Primary Sense Reports – Voluntary Patient Registration

New report - release 2.17

Overview

The Voluntary Patient Registration report was made available in the September Release 2.17 (Tuesday 26 August), and is designed to highlight patients 'at risk,' who would benefit from enrollment. Voluntary patient enrollment is intended to promote continuity of care, strengthen the relationship between a patient, their General Practice and preferred care team, and help participating practices and providers better understand and meet their patients' needs. Primary Sense can identify both at risk patients who would benefit from enrollment, and those that are currently experiencing fragmented care within a practice – the Voluntary Patient Registration report captures both, allowing practices to identify patients likely to meet the criteria for voluntary patient registration, and encourage that conversation at the point of care. Practices may wish to utilise the 'search' field in order to identify patients who specifically have an existing appointment date in order to continue that conversation in a consult. Details on what constitutes both 'high risk' and 'fragmented care' are included in the 'information about this table' tab for patients likely to meet criteria for voluntary patient registration. Note that practices are encouraged to confirm with a patient if they are enrolled elsewhere, as this is not captured within the report itself.

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 Voluntary Patient Registration report under the 'patient lists' section, and double click.

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 Voluntary Patient Registration report looks like in practice. Note that the data is *test data* for a *test practice.*

Note: link to *Modified Monash Model* in 'Information about this table' https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm

PRIMARY SENSE

Voluntary Patient Registration
MD Testing
27 September 2023 12:50

| Which patients are included in this report? | What data is in this report? | How do we use this report? | What are ACG Complexity levels? |

Which patients are included in this report?

Patients at risk who would benefit from enrollment.

- High hospital risk score >80% in the past 12 months
- Frailty - calculated from ACG or coded by the GP
- Severe/excessive/major Polypharmacy >10 medications prescribed in past 18 months and not ceased
- Two or more hospital or ED attendance in the past year (where able to be extracted)
- ACG Band 5

Nursing home patients are excluded.

What data is in this report?

- Age of patients - to protect patient confidentiality, the age of all patients older than 90 years are displayed as 90.
- Aboriginal or Torres Strait Islander status.
- Count of visits to practice in the last 2 years.
- Count of active medications.
- Frailty where coded or calculated by ACG
- '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 is up-to-date with the time stamp on this report.

How do we use this report?

- This report lists patients who may be eligible for enrollment at your practice.
- The report doesn't check if patients attend other practices.
- The results can be filtered by clicking on each column. Clicking on columns will rearrange the results alphabetically, chronologically or from high to low or low to high.
- The 'Search' function can help you find specific content.
- 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.

MyMedicare is a new voluntary patient registration model. It aims to strengthen the relationship between patients, their general practice, general practitioner (GP) and primary care teams.

Registration in MyMedicare is voluntary for patients, practices and providers

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.

Patient Visits

This graph shows the number of visits to the practice. Data may be filtered by GP.
GP allocation is based on who the patient has seen the most.

Report-Related Data:
Total Patients in past 12 Months: 10
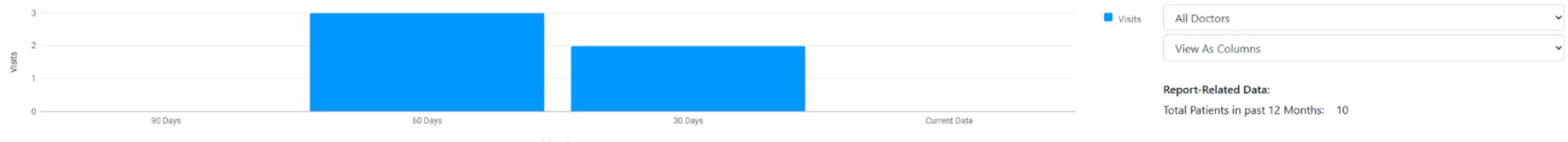
Patients likely to meet criteria for voluntary patient registration

intervals

Information about this table

Information about this table

Most patients will need to have 2 face-to-face visits recorded with the same practice in the previous 24 months to be eligible to register with that practice.

For patients registered with a practice in a remote location (in Modified Monash Model (MMM) 6 and 7 locations) this requirement is reduced to one face-to-face visit recorded at the same practice in the previous 24 months.

Please check with the patient if they are enrolled elsewhere.

'Risk Reason' will display one or more reasons the patient is determined to be high-risk. Possible reasons are:

- Hosp = Hospital Risk.
- Frail = ACG Frailty or frailty coded by the GPy.
- PolyRx = More than 10 medications each prescribed in the past 18 months;
- ED's = 2 or more discharge summaries (ED or inpatient) in the past year.
- Complex = ACG Band 4 or 5.

'Fragmented Care' will display one or more reasons the patient is determined to have fragmented care. Possible reasons are:

- Not Seen = No attendance in the past 6 months.
- Multi-GP = Attended 3 or more GP's within the practice in the past 6 months.

Eligible for Health Assessment is checking for one billed in the past year.

Show
25
patients per page

<button>Export To Excel</button> <button>Export To CSV</button> <button>Export To CSV (SMS)

Remove	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Age	ATSI	Complexity Score	Visit Count	Risk Reason	Fragmented Care	Medication Count	Frailty	Eligible For Health Assessment
Remove	DUCK, Donald		2022-08-09	Nil	Dr A Practitioner	11	N	4	2	Complex	Not Seen	1	N	N
Remove	Andrews, Julie		2022-08-09	Nil	Dr A Practitioner	87	Y	4	1	Complex	Not Seen	0	N	N
Remove	Anderson, David	04289655678	2023-08-14	Nil	Dr A Practitioner	68	N	4	4	Complex	N/A	4	N	Y
Remove	Andrews, Maureen		2022-05-13	Nil	Dr A Practitioner	90	N	4	1	Frail, Complex	Not Seen	6	Y	N
Remove	Andrews, John	0478467789	2022-09-27	Nil	Dr A Practitioner	55	N	4	4	Complex	Not Seen	3	N	N
Remove	SCHEIN, Carolina		2022-06-20	Nil	Dr A Practitioner	51	N	4	3	Complex	Not Seen	2	N	N
Remove	Davies, Joan		2023-02-15	Nil	Dr A Practitioner	53	N	4	9	Complex	Not Seen	0	N	Y
Remove	Testcvprompt, Prompt		2023-08-14	Nil	Dr A Practitioner	60	Y	5	1	Complex	N/A	2	N	Y

Showing 1 to 8 of 8 entries

Previous | 1 | Next