PRIMARY HEALTH **NETWORK**

LUMOS - UNDERSTANDING THE PATIENT JOURNEY TO DRIVE PRACTICE QUALITY IMPROVEMENT

27th October 2021

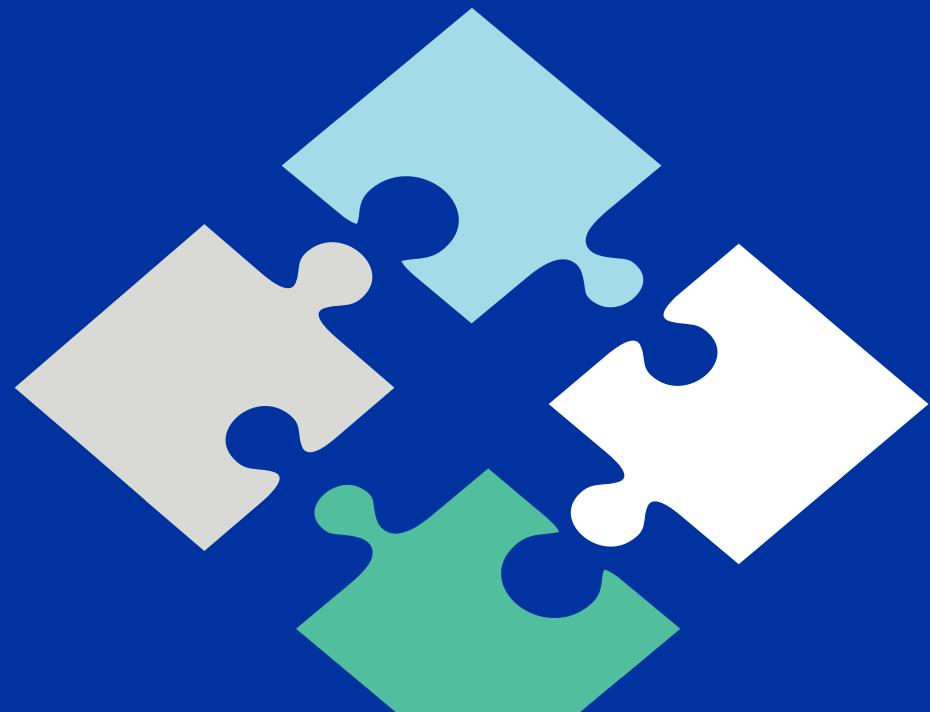
WE ACKNOWLEDGE THE TRADITIONAL OWNERS & CUSTODIANS OF THE LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.

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Healthy People, Healthy Communities

Learning Objectives

- What is LUMOS?
- Why is data linkage important? •
- \bullet patients.
- patient health outcomes.



Demystifying practice level LUMOS reports to make a difference for your practice and

LUMOS – becoming the stepping-stone to drive meaningful Quality Improvement and

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What is LUMOS

Lumos is a partnership initiative between Primary Health Networks and the NSW Ministry of Health. SO, WHAT IS IT!!

- It is an ethically approved program with strict governance structures that • securely links data sets across Primary Care, Emergency Department, Hospital Admissions, Outpatient, Ambulatory and Mortality.
- LUMOS is FREE
- You are provided a unique biannual report •
- It provides an exclusive opportunity to better understand your Patient's journey • through the Health system
- Opportunity to better coordinate health care •
- Support evidence based strategic decision making, identify areas of need and prioritise allocation of resources.
- Your PHN PCIO is here to help



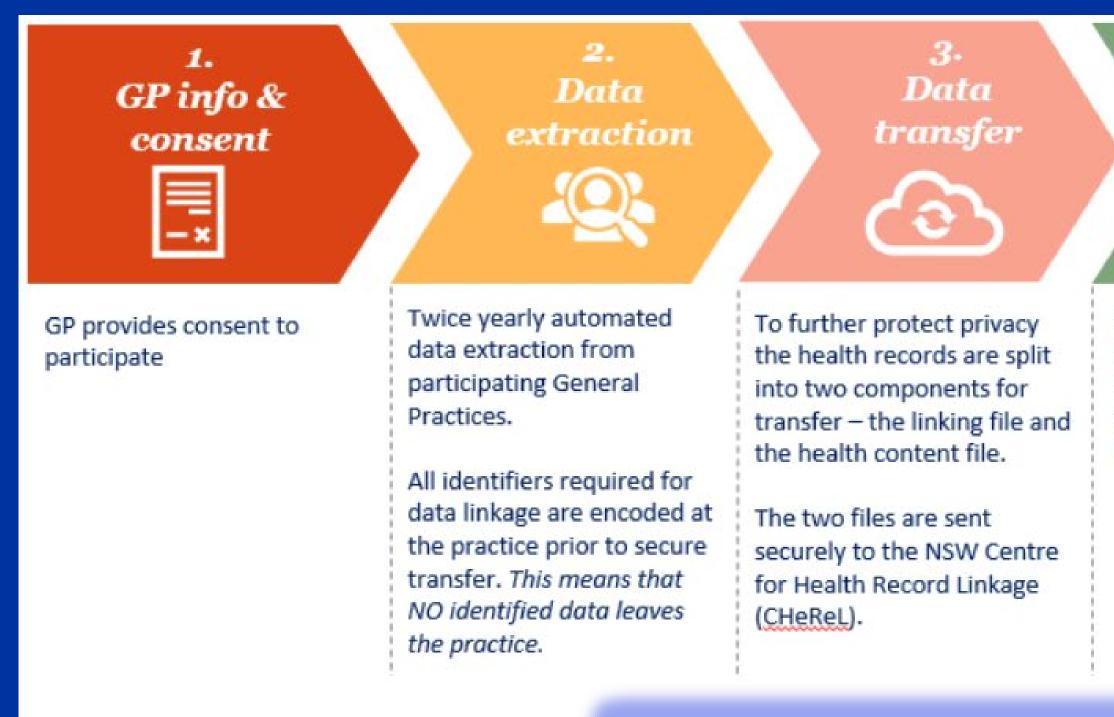
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What is LUMOS

Practice Level Reports – Program Governance



Anna Johnston, Principal of Salinger Privacy and former NSW Deputy Privacy Commissioner, September 2020.

> "In our view, the Lumos Program has been well designed to protect patient privacy to a very high degree, and does not give rise to any likely negative impacts on individuals during the data extraction, data linkage or data analysis stages." Anna Johnston, Principal of Salinger Privacy and former NSW Deputy Privacy Commissioner, September 2020.

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Separate teams in the CHeReL link the data, ensuring that the linkage file and the health content file never coexist.

Data is securely stored at the NSW Ministry of Health. Any access to data is controlled by data governance in line with ethics approval.

5.

Secure

storage

6. Analysis & Reporting

Routine, targeted analyses and reporting processes are undertaken to generate insights and to establish a reliable evidence base to inform policy and planning.

Data reports are provided to participating General Practices at least twice yearly.

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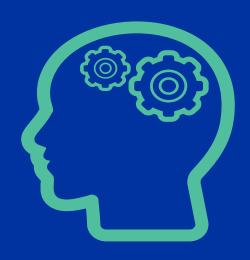


Why is Data Linkage important?

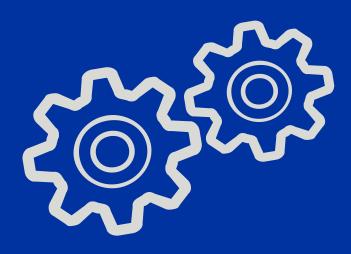
Generate insight around the patient journey through healthcare services



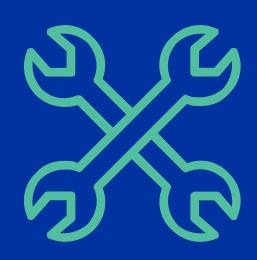
Use quantifiable data to demonstrate impacts of QI activity



Provide GP's with meaningful information about their patients



Make systemic adjustments that improve patient experience



Find opportunities to work collaboratively



Ensure timely access to care when and where it is needed

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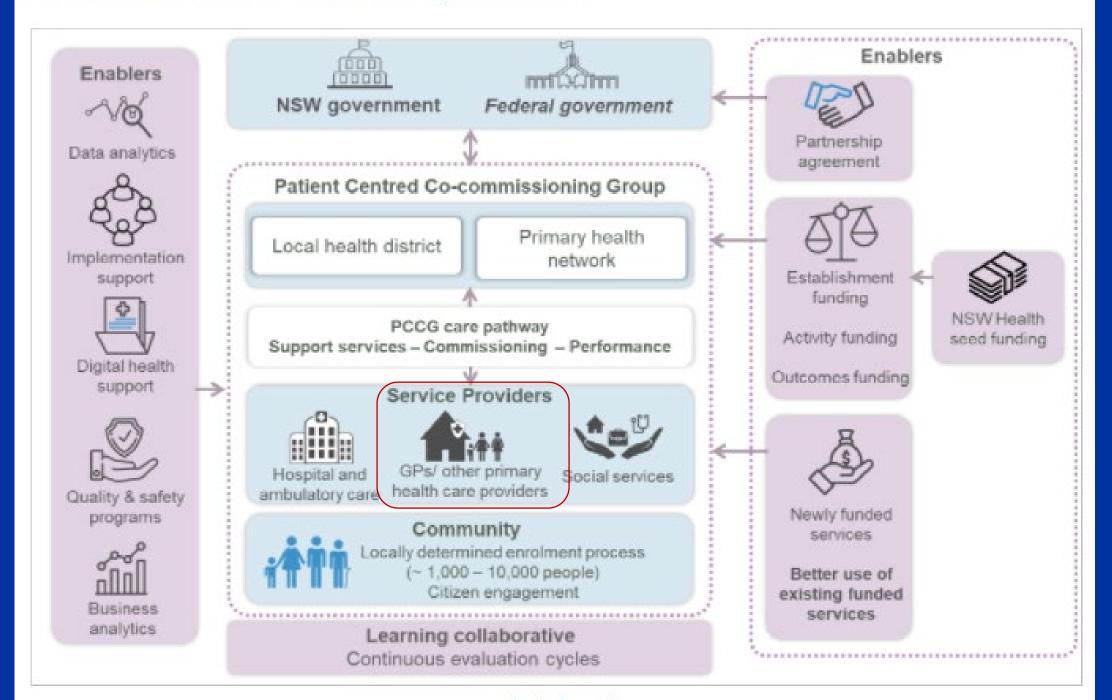




Why is data linkage important?

Collaborative Commissioning - Value based healthcare (nsw.gov.au)

Collaborative Commissioning overview



Forecast Opportunity View - MRFF 2021 Research Data Infrastructure: GrantConnect (grants.gov.au)

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- Collaborative Commissioning is just one of the \bullet programs accelerating value-based healthcare in NSW.
- It partners local health districts and primary health \bullet networks in Patient Centred Co-commissioning Groups (PCCGs).
- PCCGs focus on local health needs and develop ulletinterventions to improve patient and community outcomes.
- They work with community representatives, organisations and professional groups to co-design a 'care pathway'.

Joint

development

40

Feasibility

Implementation

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NEW ENGLAND AND CENTRAL COAST

Full

Implementation





Source Demystifying practice level LUMOS reports to Smake a difference for your practice and Spatients. October 2020 Linkage

The report is unique to YOUR Practice!!

Maps any patient interaction with your practice and the linked data sets mentioned previously.

Results are shown as percentages – they are high level data analysis – they are a snapshot in time – and are comparable across consecutive reports = quantitative evidence

Sample General Practice Sample PHN Primary Health Network

Lumos Sample General Practice Report

Sample report for period FY19-20



67 practices Hunter New England and Central Coast PHN 36 practices South Western Sydney PHN 27 practices Western Sydney PHN

27 practices Central and Eastern Sydney PHN

12 practices Nepean Blue Mountains PHN

5 practices Murrumbidgee PHN 23 practices Northern Sydney PHN 5 practices South Eastern NSW PHN 4 practices Western NSW PHN **10 practices North Coast PHN**

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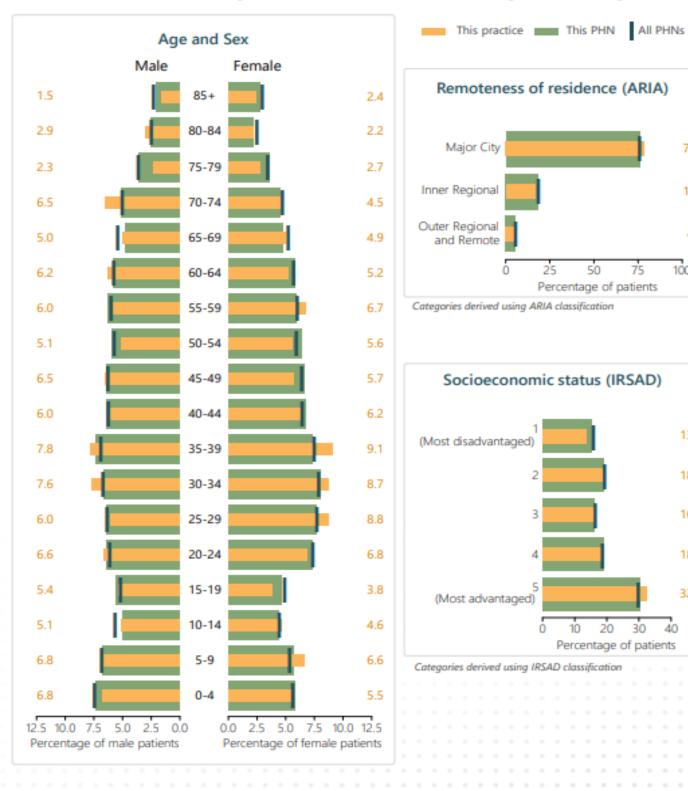
Source Demystifying practice level LUMOS reports to Smake a difference for your practice and patients.

Patient profile

Patient population by sex, age, remoteness and socio-economic status

This page provides key demographic characteristics of your patients which will help you interpret your report. Of your patients who had encounters with your practice in FY19-20, 53.6% were female, 46.2% were male and the average age was 39.6 years. Across this PHN, the values were 53.7%, 46.1% and 40 years, respectively.

See Appendix for information about categorising remoteness using the accessibility/remoteness index of Australia (ARIA) and socioeconomic status using the index of relative socioeconomic advantage and disadvantage (IRSAD).



Graphs provided in the LUMOS report offers the opportunity to compare practice level data against the average for all other participating practices in your PHN and all PHN's in NSW

This practice This PHN

.....

78.7

16.5

4.6

13.7

18.6

16.5

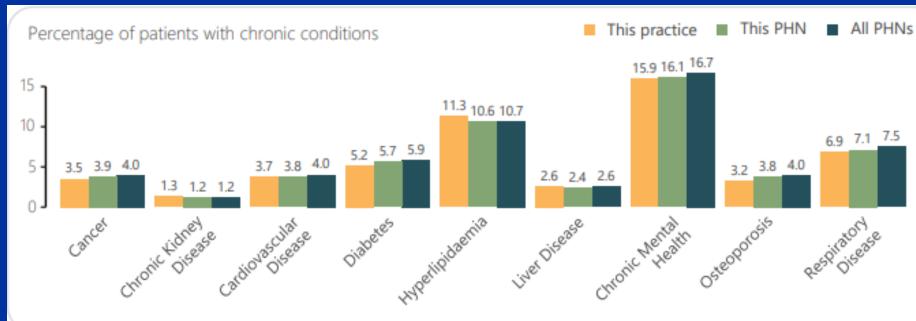
18.5

All PHNs

The LUMOS report starts by outlining key demographic characteristics of your patients to create a profile that can be applied throughout.

Demographics are a helpful base to start profiling your patient population.

- Demographics are measurable characteristics.
- Identify the number of people to which you could direct your products or services.
- Target services to meet a particular need.



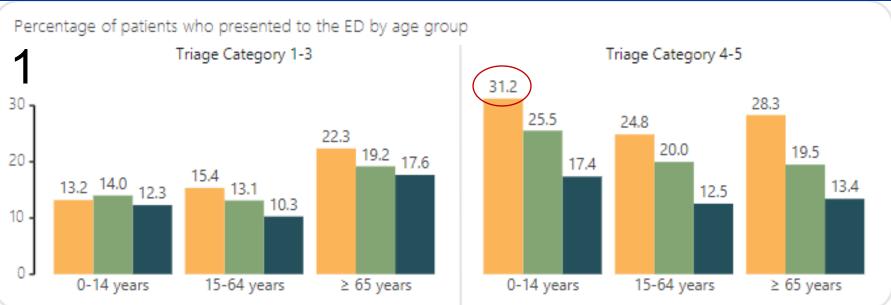
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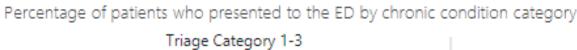


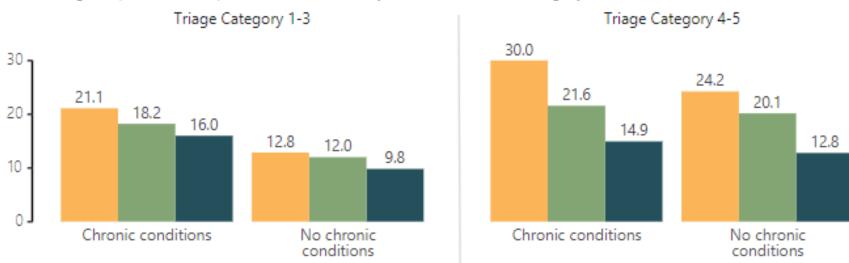


Solution States Series Smake a difference for your practice and patients.

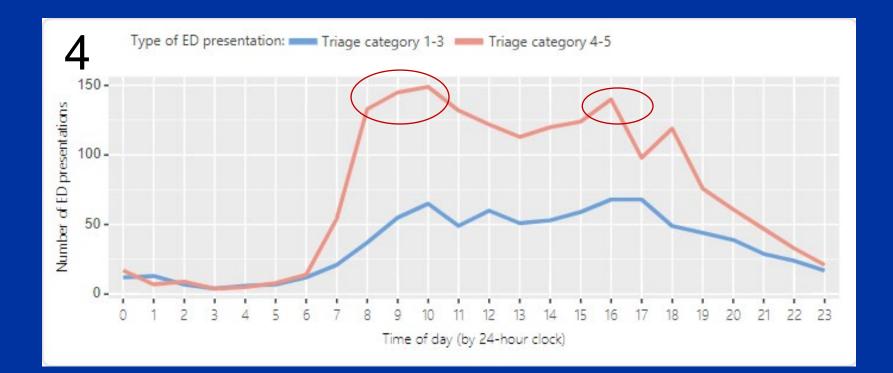
This section provides more detail about your patients who presented to the ED. It highlights which patient cohorts are more likely to go to the ED, how often and when these patients had encounters with your practice and also why and when these patients presented to the ED. The following insights are presented for all ED presentations and separated by triage category. This information is further explored by age, chronic disease cohorts, timing of ED presentations and referral types.









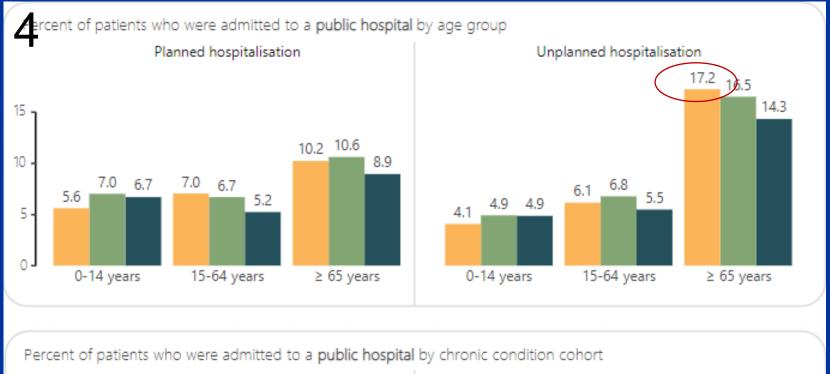


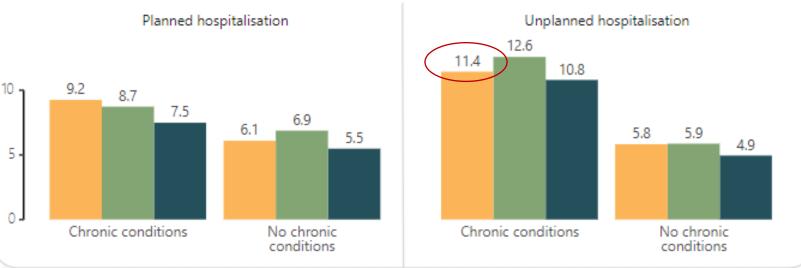
	9.5	
	10.6	
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	9.8	
r an	8-14 ED presentation	

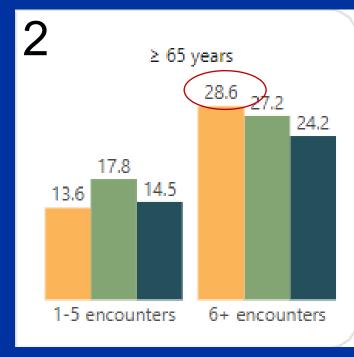
Solution States Series Smake a difference for your practice and patients.

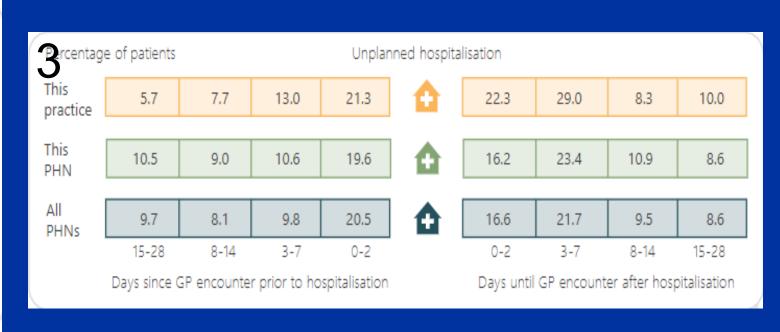
Hospitalisations, it shows patients encounters with a practice and subsequent hospital admission.

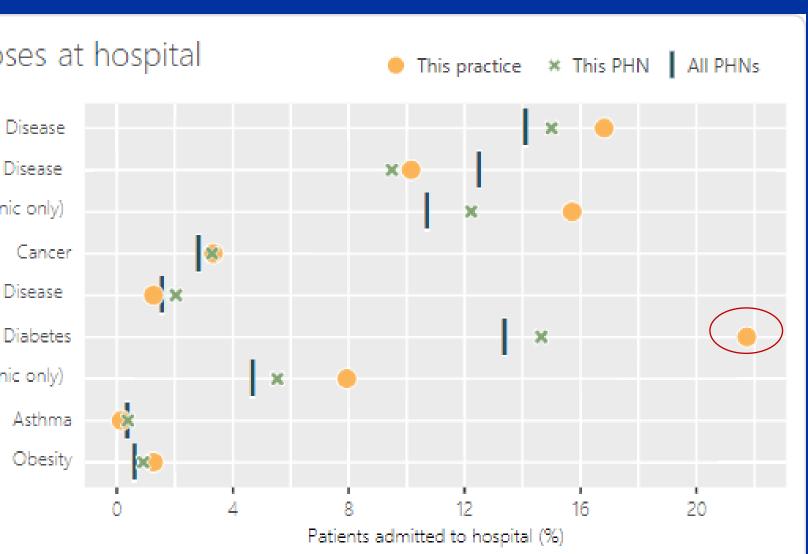












5Additional diagnoses at hospital

Cardiovascular Disease

Arthritis and Musculoskeletal Disease

Mental Health Disorders (Chronic only)

Chronic Obstructive Pulmonary Disease

Kidney Disease (Chronic only)

Obesity

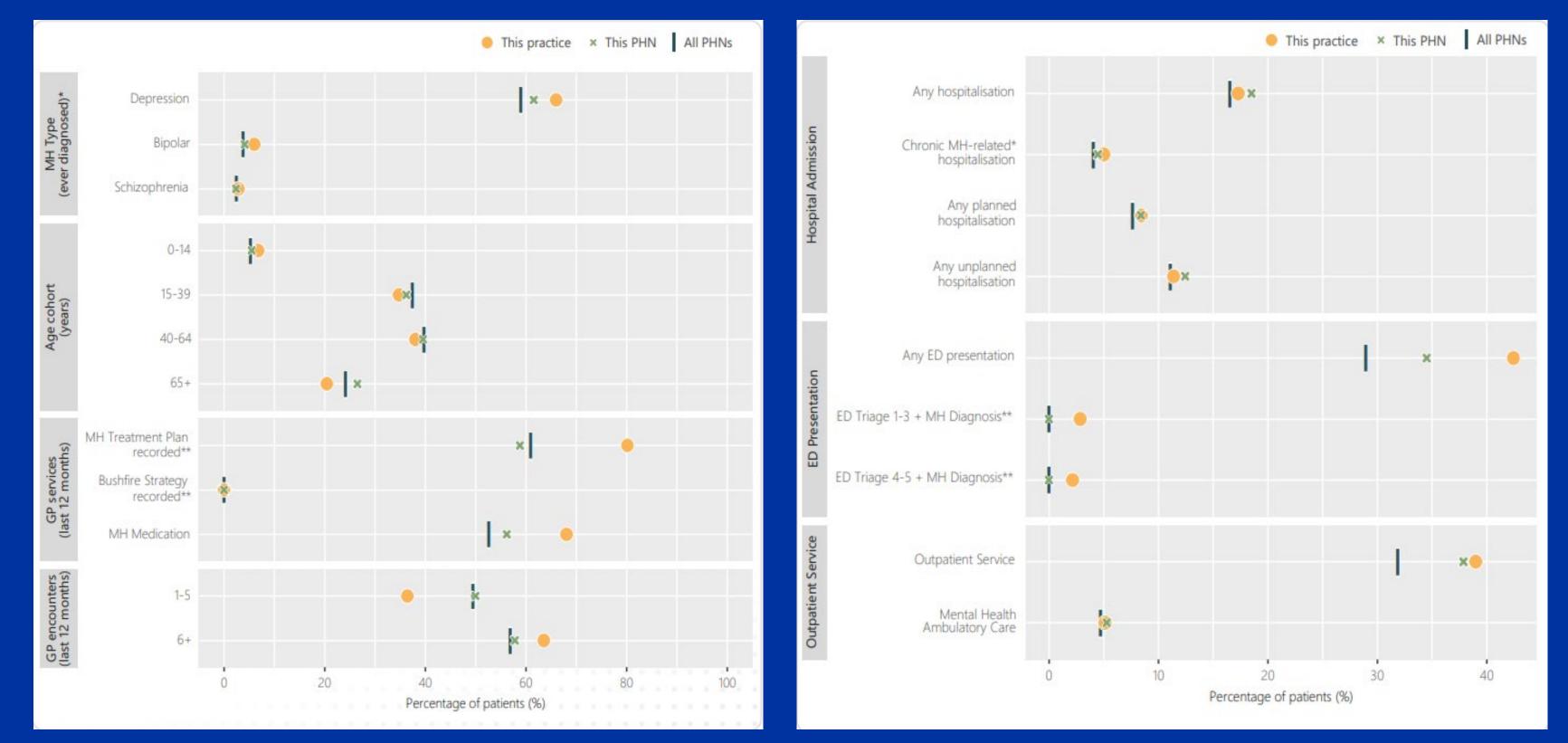
Solution States Solution States and States a Smake a difference for your practice and patients.

Condition in Focus – Mental Health

This section details patients who had encounters with your practice.

This page provides a deeper insight into this cohort.

The following graphs shows the distribution of your patients with mental health conditions by condition type, age cohort, frequency of GP encounters and selected GP services recorded.



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SLUMOS – Meaningful Quality Improvement and Spatient health outcomes.





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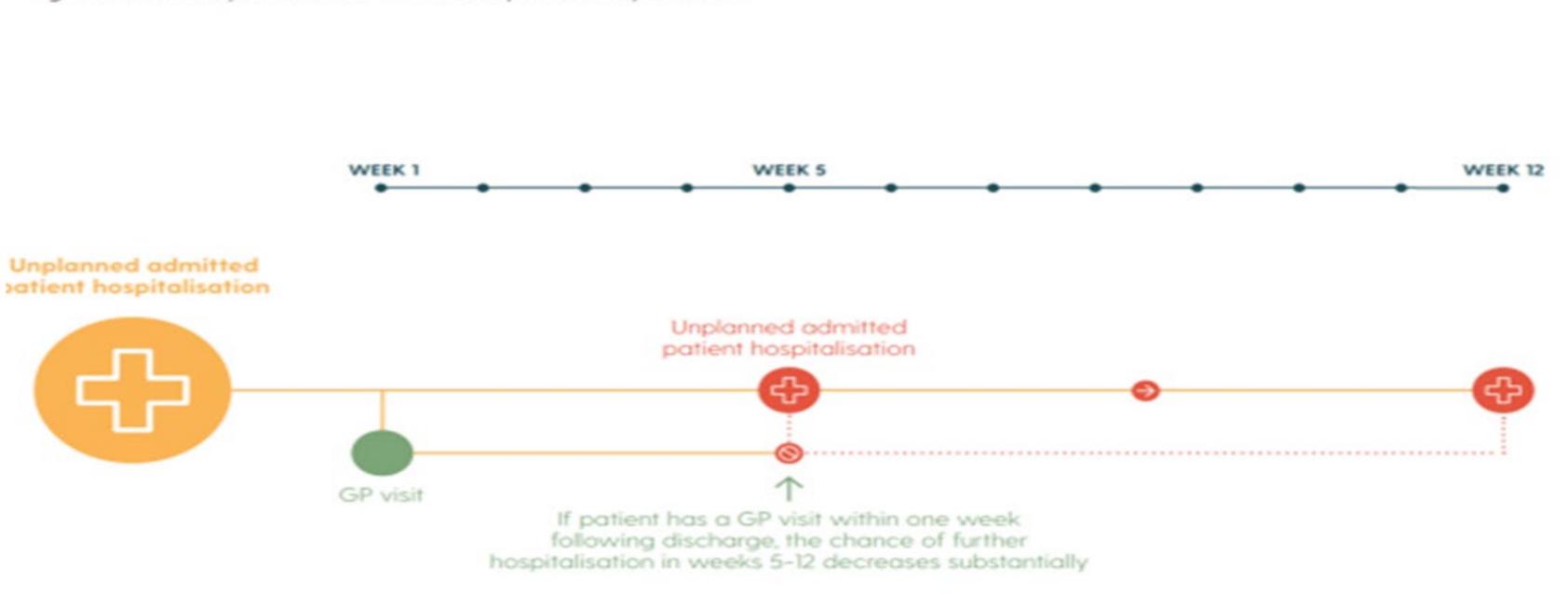


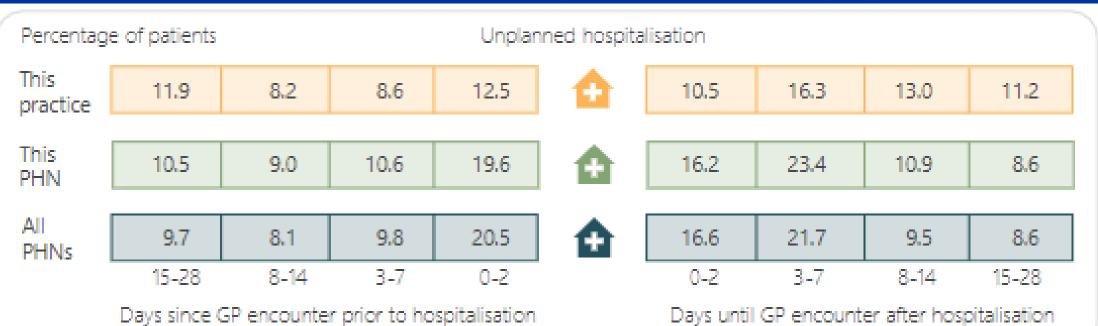




§LUMOS – Quality Improvement and patient Shealth outcomes.

Figure 5. Relationship between GP visits and Unplanned Hospitalisations





Days since GP encounter prior to hospitalisation

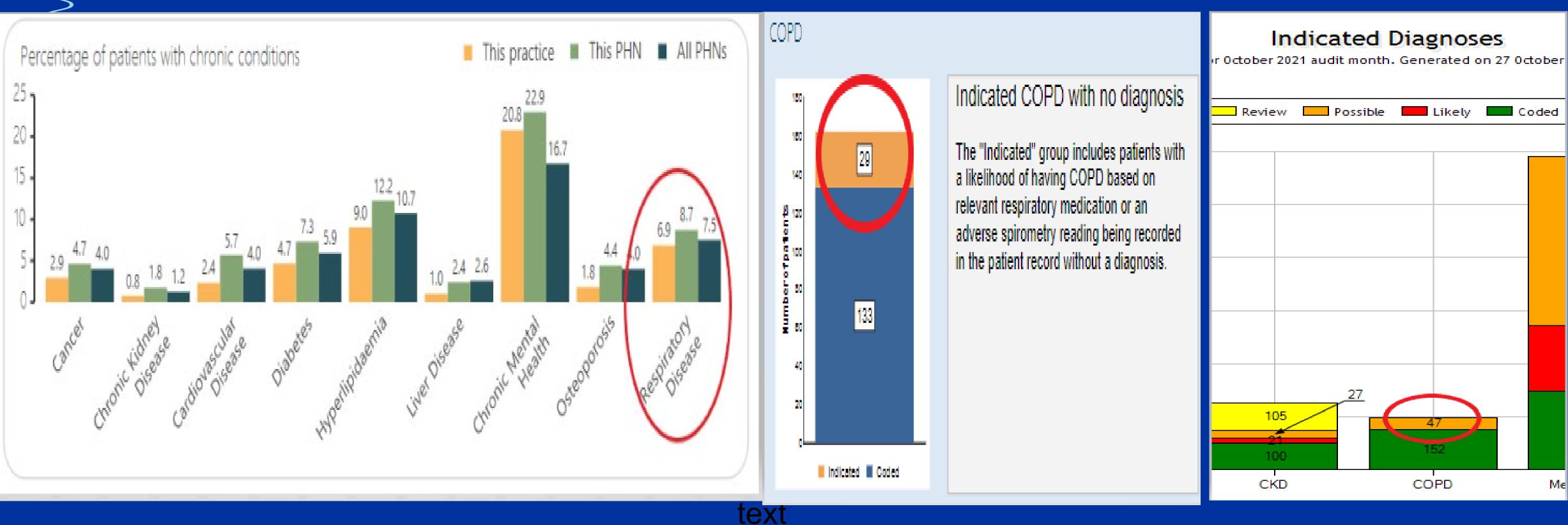
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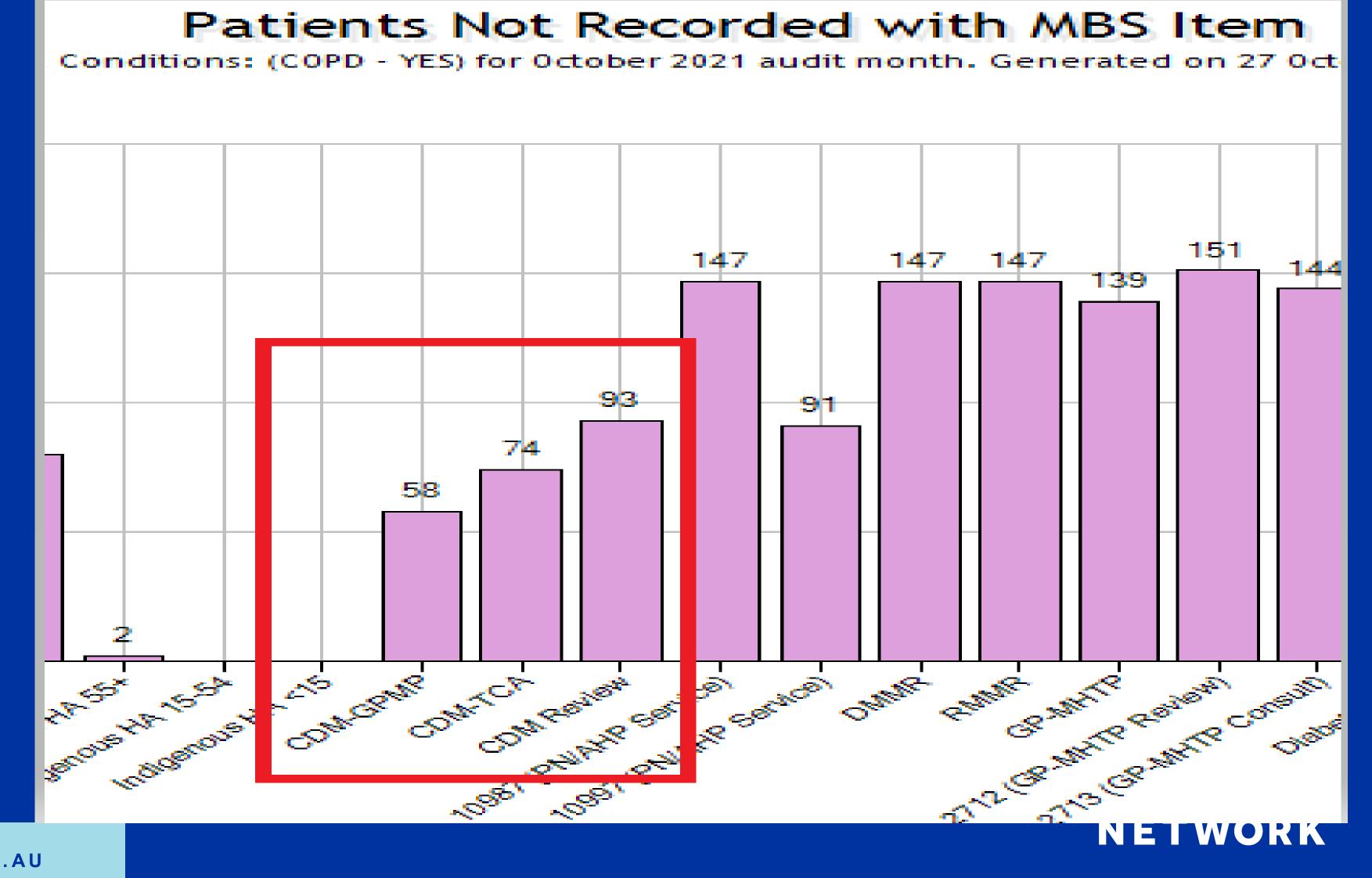
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§LUMOS – Quality Improvement and patient \$health outcomes.



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phn HUNTER NEW ENGLAND AND CENTRAL COAST



*§*Longer term monitoring of hospital avoidance **Susing LUMOS reports**

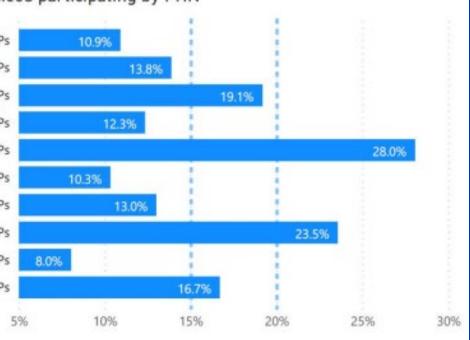
Lumos Sample General Practice Report

Sample report for period FY19-20

Additionally, if you would like to access your free Lumos Practice report - you only need to contact your local PCIO or James McNeill via email on jmcneill@thephn.com.au

Proportion of General Practices participating by PHN

PHN101 CESPHN - 72 of 662 GPs PHN102 NSPHN - 40 of 289 GP: PHN103 WSPHN - 62 of 324 GPs PHN104 NBMPHN - 17 of 138 GPs PHN105 SWSPHN - 116 of 414 GPs PHN106 SENSWPHN - 21 of 204 GPs PHN107 WNSWPHN - 14 of 108 GPs PHN108 HNECCPHN - 104 of 442 GPs PHN109 NCPHN - 14 of 175 GPs PHN110 MPHN - 14 of 84 GPs



You are able to complete the consent to participate in LUMOS at any time, the next linkage occurs in April 2021.

Help us get back to leading the state recruitment in this 'first of its kind' initiative.

Stay tuned for more information about <u>The PHN online</u> Lumos Community of Practice - COMING SOON

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If you would like to access more information you can click here



Updated reports are currently provided

- every 6 months. Reports are contin
- on GP feedback

Long-standing program, grown since 2016 to include over 330 participating genera practices across NSV

ation, including GPs and presentative bodies, health con Health and PHNs

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An Australian Government Initiative

Patient data is de-identified befor

Secure systems and processes, the have undergone an independent





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