PRIMARY SENSE

Why NQPHN 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. Northern Queensland Primary Health Network (NQPHN) is making the change to Primary Sense because the software offers a comprehensive range of features and benefits 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 NQPHN with quick and easy 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 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 is already being used by more than 1,500 practices around Australia.

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.

NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

COMPASS ASSURANCE SERVICES · ISO 9001 · ISO 9001 QUALITY

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.

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

Where has Primary Sense been all my life?

Primary Sense will save my nurses from pulling reports manually.

Primary Sense is so easy to use and train others.

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

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

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.

Features and benefits of Primary Sense

The cost is fully subsidised

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

Includes the worlds 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 (eg. influenza, pertussis, meningococcal, and hepatitis).

 – Missing CV risk medication.

 – Heart health check assessment.

 – Microalbumin pathology.

 – Care plans – for high-risk patients and 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 (e.g. pathology tests).

 – Intervention recommendations for high-risk patients.

 – Links directly 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.
  - 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.
- Reports can be used for orienting and onboarding new staff members.
- Encourages clinicians to access resources through the prompts and alerts.
- 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.

Protects sensitive patient and practice data

Primary Sense has been built on the premise of security and safeguarding health information. It uses the highest level of data security, stringent security policies, and practices to minimise the risk of data security breaches. The system undergoes annual external and internal security reviews and penetration tests to check for vulnerabilities.

To ensure confidentiality, data is not extracted from any field that is defined as referring to, or potentially referencing, any personally identifying characteristic such as name, date of birth, address, or Medicare number.

Data from fields containing personal information is accessed (read-only) by the locally installed Primary Sense desktop software only in 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, is never accessible to the central Primary Sense system, any person, system from NQPHN, or 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, 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.

Further information

For further information, including technical system information, user guides, and resources, please visit www.primarysense.com.au. For specific questions, please contact the Primary Sense team by email at primarysense@nqphn.com.au or call (07) 4034 0300.

If you would like to use Primary Sense in your practice, please complete the Expression of Interest form.