Primary Sense Reports – Hypertension Management

New report - release 2.14

Overview

The Hypertension Management report was made available in the August Release 2.14 (Friday 18 August), and is designed to highlight patients aged 30-89 years, with coded Hypertension that are marked as 'active' in the Clinical Information System (i.e. Best Practice or Medical Director), and who are missing the recommended annual monitoring interventions and/or missing recommended medications. The table within the report highlights where specific prescriptions for anti-hypertesnive or lipid lowering medication is either missing, or not recorded in the past 18 months – practices may wish to use the 'search' function to target patients with an existing appointment date for further review in a consult. Note that patients with existing CVD are <u>excluded</u> from the report.

Using the report

The real life report can be interacted with in the standard way – to open the report, click on the 'Reports' tile in the desktop app, locate the Hypertension Management report under the 'patient lists' section, and double click.

Primary Sense™ Reports

GPs - Important clinical information about your patients are in most of these reports.

Select a report

Patient Lists

Pregnant and Vaccinations Due influenza and/or pertussis	**Health Assessments** Eligible or due
Patients with Moderate Complexity (level 3) Eligible or due care planning items	**Benzodiazepine in substance misuse** High risk patients
Chronic Lung Disease and Asthma Associated modifiable risk factors	**Haemochromatosis** Associated risk indicators
Patients with High Complexity (5 and 4) Eligible or due care planning items	**Cardiovascular Disease Risk Factors** Modifiable risk factors
Diabetes Mellitus Diagnosed and undiagnosed	**Frailty Care Management** Patients with Frailty risk factors
Winter Wellness High risk patients at risk of seasonal respiratory infect...	**Bowel and Breast Cancer Screening** Patients eligible
Hypertension Management Hypertension, no active ACR reading in last 12 months	**Child Immunisations** Report of immunisations that can be given for childre...
Voluntary Patient Registration Report of patients who are likely to meet the criteria f...	

The tabs at the top of the page 'Which patients are included in this report?', 'What data is in this report?', 'How do we use this report?' and 'What are ACG patient complexity levels?' can be clicked to bring up the information below. Likewise, the table can be sorted by column, and filtered using the 'search box' (tip: try searching by a month or year – '08' or '2023' to find a last visit dates in a particular range, or by 'GP name' to bring up patients with a specific regular GP). Patients can be removed from the report for 12 months, by clicking 'remove.' The table can be exported to excel or csv for further analysis, or for patient recall if the practice uses HotDocs (by selecting 'Export To CSV (SMS)') – note that any filters applied to the data at the time, will be carried over when exported.

Screenshots

Screenshots below demonstrate what the Hypertension Management report looks like in practice. Note that the data is *test data* for a *test practice.*

Hypertension Management
MD Testing
27 September 2023 11:49

| 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? |

Which patients are included in this report?

• Patients aged 30-89yrs with a coded diagnosis of Hypertension that is marked as active.

• Patients with existing CVD are excluded.

What data is in this report?

• Age of patients.

• Selected missing pathology tests for monitoring side effects of hypertension and CVD risk.

• Medication missing is where there hasn't been a prescriptions for lipid lowering,or antihypertensive medications in the past 18 months.

• Patients without a blood pressure (SBP), ACR, MALB or protein urea test in the past 12 months.

• "Last Visit" displays the last visit that was billed (excludes administration and normal after care entries in patient record).

• "Existing appt" will display the next booked appointment.

• The data are up-to-date with the time stamp on this report.
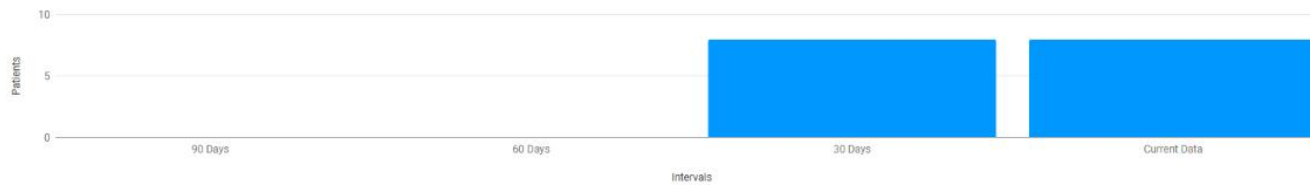
How do we use this report?

• No lipids in last 12 months.

• The 'Search' function can help you find specific content

• The "Existing appt" column displays patient appointments that have been booked for dates beyond the report

• The 'Last Visit' column displays the date the patient last had an appointment at the practice

• The 'Remove' column provides the option to selectively remove individual patients from this type of report for the next twelve months.

• The report can be exported as an Excel or CVS file by clicking the 'Export To Excel' or 'Export to CSV' tabs

• All reports that are generated are automatically saved to a folder on your practice computer.

• The report can be printed by clicking the right mouse button while hovering the cursor over the report and selecting the 'print' option.

What are ACG patient complexity levels?

•There are five complexity levels, ranging from 1 to 5. For data analysis purposes, there is a sixth level, level 0. Level 0 is for those patients with no recorded diagnoses or significantly incomplete or missing data

•Level 1 indicates a very low level of complexity with no known risks for poor health outcomes, while level 5 is the highest complexity. Patients with level 5 complexity typically have significant multi-morbidity and polypharmacy and are at greatest risk of poor health outcomes.

- Level 5: High complexity, characterized by instability, multimorbidity, polypharmacy or patients requiring end-of-life care
- Level 4: High to moderate complexity, characterized by multimorbidity
- Level 3: Moderate complexity. Patients typically have at least 1 chronic condition and are at risk of progressive deterioration.
- Level 2: Low to moderate complexity. Patients typically have one risk factor
- Level 1: Low complexity. Patients are generally healthy and only present because of acute, time-limited conditions or minor issues.
- Level 0: no or only invalid diagnosis

•Patients with higher levels of complexity are more likely to be hospitalized than those with lower levels. However, complexity is not directly related to the risk of being hospitalized. Many Primary Sense reports therefore includes both estimates.

•If the complexity of a patient is calculated from results that are more than 12 months old, the level will be displayed in brackets, e.g. (3), rather than 3.

•If there is insufficient information to calculate a complexity level, the result will be displayed as 'N/A'

•The complexity levels of patients in this report were calculated with the Johns Hopkins ACG tool. The ACG is underpinned by a robust evidence base of >30 years of practical application. The tool is used in 20 countries and has been validated in different healthcare settings, including general practice.

Report Synopsis

Patients with Hypertension diagnoses in the practice across 30 day intervals intervals

Note: Empty interval columns will populate over time.

Report-Related Data:

Patients With Hypertension, no lipids, no microalb: 5

Patients with coded diagnoses

Information about this table

Patients without a blood pressure, ACR, MALB or protein urea test in the past 12 months. Patients with a prescription for an anti-hypertensive or lipid lowering medication in the past 18 months, Y means its missing or not recorded

Show
25
patients per page

Export To Excel   Export To CSV   Export To CSV (SMS)

Remove	AGC Complexity	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Clinic	Age	Cholesterol missing	SBP missing	Proteinuria missing	Missing Antihypertensive med	Missing lipid lowering med
Remove	5	Testcvprompt, Prompt		2023-03-09	Nil	Dr A Practitioner		60	Y	N	Y	Y	N
Remove	1	Anderson, Penny		Nil	Nil	Dr A Practitioner		30	Y	N	Y	N	N
Remove	N/A	Andrews, Jennifer	042789556	2022-08-18	Nil	Dr A Practitioner	Surgery	35	Y	Y	Y	N	Y
Remove	N/A	Andrews, Jennifer		2022-08-18	Nil	Dr A Practitioner		35	Y	Y	Y	N	Y
Remove	N/A	Hypertension, Cardio		2023-03-09	Nil	Dr A Practitioner	Surgery	44	N	N	N	N	Y

Showing 1 to 5 of 5 entries

Previous   1   Next