

FAQs Primary Sense™

What is Primary Sense™?

It is a software tool for extracting, analysing and managing general practice data in a confidential and safe way. Primary Sense™ was developed and tested in the Gold Coast by a small, dedicated team from the Primary Health Network (PHN) working in close partnership with local general practices.

What are the components of Primary Sense™?

Primary Sense™ has four separate components that work together to provide 'real time' reports and medication alerts. The four components are:

1. A data Extractor tool – the Extractor is installed on the server of the practice
2. A Desktop App for generating reports and managing alerts
3. A Database – located in the Azure cloud
4. The ACG Risk Stratification Tool – located in the Azure cloud

Does Primary Sense™ need to be installed on every computer in the practice?

The Extractor only needs to be installed once on your server. The Desktop App needs to be installed on as few or as many computers and workstations as you like but is designed to be installed on any computer with Best Practice or Medical Director.

Will Primary Sense™ slow down our practice system?

Primary Sense™ has been designed to work in harmony with your IT systems without slowing down performance. We have extensively tested Primary Sense™ with local practices and found no evidence that it affects practice systems. However, in the unlikely event that your system appears to be slower, our technical team can adjust your Primary Sense™ settings further.

Where is the extracted data stored?

Data is **de-identified** and **encrypted** when it is extracted **before** it is forwarded to the database. Extracted de-identified data is stored in the Primary Sense™ Database, which is located in the cloud-based [Microsoft Azure](#), in Australia.

What does de-identified data mean?

PHNs are unable to accept identifiable data from practices. Identifiable patient information such as names and Medicare numbers are removed from data before it is sent to PHNs. Only practices can see patient identifiable data while using their computers and servers. No identifiable data leaves the practice.

How secure is the extracted data and the cloud?

Microsoft Azure provides industry standard security and adheres to Australian Privacy Principles.

Can someone hack the data between the practice, cloud and the PHN?

Extracted data is de-identified, encrypted and compressed before it leaves the practice. Even if the data could be hacked, it would be unintelligible. GCPHN monitors Primary Sense™ and the Azure cloud for inappropriate access.

Why does the PHN receive extracted data from practices?

GCPHN uses extracted data for population health management and to understand the needs of practices and patients in our region. PHNs are responsible for commissioning services for their local communities and data informs what services may need to be commissioned. It is also now a requirement for PIP QI that practices share data with their PHN.

Does anyone else than the PHN have access to the extracted data?

Only authorized GCPHN staff have access to the extracted de-identified data.

How is Primary Sense™ different to other extraction tools?

- Provides 'one click' reports about issues that matter to Gold Coast practices
- Stratify your patients into different 'bands' or 'levels' of complexity using the ACG Johns Hopkins Risk Stratification tool.
- Uses 'real time' data in reports and alerts because it extracts new information every three minutes.
- Is owned and managed by GCPHN and the team can quickly respond to the feedback and requests from practices.

FAQs Primary Sense™

Do patients know that data is extracted and shared with the PHN and can they opt out?

General practices are required to adhere to privacy principles when sharing de-identified data. Generally, this is included in the patient registration form and patients can opt-out at any time. Primary Sense™ has a quick and easy 'opt out' function for this purpose.

Can my practice use Primary Sense™?

Primary Sense™ is compatible with Medical Director and Best Practice. There are a small number of minimum hardware requirements which are described in the Primary Sense™ IT checklist and it is important the checklist is completed prior to installation. GCPHN will continue to monitor demand for Primary Sense™ and other practice software packages.

How much does Primary Sense™ cost?

Primary Sense™ is subsidised by GCPHN so practices can use it without any direct financial cost. The practice is responsible for any costs incurred from their IT provider relating to Primary Sense™ installation and maintenance.

Can I use CAT Plus as well?

Absolutely. There are no software conflicts between Primary Sense™ and CAT Plus. Both software packages have unique strengths and limitations. Ultimately, what practices do with their data is more important than the software package they use.

What is patient 'complexity', and what are the levels?

There are six complexity levels, ranging from 0-5. Level 0 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.

Is complexity different to hospitalization risk?

Complexity levels reflect the current care needs of patients, while hospitalization risk identifies estimated future care needs. While patients with higher levels of complexity are more likely to be hospitalized than those with lower levels, complexity is not directly associated with hospitalization risk. Many Primary Sense™ reports therefore include both results.

How is complexity and hospitalization risk calculated?

The same input data is used for *both* calculations. The complexity levels of patients in Primary Sense™ reports were calculated with the Adjusted Clinical Groups (ACG)® Johns Hopkins tool. The ACG tool 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.

How does stratifying hospitalization risk and patient complexity benefit a practice?

Stratification identifies patients who are most likely to have poor health outcomes or benefit from assessments and other medical care. Stratification supports planned co-ordinated care for patients. Primary Sense™ also identifies patients who are eligible for reviews or occasions of service. Practices can use Primary Sense™ reports to prioritise patients and reassure themselves that no one is slipping through the proverbial gap.

Where is the information in the "Existing appt" and other columns extracted from?

Primary Sense™ extracts information from the "Appointment book" for each patient and displays this information on relevant reports. For Medical Director and Pracsoft users, the range is limited to the next 4 weeks (due to limitations of data available in Pracsoft to update changes in appointments e.g. change of date/cancellations). Best Practice will search for any future appointment, which is not time limited.

Who will receive Medication Alerts? Are these the same as Medical Director/BP Alerts?

Medication alerts are generated at the point of prescribing, i.e. when a clinician is entering the prescription into the clinical software. Alerts are only sent to doctors who selected this function. Primary Sense™ medication alerts are different to Medical Director and BP alerts. They are more specific, relate only to high-risk medications and take individual patient factors into account. For example, an alert for prescribing metformin will only be generated when a GP prescribes it for a patient with a recent eGFR <30ml/min.