthly data transfer commencing from 2022. These crucial pieces of information will help our understanding of variations in cancer treatments and outcomes (such as stage adjusted survival). This reporting of data to the Victorian Cancer Registry is provided for under the provisions in the Improving Cancer Outcomes Act 2014.

**Does QOOL-Vic reduce the amount of data captured in an MDM?**

Data entry fields have been created and tested by a broad consensus of clinicians and all the fields in the MDM Quality Framework are available. The quality and amount of relevant clinical data captured in an MDM is expected to improve due to QOOL-Vic.

It is recognised that some sites may choose to collect a minimal dataset that is used for MDMs in the implementation phase with plans to improve data capture/completeness over time. Training and implementation support from the Department and the Integrated Cancer Services can assist with this aspect of the implementation process.

# Technical issues

**Is QOOL-Vic Secure?**

QOOL-Vic has undergone extensive cybersecurity testing to ensure it is safe and secure. There is also a requirement from the Department for annual penetration testing to ensure security is maintained.

The system creates an audit log any time a user accesses the system and when any changes to patient information occur.

**What happens to data from our current/previous MDM systems?**

Sites can elect to migrate existing MDM data into QOOL-Vic as part of, or after, implementation. Data migration for regional sites is already funded by the department.

Data migration for metropolitan sites should be discussed with the Department on an individual basis.

**Who can resolve issues such as duplicate patients?**

The need to manage duplicate patients is required for any health database application.

At the commencement of QOOL-Vic implementation, sites nominate a local contact who will act as the MDM coordinator and be a ‘super-user’ of the system. This person will receive additional training and authorisation to perform certain local ‘admin’ functions within QOOL-Vic. This authorisation will include the resolution of duplicate patients in the system.

**How does QOOL-Vic support MDM Medicare billing?**

QOOL-Vic has data that can be extracted and used for Medicare billing purposes, including (but not limited to):

* Date of meeting,
* List of attendees,
* Patient demographic details and
* Medicare number.

QOOL-Vic exports data in CSV format which is versatile and can be used in multiple ways by end users to a variety of additional activities such as billing.

**Does QOOL-Vic support IHPA Shadow pricing of Multidisciplinary Case Conferencing?**

The national model of funding for MDMs is being reviewed. Under potential changes to funding MDMs through the national Independent Health Pricing Authority (IHPA), MDM data is required to be submitted from 1 July 2021. Use of QOOL-Vic data extracts is being piloted as the way to provide the data for the required reporting. The QOOL-Vic (NADC project) data will be provided directly to the VINAH team within the Department to meet the reporting requirements without the need for separate MDM reporting through VINAH by the health service. If a Health Service is not using QOOL-Vic they will need to ensure reporting of MDM activity is submitted via VINAH. See NEP Determination 2020-21 ([https://www.ihpa.gov.au/sites/default/files/publications/national\_efficient\_price\_determi](https://www.ihpa.gov.au/sites/default/files/publications/national_efficient_price_determination_2020-21.pdf) [nation\_2020-21.pdf](https://www.ihpa.gov.au/sites/default/files/publications/national_efficient_price_determination_2020-21.pdf) (p. 69)).

# Resourcing / Costs

**What are the ongoing costs of QOOL-Vic software?**

QOOL-Vic is supported by the Victorian Government with recurrent funding for the public sector. Public health service license costs are covered on an ongoing basis and are described as fee-free. Private health services are required to pay a licence fee.

Necessary enhancements to QOOL-Vic will generally be funded through the Department. State funded enhancements will be on the basis of broad applicability to all users and the agreement of the user group as to the benefit. QCCAT (the software developer) quotes for enhancements once they receive specifications from the Department (on behalf of the Vic user group). QCCAT provide a timeline for enhancement development as part of the quote. This information is shared with the user group.

**Will we need more staff to manage QOOL-Vic MDMs?**

QOOL-Vic has been designed to support MDMs with minimal staffing. However, whether more staff are required to support MDMs is not really a QOOL-Vic software issue and will depend on existing health service staffing levels for MDMs. MDM team culture and accepted practices influencing processes, discussion and decision-making during meetings, how referrals are made arising from the MDM recommendations to ensure appropriate communication of the clinical need and urgency, how many private patients are referred and discussed all impact the MDM support staff required. What software was in use prior to QOOL-Vic can impact staff required to support

implementation but currently DH has support staff to reduce local resource requirements for the transition.

The Department will support sites to understand the impacts for implementation of QOOL-Vic and advise on possible solutions. Also, the User Group is a forum to gain a shared understanding of how best to streamline MDM resourcing.

# Implementation support

**How can we make sure QOOL-VIC is implemented in the best way possible?**

The Department has allocated a team to support implementation of QOOL-Vic including a senior project manager and staff with health information management qualifications who can guide you through all the steps required to implement QOOL- Vic. This includes providing sites with training resources (for example a user manual, screen shots, ‘cheat sheets’ and other resources) and support via telephone/TEAMS for troubleshooting. A follow up service at 4-6 months post going live is available to help resolve any outstanding issues. The State-wide administrator role is an ongoing position that has been funded to continue to support and coordinate implementation and ongoing administration of QOOL-Vic.

The Victorian Integrated Cancer Services (ICS) are also available to assist with QOOL- Vic implementation on request. Your local ICS can help you to understand the local environment, identify specific training and monitor and help you improve the way the software is used over time.

# Background information

**How was QOOL-Vic selected as the state-wide software solution?**

An open tender process was preceded by workshops with clinicians and other health service professionals to develop the Victorian specific criteria required of an application to organise and record MDMs. QOOL-Vic was assessed as the best fit for the tender specified requirements. The software was developed in Queensland with significant clinician input and has been in use there for over 15 years.

# Acknowledgements

The QOOL-Vic team wish to thank the Victorian Integrated Cancer Services managers for their input into developing these FAQS