

Primary Sense

Why WAPHA is making the change

Primary Sense is a clinical decision support, population health management and data extraction tool for extracting, analysing and managing general practice data in a confidential and safe way.

WA Primary Health Alliance (WAPHA) is making the change to Primary Sense because the software offers a comprehensive range of features and benefits that were not previously available to general practices and Primary Health Networks (PHNs).

Primary Sense extracts de-identified general practice data and uses evidence-based algorithms, including the Johns Hopkins University ACG System, to deliver real-time medication alerts and patient-care prompts to help general practitioners (GPs) make more informed clinical decisions at the point of care.

The software also uses the de-identified data to provide general practices and WAPHA with on-demand reporting that can provide a better understanding of current and trending population health needs to support continuous quality improvement (CQI) and guide the commissioning of services.

Primary Sense is hosted on Primary Health Insights (PHI), a secure PHN-owned data storage and analytics platform used by 27 of the 31 PHNs nationally. PHI uses best in class data security, robust governance and privacy protection in line with the Data Sharing Agreement (DSA).

Developed in close collaboration with GPs, academics and data experts, Primary Sense has been tried and tested in general practices since 2018 and it is already being used by more than 700 Gold Coast GPs.

The key benefits of using Primary Sense

General practitioners



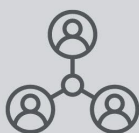
Includes the world's leading population health analytics software



Real-time medication safety alerts, patient-care prompts and notifications



Compatible with major clinical software systems



Designed by GPs for GPs in conjunction with data experts and researchers



Easy to use, with little or no training to get started



Extracted data is privacy protected, securely stored and managed in Australia

General practice staff



Cost is fully subsidised for practices sharing full population health data set



Can be quickly installed by practice IT provider



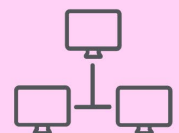
Easy onboarding process and easy to use



Saves time with one-click, on-demand reporting



Makes it easy to meet the PIP QI requirements



Can be used by clinical and non-clinical staff at the same time

WWW.PRACTICEASSIST.COM.AU

WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.

Rural Health West is funded by the Australian Government and WA Country Health Service.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

Disclaimer: While the Australian Government has contributed funding support for this resource the information contained within it does not necessarily represent the views or policies of the Australian Government and has not been endorsed by the Australian Government.

Unsolicited feedback from practice staff about Primary Sense

Fit for practice.
It's what general practices require relating to practice workflow for a fee-for-basis service.

Where has Primary Sense been all my life?

Primary Sense is so easy to use and train others.

Love that Primary Sense identifies and reports all booked patients in the next two weeks with missing PIP QI measures.

Streamlines care for high complexity 4 & 5, made my role as a Care Plan Nurse easier.

Thought it was great and didn't have to pay.

Much easier to use and don't have to train new staff. Staff are all pulling the same data and not needing to apply filters.

Primary Sense will save my nurses from pulling reports manually.

Features and benefits of Primary Sense

The cost is fully subsidised (free)

The cost of Primary Sense is fully subsidised (free) for general practices in Western Australia that share the de-identified, full population health data set with WAPHA.

Includes the world's leading population health analytics software

- Cleans and maps data to international systems (such as ICD-10, SNOMED and LOINC) and runs it through evidenced-based algorithms, including the Johns Hopkins University ACG System risk stratification tool.
- Slices patient data into risk bands based on the Johns Hopkins University ACG System and can focus care on specific groups of patients to help develop care plans and monitor these patients at the point of care.
- Assists practice staff with identifying high-risk patients in their practice.
- Traces and extracts data from the patient's clinical history from the last five years (or longer for specific diseases) and extracts data every few minutes.
- Undertakes screening for certain conditions, such as immunisations and Aboriginal paediatrics.
- Provides care plan item numbers for best evidenced care to support and drive continuous quality improvement (CQI) activities.
- Monitors intentions to treat clinical outcomes, which helps enable better coding and ensure the accuracy of treatment letters and My Health Record.

Provides GPs with clinical decision support via prompts and medication alerts

- Developed by GPs for GPs in close collaboration with data experts and researchers.
- Provides GPs with real-time, medically necessary patient-care prompts and medication alerts tied to patient data at the point of care.
- Prompts and alerts can be reviewed at a later time in their entirety for that day of work.
- Prompts are provided for items that are due, such as:
 - Vaccinations (such as influenza, pertussis, meningococcal and hepatitis).
 - Missing CV risk medication.

WWW.PRACTICEASSIST.COM.AU

WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.

Rural Health West is funded by the Australian Government and WA Country Health Service.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

Disclaimer: While the Australian Government has contributed funding support for this resource the information contained within it does not necessarily represent the views or policies of the Australian Government and has not been endorsed by the Australian Government.

- Heart health check assessment.
- Microalbumin pathology.
- Care plans – for high-risk patients to keep vulnerable patients out of hospital.
- Medication reviews – tidies up the medication list where multiple clinicians are prescribing for a patient.
- Prompts also address, amongst other issues:
 - Health assessments.
 - Missing items (for example, pathology tests).
 - Interventions for high-risk groups.
 - Links to evidence behind reports, prompts and alerts.
- Medication alerts are underpinned by relevant, evidenced-based sources useful for GPs:
 - Literature review on existing studies of prescribing indicators.
 - Review of government therapeutic warnings.
 - UK drug safety updates.
 - US Food and Drug Administration.
 - Review of contemporary GP prescribing guidelines, looking for the areas that have gaps around them.
- Medication alerts also address:
 - Targeted ordering for patients.
 - The options for the GP – reminding at the point of care or later follow up.
 - Notifications for clinicians that prescribing certain medications might be contraindicated.
 - Additional functionality for low-level risk alerts.

Assists with practice workflow, performance, quality improvement and education

- Provides dashboards and one-click, on-demand reports.
- Reports can provide a better understanding of current and trending population health needs to support continuous quality improvement (CQI).
- Reports can highlight gaps in patient care at clinician level, practice level and patient level, and align with business workflows.
- Makes it easy to meet the PIP QI requirements.
- Practice staff can use reports for onboarding interns.
- Informs practice staff about training and education by providing resources and pathways specifically targeted towards the practice's patient population and services.
- Can assist with encouraging clinicians to access resources through the prompts.
- Can be used for patient education.

De-identifies data before it leaves the practice

The software extracts de-identified data from a general practice every three to five minutes. The de-identified data is securely transferred to a central database where it is run through analytics and evidence-based algorithms, including the [Johns Hopkins University ACG System](#) that identifies high-risk groups and predicts future health needs to improve a patient's care plan. The processed data is presented back within the practice as alerts, prompts and reports.

Aligns with the Data Sharing Agreement (DSA)

Primary Sense operates in line with the signed Data Sharing Agreement (DSA) between WAPHA and each individual general practice using the software. The software extracts de-identified data from the practice's Practice Management System (the Practice Data) which is transmitted to the Primary Sense system for processing and storage (the Shared Data) where it is used by the software to populate the reports, notifications and alerts. The specific source database tables that the data is extracted from differ for each Practice Management System and are outlined in the [Primary Sense Data Extraction Guide](#).

Protects sensitive patient and practice data

No data is extracted from any field that is defined as referring to any personally identifying characteristic, such as name, date of birth, residential address or Medicare number.

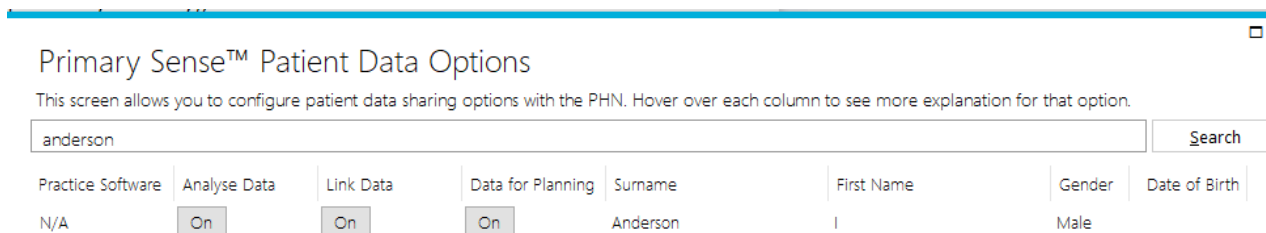
Data from fields containing personal information is accessed (read) by the locally installed Primary Sense software only in the following two specific circumstances:

1. To create unique, non-identifying keys for each patient or practitioner record to enable extracted data to be linked, aggregated and counted correctly.
2. To include patient and practitioner details in reports, notifications and alerts displayed to Primary Sense users locally within the practice.

Personal information is never sent out of the practice and is never accessible to the central Primary Sense system, or to any person or system from WAPHA or to any other third party.

Patients can opt out of sharing their de-identified data

Patients can opt out of sharing their de-identified data at any time. To change a patient's data sharing options in Primary Sense, click on the Patients icon to open the Patient Data Options window (shown below), search for the patient's name and select the appropriate options. For more information, refer to the [manual](#) or [video](#) about patient opt in/out.



Primary Sense™ Patient Data Options

This screen allows you to configure patient data sharing options with the PHN. Hover over each column to see more explanation for that option.

Search: anderson

Practice Software	Analyse Data	Link Data	Data for Planning	Surname	First Name	Gender	Date of Birth
N/A	<input type="checkbox"/> On	<input type="checkbox"/> On	<input type="checkbox"/> On	Anderson	I	Male	

Further information

For further information about Primary Sense:

- Contact the Practice Assist team to book a time that suits your practice and staff. Call 1800 2 ASSIST (1800 2 277 478) or email practiceassist@wapha.org.au
- Visit the [Primary Sense webpage](#) in the Practice Assist Tool Kit.