# Characteristics of the PHN Patient Population

## Demo Practice

## 20 June 2025 25:58

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 who are 'active' in the software of general practices; and
• who have at least one recorded consultation or have been prescribed medication within 3 years of the date of this report

**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
• Gender
• Medication lists
• Coded diagnoses
• The aggregated data from all the general practices including yours using Primary Sense in the geographical area of the PHN are included. Means (averages) were calculated by dividing the total number of patients with the total number of general practices.
• The data are up-to-date with the time stamp on this report.

**How do we use this report?**

• This report lists characteristics of the patient population of the PHN as an average for all practices. It provides a snapshot for individual practices to compare their own results with those of their peers.
• 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.

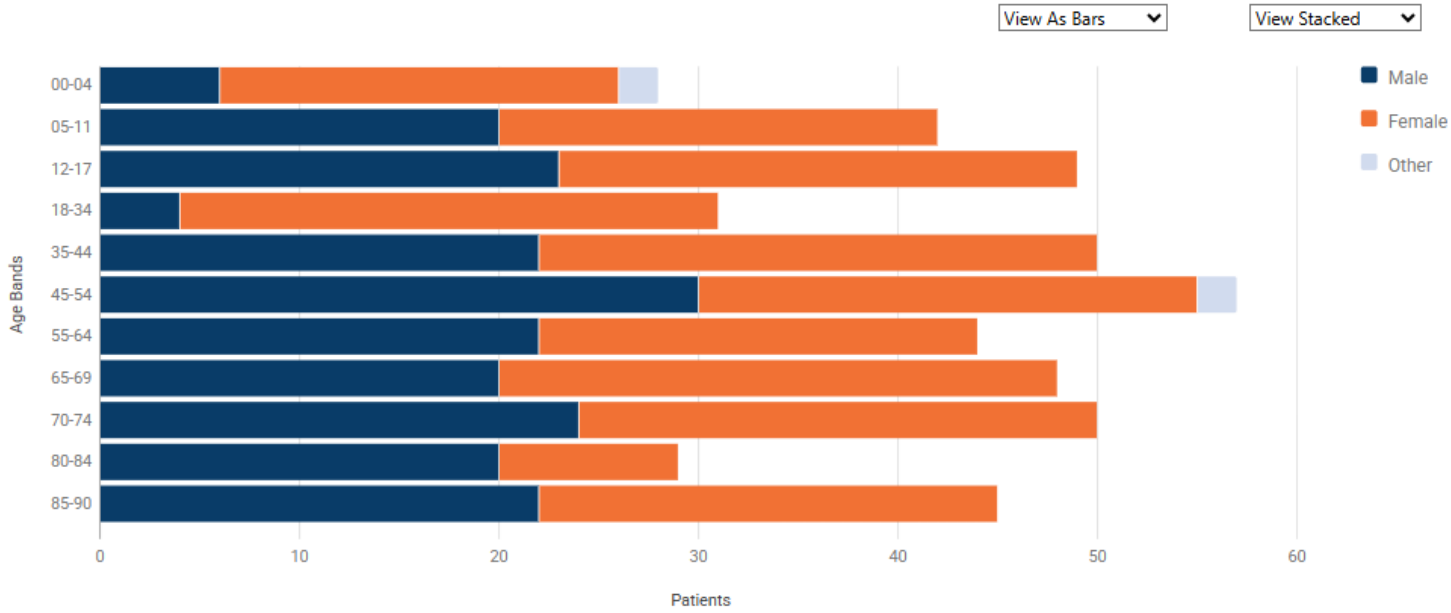
**What are ACG patient complexity levels?**

- There are five complexity levels, ranging from 1 to 5. For data analysis purposes, there is a sixth level, level 0. Level 0 are 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 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.

## Gender and age averages from 20 practices

Information about this table

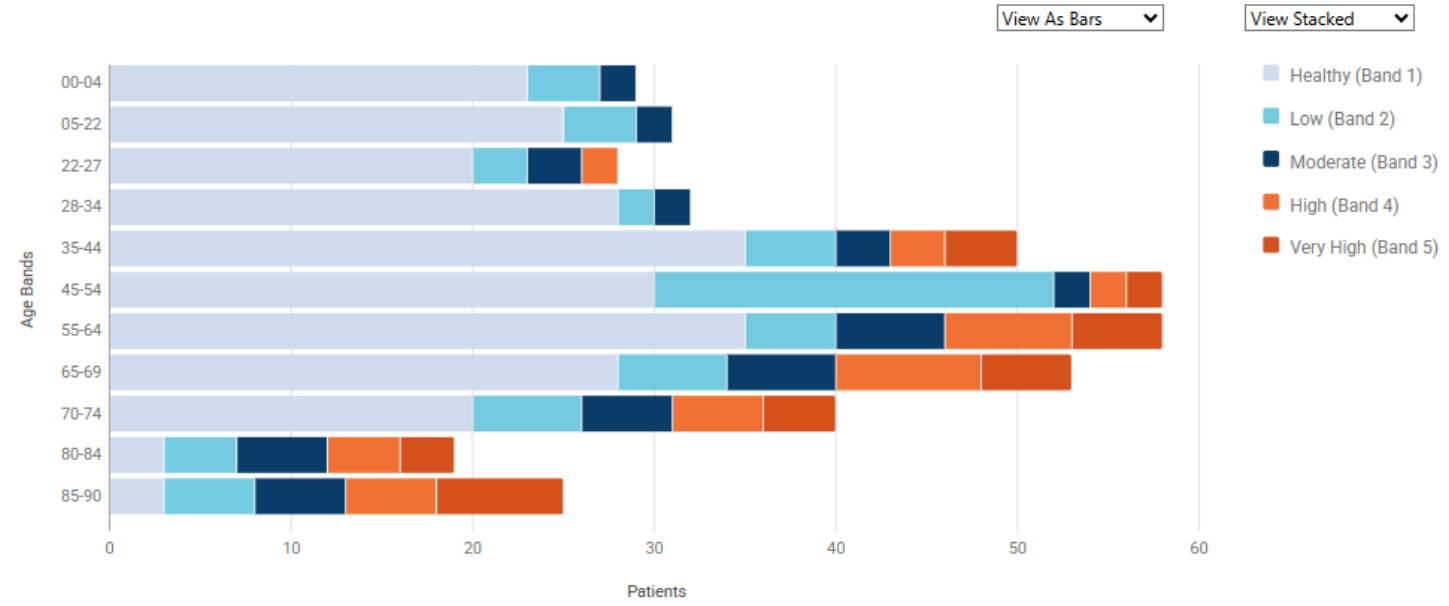
The graph shows the relative proportion of male and female patients in each age group




## Complexity and age averages from 20 practices

Information about this table

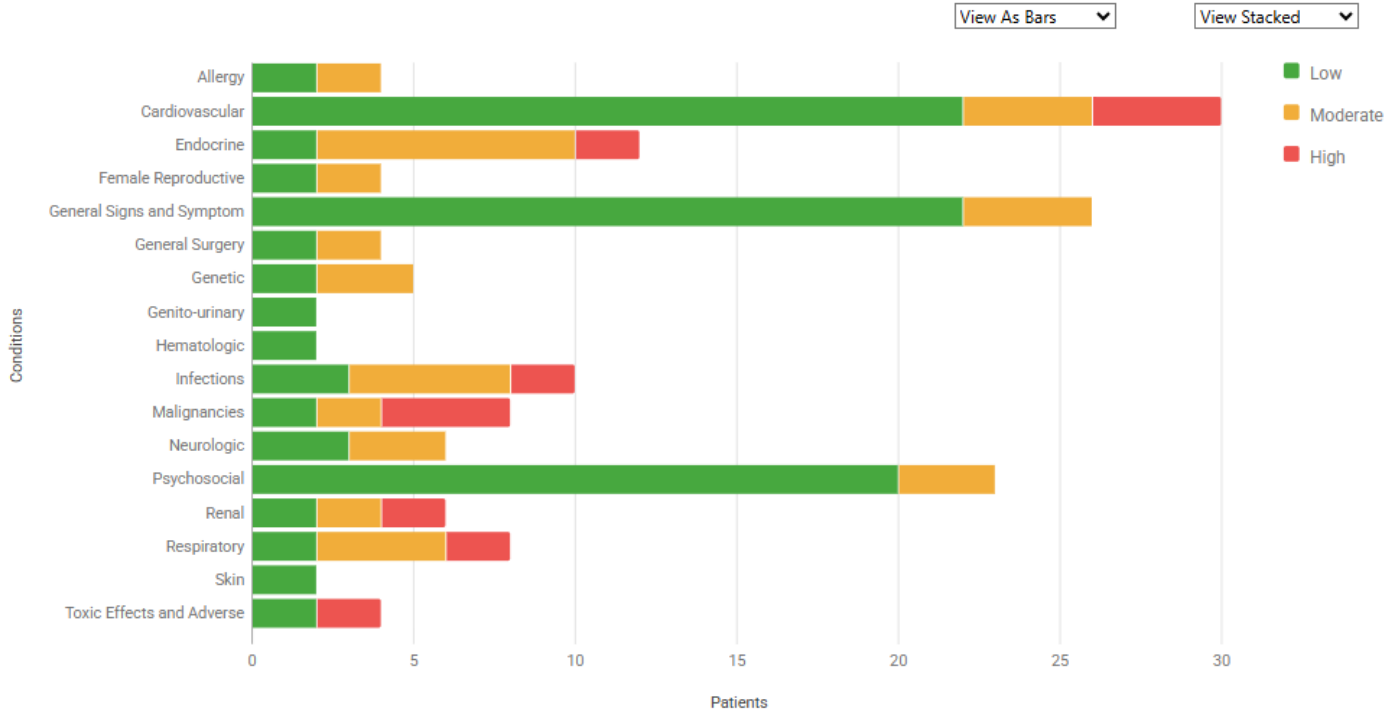
The graph shows the relative proportions of complexity of patients in each age group. Level 0 is not shown as these patients have no complexity



## Diagnostic Clusters averages from 20 practices

Information about this table

The ACG tool groups conditions with similar characteristics into Expanded Diagnosis Clusters (EDC). Conditions within a EDC can have a low, moderate and high impact on the patient and is weighted accordingly in the predictive modeling scores. The John Hopkins ACG Allergy EDC is shown as an example of this approach Allegery - includes: allergic reaction (impact low), asthma without status asthmaticus (impact moderate), disorders of the immune system (impact high)

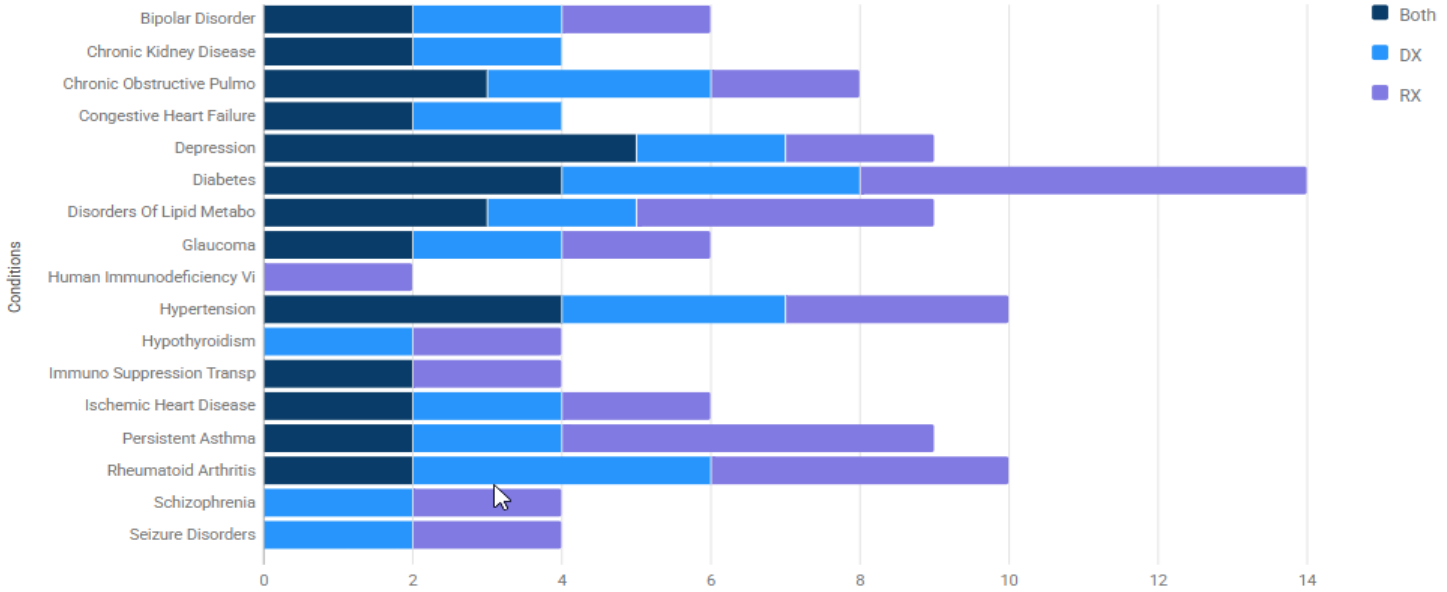



## Coded and indicated diagnoses averages from 20 practices

Information about this table

• 'Diagnosis and medication': The proportion of coded diagnoses with medications prescribed for the conditions;
• 'Diagnosis only': The proportion of coded diagnoses with no medications prescribed for the specified conditions. The implication is that some patients may not be receiving all recommended medical care;
• 'Medication only': Medications have been prescribed for specific conditions, but the diagnoses have not been coded – so-called 'indicated diagnoses'. The diagnoses of low back pain, ischemic heart disease, bipolar disorder and schizophrenia do not have 'medication only' results because the medications prescribed for these conditions are not disease specific and can therefore not accurately or reliably indicate diagnoses.

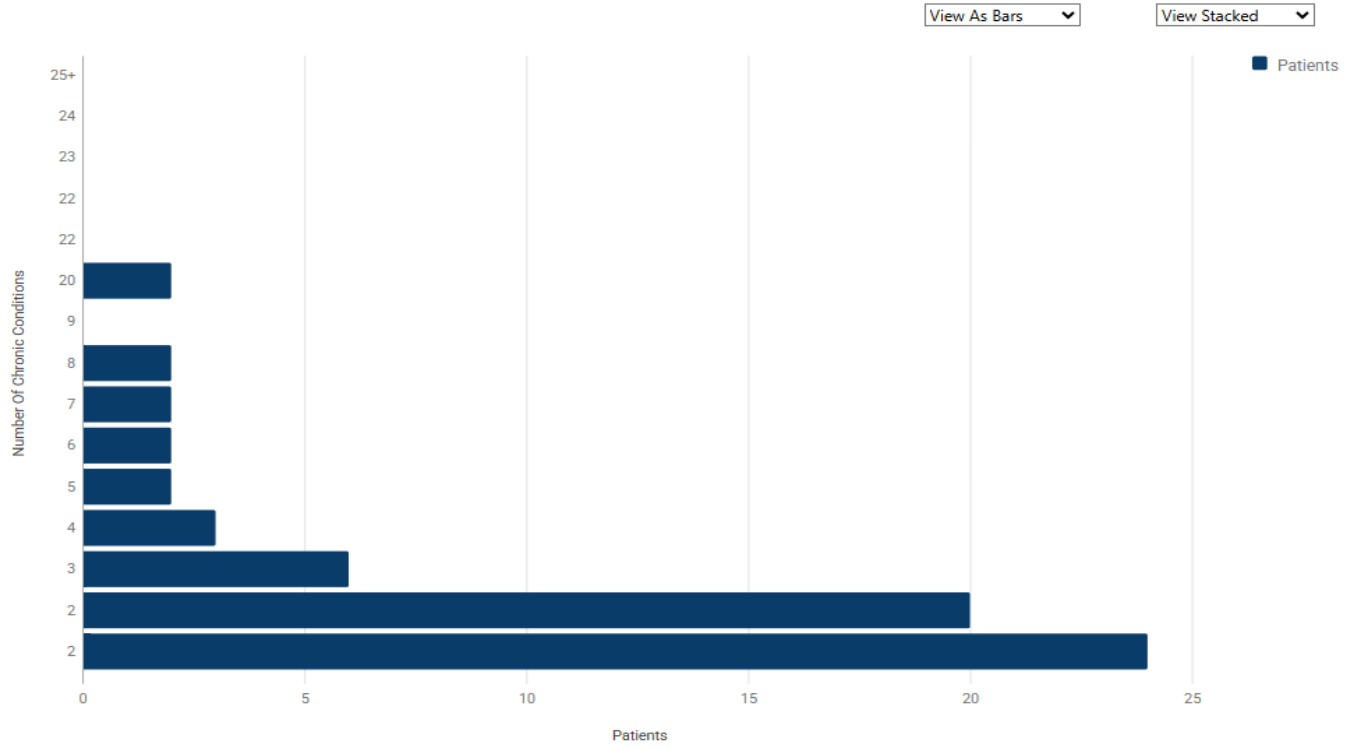
View As Bars  View Stacked




## Multimorbidity averages from 20 practices

Information about this table

The graph shows the number of patients with conditions that are likely to last more than 12 months. The number of chronic conditions is calculated from the unique Expanded Diagnsostic Clusters in the records of individual patients.



# Medications averages from 20 practices

Information about this table

ACG counts each individual type of medication, also called the active ingredient. For example, a prescription for Avapro HCT will be counted as two drugs (Irbesartan and Hydrochlorothiazide). ACG counts each route of administration as an active ingredient. For example, two prescriptions for tramadol - as tablets and as an injectable - would be counted as two active ingredients. However, prescriptions for different doses of the same drug are counted as a single medication. For example, three prescriptions for 1 mg, 3 mg and 5 mg of oral Warfarin is counted as one medication (Warfarin). ACG also accounts for medication substitution. For example, patients who are prescribed Avapro (trade name) one month, and Irbesartan (generic name) the next, will be counted as a single active ingredient (irbesartan).