

Using Reports in the Primary Sense Desktop



Quick Reference Guide - Reports

Overview

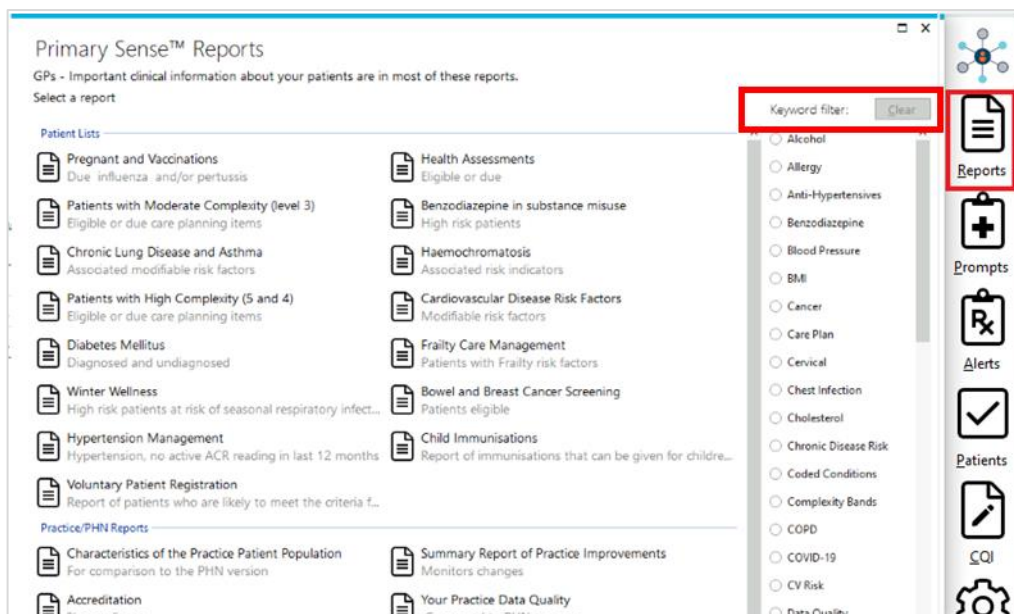
Primary Sense Reports are accessible to all practice staff with access to a Primary Sense Desktop Application. For data security and privacy purposes, the reports can *only* be viewed in the practice using the Primary Sense Desktop.

How to access a report:

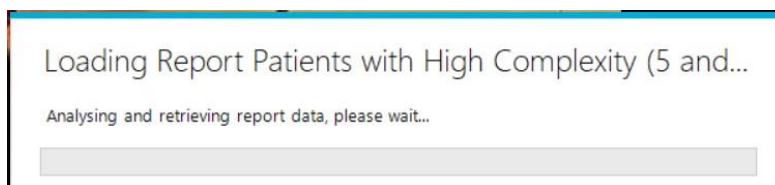
- a. To access a report, locate the Primary Sense icon on your desktop, or via the bottom toolbar:



- b. On the desktop icon, click on the 'Reports' tab, and **double click** on the report of choice.
- c. To search for a specific topic in a report use the "Keyword Filter"



- d. The report will download automatically (the length of time varies depending on the size of the report), and a message will appear showing progress of download as below:



- e. Once complete, the report will automatically open in your browser to a full screen view.

Available Reports:

Most reports within the Primary Sense Desktop follow a similar structure. Two categories of reports are available – Practice/PHN Reports and Patient List Reports.

Practice / PHN Reports

Practice/PHN Reports provide an aggregated overview of the practice or an individual practitioner's aggregated patients in the chosen areas. These reports are useful for the whole practice team, enabling a snapshot view of the practice. Where possible, benchmarked data to the PHN average will be included. The reports cover age, gender, disease, medications prescribed, data quality profiles of the practice and the national Practice Incentive Program Quality Improvement (PIP QI) measures.

Patient List Reports

Patient List Reports connect with your practice's database to provide patient name and phone numbers to enable targeted interventions and identify patients eligible for certain MBS item numbers.

Patient List Reports

PREGNANT AND VACCINATIONS	Identifies pregnant women without a record of vaccination for pertussis and/or influenza during the current pregnancy.
CHRONIC LUNG DISEASE AND ASTHMA	Identifies patients with chronic lung disease and asthma who may benefit from a review of their smoking and/or vaccination status. States COPD, asthma and chronic lung conditions, spirometry and vaccination history.
CARDIOVASCULAR DISEASE RISK FACTORS	Highlights patients who are at risk of cardiovascular disease. Provides SBP, medications prescribed and lifestyle risk factors for moderate and high CV risk patients. Note that CV risk is currently still calculated using the old Heart Foundation calculator, however a link to the new calculator is available in the report.
CARDIOVASCULAR DISEASE MANAGEMENT	Highlights gaps in care for patients with cardiovascular disease. Shows patients aged 30-89 years old with cardiovascular disease or risk of related events (including Transient Ischemic attacks and Atrial fibrillation) with missing interventions
HEALTH ASSESSMENTS	Missing health assessments for 40-49-year old, Aboriginal and Torres Strait Islanders and 75 years and older.
HAEMOCHROMATOSIS	Identifies patients with a potential missed diagnosis of hemochromatosis based on ferritin test results.
DIABETES MELLITUS	Identifies potential missed diagnosis of diabetes by elevated Fasting BSL and no HbA1c recorded, coded diabetes patients with status of measures, pathology and influenza vaccination completed/missing.
PATIENTS WITH MODERATE COMPLEXITY (LEVEL 3)	Highlights patients with an ACG score of 3, who would be eligible for coordinated care to better manage chronic diseases and mental health conditions. The report uses ACG risk stratification to provide a count of chronic and mental health conditions as a mechanism to select potential eligibility for MBS care plan items. (NB: generally a very large report).
PATIENTS WITH HIGH COMPLEXITY (LEVELS 4 AND 5)	Highlights patients with the highest risk of morbidity and mortality, to promote coordination of care using MBS items for AGC risk stratified patients 4 and 5 (separated into 2 lists).
BENZODIAZEPINE IN SUBSTANCE MISUSE	Patients with substance misuse or history of substance misuse and are prescribed a benzodiazepine medication, who may be eligible for Mental Health Care Plan or Mental Health Care Plan Review.

BOWEL AND BREAST CANCER SCREENING	Patients aged 50-74 years (and female Aboriginal and Torres Strait Islander patients aged 40-49, as they are eligible for breast cancer screening from age 40 in some states) without evidence of bowel and/or breast cancer screening completed in the past two years.
WINTER WELLNESS	Vulnerable patients 5-59yrs or Aboriginal and Torres Strait Islander patients 5-59yrs who may be eligible for seasonal vaccinations – displays dates of last fluvax, pneumovax, and COVID vaccination status.
FRAILTY CARE MANAGEMENT	Identifies patients with frailty indicators that may require review or confirmation of their frailty status.
HYPERTENSION MANAGEMENT	This report highlights patients with coded hypertension that is marked as 'active' who are missing the recommended annual monitoring interventions and/or missing recommended medications. Patients with existing CVD are excluded.
VOLUNTARY PATIENT REGISTRATION	Includes patients 'at risk,' or experiencing fragmented care within the practice, who would benefit from enrollment. Report allows practices to identify patients likely to meet the criteria for voluntary patient registration.

Practice/PHN Reports

CHARACTERISTICS OF THE PRACTICE PATIENT POPULATION	Overview of demographics, ACG risk stratification scores and diagnostic clusters across total age grouped practice population. Population profiles are available by practice and individual GP.
CHARACTERISTICS OF THE PHN PATIENT POPULATION	Overview of demographics, ACG risk stratification scores and diagnostic clusters across total age groups, aggregated from all practices using Primary Sense submitting data via Primary Sense for the PHN.
YOUR PRACTICE DATA QUALITY	Snapshot of current % completion of coded Diagnosis, Alcohol, Allergy, BMI, BP, Ethnicity and Smoking Status recorded for total practice population, with comparison to the PHN average (from all practices submitting data via Primary Sense for the PHN).
SUMMARY REPORT OF PRACTICE IMPROVEMENTS	A report that monitors changes in each report (numbers only) over regular time frames. This will support tracking of progress in CQI activities, by tracking the volume of patients in other reports within a given timeframe.
ACCREDITATION	Snapshot of current % completion of Alcohol, Allergy, BMI, Ethnicity and Smoking Status recorded on RACGP Active practice population (seen 3 times in 2 years). This report assists practices to prepare for accreditation.

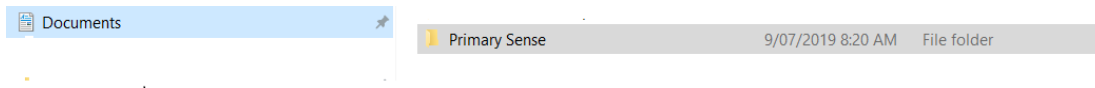
PIP QI Specific Reports (Patient List and Practice/PHN Reports)

PIP QI REPORT – 10 MEASURES (<i>Practice</i>)	Report on the 10 PIP QI measures PIP QI improvement measures as % completion rate for the RACGP Active practice population (seen 3 times in 2 years).
PATIENTS BOOKED IN WITH MISSING PIP QI MEASURES (<i>Patient List</i>)	List of patients with 1 or missing PIP QI measures recorded with an existing booked appointment in the next 2 weeks.
PATIENTS MISSING PIP QI/ACCREDITATION MEASURES (<i>Patient List</i>)	Lists all patients marked as 'active,' which are missing one or more accreditation or PIP QI measures.

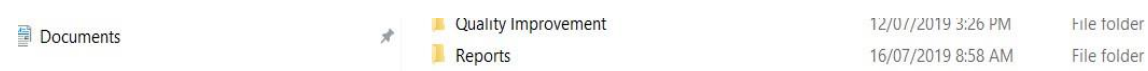
Key Features:

Automatic document save

When a CQI templates or Report is opened in Primary Sense, a folder is automatically created on the computer in use under **Documents > Primary Sense** (see image below):



Primary Sense Reports will be saved into a secondary folder named “Reports”, and CQI templates will be saved to the “Quality Improvement” folder:



Removing Patients from Reports

For patient list reports, practice staff can remove a patient from the report by clicking on the ‘remove’ tab against the patient’s name. This removes the patient from the report for *12 months*, and allows practice’s to manage the list and remove patients that have been recalled or have declined an intervention. Note that if a suggested intervention, such as a Health Assessment, is subsequently done then Primary Sense *automatically* removes the patient from the future list – this does not need to be manually done.

Additional Information

Each report includes descriptions of the data used, filters/eligibility criteria, and suggestions on how to maximise the use of the report (on screen filtering, export to excel, print etc). Additional information is located within the tabs at the top of each report (i.e. ‘which patients are included in this report?’, ‘what data is in this report?’)

Which patients are included in this report?

What data is in this report?

How do we use this report?

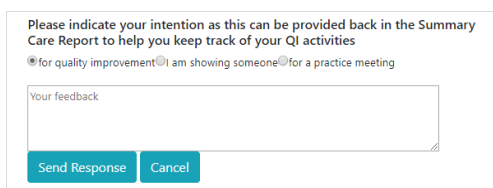
What are ACG patient complexity levels?

Filtering and Exporting Reports

Report tables can be sorted by column and filtered using the ‘search box’ to further refine information (tip: try searching by a month or year – ‘08’ or ‘2023’ to find last visit dates in a particular range, or by ‘GP name’ to bring up patients with a specific regular GP). The table can be exported to excel or csv for further analysis, or for patient recall if using HotDocs (by selecting ‘Export To CSV (SMS)’ – note that any filters applied to the data at the time, will be carried over when exported.

Indication to use a Report for QI activity

If a Report is exported to Excel, this option box below will appear:

A screenshot of a dialog box with a white background and a thin border. The text inside reads: 'Please indicate your intention as this can be provided back in the Summary Care Report to help you keep track of your QI activities'. Below this is a radio button selection: 'for quality improvement' (selected), 'I am showing someone', and 'for a practice meeting'. Underneath is a text input field labeled 'Your feedback:'. At the bottom are two buttons: 'Send Response' and 'Cancel'.

The “intention” marked will be recorded against the individual patient list report onto the “Summary Report of Practice Improvements”:

Summary Report of Practice Improvements

DEMO

28 September 2023 18:55

Which patients are included in this report?

What data is in this report?

How do we use this report?

What are ACG patient complexity levels?

Click on report name to see details.

Pregnant and Vaccinations

Information about this table

Show

25

patients per page

Export To Excel

Export To CSV

Search:

Date	Completed	New Patients	Fluvax Done	Pertussis Done	Pregnancy Finished	For quality improvement	I'm showing someone	For a practice meeting
2023-09-22	0	0	(0/0)	(0/0)	(0/0)	0	0	0
2023-09-14	1	0	(0/1)	(0/1)	(1/1)	0	0	0
2023-09-05	0	0	(0/1)	(0/1)	(0/1)	0	0	0
2023-08-29	1	0	(0/2)	(0/2)	(1/2)	0	0	0
2023-07-31	1	0	(0/3)	(0/3)	(1/3)	0	0	0

Showing 1 to 5 of 5 entries

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