PATCAT USER GUIDE

USER GUIDE PAT CAT

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The Practice Aggregation Tool for the Clinical Audit Tool (PAT CAT) is a data repository, data aggregation and reporting tool for CAT4 de-identified data extract files. It is designed to assist with population health analysis and reporting by aggregating data from many practices over time.

PAT CAT provides aggregated statistics and figures that clearly show population health on a regional scale, yet also provides granular practice specific data. This is achieved through a comprehensive collection of graphs, reports, statistics, indicators, timelines, geospatial mapping and customisable data filtering.

Practices upload their own data to the PAT CAT server in accordance with their agreement with the organization hosting the PAT CAT – normally this is the local PHN or other organisation. The practice is provided with a login to the PATCAT web site by the organisation which allows them to view their own data and compare it to the aggregated data results.

The purpose of this document is to provide instructions on how to use PAT CAT. It is assumed that the users are familiar with CAT4, as all data originates from that application and the user interface of PAT CAT is based on that of CAT4.

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1 DEFINITIONS AND ACRONYMS

CAT Plus products use a number of terms that are explained in the table below

| Term | Description |
|---------------------|--|
| ABS | Australian Bureau of Statistics |
| ACR | Microalbumin Creatinine Ratio |
| Active patient | A patient with at least three visits in the last two years |
| Adjusted Population | In all numerical reports in PAT CAT we display the total number and another column called 'Adjusted'. Please refer to Adjusted Column Details ¹ for more detail |
| ANU | Australian National University |
| АРСС | Australian Primary Care Collaboratives |
| ATSI | Aboriginal Torres Strait Islander |
| ВМІ | Body Mass Index |
| BP | Best Practice Clinical Desktop System |
| BP | Blood Pressure |
| BP | Best Practice |
| BSLF | Blood Sugar Level (Fasting) – more commonly called FBG |
| CAT | PCS Clinical Audit Tool® |
| CAT | Clinical Audit Tool |
| CAT4 | Clinical Audit Tool |
| СНД | Coronary Heart Disease |

¹ https://help.pencs.com.au/display/ds/Adjusted+Column+Details

| СКД | Chronic Kidney Disease |
|-----------|--|
| СОРД | Chronic Obstructive Pulmonary Disease |
| CV | Cardiovascular |
| CVD | Cardiovascular Disease |
| DoH | Department of Health |
| DoHA | Department of Health and Ageing |
| DVA | Department Veteran Affairs |
| eGFR | Estimated Glomerular Filtration Rate |
| ES | Event Summary |
| FBG | Fasting Blood Glucose |
| Geocode | The process of converting a location/address into a coordinate that then translates to an area type (e.g. SA1) |
| GP | General Practitioner |
| GRAPHC | National Centre for Geographic & Resource Analysis in Primary Health Care |
| GTAG | GRAPHC – Tag (a dedicated globally unique identifier) |
| HbA1c | Haemoglobin A1c |
| HCN | Health Communication Network Ltd |
| HDL | High-density Lipoproteins |
| Help Desk | Pen CS Help Desk |
| HMR | Home Medicine Review |
| IF | Improvement Foundation |

| LDL | Low-density Lipoprotein |
|--------------|---|
| MBS | Medicare Benefits Schedule |
| MD | Medical Director Clinical Desktop System, developed by HCN |
| MD | Medical Director |
| NEHTA | National E-Health Transition Authority |
| NPCC | National Primary Care Collaboratives |
| NPCC | National Primary Care Collaborative |
| NPI | National Performance Indicators |
| NVDPA | National Vascular Disease Prevention Alliance |
| Org | PHN or other organisation |
| Organisation | PHN or other organisation |
| PCEHR | Personally Controlled eHealth Record |
| PEN CS | Pen CS Pty Ltd |
| Pensioners | Used in Practice Data Quality Benchmark Report. The pensioner status of a patient is extracted from the patient details in the clinical system. This is not age related |
| QAIHC | Queensland Aboriginal and Islander Health Council |
| QRG | Quick Reference Guide |
| RACGP | Royal Australian College of General Practitioners |
| SA | Statistical Area |
| SHS | Shared Health Summary as part of My Health Record |
| SIP | Service Incentive Payment |

| Topbar | A software tool for general practitioners by PCS |
|-----------|--|
| Transient | A patient that has visited at least 2 clinics in the organisation's catchment where both clinics have uploaded patient data. |
| Unique | A patient that has only been uploaded from one clinic in the organisation's catchment |

2 SYSTEM REQUIREMENTS, INSTALLATION AND CONFIGURATION

PAT CAT is installed on a server and detailed specifications/requirements for the server are available from Pen CS. It is accessed by users entirely within a web browser. The following browsers are recommended:

- Internet Explorer v10 or later,
- Firefox v13 or later,
- Chrome v32 or later,
- Safari v7 or later.

PAT CAT Responsibilities and Requirements

Requirements

| Web Server | Minimum Requirements | Recommended Requirements |
|---------------------------------|---|---|
| Operating System | Microsoft Windows Server 2008 (Standard/R2) X64 | Microsoft Windows Server 2012 (Standard/R2) X64 or higher |
| Processor | 8 Logical Cores | 24+ Logical Cores |
| RAM | 16 GB | 32+ GB |
| Hard Disk | 250 GB | 500+ GB |
| Microsoft .N ET Framework | .NET 3.5, 4.5 and 4.6.1 IIS 7+ IIS Web components(ASP.NET 4.5, Static & Dynamic Content Compression, IIS Manager) | |

| Web Server | Minimum Requirements | Recommended Requirements |
|---------------------------|--|-----------------------------|
| Other Requiremen ts | Broadband internet connection (minimum 5 Mbs up + 5 Mbs down) SSL Certificate (Single root or Wildcard dependent on IT infrastructure, Wildcard recommended) Dedicated PAT CAT Subdomain (e.g. https://patcat.yourphnurl.org.au) Port forwarding from port 80 to port 443 for all PAT CAT traffic Remote access facilities for installation and maintenance by Pen CS (e.g. Remote Desktop, Teamvieweretc.) with local Admin privileges Firewall exception for connectivity to database server (standard SQL Server ports are TCP 1433 and UDP 1434) Internet Explorer 11+ or Google Chrome v42+ | |

Note: "+" refers to "more is better"

| Database Server | Minimum Requirements | Recommended Requirements |
|---------------------------------|--|---|
| Operating System | Microsoft Windows Server 2008 (Standard/R2) X64 | Microsoft Windows Server 2012 (Standard/R2) X64 or higher |
| Processor | 16 Logical Cores | 32+ Logical Cores |
| RAM | 32 GB | 64+ GB |
| Hard Disk | 1TB | 1+TB |
| Microsoft .N ET Framework | • .NET 3.5, 4.5 and 4.6.1 | |
| Database | Microsoft SQL Server 2008r2 Standard Edition (2014 Standard Edition or higher recommended) SQL Server Options installed: SQL Server Management Studio Mixed Mode Authentication SQL Server Agent | |

| Database Server | Minimum Requirements | Recommended Requirements |
|---------------------------|---|-----------------------------|
| Other Requiremen ts | Firewall exception for connectivity to web server (standard SQL Server ports are TCP 1433 and UDP 1434) Remote access facilities for installation and maintenance by Pen CS (e.g. Remote Desktop, Teamvieweretc.) with local Admin privileges, and database owner privileges | |

2.1 PAT CAT Responsibilities and Requirements

2.1.1 Responsibilities

Server Maintenance and Availability

- The server hosting PAT CAT is under your control and as such needs to be monitored and maintained
- Should the server be unavailable during a scheduled upload time PENCS can assist in the resending of data from practices as V3 of scheduler allows for remote triggering of a data upload. This functionality will be made available to PHNs shortly as well.
- Server disk space PAT CAT will need sufficient disk space at all times to ensure that scheduled uploads can be imported. The server host needs to monitor and allocate the required disk space before scheduled collects.
 - Web Server at least 50GB free disk space.
 - If extract files are stored in another disk, the 50GB free disk space also applies there.
 - SQL Server at least 150GB free disk space.
- PAT CAT updates are managed and pushed out by PENCS but need to be applied by the PHN. This will allow the PHN to choose the best time for an update (over the weekend or in the evening is recommended).
- Updating PAT CAT to the latest version is responsibility of the PHN and failing to update can result in reports/data missing as well as wrong figures being displayed if an update contained an algorithm change. Please make sure that you update when new updates are available!
- Server operating system and security updates are responsibility of the host.
- Access to the Server by PEN CS for PAT CAT trouble shooting and maintenance needs to be provided either ongoing or in a timely manner so that any issues can be addressed without delay. A clear escalation pathway should be provided by the ACCHO/PHN.
- Server certificates such as SSL and other server specific maintenance are the responsibility of the host.

IT Contact Details to be provided

The PHN should provide the best contact details for their IT support to allow PEN CS staff to access the PAT CAT

server(s) if needed. Access might be required for error checking, updates or other software maintenance issues. If access details or IT providers change PEN CS should be notified by contacting the relevant account manager.

Practices and licence maintenance

With the alignment of PAT CAT and the licensing portal, the ACHOs/PHNs are responsible for maintaining an up to date list of practices in the licensing portal. This will ensure that only licensed practices are active in PAT CAT. Practices that are using CAT Plus but are not submitting data to PAT CAT **have** to be configured in PAT CAT accordingly as this is an agreement between the practice and the ACCHO/PHN.

As an additional safe guard we are implementing a configuration setting in the licensing portal to indicate which practices are uploading automatically, manually or not at all. This status needs to be confirmed with PEN CS so we can update the licensing portal accordingly to avoid any accidental uploads/collections via remote trigger.

2.1.2 Requirements

| Web Server | Minimum Requirements | Recommended Requirements |
|------------------------------|--|--|
| Operating System | Microsoft Windows Server 2008 (Standard/R2) X64 | Microsoft Windows Server 2012 (Standard/R2) X64 or higher |
| Processor | 8 Logical Cores | 16 Logical Cores |
| RAM | 16 GB | 16+ GB |
| Hard Disk | 250 GB | 250+ GB |
| Microsoft .NE T Framework | ASP.NET 3.5 and 4.5 IIS 7+ IIS Web components(ASP.NET 4.5, Static & Dynamic Content Compression, IIS Manager) | |
| Other Requirement s | Broadband internet connection (minimum 5 Mbs up + 5 Mbs down) SSL Certificate (Single root or Wildcard dependent on IT infrastructure, Wildcard recommended) Dedicated PAT CAT Subdomain (e.g. https://patcat.yourphnurl.org.au) Port forwarding from port 80 to port 443 for all PAT CAT traffic Remote access facilities for installation and maintenance by Pen CS (e.g. Remote Desktop, Teamvieweretc.) with local Admin privileges Firewall exception for connectivity to database server (standard SQL Server ports are TCP 1433 and UDP 1434) Internet Explorer 11+ or Google Chrome v42+ | |

Note: "+" refers to "more is better"

| Database Server | Minimum Requirements | Recommended Requirements |
|------------------------------|---|--|
| Operating System | Microsoft Windows Server 2008 (Standard/R2) X64 | Microsoft Windows Server 2012 (Standard/R2) X64 or higher |
| Processor | 8 Logical Cores | 16+ Logical Cores |
| RAM | 32 GB | 32+ GB |
| Hard Disk | 1TB | 1+TB |
| Microsoft .NE T Framework | • Microsoft .NET 3.5 and 4.5 | |
| Database | Microsoft SQL Server 2008r2 Standard Edition (2014 Standard Edition or higher recommended) SQL Server Options installed: SQL Server Management Studio Mixed Mode Authentication SQL Server Agent | |
| Other Requirement s | Firewall exception for connectivity to web server (standard SQL Server ports are TCP 1433 and UDP 1434) Remote access facilities for installation and maintenance by Pen CS (e.g. Remote Desktop, Teamvieweretc.) with local Admin privileges, and database owner privileges | |

Note: "+" refers to "more is better"

3 WHERE TO GET HELP

For further assistance with CAT Plus products please contact the PEN CS Help Desk on 1800 762 993 or email support@pencs.com.au²

² mailto:support@pencs.com.au

4 GETTING STARTED

PAT CAT is accessed via an internet browser:

- Open your preferred browser and enter the address specific to your organisations PAT CAT instance, as provided to you by Pen CS
- Enter your Username and Password key and click **LOGIN**.

| | PHN |
|---|-------------------|
| Username: Password: | |
| LOGIN | |
| PenCS 🛛 🛞 CAT Plus | |
| | 6 |
| © Pen CS Pty Ltd 2015. All rights reserved. | Version 2.0.50768 |

NOTE: The logon screen also provides the PAT CAT version number on the bottom right.

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- Practice Groupings(see page 29)
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- Additional Configurations PAT CAT(see page 35)
 - Email Reminders(see page 36)
 - User Interface Customisation(see page 37)
 - Schedule Updates(see page 38)
 - Data Management(see page 39)
 - Disk Management(see page 40)
 - Report Recalculate(see page 41)
 - Report Work Space(see page 42)
 - Duplicate Extracts(see page 43)

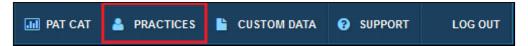
4.1 Setting up Practices

With the latest release of PAT CAT (V3.2) the practice list in PAT CAT will be automatically aligned with the list of practices in the MyPen Licensing Portal. There will be some manual merging and cleaning to do after the update, but after that initial work all new practices will have to be set up only in the licensing portal. No separate user names and passwords will have to be created in PAT CAT any more. A practice licensed through the MyPen Portal will be able to upload their de-identified data to PAT CAT without the configuration of an additional user name or password.

While the update is being rolled out, we have ensured that CAT4 and Scheduler remain compatible to both the old and the new PAT CAT practice list.

There is no more option to add a practice in PAT CAT - this can only be done through the MyPen portal once PAT CAT has been updated.

NOTE: The Practice Management function is only available when you are logged in as organisation user, when logged on as a practice you will not see the Practices button.



Clicking on the 'Practices' link will open the practice list window. All columns can be sorted by clicking on the column header and the green ticks and red crosses indicate the practice status for the respective heading.

| ractice List | | | | | | | | |
|--------------|--------------------------|--------------------------------|-------------|-----------------|----------------------|--------------------|--------------|---------|
| 📰 Hie | de Unlicensed Practices | & Merge Licensed and Unlicense | ed Practice | | | | 😂 Sync Pra | actices |
| Link | Practice Name | Practice ID | Email | Submitting Data | Allow Practice Login | Email Notification | Sharing Data | Mergeo |
| 0 | AF.Topbar | AF.Topbar | | ~ | ~ | × | ~ | × |
| 0 | AFMDtopbar | AFMDtopbar | | * | ~ | × | ~ | × |
| 0 | ash.sky | ash.sky | | ~ | ~ | × | × | × |
| \circ | Ash.zedmedv24 | Ash.zedmedv24 | | ~ | ~ | × | × | × |
| 0 | ash_reg.bp | ash_reg.bp | | ~ | ~ | × | ~ | × |
| \bigcirc | audit | audit | | ~ | ~ | × | × | × |
| 0 | BP LinkedEHR Test Clinic | BP LinkedEHR Test Clinic | | × | ~ | × | ~ | × |
| 0 | bp.zedmed | bp.zedmed | | * | ~ | × | ~ | × |
| 0 | BPnew | BPnew | | ~ | A | × | × | × |
| 0 | Cheran Gul Clinic | Cheran Gul Clinic | | ~ | ~ | × | × | × |

4.1.1 Editing Practice Details

As in the previous version a click on a practice name will open a window allowing changes in the set-up for that practice:

| Edit Practice | |
|----------------------|---------------|
| Practice Name | AF. Topbar |
| Practice ID * | AF. Topbar |
| Email | |
| Email Notification | |
| Submitting Data | |
| Allow Practice Login | |
| Sharing Data | Yes |
| Merged | No |
| | |
| | |
| | ✓ Save Cancel |

| Field Name | Definition |
|--------------------|--|
| Practice Name | The full name of the practice without abbreviations. Mandatory field. |
| Practice ID | An abbreviation of the practice name or identifier. It is recommended that it is less than 10 characters. This field appears on all the reports generated in PAT CAT rather than the Practice Name. Mandatory Field. |
| Email | Email address of the practice |
| Email Notification | The practice can receive an automated email each month if they have not sent their data to PAT CAT. See Email Reminders section below for more details. |
| Sharing Data | Value showing whether the practice has given consent to share their individual practice aggregated data with other practices in PAT CAT. Default value is NO. See Practice to Practice Visibility section below for more details. |
| Submitting Data | This box is ticked by default, allowing the practice to submit data to PAT CAT. If unticked, the practice will not be able to submit data and will not show on the practice filter. This is useful for removing practices that are set up in the licensing portal but are currently not submitting data. |

| Allow Practice Login | This box is ticked by default, allowing the practice to use their CAT Plus details to log in to PAT CAT. If unticked, no users under this practice will be able to login to the PAT CAT website. |
|----------------------|--|
| Sharing Data | Value showing whether the practice has given consent to share their individual practice aggregated data with other practices in PAT CAT. Default value is NO. See Practice to Practice Visibility section below for more details. |
| Merged | This indicates if a practice has been merged after the initial alignement of PAT CAT and the MyPen portal. Please see the 'Merging' paragraph for more details. |

4.1.2 Merge Licensed and Unlicensed Practices

When the PAT CAT aligns with the licensing portal for the first time, there will be some manual work required to merge existing practices set up in PAT CAT with the ones listed in the licensing portal. This could be due to spelling mistakes or other mismatches. Merging the accounts is needed to ensure consistency of reporting and will only have to be done once. It can also be reversed an any time if found to be in error. To merge two practices start by clicking on the 'Merge Licensed and Unlicensed Practice' button:

| Ρ | Practice List | | | | | | | | |
|---|---------------|-------------------------|----------|---|--|--------------------------------------|---|---|-----|
| | ≣ Hide | Unlicensed Practices | % | � Merge Licensed and Unlicensed Practice | | | | | |
| | Link | Practice Name | | | Practice ID | | | Email | |
| | 0 | AF.Topbar | | | AF.Topbar | | | | |
| | 0 | AFMDtopbar | Me | erge Practio | ce | | | | |
| | 0 | ash.sky | No | te: The dir | ection of the merge | is from right to | o loft | (Licensed -> Unlicensed) Only the | |
| | 0 | Ash.zedmedv24 | | Note: The direction of the merge is from right to left (Licensed -> Unlicensed). Only the practice name of the licensed practice will be carried over to the unlicensed practice | | | | | |
| | 0 | ash_reg.bp | | - · · · !' | 1.5.11 | | | | |
| | 0 | audit | ([| Unlicense | | | Licensed Practices | Licensed Practices Legacy Practice 19 (8726-Legacy | _ |
| | 0 | BP LinkedEHR Test Clini | | | edEHR Test Clinic | | _ | actice 19) | î |
| | 0 | bp.zedmed | | | Practice 11 Practice 20) Practice 12 Practice 13 Practice 13 | | Legacy Practice 20 (8723-Legacy | | |
| | 0 | BPnew | | _ • · | | ' | | | |
| | 0 | Cheran Gul Clinic | | / | | Legacy Practice 9 (legacy Practice9) | | | |
| | 0 | deepti.test2 | | Legacy I | Practice 14 | | ☐MD ☐new (8730-new) ☐Rashmi Sawant's Clinic | | |
| | 0 | Defect Test Clinic | | | Practice 16 | | | · · · · | |
| | 0 | Eph Organisation | Legacy | | Practice 17 | | | | |
| | 0 | Eph Organisation A | 1 | Legacy F | Practice 18 | | | Sched_POC | |
| | 0 | Eph Organisation B | | | Practice 19 | J | sky.user2 | sky.user2 | J I |
| | 0 | Eph Organisation C | | | Prostice 2 | • | | | |
| | 0 | Eph Organisation D | | % Merge ₽ | Practices | | | • Cancel | |
| | - | In MD Clay | | | In MILL Clay | | | | |

Then select the unlicensed practice (this would be a practice set up in PAT CAT which is unmatched to one in the licensing portal) and the licensed practice (which was pulled from the licensing portal) to merge it with. The merged practice will have all the data and other details from the unlicensed practice but will have the name of the licensed practice. This is to ensure that all data previously uploaded to PAT CAT under the unlicensed practice remains intact and is aligned with the correct name from the licensed practice. Select the two practices and click on 'Merge Practices':

| Merge Practice | |
|--|--------------|
| Note: The direction of the merge is from right practice name of the licensed practice will be ca Unlicensed Practices BP LinkedEHR Test Clinic Defect Test Clinic Defect Test Clinic Gegacy Practice 11 Legacy Practice 12 Legacy Practice 13 Legacy Practice 14 Legacy Practice 16 Legacy Practice 17 Legacy Practice 18 | |
| Legacy Practice 19 | □sky.user2 v |
| % Merge Practices | ● Cancel |

This will result in a window being displayed:



After a successful merge the practice details will reflect the merged information. To display the practice details, click on the practice name in the list.

| Edit Practice | |
|--|--|
| Practice Name | Legacy Practice 20 |
| Practice ID * | Legacy Practice 11 |
| Email | |
| Email Notification | |
| Submitting Data | |
| Allow Practice Login | |
| Sharing Data | Yes |
| Merged | Yes Separate Practices |
| The username a extracts to PAT | obsolete and has been locked and password below is for outdated CAT4's that uses a username and password to send 'CAT. I automatically be removed once CAT4 has been updated to the correct version |
| Username | LegacyPractice11 |
| Password | LegacyPractice11 |
| L | ✓ Save ● Cancel |

The legacy user name and password is displayed for reference, and it is possible to separate the practices by using the 'Separate Practices' button. Separating the practices will assign the data back to their original owners:

| Separate Practice |
|---|
| Separating the practice will result in extracts being assigned back to their original owner. Do you wish to continue? |
| S Separate Practices Cancel |

4.1.3 Hide Unlicensed Practices

Licensed practice are those that appear in the MyPen portal as active. Their status is indicated by the green dot in the 'Link' column:

| 🔳 Hide | e Unlicensed Practices | ractices & Merge Licensed and Unlicensed Practice | |
|--------|--------------------------|---|-----|
| Link | Practice Name | Practice ID | Ema |
| 0 | AF.Topbar | AF.Topbar | |
| • | AFMDtopbar | AFMDtopbar | |
| 0 | ash.sky | ash.sky | |
| • | Ash.zedmedv24 | Ash.zedmedv24 | |
| 0 | ash_reg.bp | ash_reg.bp | |
| • | audit | audit | |
| • | BP LinkedEHR Test Clinic | BP LinkedEHR Test Clinic | |
| 0 | bp.zedmed | bp.zedmed | |
| 0 | BPnew | BPnew | |
| 0 | Cheran Gul Clinic | Cheran Gul Clinic | |
| • | deepti.test2 | deepti.test2 | |
| • | Defect Test Clinic | Defect Test Clinic | |

To show only licensed practices, click on the 'Hide Unlicensed Practices' button. This will hide all practices with a red dot (not licensed) and will change the label of the button to 'Show Unlicensed Practices'. To show all practices, click the button again.



Unlicensed practices will display the legacy user name and password for data upload from CAT4. CAT4 will, once updated, use the new interface for PAT CAT data upload. This old functionality is only maintained for compatibility reasons and will be phased out. We strongly encourage all CAT Plus users to update their software as soon as possible.

| Edit Practice | |
|--|---|
| Practice Name | Legacy Practice 18 |
| Practice ID * | Legacy Practice 18 |
| Email | |
| Email Notification | |
| Submitting Data | |
| Allow Practice Login | |
| Sharing Data | Yes |
| Merged | No |
| The username a extracts to PAT | obsolete and has been locked and password below is for outdated CAT4's that uses a username and password to send ICAT. Il automatically be removed once CAT4 has been updated to the correct version |
| Username | LegacyPractice18 |
| Password | LegacyPractice18 |
| i | |
| | ✓ Save |

4.1.4 Sync Practices

The 'Sync Practices' button allows a manual synchronisation with the licensing portal. Any time a change in your licensing portal has been applied, you need to synchronize the practice list with PAT CAT to see the changes.

4.2 Practice Groupings

Practices can be grouped to enable comparisons between similar practices or to provide geographical or otherwise relevant groupings. For example participation in particular projects can be used as grouping criteria. All practices that are part of an ongoing quality improvement program could be added to a group and can thus be easily compared to the overall data or to other grouped practices not participating in the program. After configuring at least two practices you can add groups by clicking on the Practice Groupings tab in the Practices screen.



Figure 8: Practice Groupings Setup

After giving the group a name and ID you will have to select a colour - this helps to identify different groups in the reports. Click on OK to save your group. The next step is to add practices to the new group; all practices will be displayed in the list and you can choose practices by clicking the box next to their name/ID.

| Practice List | Practice Groupings | Practice To Practice Visibility | |
|---------------|--------------------|---------------------------------|-------------|
| Practice Gr | oupings | | C Add Group |
| Test Grou | p (TGR) | Add Practice To Group | |
| | Practice | Group: Test Group (TGR) | |
| | | ☑ GTCMC | |
| | | | |
| | | L. W. GP | |
| | | | |
| | | | |
| | | | |
| | | ✓ Add OCancel | |
| | | | - |

Figure 9: Adding Practices to a Group

This will create your new group with the colour selected:



Figure 10: Practice Group

III PAT CAT

To leave this screen and return to the standard PAT CAT interface click on

Looking at any numerical report (accessed via the 'View Report' button) in PAT CAT now shows a different view as the grouped practices are displayed in the colour chosen and with their own aggregated results. Each individual clinic is still shown to allow individual reporting within the group and in the overall reporting. In the example below the 'Smoking' report is displayed.

| ▲ Show / Hide Columns | | | | | | | | | | | | | | |
|---|------------------------|---------|--------|------------|--------|---------|-------|---------|--------|---------|-------|---------|--------|---------|
| No filters applied for June 2015 aud Measure | it month. Gen PENCS | | | Adjusted % | TGR | TGR % | GTCMC | GTCMC % | VGP | VGP % | GTCMC | GTCMC % | VGP | VGP % |
| Total Population | 25,431 | | 25,431 | | 20,928 | | 5,734 | | 15,194 | | 5,734 | | 15,194 | |
| Daily Smoker | 1,551 | 6.10 % | | 6.10% | 1,282 | 6.13% | | 6.33 % | | 6.05 % | | 6.33 % | 919 | 6.05 % |
| Irregular Smoker | 357 | 1.40 % | 357 | 1.40 % | 284 | 1.36 % | 81 | 1.41 % | 203 | 1.34 % | 81 | 1.41 % | 203 | 1.34% |
| Ex Smoker | 2,296 | 9.03 % | 2,296 | 9.03 % | 1,907 | 9.11% | 528 | 9.21 % | 1,379 | 9.08 % | 528 | 9.21 % | 1,379 | 9.08% |
| Never Smoked | 7,414 | 29.15% | 7,414 | 29.15% | 6,088 | 29.09 % | 1,678 | 29.26 % | 4,410 | 29.02 % | 1,678 | 29.26 % | 4,410 | 29.02 % |
| Nothing Recorded | 11,984 | 47.12 % | 11,984 | 47.12 % | 9,835 | 46.99 % | 2,634 | 45.94 % | 7,201 | 47.39 % | 2,634 | 45.94 % | 7,201 | 47.39 % |
| Age<10 and Nothing Recorded | 1,829 | 7.19 % | 1,829 | 7.19% | 1,532 | 7.32 % | 450 | 7.85 % | 1,082 | 7.12 % | 450 | 7.85% | 1,082 | 7.12% |

Figure 11: Practice Group Smoking Report Example

Practice groupings are visible to the organisation users as well as to practice users – so the groupings can be used to benchmark similar practices.

4.3 Practice to Practice Visibility

PAT CAT offers the ability to allow practices to share their data with other practices who are using the same PAT CAT instance. This functionality is OPT IN, and by default, practices cannot see other practices data (asides from the aggregate totals). If a practice would like to share their data, the practice will need to log into PAT CAT then clicking on Support, then Settings:

| | | | | | | | Settings | |
|----------------|---------------|------------------|------------|--------------------|-------------------------------|------------------------------------|-------------------|-----------|
| <u>ala</u> | 666 | | Ê | | | | ♥ Settings | |
| 0_0 | | | 000 | - 4 | AT Reports Cleansing PAT | | | |
| pload | Show Extracts | Show Filters | Reports | Population PAT C | Cleansing PA | | Support Resources | Recalcula |
| | | | | | | | Contact Helpdesk | |
| | | | | | | | | |
| emographics | Ethnicity | Allergies Smokir | ng Alcohol | Measures Pathology | Disease Medication Prevalence | e Diabetes SIP CKD | | |
| usculoskeletal | I CV Event Ri | sk Immunisations | MBS Items | Visits After Hours | Pap Smear Summary Report Pra | ctice Data Quality Benchmark Repor | | |



The tick box on the screen below will allow the Organisation to share the data from this practice with other

practices who have uploaded their data to the same instance of PAT CAT. This permission can be revoked at any time by going back the screen below and un-ticking the box and saving again.

| 🏘 Pat C | |
|--------------------|--|
| | |
| Data Sharing | |
| Allow PENCS to | o share my data with practices under the same catchment. |
| | 🖺 Save |
| © Pen CS Pty Ltd : | 2015. All rights reserved. |
| | |

Figure 13: Allow Data Sharing

Now that the SMC clinic has allow data sharing the Organisation users can set up who of the other clinics can see the SMC data. This is done under the Practices screen on the Practice to Practice Visibility tab:

| A PATCAT IN PHN | 🔛 PAT CAT | PRACTICES | LOG OUT |
|--|-----------|-----------|---------|
| Practice List Practice Groupings Practice To Practice Visibility | | | |
| Practice To Practice Visibility | | | |
| GTCMC PCSMC VGP CAdd Practice CAdd Practice | | | |

Figure 14: Adding Practice Data Visibility

As SMC clinic has allowed data sharing, we can now allow the other two clinics to see the SMC data – clicking on the 'Add Practice' button will show all available practices that have agreed to share their data. Then tick the box of the practice you want to allow to be seen by the other practice and click on 'Add' when done.

| Allow Practice To View Another Practice |
|---|
| Viewer: GTCMC |
| ₩C |
| ✓ Add • Cancel |

Figure 15: Select Practices for Data Sharing

After adding a practice to another one you can see from the 'Practice to Practice Visibility' tab which practice data is visible to the other practices and you can remove them by clicking on the **x**.

| 🦚 PATCA | | V | III PA | IT CAT 📥 PRAG | CTICES 😗 SUPPORT | LOG OUT |
|---------------|--------------------|----------------------|----------------|---------------|------------------|---------|
| Practice List | Practice Groupings | Practice To Practice | /isibility | | | |
| Practice To P | ractice Visibili | У | | | | |
| SMC Add P | | SMC BG | P Add Practice | | | |

Figure 16: Practice Visibility

The status of data sharing can also be seen from the 'Practice List' tab – a click on the practice name will show you if they have agreed to share their data.

| Edit Existing Practice | |
|------------------------|----------------------------|
| Practice Name * | Sunshine MC |
| Practice ID * | SMC |
| Email | |
| Login | SMC |
| Password | SMC_password |
| Email Notification | |
| Sharing Data | Yes |
| | |
| | 🗙 Delete 🛛 🗸 Ok 🔵 🗅 Cancel |

Figure 17: Data Sharing Setting

Once the practice has agreed to data sharing and the organisation using PAT CAT has set up which practices can see each other, the practice users will see each other's data in all numerical reports (accessed through the 'View Report' button) when logged on. In the screenshot below GTCMC has logged on and can see the data from SMC in their report.

Please note that the groups set up previously are also visible to practices if they are a member of the group. This can be useful to compare against a group of similar clinics even when they haven't shared their data as only the aggregated data for the group will be visible.

| ▲ Show / Hide Columns | | | | | | | | | | | | |
|--------------------------------------|----------------|-----------|-----------|------------|--------|---------|-------|---------|-------|---------|-------|---------|
| No filters applied for June 2015 aud | lit month. Gen | erated on | 8/07/2015 | 2:37 PM | | | | | | | | |
| Measure | PENCS | PENCS % | Adjusted | Adjusted % | TGR | TGR % | GTCMC | GTCMC % | GTCMC | GTCMC % | SMC | SMC % |
| Total Population | 25,431 | | 25,431 | | 20,928 | | 5,734 | | 5,734 | | 4,503 | |
| Daily Smoker | 1,551 | 6.10 % | 1,551 | 6.10 % | 1,282 | 6.13 % | 363 | 6.33 % | 363 | 6.33 % | 269 | 5.97 % |
| Irregular Smoker | 357 | 1.40 % | 357 | 1.40 % | 284 | 1.36 % | 81 | 1.41 % | 81 | 1.41 % | 73 | 1.62 % |
| Ex Smoker | 2,296 | 9.03 % | 2,296 | 9.03 % | 1,907 | 9.11 % | 528 | 9.21 % | 528 | 9.21% | 389 | 8.64 % |
| Never Smoked | 7,414 | 29.15 % | 7,414 | 29.15 % | 6,088 | 29.09 % | 1,678 | 29.26 % | 1,678 | 29.26 % | 1,326 | 29.45 % |
| Nothing Recorded | 11,984 | 47.12 % | 11,984 | 47.12 % | 9,835 | 46.99 % | 2,634 | 45.94 % | 2,634 | 45.94 % | 2,149 | 47.72 % |
| Age<10 and Nothing Recorded | 1,829 | 7.19 % | 1,829 | 7.19 % | 1,532 | 7.32 % | 450 | 7.85 % | 450 | 7.85 % | 297 | 6.60 % |

Figure 18: Shared Practice Data Smoking Report

4.4 Additional Configurations PAT CAT

There are a number of additional configuration options available in PAT CAT v3.3 and higher that have been moved to the 'Settings' page in PAT CAT.

- Email Reminders(see page 36)
- User Interface Customisation(see page 37)
- Schedule Updates(see page 38)

• Data Management(see page 39)

4.4.1 Email Reminders

You can configure PAT CAT to send automatic reminder messages to registered practices – this should ensure data is uploaded at the agreed intervals. To configure this you will need to enter your email server details – click on 'Support' to access the settings.

NOTE: The reminder emails are only sent if the practice has not already submitted the data for the period specified in the setup.

The Automated Email Reminder screen is displayed. Some of the information required might need IT support to assist as PAT CAT will need the mail server details to enable the sending of emails.

| Automated Email Reminder | User Interface Customisation | Schedule Upgrades | Schedule Report Recalculate |
|---|------------------------------|-------------------|-----------------------------|
| SMTP Configuration | | | |
| Email * | | | |
| Host* | | | |
| Port * | 25 | | |
| Enable SSL | | | |
| Username * | | | |
| Password * | | | |
| Repeat Password * | | | |
| Message Template | | | |
| Subject * | | | |
| Body * | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Message Send Frequency | | | |
| Enable Automated Practice Email Reminders | | | |
| Send email reminders on day 10 of the current month, every Month v | | | |
| ! Important: If the given day is not found for the current month (e.g. send email reminders on day 31 and the current month is February), the given day will be treated as the last day of the current month. | | | |
| | | | 🖺 Save |

Once all details including the text of the email has been set up you will have to decide on the schedule for the email to be sent, enable the reminders by ticking the **Enable Automated Practice Email Reminders** box and save the settings. This is a one off process and all practices who agree to receive reminder emails (and have it configured in the settings as shown above) will receive these emails monthly.

4.4.2 User Interface Customisation

In the User Interface Customisation tab you can configure details on how PAT CAT displays some data items and set preferred times for data import, gtagging (if relevant) and virtual patient calculation.

- The adjusted column is enabled by default, for more details on what this column shows please check here: Adjusted Column Details(see page 101)
- The option to hide a practice filter when used can be used if reports are shared by practice names should not be shown on the shared reports.
- Schedules for import and gtagging are set to default times outside normal working times to improve PAT CAT performance. If you want uploaded data to be immediately imported, these settings need to be adjusted to allow data import/gtagging during working hours. We recommend to set both schedules for the same time, as this won't have a performance impact on your server. With the latest update to 3.3.26 PAT CAT will import and geotag data without immediately recalculating the virtual patients this will make the import a lot faster. We also recommend to schedule the Virtual Patient Calculation later in the day, so for example in the screenshot below we have the import running in the early morning and the virtual patient calculation in the early evening.
- Daily Schedule for Virtual Patient Calculation this is a very demanding calculation and in the previous versions was performed after each individual extract which caused long import times and large server load. With this new scheduling option PAT CAT can import extracts quickly and will then bulk process all imported extracts as per schedule. This should speed up the processing time for data imports a lot.

PEN CS recommends to leave the default times as scheduled on installation. If you are unclear about the best times for the schedules below please contact our support team!

| Automated Email Reminder | User Interface Customisation | Schedule Upgrades | Schedule Report Recalculate |
|--|---|----------------------------|-----------------------------|
| Adjusted Column | | | |
| Display Enabled Hide when practice filter is us | sed | | |
| 🖺 Save | | | |
| Daily Scheduled for Imp | port Service | | |
| Start Time 12:15am ▼ | End Time 8:00am 🔻 | | |
| 🖺 Save | | | |
| Daily Scheduled for Gta | agging Event Service | | |
| Start Time 12:15am ▼ ■ Save | End Time 8:00am 🔻 | | |
| Daily Scheduled for Vin | tual Patient Calculation | | |
| Affected audit/e) | ons are done on affected audit/extra dract month is determined during im ocesse a given audit/extract month c | port and/or include/exclud | |
| Start Time 5:30pm 🔻 | End Time 11:45pm 🔻 | | |
| 🖺 Save | Show Progress / Log | | |

4.4.3 Schedule Updates

This tab will show you if there are any updates to PAT CAT available and allow you to schedule the updates to a time/date suitable to your organisation.

Once an update is available, you can schedule it here for a time to your liking. The scheduled time/date for the update will be displayed in the heading.

| 🏘 PATCAT 🛛 🖬 PHN | Update sche | duled for May 12, 2017 a | at 02:43 PM |
|--|-----------------------|--------------------------|-----------------------------|
| Automated Email Reminder User Interfa | ace Customisation | Schedule Upgrades | Schedule Report Recalculate |
| Current Version 3.3.0.8 | | | |
| Version 1.0.13.490 is now available. Please sc | hedule a date and tir | ne for the update. | |
| Upgrade scheduled for 12/05/2017 at | t 2:43 PM | | |
| Date 1 <mark>2/05/2</mark> 017 31 Time | 2:43 PM | | |
| Schedule Upgrade | 🖉 Can | cel Upgrade | |

4.4.4 Data Management

The data management tab allows you to view disk space, recalculate reports, customise your visible reports/tabs and to remove duplicate extracts that have been uploaded. To access these tabs you need to go the the Support tab and then click on 'Settings' in the menu:

- Disk Management(see page 40)
- Report Recalculate(see page 41)
- Report Work Space(see page 42)
- Duplicate Extracts(see page 43)

4.4.4.1 Disk Management

The disk management tab shows information about the size of the database on disk and allows the hosting service to keep an eye on space requirements.

| Automated Email Remin | nder User Interface | Customisation | Schedule Upgrades | Data Management |
|-----------------------|------------------------|------------------|---------------------|---------------------------|
| Disk Management | Report Recalculate | Report Work Spa | ace Duplicate Extra | cts |
| Database Inform | ation | | | |
| Database Name Data | abase Size (incl. Logs |) Available Spac | e Available Space % | |
| PATCAT.Training | 27,927.00 MB | 3,193.31 MB | 11.43 % | |
| | | | Datab | base Info |
| | | | Used Space | Available Space |
| | | | | |
| | | | | |
| | | | | |
| | | | (| |
| 88.57 % (Used | I Space) | | 1 | |
| | | | | 11.43 % (Available Space) |
| | | | | |
| | | | | |
| | | | | |
| Disk Information | | | | |
| Disk information | | | | |
| | 6 GB Free Space % | 6 | | |
| D:\ | |] | | |
| 76 GB free of 500 | | | | |

4.4.4.2 Report Recalculate

After changes to PAT CAT it is sometimes required to recalculate your reports. This tab allows you to schedule the recalculation to a time suitable for your organisation and to select the reporting months you like to be recalculated. Recalculation takes time and the more data items and reporting months are selected, the longer the recalculation will take.

This particular important after new reports or new indicators for existing reports have been released, as it is your choice how far back you need the new data items. The recalculation can take a long time depending on your data, so don't schedule too much at once. You will be able to use PAT CAT but there will a noticeable impact on performance while reports are being recalculated. We recommend to do this over night or over a weekend!

Here is a short video showing the process:

PAT CAT Recalculation³

Please check with PEN CS support to get an estimate of how long this might take before scheduling!

| Automated Email Re | minder User | Interface Custom | isation Sch | iedule Upgrades | Data Mana | gement | | | | | | | |
|--|----------------------|--------------------|-----------------|-------------------|------------------|---------------|--------------|--------------|------------|------------|---------------|--------------|---------------|
| Report Recalculate | Report Work \$ | Space Duplic | ate Extracts | | | | | | | | | | |
| Recalculation C | Options | | | | | | | | | | | | |
| Date 20/12/2017 | 31 | Time 12:00 AM | | | | | | | | | | | |
| • Important: Recalcul The recalculate canno | | | g running proce | ss. Please schedu | le the recalcula | ate outside y | your busines | s or operati | ng hours. | | | | |
| Please select which re | eports you wish to p | perform a recalcul | ate. | | | | | | | | | | |
| Reports | December 2017 | November 2017 | October 2017 | September 2017 | August 2017 | July 2017 | June 2017 | May 2017 | April 2017 | March 2017 | February 2017 | January 2017 | December 2016 |
| ACR | | | | | | | | | | | | | |
| After Hours | | | | | | | | | | | | | |
| Alcohol | | | | | | | | | | | | | |
| Allergies | | | | | | | | | | | | | |
| BMI - Average | | | | | | | | | | | | | |
| BMI - Count | | | | | | | | | | | | | |
| BMI - Incomplete | | | | | | | | | | | | | |
| BP | | | | | | | | | | | | | |
| Child NKPI Essential Immunisations | | | | | | | | | | | | | |
| Child Schedule | | | | | | | | | | | | | |
| Chlamydia | | | | | | | | | | | | | |
| Cholesterol | | | | | | | | | | | | | |
| CKD At Risk | | | | | | | | | | | | | |
| CKD Management | | | | | | | | | | | | | |
| Co-morbidities | | | | | | | | | | | | | |

4.4.4.3 Report Work Space

• This functionality will be available with PAT CAT 3.4 and higher!

This feature enables you to determine which graphs are enabled in PATCAT. By ticking the report, you are telling PATCAT to only show and process report data for the selected reports.

If a report has no data, please use feature "Report Recalculate" to regenerate the report data. Unchecked reports will be unavailable in the the following areas / features:

- Reporting area (section below the filter)
- Export Patient
- Custom Timeline
- Report Recalculate

³ https://vimeo.com/245858565

Excluding reports doesn't take very long as it simple saves the new configuration to apply the changes. If you have excluded a specific report and new data is uploaded, the excluded report will be empty. To populate the report you will have to first include it again and then recalculate using the Report Recalculate(see page 41) function.

The settings on this screen can have a major impact on the data available in your PAT CAT, so please ensure it is used responsibly!

| Automated Email Reminder Us | er Interface Customisation Sched | ule Upgrades Data Management | | | |
|---|---|--|--|--------------------------------|--|
| Report Recalculate Report Wor | rk Space Duplicate Extracts | I | | | |
| By ticking the report, you are tel If a report has no data, please | ermine which graphs are enabled in PA ling PATCAT to only show and process r use feature "Report Recalculate" to rege vallable in the the following areas / featu below the filter) | eport data for the selected reports enerate the report data | | | |
| | ACR | After Hours - Patient Count by MBS Item Number | Alcohol | Allergies | |
| BMI Average By Age Range | | ₩ BP | Child (Ages 1,2,5) nKPI Essential Immunisations at Last Birthday | Child Immunisation Status | |
| 🗹 Chlamydia | Cholesterol | CKD At Risk | CKD Management | Co-morbidities | |
| Creatinine Serum Status | Creatinine Serum Status | | Diabetes Indicator | Diabetes SIP Items Recorded | |
| Disease Prevalence | ☑ DTP | ✓ eGFR | Ethnicity | Event Summary Age | |
| Event Summary Uploads | FBG | FOBT Last Recorded | FOBT Orders and Results | FOBT Summary Report Card | |
| 🗹 Gonorrhoea | HbA1c | HDL | Health Care Homes | ИерВ | |
| HepC | HIV HIV | HPV | Incomplete Data Values for Calculating BMI | ✓ Indicated Diagnoses | |
| 🗹 Influenza | ☑ INR | Last Visit Date | | Mammogram | |
| MBS Items Count | MBS Items Not Recorded | Medication Prevalence | Medications Per Patient | Microalbumin | |
| Missing Clinical/Accreditation Items | | | My Health Record Status | National KPI | |
| Ø OSR | OSR Standard Report | Pap Smear Done Date | Pap Smear Recorded | Pap Smear Summary Report | |
| Pertussis Physical Activity | | Pneumococcal | Practice Data Quality Report | QAIHC | |
| RBG | Shared Health Summary Age | Shared Health Summary Uploads | Smoking | Smoking Cessation | |
| Spirometry | Syphilis | Total Chol/HDL Ratio | ✓ Trichomoniasis | Triglycerides | |
| ☑ vzv | Waist Measurement - CVD Risk | Waist Measurement - Diabetes Risk | | | |
| Select All | Clear Select | ions 🛛 🕒 Save | 🖺 Show Log | | |

4.4.4.4 Duplicate Extracts

It is possible that practices upload multiple extracts in a month. By default PAT CAT uses only the most recent extracts, but the duplicate (or more) uploads take up space on your server as they are imported into your database. This tab allows a clean-up of the extracts and will show you a colour coded list of practices and their uploads for each audit month. As shown in the graph below ther are 6 practices that have uploaded this month, and one of the six has uploaded twice. This is indicated by the red highlight and the number of the extracts in brackets before the practice name. You can tick the extract to remove and the click on 'Request to Exclude Extract' or 'Request to Exclude and Delete Extract'. Excluding extracts is the same as excluding an extract from the 'Import' window.

The second option will not just exclude the data but also delete it. This process is not instant and depending on the size of your database, the size of the extract and general performance will take some time. In no case is the raw data uploaded from the practice deleted.

Excluding/deleting an extract will require a recalculation of the virtual patient for the adjusted column. This will run as configured in the User Interface Customisation(see page 37) schedule, by default over night. Depending on how many extracts you exclude/delete the recalculation can take several days.

Before excluding/deleting duplicate extracts consider which one you want to keep. For example your practices might upload on the first day of the month, but a practice might have uploaded on the 15th of the month. You need to decide which extract to remove - the date and time of the extract is part of the extract name, in the format -YYYMMDDHHMM- as shown below.

| Automated Email Reminder User Interface Customisation Schedule Upgrades Data Management |
|---|
| Report Recalculate Report Work Space Duplicate Extracts |
| Important: • This feature enables you to remove duplicate or any extracts you want for a given month • Green highlight = no duplicate extracts • Red highlight= has duplicate extracts • There is also an extract count indicator prefixed in the practice "[Number of Extracts]" Audit Month December 2017 |
| December 2017 December |
| Request To Exclude Extract(s) |

5 THE PAT CAT USER INTERFACE

The user interface is divided into 3 sections

- Data Extracts collected for analysis (Left Hand Panel)
- Data Filters (Top Right Panel)
- Data **Reports** (Bottom Right Panel)

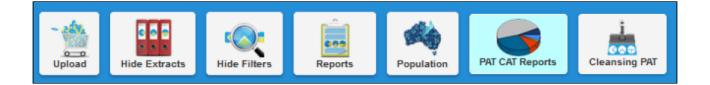
| 🏘 patcat 🛽 | PHN |) | | | Depart Ca | AT 🎍 PRACTICES 🎽 CUSTOM DATA 🕜 SUPPORT LOG OUT |
|-------------------------------|--------------|-------------------|--|--|---|--|
| Import | ts Hide F | | Population | Prompts PAT CAT Reports | Cleansing PAT | Clear Filters |
| EXTRACTS BY MONTH | | General Practices | Ethnicity Conditions | Medications Results S | aved Filters | |
| January 2017 December 2016 | 57 • 43 • | Gender Male | DVA DVA | Age Start Age | Last Visit () Any ONone | Activity |
| November 2016 | 43 😐 | Female Other | Non DVA | End Age Yrs O Mths | | Not Active |
| October 2016 July 2016 | 54 • 57 • | | | No Age | Date Range | |
| May 2016 | 57 🐠 | | Filters | | | ar General |
| April 2016 | 57 🖷 | | | | | |
| October 2015 | 56 🗢 | | | | | |
| Extracts | | Demographics | city Allergies Smo nisations MBS items iew Report MI View 1 | Visits After Hours Practic | Pathology Disease Screening Co-morbidities e Data Quality Benchmark Report Diabetes Indicators S | Medication Diabetes SP CKD Musculoskeletal tandard Reports Digital Health |
| | | | Reports | No filters applied | Demographics for January 2017 audit month. Generated on 4 January 2017 11:26 J | AM |
| | | | | | Female Male | |
| | | | 100+ 95-99 90-34 85-89 75-79 75-74 65-64 65-64 55-99 50-64 45-49 40-44 35-39 | 78 63 53 53 53 55 55 55 55 55 55 55 55 55 55 | | 50 60 71 72 64 91 64 |

When a month is listed under **EXTRACTS BY MONTH** in the **Extracts** panel, it means that extracts have been loaded during that month from at least one practice registered within the system. Where the listed month is followed by a green dot, it means that all registered practices have an extract loaded for the month; a red dot means that only some of the registered practices have an extract loaded for the month.

The red number next to a red dot indicates the number of practices that have uploaded in that month.

NOTE: Individual practice extracts are not listed in the extracts pane, however data from a single practice may be analysed by selecting a month in the Extract pane and filtering by a specific practice. See the section on filtering for details: Practices Filtering(see page 87)

Click the **View/Hide Extracts** and the **View/Hide Filters** buttons to toggle between displaying and hiding the associated panels in user interface.



It is often handy to hide the data collection (Extracts) and data filter (Filters) areas of the screen in order to make best use of your screen space to view the data results (Reports). You can toggle between the View/Hide modes at any time.

6 SENDING DATA TO PAT CAT - SETUP

- De-identify Data in CAT(see page 47)
- Compressing the de-identified extract file.(see page 50)
- Sending data(see page 53)
- Send data history(see page 55)

With the release of CAT4 V4.15 the need to configure this functionality has been removed and a clinic will be able to do a manual upload by simply right-clicking on a de-identified extract and select the PAT CAT server they want to upload to. For most clinics only one PAT CAT server will be available, but some clinics are uploading to multiple PAT CAT servers - all will be listed.

6.1 De-identify Data in CAT

Geocoding and De-identified Data(see page 47)

De-identify your Data(see page 48)

6.1.1 Geocoding and De-identified Data

Geocoding

The geo-coding process is achieved by the following steps:

- 1. CAT separating the patients address from de-identified demographic and clinical information to ensure they are never held anywhere together outside the practice.
- 2. CAT tagging the de-identified data with a unique and encrypted code so on arrival in PAT CAT it can be matched to a geographical location. This code has no meaning outside the PAT CAT system.
- 3. CAT sending the address securely to an Australian based mapping service which returns the geospatial location information for each address for usage by PAT CAT.
- 4. These codes are used to create a map in PAT CAT utilising the geospatial location information matched with the de-identified data to create a map displaying the number of patients with a specific profile and how they are distributed. This provides the ability to correlate patient problems with location and look for patterns.
- 5. PAT CAT will not display patients in an area where the number drops below 5.

To ensure patient privacy, all mapping of patient data in PAT CAT is of aggregated data, individual patients are never shown. In fact it requires at least five patients to be present within a map segment (SA2) for any information to be shown.

Data De-identification

The data de-identification and geocoding process occurs through the De-identify Dataset / Add GTAGs functionality included in CAT4.

When an extract is run through the De-identify Dataset / Add GTAGs functionality;

- all patients who have withdrawn consent for their data to be used in clinical research are removed;
- the extract is de-identified by removing all identifiable information such as name, address and date of birth. The only personal information which remains in a de-identified extract is gender, ethnicity and the age of a patient in years.

de-identified data refers to patient clinical data (e.g. diagnosis, measurements, pathology etc) that does not contain information that can be used to reverse identify the patient. De-identified data is permissible for use where is is not practicable to obtain informed consent for use of data. PEN CS has provided tools within CAT4 that can be run by the practice to create a de-identified patient data set. These tools are collectively known as FAT CAT, the Filtering and Anonymisation Tool for CAT. They are incorporated into CAT4.

FAT CAT ensures that the de-identified data extract produced by Classic CAT strictly adheres to the National Privacy Principles.

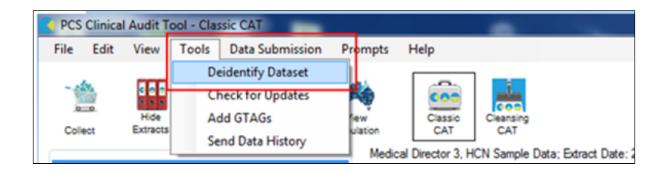
- The Filtering process removes any patients who have withdrawn their consent to share data from the de-identified dataset. These patients can be flagged within CAT (Refer CAT Patient Consent Withdrawn Quick Reference Guide⁴).
- The Anonymisation process de-identifies the data. All patient information that is identifiable or partially identifiable is removed from the de-identified extract (e.g. name, address, postcode, date of birth, Medicare number etc).

Classic CAT de-identified data files that have been through the FAT CAT process are tagged as "certified". PAT CAT recognises FAT CAT "certified" data files and these are the only data files that PAT CAT will import and display and rejects the files that were not FAT CAT "certified".

6.1.2 De-identify your Data

To start the de-identification open CAT4 and select an extract that you would like to send to PAT CAT. Please ensure that you select an Extract which does NOT already have the text "DEIDENTIFIED" in the extract name. If your PHN has advised to use the 'Add GTAGs' option please do so – this varies for different organisations. After loading the extract you want to send, open the "Tools" menu and select "Deidentify Dataset"

⁴ https://help.pencs.com.au/display/CG/Patient+Consent+Withdrawn+Settings



Press the "OK" button on the Deidentify Extract window that will pop up to confirm you wish to de-identify the extract, then press 'OK' on the next window.

| Deidentify Extract | |
|---|--|
| | entify this extract. This will create a new e, which may take a few minutes. ue? |
| | OK Cancel |
| | |
| De-identify Extract | x. |
| This extract has been succer viewed in the extracts pane | ssfully de-identified. The new extract can be (click View Extracts). |
| | ОК |

Notice that in the extracts panel, a new extract is listed with the text "DEIDENTIFIED" in the name. This is the file that is to be imported into PAT CAT. If you have used the GTAG function the file will have "DEIDENTIFIED_GTAGGED" in the name.

| File | Edit | View | Tools | Data S | ubmission | Prompt |
|-------|--------|----------|--------|--------|------------|------------|
| a | | Hide | • | | enn | Kew Vew |
| Colle | tot | Extracts | View F | ilter | Report | Population |
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6.2 Compressing the de-identified extract file.

OPTIONAL - If the de-identified extract includes a large number of patients (e.g. more than 4000 patients) or the practice has a slow internet connection, it is advised that you compress the extract into a ".zip" file before undertaking the import process. This will create a new file which is significantly smaller in file size making it faster to upload. If you do not want to do this, skip to Section 6.3. When using the 'Send to PAT CAT' functionality, the extract will be compressed before being uploaded.

1. Open the directory where the extracts are stored (eg C:\ClinicalAudit) using My Computer or Explorer.

| | | | | | | | | | | | x | F |
|--|---------------------------|---------|--|-----------------------|-------------------------|------------------------|-----------|--|-------------|--|-----|-------------------|
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| | | | | | | | | | | | | |

Figure 50: Data XML file

Find the de-identified extract file in the directory. Sorting the files by date modified may help you to find the file if there are a lot of extracts. When you have found the file, RIGHT CLICK and select Send to -> Compressed (zipped) folder.

NOTE: The file name MUST have the text "-data" near the end of the name. e.g. "MedicalMicrodata-DEIDENTIFIED_PRACTICEID123-201405211629-28-v1_16-data.xml".

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Figure 51: Compress File

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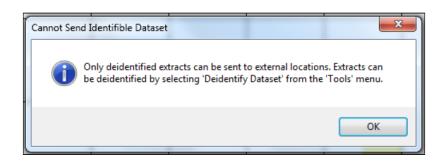
Figure 52: Identify Compressed Data File

6.3 Sending data

Once a dataset from the 'Extracts' panel is loaded and a send to location has been configured as described in the previous chapter the right-click function is available. This will display the list of send to locations that have been configured for the practice to choose from.

NOTE: Only de-identified data can be sent.

If a non-de-identified dataset is selected, the following error message is displayed.



- Load the de-identified data set you wish to send
- Right-click on the extract listed in the extracts panel
- Select 'Send To'

- The list of configured locations will be available
- Select the location
- A confirmation dialogue box will appear
- Click OK
- A progress bar will display while the send is in progress
- Once completed a status message will be provided
- A history record will be written under menu option: Tools > Send Data History

The data will be uploaded and imported into PAT CAT automatically, but might not immediately appear in PAT CAT due to other data being imported first. All uploaded extracts are queued and will be processed in the order of their upload time.

| Collect | Hide Extrac | _ | o t | Report | | /iew Jiew | ion | Dashbo | | CAT4 |) | Cleansing CAT |
|--------------|----------------|-----------|------------|------------|-----|--------------|-------|-----------------------|-------|-----------|------|------------------|
| 07/01/16 7:5 | 7 AM | 7712 | DEI | DENTIFIED. | _DE | | | lical Dire mograph | | | | ata; Extrac |
| 13/10/15 9:2 | | Delete E> | tract | | _DE | | De | | _ | Ethnicity | | ata Quality |
| 12/02/15 9:5 | | Delete Su | ummary | File | DE | | | Select A | AII [| Show T | otal | l Counts |
| 03/07/14 2:3 | | Send To | | • | | pat | :cat3 | | | | | |
| 17/12/13 9:1 | 6 AM | 9909 | DEI | DENTIFIED | | pat | :cat2 | | | | | |
| | | | | | | pat | cat | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| CAT Data Extract Send To | | | × |
|--------------------------------------|--------------------|-----------------|-------------|
| You are about to send data continue? | to Test Medicare L | ocal PATCAT. Do | you wish to |
| | | ОК | Cancel |

| Please wa | it, sending data | |
|-----------|------------------|--|
| | | |
| | | |

| CAT Data Extra Send To | × |
|--------------------------|-----------------------|
| The data extract has bee | en sent successfully. |
| | ОК |

6.4 Send data history

Any activity using the 'send to' function will be logged and the log is accessible under Tools/Send Data History. The history is presented in a new window and will show successful as well as unsuccessful attempts. This can be used for trouble shooting and provides a record for the clinic. The history shows which data file was sent, when, where and by who.

| 🔇 Send Data Extracts H | listory | | | | Territor. | | | - 0 X |
|------------------------|---------------|-------------------------|-----------|------------------------|-----------|--------|---|--------------|
| Date | File Sent | Location Sent To | Result | Date Sent | Sent By | Туре | Message | |
| 26/11/2013 04:05 PM | XML Data File | | | 03/12/2013 02:26 PM | Matthias | | Data extract successfully sent. | |
| 09/10/2014 12:20 PM | XML Data File | Test Medicare Local ftp | Failed | 10/10/2014 12:32 PM | Matthias | Manual | Error:Unable to connect to the remote server | |
| 05/02/2015 01:51 PM | XML Data File | patcat | Success | 11/02/2015 03:00 PM | Matthias | Manual | Data extract successfully sent. | |
| 08/12/2015 12:53 PM | XML Data File | patcat | Failed | 09/12/2015 03:01 PM | Matthias | Manual | Error:Exception in SendData(PATCAT): Invalid username an | |
| 08/12/2015 12:53 PM | XML Data File | patcat | Success | 09/12/2015 03:04 PM | Matthias | Manual | Data extract successfully sent. | |
| 09/12/2015 03:05 PM | XML Data File | patcat | Success | 09/12/2015 03:06 PM | Matthias | Manual | Data extract successfully sent. | |
| 09/12/2015 04:15 PM | XML Data File | patcat | Failed | 09/12/2015 04:17 PM | Matthias | Manual | Error:Exception in SendData(PATCAT): There was no endp | |
| 09/12/2015 04:15 PM | XML Data File | patcat | Success | 09/12/2015 04:18 PM | Matthias | Manual | Data extract successfully sent. | |
| 17/12/2012 00:10:444 | VAU D-I- EI- | | E - 3 - 4 | 11 112 12015 11 44 444 | Mand Sec. | ki and | Encoder State in Construction (Construction of Construction | |

Figure 13: Send Data History

PAT CAT provides a similar function, displaying the uploaded data extracts with date time of the upload. This enables you to check if your data has been successfully uploaded from Classic CAT. To access the information log on to PAT CAT and click on the "Upload" button, then on the "Extract History". The Request Queue shows ongoing data imports and the Request History displays all uploads from this practice.

| New Extracts | Extract History | Request Queue | Request Histo | гу | | | |
|---|--------------------|-------------------|---------------|----------------|---------------------------|----------------|-----------------------|
| ↓F Filename | | | | ↓ Extract Date | ↓. Import Date | ↓ Fimported By | ↓ . Status |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_WIN | V8VM-201512091615 | i-62-v1_18- | 09/12/2015 | 18/12/2015 2:24:57 PM | Admin | Excluded |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_DEA | AO-201511130927-8 | 107-v1_18- | 13/10/2015 | 22/12/2015 10:03:36 AM | PN1 | Excluded |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_DEA | AO-201508120957-7 | 712-v1_17- | 12/02/2015 | 22/12/2015 10:11:35 AM | PN1 | Excluded |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_DEA | AO-201508120957-7 | 712-v1_17- | 12/08/2015 | 22/12/2015 10:23:10 AM | PN1 | Excluded |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_DEA | AO-201511130927-8 | 107-v1_18- | 13/11/2015 | 22/12/2015 10:31:51 AM | PN1 | Excluded |
| MedicalMicrodata-DEIDENTIFIED_WIN7VM-201601070837-62-v1_18- data.xml | | | | 07/01/2016 | 7/01/2016 7:48:08 PM | PN1 | Included |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_WIM | I7VM-201601081305 | i-62-v1_18- | 08/01/2016 | 9/01/2016 12:06:43 AM | PN1 | Included |
| MedicalMicrodat data.xml | a-DEIDENTIFIED_WIM | I7VM-201601081306 | -62-v1_18- | 08/01/2016 | 9/01/2016 12:15:09 AM | PN1 | Included |
| | | | | | | | |

Figure 14: Extract History

7 IMPORTING AND EXPORTING EXTRACTS

Importing an extract into PAT CAT is completed in 2 stages.

- Stage 1: Either adding G-tags and de-identifying an extract, or only de-identifying an extract. This stage is performed in CAT4 at the practice.
- Stage 2: Importing/Uploading the extract into PAT CAT.

NOTE: The process for importing an extract is slightly different depending on whether you are a practice or a PHN or other organisation; both methods are covered in this section.

PAT CAT will only use one extract in a month, so if a practice uploads multiple extracts in one particular month, only the most recent data will be used for reporting. This can be addressed by manually excluding data if required.

- Adding G-tags to an Extract(see page 57)
- De-identifying an Extract(see page 60)
- Preparing Manual Data Upload(see page 63)
- Web Based Uploading from a Practice(see page 64)
- Importing an Extract as an Organisation(see page 68)
- Imported Extracts and Extract History(see page 73)

7.1 Adding G-tags to an Extract

NOTE: Adding G-tags to an extract will also de-identify an extract. The g-tagging process includes de-identification. **IMPORTANT**: There is a cost associated with adding G-tags to an extract and the user has to be licensed to use it. If no license is associated with the user account, the G-tag option will not be displayed.

Open CAT4 and select an extract that you would like to send to PAT CAT with G-tags. Please ensure that you
select an Extract which does NOT have the text "DEIDENTIFIED_GTAGGED" or "DEIDENTIFIED" in the extract
name.

NOTE: You cannot add G-tags to an extract that has already been de-identified.

| 🔇 Pen | CS CAT | 4 - CAT4 | 1 | - | | |
|-------|-----------|------------------|-------|--------|------------|------------|
| File | Edit | View | Tools | Data S | ubmission | Pr |
| Colle | ect | Hide Extracts | Vew | Filter | Report | Vi Popu |
| 25/08 | 6/15 11:4 | 46 AM | 59 | WIN7 | /М | |
| 12/02 | 2/15 9:57 | 7 AM | 7712 | DEIDE | NTIFIED_DI | E |
| 03/07 | 7/14 2:34 | 4 PM | 7402 | DEIDE | NTIFIED_DI | E |
| 17/12 | 2/13 9:16 | 5 AM | 9909 | DEIDE | NTIFIED_DI | E |
| 17/12 | 2/13 9:16 | 6 AM | 1881 | DEIDE | NTIFIED_DI | E |

Figure 21: Select Extract for G-Tagging

1. Open the Tools menu and select Add GTAGs

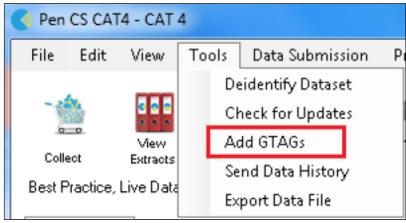


Figure 22: Select GTags from menu

1. Press the **OK** button to confirm you wish to de-identify the extract and add GTAG data.

| 0 | reate Deid | lentifed Dataset | | × | | | | |
|---|---|------------------|----|--------|--|--|--|--|
| | You are about to add GTAG data. A new de-identifed dataset will be created containing the data. This might take a few minutes to complete. Do you want to continue? | | | | | | | |
| | | | ОК | Cancel | | | | |
| - | _ | | | | | | | |

Figure 23: Confirm GTag process

1. Press the **OK** button when the Success dialog appears

| GTAG Data | Added | × |
|-----------|--|--------------------------------|
| 0 | The GTAG data has been successfully added. You ca this new extract from the extracts pane (click View E | an view and load extracts). |
| | | ОК |

Figure 24: Confirm GTag step 2

1. Notice that in the extracts panel, a new extract is listed with the text "DEIDENTIFIED_GTAGGED" in the name. This is the file that is to be imported into PAT CAT.

| 21/05/2014 1:41 PM | 28 | MHCHOPC001 |
|--------------------|----|-----------------------------|
| 21/05/2014 1:29 PM | 48 | DEIDENTIFIED_GTAGGED_DEMOPC |
| 21/05/2014 1:29 PM | 48 | DEMOPC |

Figure 25: GTag output

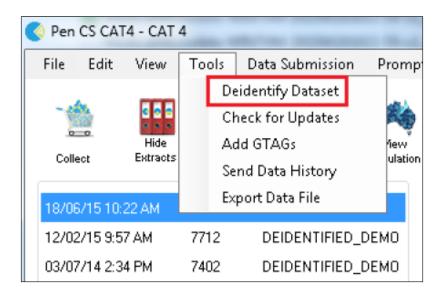
More information on the De-identification and G-tagging process can be found in **Appendix A**.

7.2 De-identifying an Extract

1. Open CAT4 and select an extract that you would like to send to PAT CAT. Please ensure that you select an Extract which does NOT have the text "DEIDENTIFIED" or "DEIDENTIFIED_GTAGGED" in the extract name.

| • | 🕴 Pen | CS CAT | 4 - CAT 4 | 4 | | - | _ |
|---|-------|-----------|------------------|-------------------|---------|-----------|--------------------|
| | File | Edit | View | Tools | Data Su | ubmission | Prompt |
| | Colle | ect | Hide Extracts | المراجعة (Mew Fil | ter | Report | View Population |
| ſ | 18/06 | 6/15 10: | 22 AM | 59 | WIN | 7VM | |
| | 12/02 | 2/15 9:5 | 7 AM | 7712 | DEID | ENTIFIED_ | _DEMO |
| | 03/07 | 7/14 2:3 | 4 PM | 7402 | DEID | ENTIFIED_ | DEMO |
| | 17/12 | 2/13 9:10 | 6 AM | 9909 | DEID | ENTIFIED_ | _DEMO |
| | 17/12 | 2/13 9:10 | 6 AM | 1881 | DEID | ENTIFIED_ | _DEMO |
| | | | | | | | |

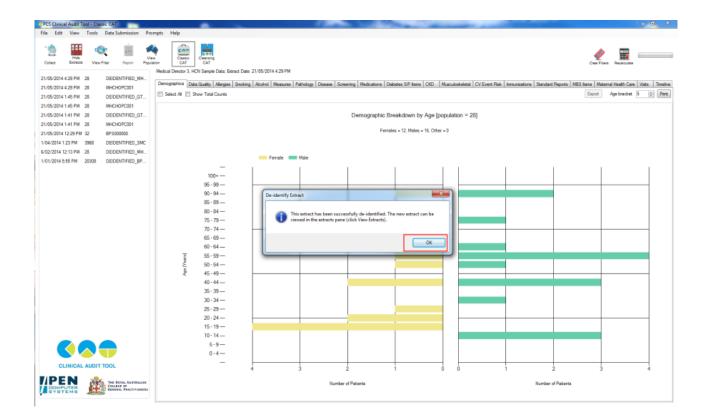
1. Open the Tools menu and select Deidentify Dataset



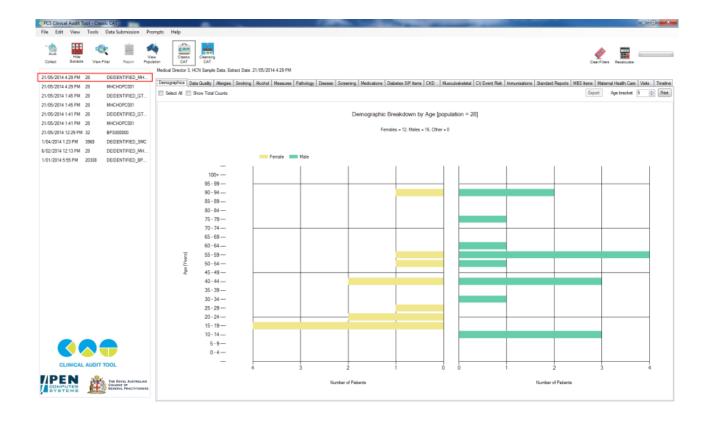
1. Press the **OK** button to confirm you wish to de-identify the extract

| PCS Clinical Audit Tool - Classic CAT | | | - 0 X |
|---|--|---|--|
| File Edit View Tools Data Submission Prompts | Help | | |
| Collect Datasca Vecy Filter Report Population | Caro Caro al Director 3, HCN Sample Data: Editact Date: 21 | 08/2014 2 78 PM | Car Finn Residue |
| 21/05/2014 4 29 PM 28 MHCH0PC001 | | | |
| 21/05/2014 1:45 PM 28 MHCHOPC001 | | Vicohol Measures Pathology Disease Screening Medications Diabetes SIP Items CKD Mus | sculoskeletal CV Event Risk Immunisations Standard Reports IMES Items Maternal Health Care Visits Timeline |
| 21/05/2014 1:45 PM 28 DEIDENTIFIED_GT | ielect All 📗 Show Total Counts | | Export Age bracket 5 🔅 Print |
| 21/05/2014 1:41 PM 28 MHCH0PC001 | | | |
| 21/05/2014 1:41 PM 28 DEIDENTIFIED_GT | | Demographic Breakdown by Age [popu | ulation = 28] |
| 21/05/2014 12:29 PM 32 BPS000000 | | Females = 12. Males = 16. Other = 0 | |
| 1/04/2014 1:23 PM 3968 DEIDENTIFIED_SMC | | | |
| 6/02/2014 12:13 PM 28 DEIDENTIFIED_MH | | | |
| 1/01/2014 5:55 PM 20308 DEIDENTIFIED_BP | | Female Male | |
| | | | |
| | 100+ | | |
| | 95-99- | | |
| | 90 - 94 | Deidentify Extract | |
| | 85-89- | | |
| | 80 - 84 | You are about to de-identify this extract. This will create a new de-identified extract file, which may take a few minutes. | |
| | 70-74- | Do you want to continue? | |
| | 65-69- | | |
| | 60 - 64 | OK Cancel | |
| | E 55-59- | | |
| | 100 - 50 - 54 | | |
| | | | |
| | 40 - 44 | | |
| | 35-39- | | |
| | 30-34- 25-29- | | |
| | 20-24- | | |
| | 15-19- | | |
| | 10-14- | | |
| | 5-9- | | |
| | 0-4 | | |
| CLINICAL AUDIT TOOL | 4 | 3 2 1 0 | |
| | | Number of Patients | Number of Patients |

1. Press the **OK** button when the Success dialog appears



1. Notice that in the extracts panel, a new extract is listed with the text "DEIDENTIFIED" in the name. This is the file that is to be imported into PAT CAT.



More information on the De-identification and G-tagging process can be found in Appendix A.(see page 230)

7.3 Preparing Manual Data Upload

If you choose not to use the 'Send to PATCAT' option described above you, you will need to locate where the deidentified extract file is located on the practice's computer. By default, the extract is saved to "C:\ClinicalAudit\", however this can vary from practice to practice and the data is often located on a shared network drive. **NOTE:** The steps described in 5.4(see page 63) and 5.5(see page 50) are not required if you are using our built in 'Send to PAT CAT' module. It is strongly recommended to use the 'Send to PAT CAT' method to upload data as it is the easiest way and doesn't involve any direct access of file systems and other 'technical' steps. The details are shown here: Upload Data to PAT CAT⁵

To confirm where the extract is stored, open the Edit menu and select Preferences

⁵ https://help.pencs.com.au/display/ds/Upload+Data+to+PAT+CAT

| CAT4 - CAT | 4 | | | | |
|------------------------------|----------------------------------|--|---|---|--|
| it View | Tools | Data S | Submission | Prompts | |
| Preference | tes | | | | |
| Send Data Extracts Locations | | | | | |
| Hide | | - | Desert | View | |
| EXITACIS | View | Filter | Report | Population | |
| 10-22 AM | 59 | ω/D | J7VM | | |
| | it View Preferend Send Dat | it View Tools Preferences Send Data Extract Hide Extracts View | it View Tools Data S Preferences Send Data Extracts Locatio Hide Extracts View Filter | it View Tools Data Submission Preferences Send Data Extracts Locations Hide Extracts View Filter Report | |

Within the **Clinical Audit Preferences** window, select the **Clinical Audit** tab, the **Extracts Directory** textbox shows where the extracts are stored.

| PCS Clinical Audit Tool - Classic CAT | Carrier Sold States - Annual States | - 0 X |
|--|---|--|
| File Edit View Tools Data Submission Prompts Help | | |
| Critet Erson Vew Filer Report | a: Benux Den: 21/05/2014 4 29 PM | Cer Fan Bascum |
| 21/05/2014 4:29 PM 28 DEIDENTIFIED_MH | rgies Smoking Alcohol Measures Pathology Disease Screening Medications Dabetes SIP tems CKD Musculoskeletal CV Ever | Park Investments and December 1000 Name Markowel Units Cover Markow Transform |
| 21/05/2014 4/29 PM 28 MHCHOPC001 | | nt Hosk Immunisations Standard Hepots Miss items Matema Health Care Vats Imeene Expot Age bracket 5 - 7 Print |
| 21/05/2014 1.40 PM 28 DEDENTIFIED_01 | C Clinical Audit Preferences | obs departe a * Lus |
| 21/05/2014 1:45 PM 28 MHCHOPC001 21/05/2014 1:41 PM 28 DEIDENTIFIED_GT | | |
| 21/05/2014 141 PM 28 DEDENTIFIED_S1 21/05/2014 141 PM 28 MHCH0PC001 | practiX Zedmed Improvement Foundation Sdebar/Prompts Scheduler Data Submission Orrical Audt Beat Practice Communicare Ferret Ganie Medical Director 2 Medical Director 3 Medinet MedTech32 | |
| 21/05/2014 12:29 PM 32 EP 5000000 | GP Application Medical Director 3 | |
| 1/04/2014 1:23 PM 3968 DEIDENTIFIED_SMC 6/02/2014 12:13 PM 28 DEIDENTIFIED_MH | Edract Directory CNOinice/Audt | |
| 1/01/2014 5:55 PM 20308 DEIDENTIFIED_BP | Saved Fiters Directory C:\ClinicalAudt\SavedFiters | |
| | Saved Vens Directory C:\CinicalAudt\SavedVens | |
| 100- 95-9 | Practice ID | |
| 90-9 | Practice Name | |
| 85-8 | Practice Postcode | |
| 80-8 | | |
| 75 - 75 70 - 7 | | |
| 65-65 |] | |
| 60 - 64 | - | |
| <u> </u> | | |
| j ≥ 50-5 8 46-45 | | |
| 2 45-40 40-4 | | |
| 35-3 | | |
| 30-3 | - | |
| 25-2 | | |
| 20-24 | | |
| 10-14 | | |
| | | |
| 5-5 | - | |
| CLINICAL AUDIT TOOL | 4 3 2 1 0 0 | 1 2 3 4 |
| | Number of Patients | Number of Patients |

7.4 Web Based Uploading from a Practice

There are a number of different ways data can be uploaded to PAT CAT. Practices can submit data to their PHN or other organisation directly from CAT4 (described above in 5.3(see page 64)) by email, ftp or direct upload or data can

be submitted as described below after a practice has logged on to PAT CAT.

With the release of CAT4 a new automatic data submission function has been added. In combination with our scheduler CAT4 can now be configured to automatically collect and submit data to PAT CAT. We recommend to use the 'Send to PATCAT' upload as it is the easiest and most secure way to upload data.

This guide only describes how to upload data through the web interface of PAT CAT – uploading data through CAT4 is the easier and recommended option.

Logon details will have to be provided by the PHN or other organisation and practice access needs to be configured as described in chapter Setting up Practices⁶.

1. Click the Upload button, this will open the import window.



- 1. Click the **New Extracts** Tab.
- 1. Click Choose File.

NOTE: on some internet browsers the button may be labelled **Browse**.

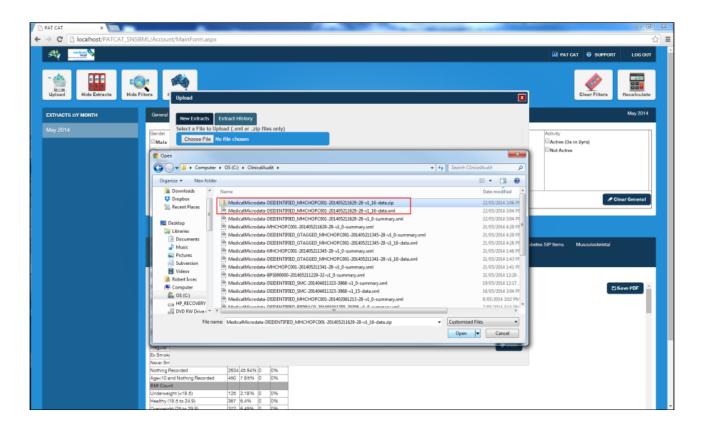
| Upload | | |
|--|-----------------|--|
| New Extracts Extract History Select a File to Upload (.xml or .zip f Browse No file se | Request History | |
| | ● Close | |

1. Go to the extracts directory (as identified previously(see page 63)) and locate the de-identified extract file.

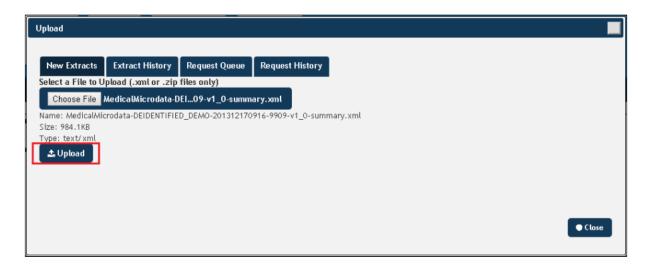
NOTE: Ensure the file has the text "DEIDENTIFIED" or "DEIDENTIFIED_GTAGGED", and "-data" in the name. If you have compressed the extract file select the ".zip" file, otherwise select the "...data.xml" file.

1. Press the **Open** button.

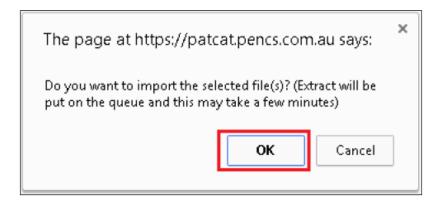
⁶ https://help.pencs.com.au/display/ds/Setting+up+Practices+pre+3.2



1. Press the **Upload** button.



1. Press **OK** on the confirmation dialog that appears



Wait for the file to be uploaded and imported into PAT CAT. You can check the progress of the import in the 'Request Queue' screen

NOTE: This can take several minutes.

| The page at https://patcat.pencs.com.au says: | | | | | |
|---|--|--|--|--|--|
| Extract file added to import queue. | | | | | |
| ОК | | | | | |
| | | | | | |

To check the progress of the import, click on the 'Request Queue' tab. Here all extracts currently waiting to be imported are listed and can be removed if needed. PAT CAT will also show who uploaded the extract when.

| pload | | _ | | | | | |
|---|-----------------------|---------------------|-----------------------|------------|---------------------------|-----------------------|----------------------|
| New Extracts | Extract History | Request Queue | Request History | | | | |
| Only items "Pend | ing" for import can l | be removed from que | eue. Click "Refresh (| Queue Lisť | ' to update queue | | |
| Sel Status Ite | em | | | Practice | Extract Date | Actioned By | Date Added |
| Pending MedicalMicrodata-DEIDENTIFIED_WIN7VM-201506251146-59-v 1_18-data.xml | | | | | 25/06/2015 11:46:43 AM | vgp | 8/07/2015 2:54 PM |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| C Refresh Queue | e List | | | | a Remove | e Selected Items from | n Queue 🛛 🔍 Close |
| | | | | | | | |

The Request History tab shows what has been imported in the past:

| New Extra | acts Extract Hist | ory F | Request Queue | Requ | est History | | | | |
|-----------|--|-------|-----------------|-------|--------------|--------------------------|-------------|-----------------------|-------|
| Status | Item | | | | Practice | Extract Date | Actioned By | Date Added | Notes |
| Complete | MedicalMicrodata-D 6-15194-v1_15-data | | FIED_VGP-201506 | 13162 | VGP (VGP) | 13/06/2015 4:26:01 PM | Admin | 8/07/2015 12:09 PM | |
| Complete | MedicalMicrodata-D 6-15194-v1_15-data | | FIED_VGP-201505 | 13162 | VGP (VGP) | 13/05/2015 4:26:01 PM | Admin | 8/07/2015 12:09 PM | - |

1. When the upload and import is complete, the request queue will be empty and the extract will be show in the request history screen.

| U | lpload | | _ | | | |
|---|------------------|---------------------|--------------------|-----------------------|-----------------------------|--|
| | | | | | | |
| | New Extracts | Extract History | Request Queue | Request History | | |
| | Only items "Pend | ing" for import can | be removed from qu | eue. Click "Refresh (| Queue List" to update queue | |
| | No Items F | Found. | | | | |
| | | | | | | |
| | | | | | | |

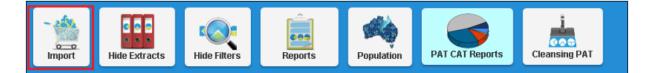
1. Click on the "Close" button in the Upload window. You have now uploaded the practice data into PAT CAT.

7.5 Importing an Extract as an Organisation

A PHN/other organisation can receive an extract via email, ftp or other method; these extracts can be imported manually following the steps below.

We recommend using the 'Send To PAT CAT' from CAT4 for all data if possible!

1. Ensure you are logged in to PAT CAT. Click the Import button; this will open the import window.



1. Click the **New Extracts** TAB. If there are any extracts already on your server but not imported yet you will be shown a list of the extracts and the corresponding clinics.

1. To add a new extract, click **Choose File**.

NOTE: on some internet browsers the button may be labelled **Browse**.

| Extracts | Imported Extracts | | | |
|--------------|---|---------------------|---|---|
| usa tha "Ev | | Request Queue | Request History | |
| | tract Date" column/se ill be affected when yo | | | me" aspect of the extract date will remain the same. Only the day, |
| Files to Imp | oort and Link to Practi | ce ID | | Total valid extracts that can be imported: 3 |
| ractice ID | | Population Count | Extract Date | Filename |
| GTCMC | T | 5734 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_GTCMC-201507011625-5734-v1_15- data.xml |
| GTCMC | ۲ | 4503 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_PCSMC-201507011624-4503-v1_15- data.xml |
| /GP | ۲ | 15194 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_VGP-201507011626-15194-v1_15-da ta.xml |
| | | | | |
| File to Up | load (.xml or .zip file | es only) | | |
| ose File N | o file chosen | | | |
| | | | | |
| | | | | Close |
| | ractice ID STCMC STCMC /GP File to Up | ractice ID STCMC | BTCMC • 5734 STCMC • 4503 /GP • 15194 File to Upload (.xml or .zip files only) | Population Count Extract Date BTCMC 5734 D1/07/2015 33 BTCMC 4503 D1/07/2015 33 rGP 15194 D1/07/2015 33 |

1. Browse to the storage media containing the de-identified extract file. In the example given below, the extract is stored on a USB stick

| Open Open | · (1) has been being to at a graph on a fair bir a | and the second second | 100 X 11 | | x |
|--|---|-----------------------|-----------------------|----------|---|
| Computer | FLASH DRIVE (D:) Extracts | • | Search Extra | cts | ٩ |
| Organize 🔻 New folder | r | | |)II • 🔟 | 0 |
| ☆ Favorites | Name | Date modified | Туре | Size | |
| E Desktop Downloads Recent Places Dropbox | MedicalMicrodata-DEIDENTIFIED_DEMO-201312170916-9909-v1_16-data | 11/06/2014 3:00 PM | XML Document | 53,050 K | В |
| ☐ Libraries ☐ Documents → Music Pictures Videos | | | | | |
| President Computer | | | | | |
| FLASH DRIVE (D:) | | | | | |
| PenCS Documen | | | | | |
| File nar | me | | Custom Files Open | Cancel | • |

NOTE: Ensure the file has the text "DEIDENTIFIED" or "DEIDENTIFED_GTAGGED", and "-data" in the name. If you have compressed the extract file select the "..zip" file, otherwise select the "...data.xml" file.

- 1. Select the file and press the **Open** button.
- 1. Select the Practice ID that you wish to be associated with the data contained in the extract. PAT CAT uses the name of the extract to determine the correct practice but you can manually overrule this process.

| Import | | | | | | | | |
|---------------------------------------|--|---------------------------|-----------------|--|--|--|--|--|
| New Extracts | Imported Extracts | Request Queue | Request History | | | | | |
| month and year | Please use the "Extract Date" column/section to change the extract date. The "time" aspect of the extract date will remain the same. Only the day, month and year will be affected when you change the extract date. | | | | | | | |
| Select Files to In Sel Practice II | mport and Link to Practi D | ce ID Population Count | Extract Date | Total valid extracts that can be imported: 3 Filename | | | | |
| GTCMC | • | 5734 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_GTCMC-201507011625-5734-v1_15- data.xml | | | | |
| SMC VGP | | 4503 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_PCSMC-201507011624-4503-v1_15- data.xml | | | | |
| VGP | ۲ | 15194 | 01/07/2015 3 | MedicalMicrodata-DEIDENTIFIED_VGP-201507011626-15194-v1_15-da ta.xml | | | | |
| | | | | | | | | |
| Choose File | Type: text/ xml | | | | | | | |
| | | | | Close | | | | |

NOTE: If the extract is for a Practice that does not appear in the drop down list, you need to add the practice as detailed in Section 4.

- 1. More than one extract may be uploaded via a single import, repeat Steps 3-6 for all extracts you wish to import.
- 1. Select all extracts you wish to import via the **Sel** tick box.

| Import | | | | | | |
|--|--|------------------|-----------------|--|--|--|
| New Extracts | Imported Extracts | Request Queue | Request History | | | |
| Please use the "Extract Date" column/section to change the extract date. The "time" aspect of the extract date will remain the same. Only the day, month and year will be affected when you change the extract date. Select Files to Import and Link to Practice ID Total valid extracts that can be imported: 3 | | | | | | |
| Sel Practice II | | Population Count | Extract Date | Filename | | |
| € GTCMC | ۲ | 5734 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_GTCMC-201507011625-5734-v1_15- data.xml | | |
| GTCMC | v | 4503 | 01/07/2015 | MedicalMicrodata-DEIDENTIFIED_PCSMC-201507011624-4503-v1_15- data.xml | | |
| VGP | • | 15194 | 01/07/2015 31 | MedicalMicrodata-DEIDENTIFIED_VGP-201507011626-15194-v1_15-da ta.xml | | |
| Solost a File to L | Inland (ym) ar nin filo | n only) | | | | |
| Choose File | Select a File to Upload (.xml or .zip files only) Choose File MedicalMicrodata-DEL46-59-v1_18-data.xml Name: MedicalMicrodata-DEIDENTIFIED_WIN7VM-201506251146-59-v1_18-data.xml Size: 255.84KB | | | | | |
| Type: text/xml | Type: text/xml | | | | | |
| ar Delete File | | | | ▲ Add to Request Queue Close | | |

- 1. Press the **Add to Request Queue** button. You can also delete extracts from this screen by using the 'Delete File' button
- 1. Press **OK** on the confirmation dialog that appears



Wait for the file to be imported into PAT CAT – you can check the Request Queue for progress and see the Request History for already imported files.

NOTE: This can take some time; particularly if there are others extracts waiting in the queue.

| Status | Item | | Practice | Extract Date | Actioned By | Date Added | Notes |
|----------|--|-----------|------------------|---------------------------|-------------|-----------------------|-------|
| Complete | MedicalMicrodata-DEIDENTIFIED_WIN7VM- 1146-59-v1_18-data.xml | 20150625 | VGP (VGP) | 25/06/2015 11:46:43 AM | vgp | 8/07/2015 2:54 PM | - |
| Complete | MedicalMicrodata-DEIDENTIFIED_VGP-2019 6-15194-v1_15-data.xml | 50613162 | VGP (VGP) | 13/06/2015 4:26:01 PM | Admin | 8/07/2015 12:09 PM | - |
| Complete | MedicalMicrodata-DEIDENTIFIED_VGP-2019 6-15194-v1_15-data.xml | 50513162 | VGP (VGP) | 13/05/2015 4:26:01 PM | Admin | 8/07/2015 12:09 PM | - |
| Complete | MedicalMicrodata-DEIDENTIFIED_SMC-201 4-4503-v1_15-data.xml | 50613162 | SWC (SWC) | 13/06/2015 4:24:26 PM | Admin | 8/07/2015 12:09 PM | - |
| Complete | MedicalMicrodata-DEIDENTIFIED_SMC-201 4-4503-v1_15-data.xml | 50513162 | SMC (SMC) | 13/05/2015 4:24:26 PM | Admin | 8/07/2015 12:09 PM | - |
| Complete | MedicalMicrodata-DEIDENTIFIED_GTCMC-2 625-5734-v1_15-data.xml | 201506131 | GTCMC (GTCMC) | 13/06/2015 4:25:35 PM | Admin | 8/07/2015 12:09 PM | - |
| Complete | MedicalMicrodata-DEIDENTIFIED_GTCMC-2 625-5734-v1_15-data.xml | 201505131 | GTCMC (GTCMC) | 13/05/2015 4:25:35 PM | Admin | 8/07/2015 12:09 PM | - |

1. Click on the "Close" button in the Upload window. You have now uploaded and imported the selected extracts into PAT CAT.

7.6 Imported Extracts and Extract History

- Imported Extracts(see page 73)
- Request Queue(see page 75)
- Request History(see page 75)
- Changing the Practice for an Extract(see page 75)
- Changing Extract Details(see page 76)
- Extract History(see page 77)
- Finding Missing Extracts(see page 78)
- Download Extract Import Details and History(see page 79)

7.6.1 Imported Extracts

The import window also allows access to a history of all imported extracts. To access this history: When you are logged on as a **PHN or other organisation**

1. Click the Import button, this will open the import window.



1. Click the Imported Extracts Tab.

| por | t | | | | | | |
|---------|--------------------|-----------------------|-----------------------------|----------------------------|--------------|--|------------------|
| Nev | v Extracts Impo | orted Extracts | Request Queue | Request History | PATCAT BI | | 🛓 Download |
| | | | | | | t into the "Request Queue". Status will be d/or excluding extract to avoid duplicate re | ▲ Download |
| ote | | nen extracts are | | | | d/or reports may not be accurate while extr | • |
| act | tice Filter: No Fi | | | | | ✓ | |
| 1 el | 2 3 4 5 6 | 7 8 9 1 | | ate | Date I. | [†] Filename | ↓₹ Status |
|] | Matthias QA Clir | Matthias QA Clinic | 19 November 01:58 PM | 2018 28 Novemb 08:48 AM | DEID | icalMicrodata- DENTIFIED_DEMO_ALL_LOCALITIES- 811191358-737-v1_16-data.xml | Included |
| | Haval ZedMed C | - Haval ZM Cli | nic 26 November 06:50 PM | 2018 26 Novemb 06:51 PM | er 2018 DEID | icalMicrodata- DENTIFIED_8654-201811261850-687-v1_26- a.xml | Included |
|] | Haval BP Clinic | - Haval BP Clir | ic 26 November 06:01 PM | 2018 26 Novemb 06:08 PM | DEID | icalMicrodata- DENTIFIED_BPS000000-201811261801-871- 26-data.xml | Included |
|] | Haval BP Clinic | Haval BP Clir | ic 26 November 04:53 PM | 2018 26 Novemb 05:00 PM | er 2018 DEID | icalMicrodata- DENTIFIED_BPS000000-201811261653-870- 26-data.xml | Superseded |
| | Haval ZedMed C | Haval ZM Cli | nic 26 November 04:45 PM | 2018 26 Novemb 04:46 PM | DEID | icalMicrodata- JENTIFIED_8654-201811261645-687-v1_26- 1.xml | Superseded |

The 'Download' button in the right corner allows to download all information about the imported extracts in csv format. This is very useful to analyse who has uploaded what information. To find a particular practice use the Practice Filter option.

The Imported Extracts window shows all extracts loaded into PAT CAT for the entire PHN or other organisation, including details of:

Practice ID – the ID associated with the Practice currently assigned to the extract,

Practice – the name of the Practice currently assigned to the extract,

Extract Date - when the extract was performed in CAT4,

Import Date - when the extract was imported into PAT CAT,

Imported By - which user imported the extract,

Filename – the name of the file which contains the extract data, **Status** – whether the extract is currently included, superseded or excluded from PAT CAT. When working with a large number of extracts it may be handy to sort the list of extracts based on a specific detail, this is done by clicking on the column heading.

7.6.2 Request Queue

When an extract is included or excluded from the 'Imported Extracts' tab, the extract will appear in the request queue. Please check the request queue before including/excluding extracts to avoid duplicated requests. During the import process the data and graphs in PAT CAT is altered. Please make sure all requests have been processed before creating reports.

7.6.3 Request History

The request history tab shows how the different extracts have been processed – it provides a log of who has included/excluded data and when that was done.

7.6.4 Changing the Practice for an Extract

Access the Imported Extracts window as detailed above.

1. Click on the drop down box in the **Practice ID** column of the extract you wish to change, select the new Practice ID

| | v Extracts Im | ported Extracts | Request Queue | Request History | | | |
|-----|----------------|-----------------|--|--------------------|----------------|---|-------------------|
| | | | - | - | | "Request Queue". Status will be updated once the request has been process | ed. Please see |
| | - | 2 | or excluding extract to re being included and/o | | | orts may not be accurate while extracts are being included and/or excluded | |
| Sel | l∓ Practice ID | IF Practice | l∓ Extract Date | ↓F Import Date | l∓ Imported By | I | ↓ F Status |
| | VGP | VGP | 1/06/2015 12:00:00 AM | 22/06/2015 3:07 AM | VGP | MedicalMicrodata-DEIDENTIFIED_Practice3-201506010000-50000-v1_15- data.xml | Included |
| | PCSMC VGP | VGP | 1/05/2015 12:00:00 AM | 22/06/2015 2:56 AM | VGP | MedicalMicrodata-DEIDENTIFIED_Practice3-201505010000-50000-v1_15- data.xml | Included |
| | VGP 😱 | VGP | 1/04/2015 12:00:00 AM | 22/06/2015 2:47 AM | VGP | MedicalMicrodata-DEIDENTIFIED_Practice3-201504010000-50000-v1_15- data.xml | Included |
| | VGP 💌 | VGP | 1/03/2015 12:00:00 AM | 22/06/2015 2:37 AM | VGP | MedicalMicrodata-DEIDENTIFIED_Practice3-201503010000-50000-v1_15- data.xml | Included |
| - | VGP 💌 | VGP | 1/02/2015 12:00:00 AM | 22/06/2015 2:27 AM | VGP | MedicalMicrodata-DEIDENTIFIED_Practice3-201502010000-50000-v1_15- data.xml | Included |
| | VGP 🖕 | VGP | 1/01/2015 12:00:00 AM | 22/06/2015 2:17 AM | VGP | MedicalMicrodata-DEIDENTIFIED_Practice3-201501010000-50000-v1_15- data.xml | Included |
| - | PCSMC 👻 | PCSMC | 1/06/2015 12:00:00 AM | 22/06/2015 2:06 AM | PCSMC | MedicalMicrodata-DEIDENTIFIED_Practice2-201506010000-50000-v1_15- data.xml | Included |
| | PCSMC 💌 | PCSMC | 1/05/2015 12:00:00 AM | 22/06/2015 1:56 AM | PCSMC | MedicalMicrodata-DEIDENTIFIED_Practice2-201505010000-50000-v1_15- data.xml | Included |
| | PCSMC 💌 | PCSMC | 1/04/2015 12:00:00 AM | 22/06/2015 1:46 AM | PCSMC | MedicalMicrodata-DEIDENTIFIED_Practice2-201504010000-50000-v1_15- data.xml | Included |

- Figure 71: Select Practice
- 1. Click the **Save** button.

NOTE: If the Practice ID does not appear in the drop down list, you need to add the practice as detailed in Section 3^7 .

7.6.5 Changing Extract Details

Access the Imported Extracts window as detailed above. Once at least one practice has been selected by using the tick box in the 'Sel' column, the following options to change an extract are available:

- Request to change month you can change the month of the extract but only by one month earlier/later
- Request to include extract this adds it back into PAT reports if for any reason the data should be included again.
- Request to exclude extract can be used if an extract should no longer be used; i.e. if a practice has closed down, there are issues with the extract file such as invalid data or legal issues. It acts similar to a delete function, but without physically deleting anything.
- Request to exclude and delete extract will exclude and delete the data from the PAT CAT database. The raw data from the uploaded extract will still be in your upload folder.

Follow the steps below to use these functions:

1. Select all Extracts you wish to Include or Exclude via the **Sel** tick box. Multiple extracts may be selected.

⁷ https://help.pencs.com.au/display/ds/Setting+up+Practices+pre+3.2

| Impor | t | | | | | |] |
|--------------|------------------------|--|------------------------------|------------------------------|---------------------|--|-------------------|
| Nev | w Extracts Import | ed Extracts R | equest Queue Rec | quest History | | | 🛓 Download All |
| upda Note | ated once the request | has been process n extracts are bei | ed. Please see "Reque | st Queue" before inc | luding and/or exclu | 'Request Queue". Status will be Iding extract to avoid duplicate reque rts may not be accurate while extract | |
| Pract | tice Filter: No Filte | er | | | ~ 2 | 🔊 Reset | |
| 1 | 2 | | | | | | |
| Sel | ↓ F Practice ID | ↓ . Practice | ↓F Extract Date | ↓F Import Date | ↓ . Filename | | ↓ ₹ Status |
| | Manfred Practice ~ | Manfred Practice | 01 March 2018 04:04 AM | 12 March 2019 04:13 PM | | I-DEIDENTIFIED_DEMO-)324-v1_25-data.xml | Included |
| | Manfred Trainin | Manfred Training Practice | 01 January 2019 04:03 AM | 12 March 2019 04:07 PM | | I-DEIDENTIFIED_DEMO- I27-v1_24-data.xml | Included |
| | Manfred Trainine | Manfred Training Practice | 01 July 2018 02:20 AM | 12 March 2019 04:02 PM | | I-DEIDENTIFIED_IND_DEMO- 322-v1_24-data.xml | Included |
| | Matthias QA Clir 🗸 | Matthias QA Clinic | 01 November 2017 04:03 AM | 12 March 2019 01:41 PM | | I-DEIDENTIFIED_DEMO- 575-v1_23-data.xml | Included |
| | Matthias QA Clir 🗸 | Matthias QA Clinic | 01 April 2018 03:03 AM | 12 March 2019 01:34 PM | | I-DEIDENTIFIED_DEMO- 127-v1_24-data.xml | Included |
| | Matthias QA Clir 🗸 | Matthias QA Clinic | 01 February 2019 04:04 AM | 28 February 2019 10:15 AM | | I-DEIDENTIFIED_DEMO-)324-v1_25-data.xml | Included |
| • | Request to Change M | onth + Reque | st to Include Extract(s |) Ø Request to E | xclude Extract(s) | ØRequest to Exclude & Delete Extr | ract(s) Close |

1. Click on the respective button as appropriate.

7.6.6 Extract History

NOTE: The above features are only available if you are logged on as a PHN or other organisation, if you are logged on as a practice you may still view the Extract History window. When you are logged on as a **Practice**.

1. Click the Upload button, this will open the import window.



Figure 73: Upload Button

1. Click the Extract History Tab.

| ↓ ? Filename | | | | ↓ Extract Date | ↓F Import Date | ↓ Imported By | ↓ F Status |
|------------------------------|--------------------|---------------------|------------|----------------|--------------------------|---------------|------------|
| MedicalMicrodati data.xml | a-DEIDENTIFIED_VGF | -201505131626-1519 | 94-v1_15- | 13/05/2015 | 8/07/2015 12:25:15 PM | VGP | Included |
| MedicalMicrodati data.xml | a-DEIDENTIFIED_VGF | 2-201506131626-1519 | 94-v1_15- | 13/06/2015 | 8/07/2015 12:36:16 PM | VGP | Included |
| MedicalMicrodati data.xml | a-DEIDENTIFIED_WIN | V7VM-201506251146- | ·59-v1_18- | 25/06/2015 | 8/07/2015 2:54:12 PM | VGP | Included |

Figure 74: Extract History

The Extract History window shows all extracts loaded into PAT CAT for the Practice, including details of:

Filename – the name of the file which contains the extract data,

Extract Date – when the extract was performed in CAT4,

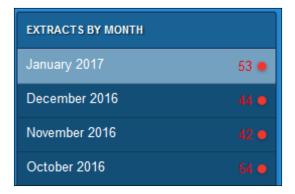
 $\label{eq:limport_def} \textbf{Import Date} - when the extract was imported into PAT CAT,$

Imported By – which user imported the extract,

Status – whether the extract is currently included or excluded from PAT CAT.

7.6.7 Finding Missing Extracts

PAT CAT indicates the status of each reporting period with a green or red dot next to the month in the extract panel. If any extracts are missing, the number in red indicates how many practices have not uploaded their data. In the example below there are 53 extracts missing for January.



To identify which practice hasn't uploaded the data you can check the extract history, as described in the previous chapter, but over time there will be many extracts in the history and it might be difficult to identify to missing practice. There is an easier way to check which practice(s) are missing. In the filter panel, under the 'Practices' tab is a list of all practices and the colour of the practice name shows there upload status for the current month. Green stands for uploaded, red for missing.

| General | Practices | Ethnicity | Conditions | Medications | Results | Saved Filters | September 2014 |
|----------|-----------------|-----------|------------------|-------------|---------|---------------|----------------|
| Groups | 🖶 Add Grou | IP | | | | | |
| Diabetes | s project (DPP) | _ | | | | | |
| Practice | | | cal Centre (SMC) | VGP (VGP) | 1 | | |
| | | | | |] | | |

7.6.8 Download Extract Import Details and History

PAT CAT allows users to download all information available through the import window in CSV format. There are two ways to download the information: either you can download the information from one tab, like the 'Imported Extracts' tab as shown below:

| Nev | v Extracts | Import | ed Extracts | Request Queue | Request History | | 📥 Download A |
|---------------------------|--------------------|---------------------|---------------------------------|------------------------------|------------------------------|---|-------------------|
| ipda <mark>lote</mark> | ted once the r | request red wher | has been proce | essed. Please see "Rec | quest Queue" before in | will be put into the "Request Queue". Status will be cluding and/or excluding extract to avoid duplicate r graphs and/or reports may not be accurate while ex | |
| ract | ice Filter: | No Filte | r | | | ✓ 🖉 Reset | |
| 1 | 2 | | | | | | |
| Sel | ↓₽ Practice | ID | ↓₽ Practice | ↓F Extract Date | ↓ F Import Date | ↓ . Filename | ↓ ₹ Status |
| | Manfred Pra | cticev | Manfred Practice | 01 March 2018 04:04 AM | 12 March 2019 04:13 PM | MedicalMicrodata-DEIDENTIFIED_DEMO- 201903010304-10324-v1_25-data.xml | Included |
| | Manfred Tra | inin ₍ ~ | Manfred Training Practice | 01 January 2019 04:03 AM | 12 March 2019 04:07 PM | MedicalMicrodata-DEIDENTIFIED_DEMO- 201901010303-9427-v1_24-data.xml | Included |
| | Manfred Tra | inin _! ~ | Manfred Training Practice | 01 July 2018 02:2 AM | 0 12 March 2019 04:02 PM | MedicalMicrodata-DEIDENTIFIED_IND_DEMO- 201807010220-7322-v1_24-data.xml | Included |
| | Matthias QA | <mark>⊂lir</mark> ∨ | Matthias QA Clinic | 01 November 201 04:03 AM | 7 12 March 2019 01:41 PM | MedicalMicrodata-DEIDENTIFIED_DEMO- 201711010303-8575-v1_23-data.xml | Included |
| | Matthias QA | . Clir ∨ | Matthias QA Clinic | 01 April 2018 03: AM | 03 12 March 2019 01:34 PM | MedicalMicrodata-DEIDENTIFIED_DEMO- 201804010303-9427-v1_24-data.xml | Included |
| | Matthias QA | Clir ~ | Matthias QA Clinic | 01 February 2019 04:04 AM | 28 February 2019 10:15 AM | MedicalMicrodata-DEIDENTIFIED_DEMO- 201902010304-10324-v1_25-data.xml | Included |

Clicking on the 'Download' button in the top right of the tab will download all information shown in this tab.

If you are interested in all four tabs you can either repeat this step on each tab or you can click on the 'Download All' button in the very top right - this will combine all information from the four tabs into one CSV file.

8 DATA FILTERING

Overview

Data filtering enables the creation of graphs and reports based on a specific set of criteria. For example if you wish to display a benchmark report the only includes data for; Females older than 40 with Diabetes, this may be done simply by use of data filters.

PAT CAT provides access to de-identified aggregated data coming from CAT4 - to avoid duplication this guide does not provide in depth details of the filters as they are described in the CAT4 user guides. Please see here for full details on our filter options: Data Filtering Details in CAT4⁸

Due to the nature of aggregating data from different sources not all measurements and filter criteria are available from all clinical systems. To allow reporting for those practices who are providing fully compatible data, we will exclude practices with missing data when using a filter/report including a missing data item. The number of practices included is displayed on the top right of the filter panel and is updated when a new filter is added:

No filter applied:

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care Homes | Risk Factors | Saved Filters | |
|---------|-----------|-----------|-----------------|-------------|---------|----------------------------|--------------------------|--------------|---------------|----------------------------|
| | | | | | | | | | | 13 / 13 Practices Included |
| Gender | | DVA | Age Start Ag | 9 | | Last Visit Any | () None | | Activity | (3x in 2yrs) |
| Female | | Non DVA | End Age | | | | ○ <12 mths ○ <24 mths | | Not Act | live |
| | | | 🗌 No Ag | e | | ⊖ <30 mths ⊖ Date Range | 1 to 31 | | | |
| | | | | | | | | | | Clear General |

Filter applied where not all practices are providing that data item:

| General Practices | Ethnicity | Conditions | Medic | ations | Results | Patient Status | Health | Care Homes | Risk Factors | Saved Filters | 7 / 13 Practices Induded |
|---------------------|------------------|--------------|-----------|-------------|---------|---------------------|--------|------------|--------------|---------------|--------------------------|
| Medications - Heart | Medications - Re | espiratory | Medicatio | ons - Other | | | | | | | |
| Antiasthmatic | | Steroids | | | COPD | | | | Long Acting | | |
| 🗌 Yes | No | Ves | Ľ | No | Ves 1 | | | No | Ves | | □ No |
| Relievers | No | Steroid - In | haled [| No | Manag | ement - Tiotropium | LAMA) | No | | | No |
| Symptom Controllers | No | Steroid - O | ral [| No | 🗌 Manag | ement - Other (LAM |) | No | | | □ No |
| Preventers | No | | | | Sympton | om Controllers (LAB | 4) | No | | | |
| Combination | No No | | | | Combi | ination (LAMA/LABA) | | No | | | |
| | | | | | | or Relievers | | | | | |
| | | 1 | | | | | | | | | Clear Medications |

⁸ https://help.pencs.com.au/display/CG/DATA+FILTERING

Please make sure that you check your reports for any missing practices to avoid inconsistencies with reporting. While we are aiming to provide the full data set from all clinical systems, we can't extract data if the indicator is not available in the clinical system in the first place.

After applying a filter that excludes a number of practices, these practices will be displayed in the

I View Report

with a dash in the fields to indicate that their data is not included:

| ▲ Show / Hide Columns There | are hidden column | S | | | | | |
|---|-------------------|------------------|-------------|--------------|----------------------|------------------------|-----------------|
| Filtering By: Practice: (Haval BP Clin for November 2018 audit month. Ge | | | niva Test P | ATBI, zedmeo | d.topbar), Medicatio | ns: (Symptom Controlle | ers(LABA) - YES |
| Measure | PHN-Test-3.3-A | PHN-Test-3.3-A % | Adjusted | Adjusted % | Matthias QA Clinic | Matthias QA Clinic % | Haval BP Clini |
| Total Population | 4 | | 7 | | - | | 4 |
| <= 130/80 | 1 | 25.00 % | 0 | 0.00 % | - | - | 1 |
| > 140/90 | 0 | 0.00 % | 2 | 28.57 % | - | - | 0 |
| No BP Recorded | 3 | 75.00 % | 5 | 71.43 % | - | - | 3 |
| Incomplete Data | 0 | 0.00 % | 0 | 0.00 % | - | - | 0 |
| > 130/80 and <= 140/90 | 0 | 0.00 % | 0 | 0.00 % | - | - | 0 |
| Recorded | 1 | 25.00 % | 2 | 28.57 % | | | 1 |

Data may be filtered based on a combination of the following criteria:

• General

The General tab allows filtering based on; Gender, Department of Veterans Affairs (DVA) status, Age, When the patient last visited a practices, and whether a patient is considered Active in the system or not.

• Practices

The Practices tab allows filtering based on which practice the data within an extract originated from. **NOTE**: This filter in only available if you are logged on as a PHN or other organisation.

• Ethnicity

The Ethnicity tab allows filtering based on Indigenous status, including both Aboriginal and Torres Strait Islander status.

• Conditions

The Conditions tab allows filtering on a wide range of medical conditions, these broken down into Chronic, Mental Health and Other. Please refer to section 7.7 for more detail.

• Medications

The Medications tab allows filtering based on Heart, Respiratory and Other medication types. A wide range of medications are included under each type. Please see section 7.8 for more detail.

Results

The Results tab allows filtering based on when a result was recorded.

To filter the data, simply select the criteria you wish to view, multiple selections may be made from within a single tab or across multiple tabs. Selections are generally made by ticking selection boxes, however some filters are

based on entering information such as a date range. The criteria on which you are filtering is displayed at the top of the Results panel, this display remains even if the Filter panel is hidden.

Any change to the filters will cause the 'Recalculate' button to turn red, indicating that it needs to be clicked to apply the filter.

Click Recalculate.

This will update to Results panel to look at only patients that match all the conditions ticked.

Patient Status

The patient status filter allows users to filter for patients by their archived/deceased status and some other filter criteria only available for Communicare users

Health Care Homes

The Health Care Homes filter tab provides filters to find patients flagged as enrolled into the Health Care Homes trial as well as specifics on their tier level

Example for a filter:

| General | Practices Ethn | nicity Conditions | Medications Results Saved Filters | | December 2013 |
|-----------------------------------|------------------------|---|---|---|--|
| Gender Male Female Other | DVA | Age Start Age End Age @ Yrs @ Mths No Age | Last Visit Any None <15 mths <6 mths <30 mths <24 mths Date Range | Activity Active (3x in 2yrs) Not Active | Transient Unique Patients Duplicate Patients |
| Filtering By: F | emales, Conditions: (A | Asthma - YES) | | | d Clear General |

NOTE: 'Filtering By' displays the criteria selected i.e. Females, Conditions: (Asthma - YES)

Detailed examples for each of the filter types are provided in the following sections.

- Changing Filters(see page 84)
- Clearing Filters(see page 84)
- General Filter Tab(see page 85)
- Practices Filtering(see page 87)
- Ethnicity Filtering(see page 87)
- Conditions Filtering(see page 88)
- Medications Filtering(see page 90)
- Date Range Results Filtering(see page 92)
- Saving Filters(see page 93)
- Patient Status Filter(see page 94)
- Health Care Homes Filter(see page 94)
- Risk Factor Filtering(see page 95)
- Date Range Visits Filtering(see page 96)

8.1 Changing Filters

NOTE: The Results panel is not updated to a change in filter criteria until you click the Recalculate button. The **Recalculate** button will turn red when the filter criteria have changed but the button has not been clicked.

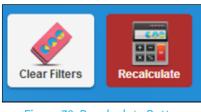


Figure 78: Recalculate Button

Only after the recalculate button has been clicked will the 'Filtering By' text be updated. The 'Filtering By' text always matches the criteria for the data been displayed in the Reports pane.

8.2 Clearing Filters

To clear filters that have been selected, either:

Click the **Clear Filters** button in the top right hand corner of the screen, this will clear all currently selected filters. **NOTE**: When no data filters are applied, all data within an Extract is included in the graphs and reports displayed in the reports plane.

Click the '**Clear** ...' button at the bottom right hand corner of each tab to clear only the filters for that tab.

| General F | Practices Ethr | iicity Conditions | Medications Results Saved Filters | | December 2013 |
|--------------------------|-----------------------|---------------------------------------|---|---|--|
| Gender Male Female | DVA DVA Non DVA | Age Start Age End Age Yrs Mths No Age | Last Visit Any None <pre> <pre> </pre> </pre> <pre> <pre> </pre> <pre> <pre> <pre> </pre> </pre> </pre> </pre> <pre> <pre< td=""><td>Activity Active (3x in 2yrs) Not Active</td><td>Transient Unique Patients Duplicate Patients</td></pre<></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre> | Activity Active (3x in 2yrs) Not Active | Transient Unique Patients Duplicate Patients |
| Filtering By: Fema | ales, Conditions: (A | Asthma - YES) | | | d Clear General |

Figure 79: Clear General Button

NOTE: Make sure you click 'Recalculate' when you have changed the filters.

8.3 General Filter Tab

| General | Practices | Ethnicity | Conditions | Medications | Date Range (Results) | Date Range (| Visits) | Patient Status | Health Care Homes | Risk Factors | Saved Filters |
|---------|-----------|---|------------|--|----------------------|---|----------------------|--|-------------------|--------------|--------------------|
| | | | | | | | | | | 2/2 | Practices Included |
| Gender | ale | DVA DVA Non DVA Health Cor Medicare | ver | Age Start Age End Age Yrs No Age | Mths | Last Visit Any <6 mths <15 mths <30 mths Date Range | ○ N¢ ○ <1 ○ <2 | rst Visit one 12 mths 24 mths 31 | | Activity | 2yrs) |
| | | | | | | | | | | | Clear General |

Patient data can be filtered as follows:

| Gender | Male Female Other No selection = All NOTE : Ticking multiple boxes will create an OR criteria (i.e. Male OR Female). |
|--------------|---|
| DVA | DVA (Department Veteran Affairs) non DVA No selection = All |
| Health Cover | Filters for patients with or without Medicare card details entered |
| Age | Enter a numeric start age or end age to limit your selection Choose Years (default) or Months as your search filter for start/end age. NOTE: choosing Months will display the Demographics graph in months. . 'No Age' ticked will search for patients with a missing date of birth |

| Last/First Visit | Note that in some clinical systems it is not possible to distinguish a clinical contact from other notes made in the patient record. This will affect the quality of the data reported. Check the 'General Data Mappings' Appendices for your Clinical system. |
|---------------------|---|
| | The last visit date is the most recent date a patient contact has been recorded. The first visit date is the first time a patient has visited the practice. |
| | Note that in some clinical systems it is not possible to distinguish a clinical contact from other notes made in the patient record. This will affect the quality of the data reported. Check the 'General Data Mappings' Appendices for your clinical system. |
| | Values for selection are: Any = the last/first visit was at any time (all patients will be selected) None = no last/first visit is recorded <6 mths = has visited in the last 6 months <15 mths = has visited in the last 15 months <24 mths = has visited in the last 24 months <30 mths = has visited in the last 30 months Date Range with from/to date selection = only patients whose <u>most recent</u> <u>visit</u> occurred within a period of time. Patients with a visit after the 'to date' will be excluded. |
| | <u>The 'Date Range' filter</u> – to note: The 'Date Range' filter <u>cannot</u> be used to retrospectively look at the data in a 'snapshot'. The 'snapshot' is only valid for the point in time at which it was taken. |
| | For example: If you filter on last visit between 1 and 2 years ago you will be excluding patients you have had a visit more recently. These patients may or may not have had a visit in the period of time you are selecting. You will not be selecting all patients who visited within that period. |
| | You <u>will not</u> be selecting all patients who visited within that period. |
| Activity | Activity is how many patient visits (or contacts) have been recorded with the practice. Values for selection are: Active = has had 3 visits in the last 2 years (RACGP definition) Not Active = a patient not meeting the RACGP definition of active |
| | And/Or (Number of) Visits in the last 6 mths Has not visited in the last X mths; where X can be selected via the drop down. |
| | Activity is measured by changes to the patient's progress notes. Any clinical entry (see the general mapping details for your clinical system: Data Mapping ⁹) in the progress notes will count as a visit. Administrative entries |

9 http://help.pencs.com.au/display/ADM/Data+Mapping

will not be counted.

8.4 Practices Filtering

NOTE: The **Practices Filtering** function is only available when you are logged in as a PHN or other organisation, when logged on as a Practice you will not see the Practices tab.

| General | Practices | Ethnicity | Conditions | Medications | Results | Saved Filters | May 2014 | | | | | |
|------------|---------------------|--------------|------------------|----------------|---------------|---------------|----------|--|--|--|--|--|
| Groups | 🖶 Add Gro | qu | | | | | | | | | | |
| 🔲 TG1 (Tes | st Group) | | | | | | | | | | | |
| Practice | Practices Check All | | | | | | | | | | | |
| 🕅 Blue Par | rrot General Pr | actice (BGP) | 🔲 Grand Turino I | NC (GTCMC) 📗 S | Sunshine MC (| SMC) | | | | | | |
| G | 6 | | | | | | | | | | | |

Figure 81: Practices Filters

Data can be filtered by group or practice, no selection = ALL.

IMPORTANT: Practice names are shown in green if there is data from the practice present in the selected Month. Names are shown in red if no practice data is present in the selected Month.

NOTE: Individual Extracts from a practice may be included or excluded from PAT CAT, see section 6.5.

8.5 Ethnicity Filtering

| General | Practices | Ethnicity | Conditions | Medications | Date Range (Results) | Date Range (Visits) | Patient Status | Health Care Homes | Risk Factors | Saved Filters |
|----------|----------------|-----------------|------------|-------------|----------------------|---------------------|----------------|----------------------|--------------|-------------------|
| | | | | | | | | | 1/11 | Practices Include |
| 🗌 Indige | enous | | | | Non-Indigenous | | □ N | ot Recorded / Stated | | |
| Aborig | jinal and Torr | es Strait Islai | nder | | | | □ N | ot Recorded | | |
| Aborig | jinal | | | | | | N [] | ot Stated | | |
| Torres | Strait Island | er | | | | | | | | |

Patient data can be filtered as follows:

| Ethnicity | Indigenous Aboriginal and Torres Strait Islander Aboriginal Torres Strait Islander Non-indigenous Not Recorded/Not Stated No selection = All NOTE: Ticking multiple boxes on the top line of the table will create an OR |
|-----------|--|
| | criteria (i.e. Indigenous OR Non- Indigenous; Non-Indigenous OR Not Recorded, etc.) Ticking multiple boxes below the top line will create an AND criteria. |

8.6 Conditions Filtering

Conditions are divided into 3 tabs.

Conditions – Chronic

Conditions included in Chronic are:

- Diabetes, including Gestational Diabetes
- Respiratory, including Asthma and COPD
- Cardiovascular, including Hypertension, Heart Failure, CVD, PVD, Stroke, Carotid Stenosis, MI, and Renal Artery Stenosis
 - when the subcategory Cardiovascular Disease (CVD) is selected, all conditions below are included as an OR search, meaning any patient with at least one of the conditions will be included in the filter
- Musculoskeletal, including Inflammatory Arthritis, Bone Disease, Osteoporosis and Osteoarthritis
- Renal Impairment, including Chronic Renal Failure, Acute Renal Failure and Undefined Renal Failure

| General | Practices Ethnicity | Conditions Medication | ns Date Rang | e (Results) D | Date Range (Vi | sits) Patient Status | Health Care Homes | Risk Factors | Saved Filters | | | 2 / 2 Practices Included |
|-----------|---------------------|-----------------------|--------------|---------------|----------------|----------------------|-------------------|--------------|-----------------|------|-----------------------|----------------------------------|
| Chronic | Mental Health C | Cancer Other | | | | | | | | | | |
| Diabetes | | Respiratory | | Cardiovascula | r | | | | Musculoskeletal | | Renal Impairment | |
| 🗌 Yes | No | Ves | No | 🗌 Yes | 🗌 No | | | | □ Yes | 🗌 No | □ Yes | □ No |
| Type II | No | 🗌 Asthma 📋 | No | Hypertension | No | | | | Inflamatory | 🗌 No | Chronic Renal Failure | □ No |
| Type I | 🗌 No | COPD | No | Cardiovascul | ar Disease (C\ | /D): | | | Musculoskeletal | 🗌 No | Acute Renal Failure | No |
| Undefine | d Diabetic 🗌 No | | | Heart Failure | No | | | | Bone Disease | 🗌 No | | |
| Type I or | 11 | | | CHD | No | DVD | No | | Osteoporosis | No | | |
| Gestation | nal 🗌 No | | | Stroke | No | Carotid Stenosis | No | | Osteoarthritis | □ No | | |
| | | | | I MI | No | Renal Artery Steno | sis 🗌 No | | | | | |
| | | | | | | | | | 1 | | | <i>I</i> Clear Conditions |

Conditions – Mental Health

Conditions included in Mental Health are:

- Mental Health, including High Prevalence (Anxiety, Depression), Low Prevalence (Schizophrenia and Bipolar)
- MH Degenerative, including Dementia
- MH Development, including ADHD and Autism
- MH Other including Postnatal Depression.

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Statu | s Health | Care Homes | Risk Factors | Saved Filters | | |
|--------------|---------------|-----------|------------|-----------------|---------|---------------|--------------|------------|--------------|----------------------|----|------------------------------|
| Chronic | Mental Health | Other | | | | | | | | | | |
| Mental Healt | th | | | MH - Degenerati | ve | | MH - Develop | mental | | MH - Other | | |
| Ves | | D | | Dementia | No | | Ves 1 | No | | Postnatal Depression | No | |
| High Prev | alence | | | | | | ADHD | No | | | | |
| Anxiety | N | D | | | | | Autism | No | | | | |
| Depressio | on 🗌 N | D | | | | | | | | | | |
| Low Preva | alence | | | | | | | | | | | |
| Schizophr | renia 🗌 N | D | | | | | | | | | | |
| Bipolar | N | D | | | | | | | | | | |
| | | | | | | | | | | | | <i> Clear</i> Conditions |

Conditions – Other

Conditions included in Other are:

- Atrial Fibrillation
- Hyperlipidaemia
- Pregnancy
- Drug Abuse
- Hepatitis and Liver
- STI, including Chlamydia, Gonorrhoea, Trichomoniasis and Syphilis

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care I | Homes | Risk Factors | Saved Fi | ilters | | |
|-------------------------------|---------------------------------|-----------|---------------|-------------|-----------|----------------|---------------|-------|---------------------------------------|-------------|-------------------|--|--|
| Chronic | Mental Health | Other | | | | | | | | | | | |
| Atrial Fibrill | lation | | Hyperlipidaen | nia | Pregnancy | | Drug Abuse | | Hepatiti | s and Liver | | STI | |
| ☐ Yes Familial Hy ☐ Yes | □ No percholesterole □ No | mia | ☐ Yes | No | ☐ Yes | □No | ☐ Yes | No | ☐ Hepa ☐ Hepa ☐ Hepa ☐ Liver | titis B |]No]No]No | ☐ Yes ☐ Chlamydia ☐ Gonorrhoea ☐ Trichomoniasis ☐ Syphilis | No No No No No |
| | | | | | | | | | | | | | Clear Conditions |

Selecting Conditions by ticking the boxes will limit your data to look at only patients that match all the conditions ticked:

- Condition Yes, No,
- no selection = All

You can select to filter by patients that

- Have a condition (tick the Yes box)
- Do not have a condition (tick the No box)

If you tick one of the main condition headings (bolded) the sub-heading selections will not be available and all patients matching any of the conditions listed below will be selected. This is an OR search, as opposed to selecting each condition separately which will result in an AND search.

In some filters there is a heading in *italics* and <u>underlined</u>, for example the <u>Cardiovascular Disease (CVD)</u> and <u>Bone</u> <u>Disease</u> in the screenshot above. Selecting this heading will create a filter for patients with any of the specific

conditions listed below, in the case of <u>Cardiovascular Disease (CVD)</u> it will include patients with any of the conditions CHC, Stroke, MI, PVD, Carotid Stenosis and Renal Artery Stenosis. This is an OR search, meaning that all patients with at least one of the listed conditions will be shown.

8.6.1 Pregnancy

Pregnancy is included under the **Conditions > Other** filter. Ticking this as 'Yes' will give you a list of the patients who are currently flagged as pregnant in the clinical system.

8.6.2 Cancer Filter

This filter will allow to filter for patients with an active cancer condition and works in the same way as the other filters. Individual diagnosis or groups can be selected and, if needed, combined with other filters.

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health C | Care Homes | Risk Factors | Saved Filters | | | 7 / 7 Practices Included |
|--------------|---------------|-----------|------------|--------------------|---------|----------------|-----------------|-----------------|--------------|---------------|--------------------------|--------|--------------------------|
| Chronic | Mental Health | Cancer | Other | | | | | | | | | | |
| Blood and In | nmune System | Breast | | Digestive | | | Genitourinary a | and Gynecologic | Skin | | Thoracic and Respiratory | | |
| 🗌 Yes | 🗆 N | o Breas | st 🗌 No | Yes | No | | | Ves | No | 🗌 Melanoma | No | 🗌 Lung | 🗌 No |
| 🗌 Leukemia | a 🗌 N | 0 | | Bowel (Colorectal) | No | | | Cervical | No | | | | |
| Lymphom | na 🗌 N | 0 | | Pancreatic | No | | | 🗌 Ovarian | 🗌 No | | | | |
| Multiple M | lyeloma 🗌 N | 0 | | | | | | Prostate | □ No | | | | |
| | | | | | | | | Uterine | No | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Clear Conditions |

Please check the 'conditions mapping' for your clinical system for full details on which conditions are mapped to the filter options. Diagnosis mapping for cancer can be found here

Best Practice: BP cancer diagnosis mapping¹⁰

MD3: MD3 cancer diagnosis mapping¹¹

Zedmed: Zedmed cancer diagnosis mapping¹²

8.7 Medications Filtering

Medications are divided into 3 tabs to allow for a greater number of medications to be selected. These are

- Medications Heart
- Medications Respiratory
- Medications Antidiabetics
- Medications Other

¹⁰ http://help.pencs.com.au/display/ADM/Conditions+Data+Category+Mappings+BP#ConditionsDataCategoryMappingsBP-cancerBP 11 http://help.pencs.com.au/display/ADM/Conditions+Data+Category+Mapping+MD3#ConditionsDataCategoryMappingMD3-cancerMD 12 http://help.pencs.com.au/display/ADM/ICPC-2+PLUS+GROUPERS+ZEDMED#ICPC-2PLUSGROUPERSZEDMED-cancerZedmed

| General Pra | actices | Ethnicity Condition | | dications Date Range (Result | s) Date | Range (Visits) | Patient Status | Health Car | enomes | Risk Factors | Saved Filters |
|-------------|---------|---------------------|----------|------------------------------|---------|----------------|----------------|------------|--------|--------------|------------------|
| | | | | | | | | | | 2 / 2 Pi | ractices Include |
| Medications | - Heart | Medications - Resp | piratory | Medications - Antidiabetics | Medica | tions - Other | | | | | |
| CE or ARB | | Antithrombotic | s | Beta Blockers | | Calcium | | Diuretics | | Lipid M/fyin | g |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| ACE | No | Aspirin | No | Antihypertensives | No | | | | | Statins | No |
| ARB | No | Clopidogrel | No | Chronic Heart Failure | No | | | | | Other | No |
| | | 🗌 Dabigatran | No | Myocardial Infarction | No | | | | | | |
| | | Warfarin | No | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Selecting Medications by ticking the boxes, Yes or No will limit your data to look at only patients that match the medication status selected:

• Medication – Yes, No, no selection = All

You can select to filter by patients that

- Have a current medication (tick the Yes box)
- Do not have a current medication (tick the No box)

If you tick one of the main medication headings (bolded) the sub-heading selections will not be available and all patients matching that broad medication category will be selected.

This guide is only an overview as the filters are aligned with CAT4. For full details on all medication filters please see here: Medications Filtering CAT4¹³ For details on the respiratory medication filter please see here: Respiratory Medications Filter¹⁴

¹³ https://help.pencs.com.au/display/CG/Medications+Filtering 14 https://help.pencs.com.au/display/CG/Respiratory+Medications

8.8 Date Range Results Filtering

| General | Practices | Ethnicity | Conditions | Medications | Date Range (Results) | Date Range (Visits) | Patient Status | Health Care Homes | Risk Factors | Saved Filters |
|----------------------|---------------------------|--------------------|------------|-------------|--|---------------------|----------------|----------------------------|------------------|--------------------|
| | | | | | | | | | 1/1 | Practices Included |
| The date | | d will filter ou | | | within the selected period Digital Health (SHS/ES u | | | r is not applicable to gra | phs that display | time periods. Use |
| ⊖ <= 6 m ⊖ Date F | nonths (Range (from - |) <= 12 mor to) | nths () <: | = 15 months | ○ <= 24 months | | | | | ✓ Clear Results |

This filter allows the user to view the last recorded result that falls within a specified time period or date range. This filter is not applicable to graphs that display time periods.

Use for:

- Measures
- PathologyMBS Items
- After Hours
- Visit Types
- Digital Health (SHS/ES uploads)
- Smoking
- Alcohol
- Influenza

By selecting a date range of

- <= 6mths
- <=12 mths
- <=15 mths
- <=24 mths
- User defined range

PAT CAT will filter out results that have not been measured within the selected period.

Results outside the selected period are treated as 'Not recorded'.

This will give a more meaningful picture for charts like HbA1c where old results are generally not relevant. The filter is only applicable to some charts. Where the filter has been applied the chart title will include the selected period.

For example:

HBA1c Status [population = 6984]

with last recorded result 3/3/2008 - 3/9/2008

8.9 Saving Filters

PAT CAT allows users to save filters for later use. This will save all selections on all filter tabs and allows for faster reporting and also allows PAT CAT users who are not so familiar with all filtering options to use PAT CAT based on existing filters. To create a new saved filter first apply your filter criteria – in my example I am using active patients with Diabetes who had results in the last 6 months.

After recalculating go to the 'Saved Filters' tab and click on '+ Save Filter':

| General | Practices | Ethnicity | Conditions | Medications | Results | Saved Filters | May 2014 |
|-----------|-----------|-----------|------------|-------------|---------|---------------|----------|
| + Save Fi | lter | | | | | | |

This will prompt you for a name – choose a meaningful name but remember that all filter criteria will be shown in the saved filter selection, too.



Figure 88: Name Saved Filter

PAT CAT will save the filter and display it for all users under the 'Saved Filters' tab. To apply it to your data simply click the 'Load' button.

| | General | Practices | Ethnicity | Conditions | Medications | Results | Saved Filters | | May 2014 |
|---|-------------|-----------------|-----------|------------|---------------------|----------------|-----------------------|-----------------------------|----------|
| | | | | | | | | | |
| | Filter Name | • | | De | scription | | | | |
| 2 | Diabetic pa | tients 6 months | results | Filt | ering By: Active Pa | itients, Condi | tions: (Diabetes - Yl | ES), Last Results <= 6 mths | |

Figure 89: Saved Filter

Figure 87: Add Saved Filter

8.10 Patient Status Filter

This filter allows to filter for the following criteria:

- All patients not archived (made inactive) and not deceased including
 - Current (Communicare only)
 - Transient (Communicare/Zedmed only)
 - Banned (Communicare only)
- Archived (made inactive/past patients)
 - Inactive
 - Past (Communicare only)
- Deceased

By default all patients not archived/made inactive/past patients are selected which is the same population you would see in CAT4 and have seen in the past. Most practices don't upload archived or deceased patients, but even if they do, the default settings exclude those patients from the reports. Not all clinical systems allow to record this information and/or CAT4 is not extracting all information. Currently the filters around banned/transient are going to affect data from Communicare and Zedmed clinics

- Communicare users have additional options to describe patient status and these can be used to further filter your data. By default all but archived and/or deceased patients are included in the reports, but patients listed as transient or banned can be removed by un-ticking the respective boxes.
- Zedmed users can record a patient status as 'casual' this will be mapped to 'transient' in CAT4 and those patients can be removed from your reports by unticking the 'Transient' box.

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care Homes | Saved Filters |
|------------|------------------|---------------|-------------------|--------------------|---------------|----------------|-------------------|---------------|
| 🕑 All pati | ents in the prac | ctice who are | not archived (ina | ictive/past) and a | re not deceas | ed | | |
| 🕑 Cur | rent | | | | | | | |
| 🖉 Trar | isient | | | | | | | |
| 🕑 Ban | ned | | | | | | | |
| 🗌 Archiv | ed (Inactive/Pas | st) | | | | | | |
| 🗌 Inac | tive | | | | | | | |
| 🗌 Pas | t | | | | | | | |
| 🗌 Decea | sed | | | | | | | |
| | | | | | | | | |

8.11 Health Care Homes Filter

This filter allows to filter for patients who have been flagged as enrolled in the HCH trial using CAT4 or Topbar. This functionality is not available to all users, as it is currently under trial in selected practices only.

You can filter for patients using the following criteria:

- Enrolled
 - Tier 1
 - Tier 2
 - Tier 3
- Not Enrolled
 - Never Enrolled

• Withdrawn

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care Homes | Saved Filters |
|------------------------------|-----------|--------------------|------------------|-------------------|-----------------|----------------|-------------------|---------------|
| Patient Enro Important: V | | filter or creating | i prompts any se | elections made he | ere are ignored | | | |
| Enrolled | | | Not Enrolle | | | | | |
| | | | | | | | | |
| Tier 1 | | | Never Enro | | | | | |
| Tier 2 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

8.12 Risk Factor Filtering

The risk factor filter provides indicators around risk such as smoking, alcohol, pregnancy and more. As with all filters in PAT CAT the functionality is the same as in CAT4 and full details for the risk factor filter are provided here:

Risk Factors Filtering CAT4¹⁵

The option to filter for patients at risk for pneumococcal disease uses a complex list of criteria, for full details see here: Details of Risk Factor Filter Pneumococcal¹⁶

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care Homes | Risk Factors | Saved Filters | |
|---------------------------|--------------------|----------------|------------------|--------------------|-----------|----------------------|-------------------|--------------|----------------------|--------------------|
| Risk Facto | OFS | | | | | | | | | |
| Substand | ce Abuse | | | | Requires | Immunisation | | | Other Risk Categorie | es |
| Smokir | ng | | | | Has Condi | tions increasing ris | k of | | Pregnancy | |
| Alcoho | I - Drinker | | | | Pneumo | ococcal | | | Obesity | |
| Alcoho | I - Drinker High I | Risk* | | | | | | | | |
| Medica | ation/Drug abuse | 9 ** | | | | | | | | |
| * 2 or more ** Diagnos | | gular occasion | or more than 4 d | Irinks on any occa | sion | | | | I | Clear Risk Factors |

¹⁵ https://help.pencs.com.au/display/CG/Risk+Factors+Filtering

¹⁶ https://help.pencs.com.au/display/CG/Details+of+Risk+Factor+Filter+Pneumococcal

8.13 Date Range Visits Filtering

| General | Practices | Ethnicity | Conditions | Medications | Date Range (Results) | Date Range (Visits) | Patient Status | Health Care Homes | Risk Factors | Saved Filters |
|----------|--------------|-----------------|-----------------|------------------|----------------------------|---------------------|----------------|-------------------|--------------|--------------------|
| | | | | | | | | | 2/2 | Practices Included |
| | ge for Visit | d will filter o | it patients who | have not visited | within the selected period | 1 | | | | |
| | ange selecte | | | nave not visited | i waaan ale selested penoe | | | | | |
| ○<= 6 m | onths | ● <= 12 mo | nths 🔾 <: | = 15 months | ⊖<= 24 months | | | | | |
| O Date R | ange (from - | to) | | | | | | | | |
| | 31 to | | 31 | | | | | | | 🥭 Clear Visits |

This filter allows to filter for patients that have visited in a specific time period. This filter will remove all patients that have not visited in the specified period for most reports.

Unlike the 'Last Visit' filter criteria on the 'General' tab, this filter can be used to analyse data from patients that have visited at any period of time and will show data for those patients who have visited in the specified time only.

9 LOOKING AT YOUR DATA

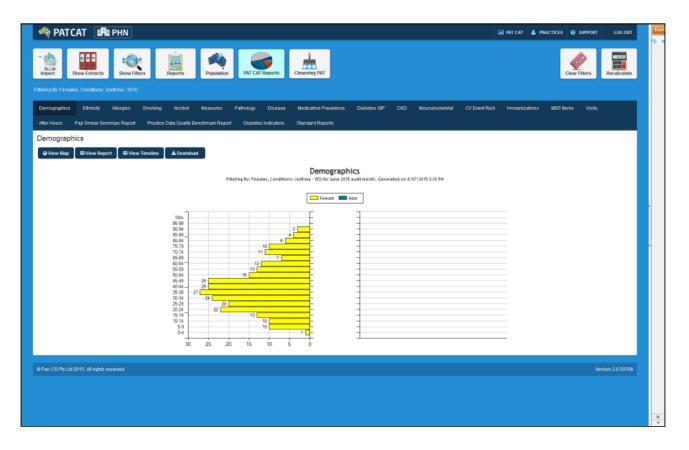
PAT CAT is showing available data in a number of reports. These reports often have to be filtered to provided meaningful information. Filter criteria will be displayed on the report graph and any exported report data. Data can be viewed as an graph or exported into a table, where the data will be displayed broken down by total for your organisation, by each group total (if used) and by individual practice/service if available.

- Reports Overview(see page 98)
 - View Population(see page 98)
 - Viewing and Exporting Report Data(see page 99)
 - Adjusted Column Details(see page 101)
- Data Set Reports(see page 103)
 - Downloading Report Data(see page 105)
 - Demographics Report(see page 105)
 - Ethnicity(see page 106)
 - Allergies(see page 107)
 - Smoking(see page 107)
 - Alcohol(see page 109)
 - Measures(see page 110)
 - Pathology(see page 112)
 - Disease(see page 115)
 - Cancer Report(see page 116)
 - Screening(see page 117)
 - Pap Smear Reports(see page 117)
 - Mammogram(see page 118)
 - FOBT Report(see page 122)
 - Cervical Screening(see page 128)
 - Co-Morbidities(see page 130)
 - Medication Prevalence and Per Patient(see page 131)
 - Diabetes SIP Items(see page 133)
 - CKD(see page 134)
 - Musculoskeletal(see page 136)
 - CV Event Risk(see page 136)
 - CIS Calculated CV Event Risk(see page 139)
 - Immunisations(see page 139)
 - COVID-19 Vaccinations(see page 141)
 - MBS Items(see page 144)
 - COVID-19 Vaccinations MBS Items(see page 148)
 - Visits(see page 149)
 - After Hours(see page 150)
 - Pap Smear Summary Report (see page 152)
 - Practice Data Quality Benchmark(see page 152)
 - Diabetes Indicators(see page 161)
 - Standard Reports(see page 161)
 - Digital Health(see page 161)
 - My Health Record and SHS(see page 161)
 - My Health Record Status(see page 162)
 - SHS Uploads(see page 163)
 - SHS Age(see page 164)
 - STI Screening PAT CAT(see page 164)
 - STI Screening Graphs PAT CAT(see page 165)
 - QIM Reports(see page 166)

9.1 Reports Overview

Once you have selected your data set extract and your data filters, click 'Recalculate'. You are ready to work with the data set of patients that match the selected conditions.

The data set for this example has been filtered on Gender = Female and Condition = Asthma.



- View Population(see page 98)
- Viewing and Exporting Report Data(see page 99)
- Adjusted Column Details(see page 101)

9.1.1 View Population

Click the '**Population'** button at the top of the screen to get a summary of the population that has been selected in the currently filtered dataset.



This will pop up the 'View Population' window showing the Total Population figure for filtered population as well as the population figure broken down for each practice.

| View Popu | ation | | | |
|--------------|--------------------------|----------------------------|----------------------------|--------------------|
| Total P | opulation: 8,87 | 0 | | |
| Filtering By | : Active Patients for Ju | ne 2015 audit month. Gener | ated on 9/07/2015 10:15 AM | |
| Practice | Total Population | Extract Population | Extract Date | Date Loaded |
| GTCMC | 1,990 | 5,734 | 13/06/2015 4:25:35 PM | 8/07/2015 12:14 PM |
| SMC | 1,562 | 4,503 | 13/06/2015 4:24:26 PM | 8/07/2015 12:21 PM |
| | 5,318 | 15,194 | 13/06/2015 4:26:01 PM | 8/07/2015 12:36 PM |

NOTE: If you are logged on as a practice, you will still see the Total Population figure, but you will only see the population for the practice which you have logged on as.

9.1.2 Viewing and Exporting Report Data

Every report tab has the options below to work with the data represented as a graph in the report.

- View Map will open the map view please see VIEW MAP FUNCTION(see page 171) for full details
- View Report will show the data in a table as detailed below
- View Timeline will show a line graph please see TIMELINE REPORTING(see page 178) for full details
- Download will download the data in CSV format please note that all filters will be applied to the downloaded data, but not your show/hide column preferences



Clicking on **View Report** will open a new window to show the data specific to the report selected. The example below is from the 'Smoking' report.

| Smoking Status | | | | ↓ | | | | | | | | | | | | |
|--------------------------------------|--------------|----------|----------|------------|---------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|
| ▲ Show / Hide Columns | | | | | | | | | | | | | | | | |
| No filters applied on June 2015. Gen | erated on 24 | /06/2015 | 1:11 AM | | | | | | | | | | | | | |
| Measure | PENCS | PENCS % | Adjusted | Adjusted % | TGR | TGR % | GTCMC | GTCMC % | VGP | VGP % | GTC//C | GTCMC % | PCSMC | PCSMC % | VGP | VGP % |
| Total Population | 150,000 | | 150,000 | | 100,000 | | 50,000 | | 50,000 | | 50,000 | | 50,000 | | 50,000 | |
| Daily Smoker | 9,176 | 6.12 % | 9,176 | 6.12 % | 6,131 | 6.13 % | 3,061 | 6.12 % | 3,070 | 6.14 % | 3,061 | 6.12 % | 3,045 | 6.09 % | 3,070 | 6.14% |
| Irregular Smoker | 2,126 | 1.42 % | 2,126 | 1.42 % | 1,420 | 1.42 % | 708 | 1.42 % | 712 | 1.42 % | 708 | 1.42 % | 706 | 1.41 % | 712 | 1.42 % |
| Ex Smoker | 13,805 | 9.20 % | 13,805 | 9.20 % | 9,206 | 9.21 % | 4,574 | 9.15 % | 4,632 | 9.26 % | 4,574 | 9.15 % | 4,599 | 9.20 % | 4,632 | 9.26 % |
| Never Smoked | 44,466 | 29.64% | 44,466 | 29.64% | 29,665 | 29.67 % | 14,790 | 29.58 % | 14,875 | 29.75 % | 14,790 | 29.58 % | 14,801 | 29.60 % | 14,875 | 29.75 % |
| Nothing Recorded | 69,773 | 46.52 % | 69,773 | 46.52 % | 46,467 | 46.47 % | 23,299 | 46.60 % | 23,168 | 46.34 % | 23,299 | 46.60 % | 23,306 | 46.61 % | 23,168 | 46.34 % |
| Age<10 and Nothing Recorded | 10,654 | 7.10 % | 10,654 | 7.10% | 7,111 | 7.11% | 3,568 | 7.14% | 3,543 | 7.09 % | 3,568 | 7.14% | 3,543 | 7.09 % | 3,543 | 7.09 % |

The first two columns show the aggregated data (numbers and %) for your organisation and the next two columns show the 'Adjusted' totals and percentage. Please see this page(see page 101) for more details on how the adjusted column works and how it can be used when combined with filters.

The Benchmark Report can be saved as PDF file, by clicking the 'Save PDF' button in the top right hand corner of the report pane.

Show / Hide Columns

The button allows you to customise which columns are displayed – this makes working with large numbers of clinics easier:

| Show Hide Columns | | | | × |
|---------------------------------|-----------|--------------------------------|--------|---------|
| Practice Grouping | | Individual | | |
| B-♥ DiabGrp ♥ GTCMC ♥ SMC | | ✓ GTCMC ✓ VGP | ✓ SMC | |
| ⊟-IV SGP IIV SMC IIV SMC | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Select All | ar DReset | | B Save | • Close |

Regardless of the Show/Hide settings you have applied, the export to CSV will always export all columns.

NOTE: If you are logged on as a practice, you will still see the Org and Adjusted columns in the 'View report', but you will only see the population for the practice which you have logged on as.

Clicking on **View Map** will allow for the information to be mapped, functions are described in the View Map Function(see page 171) chapter

Clicking on the '**View Timeline**' button will allow you to see the report data (filtered or unfiltered) for all uploaded extracts plotted over time, please see Section 10(see page 178) for more details

9.1.3 Adjusted Column Details

- With PAT CAT version 3.3 and above we have introduced the following behaviour for a number of different patient statuses:
 - If a duplicate patient is "Deceased" then virtual patient is marked as "Deceased"
 - If any of the duplicate patients is status "Current", "Transient" or "Banned" then virtual patient is marked as "Active"

The Adjusted column is designed to remove duplicate patients i.e. it will count patients who have visited multiple practices in a PHN catchment only once.

Where a patient has records from multiple practices, a virtual patient record is created which combines the records into one (refer [Virtual Patient]). The number in the 'Adjusted' column will count the 'virtual' patient record for these patients rather than the separate records that have been uploaded.

The Adjusted column will give a more accurate count of patients in the PHN catchment in contrast to the PHN (or other Organisation) total column which includes all patients records that have been uploaded from the individual clinics, and hence patients who have visited more than one practice in an organisation's catchment will be counted more than once.

Adjusted Column without Practice Filters

When used for the whole catchment (no Practice filters) the Adjusted column will normally show a lower number than the PHN total column, as all patients are included and duplicates are removed. Based on observed numbers this can be between 10 and 25% less patients as visiting more than one practice is very common.

Occasionally though when using filters, the adjusted column can be higher than the total. Consider this example:

- 1. A patient has visited multiple practices
- 2. The patient has a diagnosis of Asthma recorded at one practice but not the other this means the virtual patient has a diagnosis of Asthma
- 3. The patient is an active patient (3 or more visits to one practice) at one practice but not the other this means the virtual patient is an active patient

| Patient | Asthma | Active Status |
|-----------------|--------|---------------|
| Practice 1 | Yes | No |
| Practice 2 | No | Yes |
| | | |
| Virtual Patient | Yes | Yes |

- 1. Filter for Active patients with Asthma.
- 2. The virtual patient meets the criteria for both but neither of the individual patient records do. When you apply the filter for Active patients with Asthma there will be none in the PHN Total column but one patient in the Adjusted column

Using this example, we can show how the Adjusted column can appear to have more patients then the Total practice population count. We have found these cases are rare and usually the differences in the counts are very small.

| Practice Name | Total Population | Adjusted Population |
|---------------|------------------|---------------------|
| Practice 1 | 0 | 1 |
| Practice 2 | 0 | 1 |

Adjusted Column with Practice Filters

When used with practice filters, the Adjusted column will include patients that have had any visit to the practice(s) selected. The data for the virtual patient may include data that has originated from another practice that is not part of the filter. This often has the effect of returning higher numbers in the Adjusted column compared to the PHN total column.

It should be noted that the virtual patient record, which is a combined record from multiple practices, provides a more complete picture of the patient than the data from one practice alone. This can provide very interesting insights when filtering for one practice alone as it enables a view of how much patient data has been recorded elsewhere and is missing from the practice's own records.

In the example below the filters applied are for one practice and for patients with diabetes. The PHN total column shows there are 819 patients at the practice that meet this criteria but the Adjusted column shows 1061. This means there are 242 patients who have been diagnosed with diabetes at one or more other practices and the diagnosis is missing in the practice's own records.

The practice actually has 1,061 patients with diabetes. This might be because there are patients that have come to the practice once for something minor so the history wasn't recorded in detail and the diabetes diagnosis was never made, or for a number of other reasons.

| Filtering By: Practice: practice XXX | | Conditions | : (Diabetes | - YES) for Au | gust 2016 audit month. Generat | ted on 31/08/2016 10:38 AM |
|--------------------------------------|-----|------------|-------------|---------------|--------------------------------|----------------------------|
| Measure | PHN | PHN % | Adjusted | Adjusted % | practiceXXX | practiceXXX % |
| Total Population | 819 | | 1,061 | | 819 | |
| Diabetes Type II | 584 | 71.31 % | 786 | 74.08 % | 584 | 71.31 % |
| Diabetes Type I | 93 | 11.36 % | 106 | 9.99 % | 93 | 11.36 % |
| Undefined Diabetes | 145 | 17.70 % | 174 | 16.40 % | 145 | 17.70 % |
| Asthma | 115 | 14.04 % | 158 | 14.89 % | 115 | 14.04 % |
| COPD | 59 | 7.20 % | 86 | 8.11 % | 59 | 7.20 % |
| СНД | 114 | 13.92 % | 171 | 16.12 % | 114 | 13.92 % |
| Heart Failure | 26 | 3.17 % | 44 | 4.15 % | 26 | 3.17 % |
| Hypertension | 400 | 48.84 % | 589 | 55.51 % | 400 | 48.84 % |
| Stroke | 44 | 5.37 % | 76 | 7.16 % | 44 | 5.37 % |
| Anxiety | 63 | 7.69 % | 102 | 9.61 % | 63 | 7.69 % |
| Depression | 123 | 15.02 % | 192 | 18.10 % | 123 | 15.02 % |
| Schizophrenia | 7 | 0.85 % | 14 | 1.32 % | 7 | 0.85 % |
| Bipolar | 5 | 0.61 % | 9 | 0.85 % | 5 | 0.61 % |
| ADHD | 4 | 0.49 % | 4 | 0.38 % | 4 | 0.49 % |
| Autism | 1 | 0.12 % | 1 | 0.09 % | 1 | 0.12 % |
| Dementia | 7 | 0.85 % | 14 | 1.32 % | 7 | 0.85 % |
| Postnatal Depression | 0 | 0.00 % | 1 | 0.09 % | 0 | 0.00 % |
| Osteoporosis | 42 | 5.13 % | 64 | 6.03 % | 42 | 5.13 % |
| Osteoarthritis | 164 | 20.02 % | 254 | 23.94 % | 164 | 20.02 % |
| Inflammatory Arthritis | 17 | 2.08 % | 28 | 2.64 % | 17 | 2.08 % |

The adjusted column was not designed for this function but it can provide interesting data as it enables the PAT CAT user to see information about patient groups that has been entered at other clinics than the one(s) filtered for. It does not provide information where the information was entered, but it might still be useful for some research.

Generally we don't recommend to use the adjusted data for reporting when filtering by practice(s), but as the above example shows, there can be valuable information gained from this report when filtering for one practice.

9.2 Data Set Reports

Remember: Click the Hide Extracts and Hide Filter buttons to maximise the use of your screen for viewing results after applying the relevant filters.

The tabs along the top of the reports panel allow you to view various graphical representations of your data set.



All views and reports are of the filtered data set not the full data set. Each report has a number of additional options to display the data – the default is the graph, but the buttons on the report screen provide access to the other data formats and are described in this guide.

All reports are based on the data extracted by CAT4 from the different clinical systems. Please check the relevant mapping guides for details on what is extracted from which system. The guides are available at: help.pencs.com.au/ cat.htm¹⁷

Currently available reports in PAT CAT:

- Downloading Report Data(see page 105)
- Demographics Report(see page 105)
- Ethnicity(see page 106)
- Allergies(see page 107)
- Smoking(see page 107)
- Alcohol(see page 109)
- Measures(see page 110)
- Pathology(see page 112)
- Disease(see page 115)
 - Cancer Report(see page 116)
- Screening(see page 117)
 - Pap Smear Reports(see page 117)
 - Mammogram(see page 118)
 - FOBT Report(see page 122)
 - Cervical Screening(see page 128)
- Co-Morbidities(see page 130)
- Medication Prevalence and Per Patient(see page 131)
- Diabetes SIP Items(see page 133)
- CKD(see page 134)
- Musculoskeletal(see page 136)
- CV Event Risk(see page 136)
 - CIS Calculated CV Event Risk(see page 139)
- Immunisations(see page 139)
 - COVID-19 Vaccinations(see page 141)
- MBS Items(see page 144)
 - COVID-19 Vaccinations MBS Items(see page 148)
- Visits(see page 149)
- After Hours(see page 150)
- Pap Smear Summary Report(see page 152)
- Practice Data Quality Benchmark(see page 152)
- Diabetes Indicators(see page 161)
- Standard Reports(see page 161)
- Digital Health(see page 161)
 - My Health Record and SHS(see page 161)
 - My Health Record Status(see page 162)
 - SHS Uploads(see page 163)
 - SHS Age(see page 164)
- STI Screening PAT CAT(see page 164)
 - STI Screening Graphs PAT CAT(see page 165)
- QIM Reports(see page 166)

¹⁷ http://help.pencs.com.au/cat.htm

9.2.1 Downloading Report Data

Clicking on '**Download**' will show a dialog which allows to save the data of the current report as either an image, comma delimited data (csv) or as portable document format (pdf). You can choose the folder where the file will be saved in the dialogue window of your browser or you might be prompted to open the file depending on your web browser preferences.



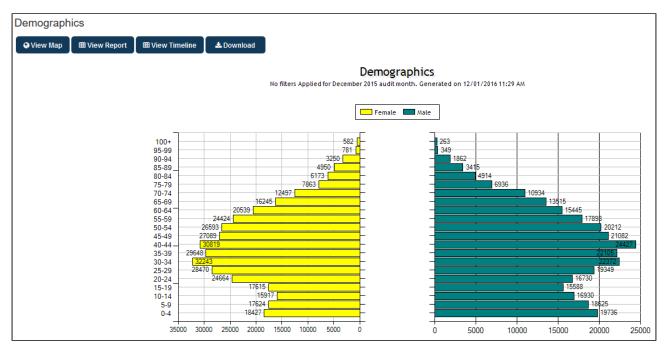
Figure 97: Download Report Data Choices

NOTE: If you are logged on as a practice you will be offered to save either the aggregated data graph or your own practice data graph. In the example above only the PHN or other organisation data is available as a graph as we are logged on as an organisation.

9.2.2 Demographics Report

Demographics displays your entire data set as a breakdown of males/females and age group. The data is displayed as a bar chart showing the number of patients per age group.

Choosing to view demographics in months allows children to be targeted.





9.2.3 Ethnicity

Ethnicity is displayed as a pie chart with the pie chart breaking down the population by Aboriginal and Torres Strait Islander, Aboriginal, Torres Strait Islander, Non-Indigenous and Not Recorded.

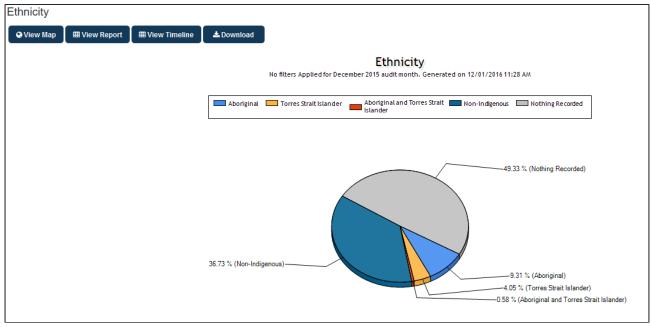


Figure 99: Ethnicity Report

9.2.4 Allergies

The Allergies report displays your data as a breakdown of allergy status: Allergy Recorded, No Known Allergies, Nothing Recorded. The data is displayed as a pie chart.

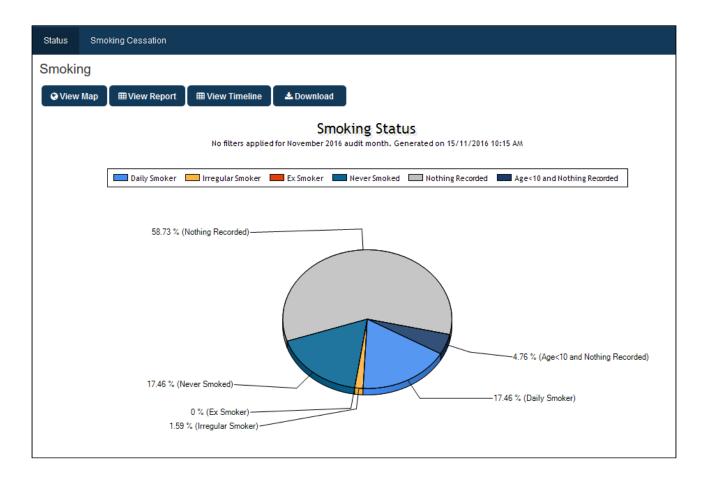
The percentage in each allergy status group is displayed for each segment of the pie chart.

| Allergy Status | | | | | |
|----------------|---------------|------------------------|--------------------|--|----|
| ♥ View Map | I View Report | ⊞ View Timeline | 📥 Download | | |
| | | | No filters Applied | Allergy Status for December 2015 audit month. Generated on 12/01/2016 11:30 | АМ |
| | | | Allergy | /Recorded 🔲 No Known Allergies 📕 Nothing Recorded | |
| | | | | | |
| | 52.89 % (N | lo Known Allergies)——— | | | |
| | | | | | |

Figure 100: Allergies Chart

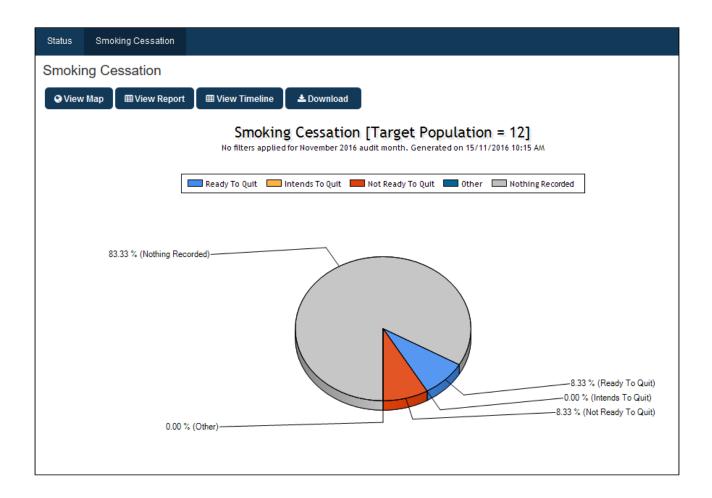
9.2.5 Smoking

Smoking displays your data as a breakdown of smoking status: Daily Smoker, Irregular Smoker, Ex Smoker, Never Smoked, Nothing Recorded. The data is displayed as a pie chart.



The 'Cessation' report is currently only available for MD3 users and shows the 'Stage of change assessment' from the patients smoking assessment. This report is using the daily and irregular smokers only as cessation is not relevant for non or ex-smokers.

The pie chart shows the number and percentage of patients ready to quit, intending to quit, not ready to quit, nothing recorded or 'other', with 'other' being a 'recent quitter' in the MD3 patient record.



9.2.6 Alcohol

Alcohol displays your data as a breakdown of alcohol status: Drinker, Non Drinker, Nothing Recorded. The data is displayed as a pie chart.

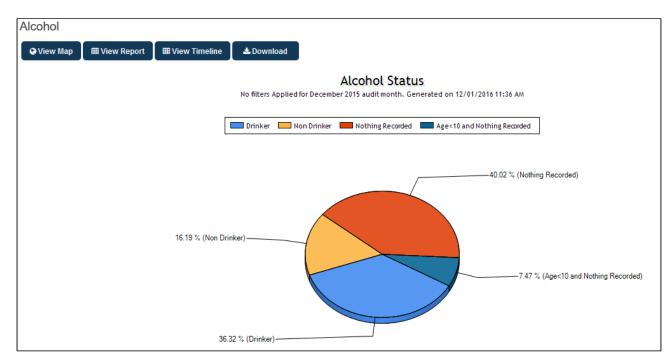


Figure 102: Alcohol Chart

9.2.7 Measures

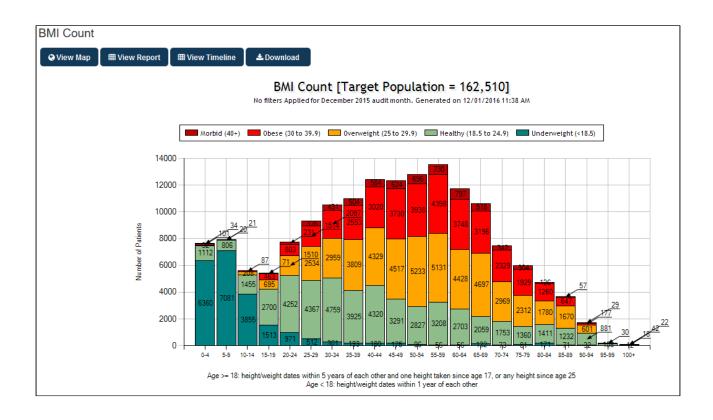
Measurements reports against:

- BMI (Body Mass Index)
- Waist
- BP (Blood Pressure)
- Spirometry
- Physical Activity

BMI (Body Mass Index)

Measurements > BMI displays your data as a breakdown of BMI status: Morbid Obesity (40+), Obese(30 to 40), Overweight(25 to 29.9), Healthy(18.5 to 24.9), Underweight(<18.5). The data is displayed as

• Count per age range in a bar chart



Waist

Measurements > Waist displays your data as a breakdown of risk status. The risk ranges differ depending on whether you are measuring waist for risk of CVD or Diabetes. CAT provides 2 separate tabs:

- Waist > CVD Risk
- Waist > Diabetes Risk

Ranges are displayed in pie charts:

| CVD Risk | Diabetes Risk |
|--|---|
| Male <94, 94-102, >102, no waist recorded Female <80, 80-88, >88, no waist recorded | Non ATSI Male < 102, 102-110, >110 Non ATSI Female <88, 88-100, >100 ATSI Male <90, 90-100, >100 ATSI Female <80, 80-90, >90 |

and No Waist Recorded.

BP (Blood Pressure)

Measurements > BP displays your data as a breakdown of BP status: <=130/80, 130/80-140/90, >140/90, Incomplete Data, No BP Recorded. The data is displayed as a pie chart.

NOTE: A patient's BP must have both systolic and diastolic values recorded on the same day to be valid. The most recent recording is used. If only one value is recorded this will be invalid and display in the 'No BP Recorded' category.

A patient's BP will be shown in the higher segment if either of the systolic or diastolic values is above the cut-off. For

example a BP of 141/85 will end up in the >140/90 category.

Spirometry

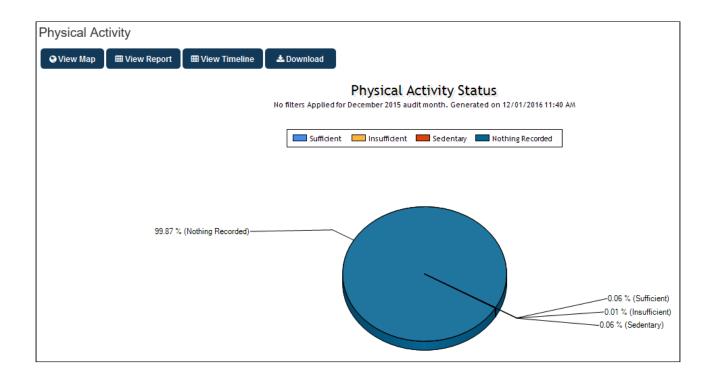
Measurements > Spirometry displays your data as a breakdown of date last recorded: FEV1/FVC <0.7, FEV1/FVC >=0., Nothing Recorded. The data is displayed as a pie chart.

For all Measurements Reports, clicking on **View Report** will open a sub-set of the Benchmark Report to show data specific to BMI, Waist, BP or Spirometry.

Clicking on **View Map** will allow for measurements information to be mapped, functions are the same as described for View Map Function (Section 9)

Physical Activity

Measurements > Physical Activity displays information in regards to the physical activity status of the patients in a pie chart. The data is broken down into Sufficient (activity), insufficient, Sedentary and Nothing Recorded.



9.2.8 Pathology

Pathology reports against:

- Lipids (includes Cholesterol, HDL, LDL, Triglycerides, Total Chol/HDL Ratio)
- eGFR (Estimated Glomerular Filtration Rate)
- ACR (Albumin Creatinine Ratio)
- Microalbumin
- HbA1c
- FBG (Fasting Blood Glucose)
- RBG (Random Blood Glucose)
- INR
- Creatinine Serum

For all pathology reports the same options to view the data as for the other reports are available:

Lipids

Pathology > Lipids displays your data as a breakdown of:

- Cholesterol: <4.0, >4.0 and <=5.5, >5.5 and <=6.5, >6.5 and <=7.5, >7.5, No Cholesterol Recorded.
- HDL: <1.0, >1.0 and <=2.0, >2.0, No HDL Recorded
- LDL: <2.5, >2.5 and <=4.0, >4.0, No LDL Recorded
- Triglycerides: <2.0, >2.0 and <=4.0, >4.0, No Triglycerides Recorded
- Total Chol/HDL Ratio: <3.5, >3.5 and <5.0, >5.0, No Total Chol/HDL Ratio Recorded

The data is displayed as a pie chart.

eGFR (Estimated Glomerular Filtration Rate)

Pathology > eGFR displays your data in mg/ml as a breakdown of:

- >= 90
- >=60 to <90
- >=45 to <60
- >=30 to <45
- >=15 to <30
- <15
- No Data

The eGFR value is obtained through pathology results or via calculation (see below). Where both are available the latest value is displayed in the graph.

The data is displayed as a pie chart.

Calculation method:

eGFR (ml/min) is calculated using the CKD-EPI formula from serum creatinine measurement (in μ mol/L), age and gender. This formula is

 $eGFR = 141 \times min(SCr/k,1)^{a} \times max(SCr/k,1)^{-1.209} \times 0.993^{Age} \times [1.018 \ if \ Female] \times [1.159 \ if \ Black]$

where SCr is serum creatinine in mg/dL (convert from μ mol/L to mg/dL by dividing by 88.4) k is 0.7 for females and 0.9 for males a is -0.329 for females and -0.411 for males

min indicates the minimum of SCr/k or 1, and max indicates the maximum of SCr/k or 1 The CKD-EPI formula is for age \geq 18. For children the Schwartz equation is used: GFR (mL/min/1.73 m2) = (0.41 x Height) / (Serum creatinine / 88))

ACR (Microalbumin Creatinine Ratio)

Pathology > ACR displays your data as a breakdown of:

- <2.5 Male
- <3.5 Female
- 2.5 25 Male
- 3.5 35 Female
- >25 Male
- >35 Female
- No Gender
- No Data

ACR is either collected directly or is calculated as ACR (mg/mmol) = microalbumin (mg/L) / urinary creatinine (mmol/L) where microalbumin and urininary creatinine have the same date The data is displayed as a pie chart.

Microalbumin

Pathology > MALB displays your data as a breakdown of:

- <= 15 mg/L
- 15 mg/L
- No Data

The data is displayed as a pie chart.

HBA1c

Pathology > HBA1c displays your data as a breakdown of HBA1c status:

| % ranges | Mmol/mol ranges |
|------------------|-----------------|
| <6% | <42 |
| >=6% and <= 6.5% | =>42 and <=48 |
| >6.5% and <=7 | >48 and <=53 |
| >7 and <=8 | >53, <=64 |
| >8 and < 10 | >64,<86 |
| >= 10 | >=86 |
| not recorded | |

NOTE: The reporting of HbA1c units changed in 2012/13. Refer to page 6 of the guidelines for Diabetes Management available at

{+}¹⁸http://www.diabetesaustralia.com.au/en/For-Health-Professionals/Diabetes-National-Guidelines/+

FBG and RBG

Fasting Blood Glucose displays your data as a breakdown of FBG status: <5.5%, 5.5 – 7.0, > 7.0%, No FBG Recorded.

Random Blood Glucose displays your data as a breakdown of RBG status: <7.8%, 7.8 – 11.2, > 11.2%, No RBG Recorded.

The data is displayed as a pie chart.

INR

International Normalised Ratio - INR displays your data as a breakdown of INR status: <1.5, 1.5-2.0, 2.0-3.0, 3.0-4.0, >4.0,No INR Recorded. The data is displayed as a pie chart.

Creatinine Serum

Creatinine Serum status displays your data as a breakdown of the following measurements: <45, >= 45 and < 60, >=60 and <90, >90 and <= 110, > 110, No Creatinine Serum Recorded. The data is displayed as a pie chart For all Pathology Reports, clicking on **View Report** will open a sub-set of the Benchmark Report to show data specific to the Pathology type.

Clicking on **View Map** will allow for pathology information to be mapped, functions are the same as described for View Map Function (Section 9).

9.2.9 Disease

The Disease Prevalence is calculated by identifying the number of patients with a specific disease diagnosis and expressing it as a percentage of the total population.

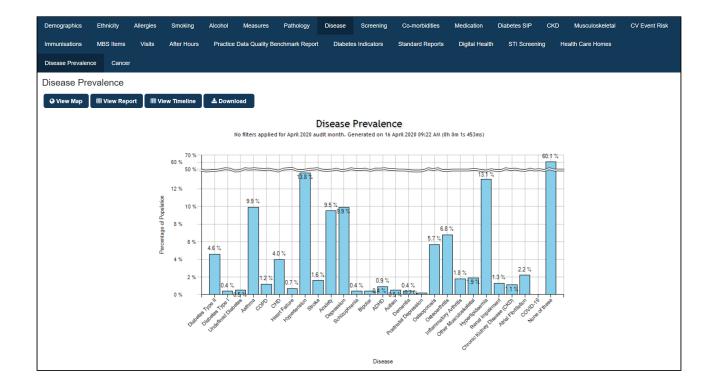
The disease categories are the same as the conditions provided in the conditions filter (except for some Mental Health Conditions).

The data is displayed as:

• Prevalence per condition as a percentage of this population in a bar chart

A bar is also provided on the chart for patients that have 'None of these' disease categories.

¹⁸ http://www.diabetesaustralia.com.au/en/For-Health-Professionals/Diabetes-National-Guidelines/



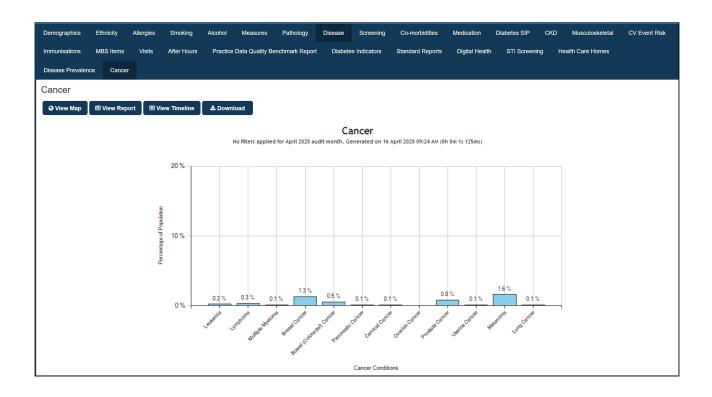
9.2.9.1 Cancer Report

This report shows the number of patients diagnosed with a range of cancer conditions. As with all CAT4 reports, this report relies on the cancer being diagnosed in coded format in your clinical system.

Please check the 'conditions mapping' for your clinical system for full details on which conditions are mapped to the filter options. Diagnosis mapping for cancer can be found here:

- Best Practice: BP cancer diagnosis mapping¹⁹
- MD3: MD3 cancer diagnosis mapping²⁰
- Zedmed: Zedmed cancer diagnosis mapping²¹

¹⁹ http://help.pencs.com.au/display/ADM/Conditions+Data+Category+Mappings+BP#ConditionsDataCategoryMappingsBP-cancerBP 20 http://help.pencs.com.au/display/ADM/Conditions+Data+Category+Mapping+MD3#ConditionsDataCategoryMappingMD3-cancerMD 21 http://help.pencs.com.au/display/ADM/ICPC-2+PLUS+GROUPERS+ZEDMED#ICPC-2PLUSGROUPERSZEDMED-cancerZedmed



9.2.10 Screening

The Screening tab contains reports on cancer screening, being Pap Smear, Mammogram and FOBT screening. Due to the format of these tests we are unable to report on the **result** of the test, but we can show the number/ percentage of patients who had the test done. Please see the other pages in this chapter for the full details.

- Pap Smear Reports(see page 117)
- Mammogram(see page 118)
- FOBT Report(see page 122)
- Cervical Screening(see page 128)

9.2.10.1 Pap Smear Reports

The pap smear tab automatically filters out the male population. The population Figure displayed on this tab is the number patients in your filtered dataset with gender female or other. Pap Smear displays your data as a breakdown of:

- Pap Smear Recorded: Pap Smear Recorded, No Pap Smear Recorded, Ineligible*.
- Pap Smear Done Date (where Pap Smear Recorded): <1yr, 1-2yrs, 2-3yrs, 3-4yrs, >4yrs and in a report format:
- Pap Smear Summary Report Card this is explained below. This report is always derived from your full dataset not you filtered dataset.

The data is displayed as a pie chart. Functions available are as described for Allergies at the beginning of this chapter.

* The pap smear category of 'Ineligible' includes patients who are flagged in the clinical system as not requiring a pap smear or who have a coded condition recorded that excludes them (eg. hysterectomy). Check the pap smear mappings for your clinical system.

Pap Smear Summary Report Card

The Pap Smear Summary Report Card is an initiative of the SA Cervix Screening Program (SACSP) to improve the management of clinical information related to cervical screening and support increased participation of women in screening.

It provides a report of eligible females aged 18-70, categorised by:

- Females with a last visit < 36 mths
- Active Females Not pregnant, Pregnant and Total

Each category is broken down into subcategories by how long ago the last pap smear was recorded. The subcategories match the pie chart breakdowns provided allowing patients for follow up to be targeted.

- Not Recorded
- 4 years ago
- 3-4 years ago
- 2-3 years ago
- 1-2 years ago
- < 1 year ago

Within each subcategory there is a further breakdown by age range: 18-29, 30-39, 40-49, 50-59, 60-70.

- Total Count and Percentage is provided for each report line item.
- Percentage at the subcategory level is against the category total.
- Percentage at the age range level is against the subcategory total.

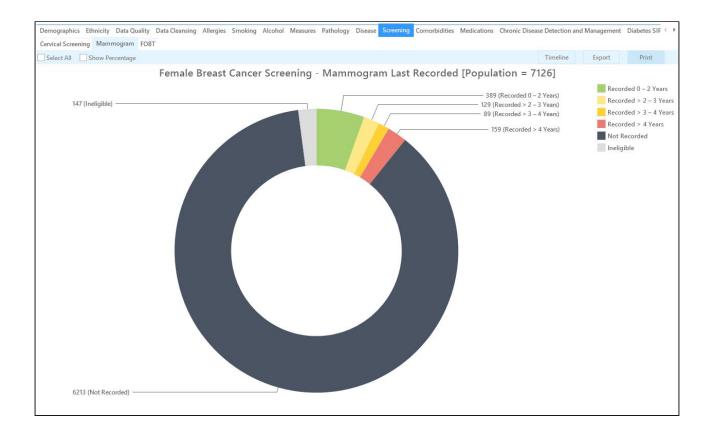
9.2.10.2 Mammogram

The target population are all patients who are not recorded as 'male' without any age or other filter criteria applied. To filter for a specific group of patients, please use the relevant filter²² such as age or 'active patients'.

Patients with 'other' or no gender entered, will be included in the report to ensure no patient at risk is missed. This report is not filtered for age - to see the relevant patients please apply the age filter first!

The Mammogram tab provides: Mammogram Last Recorded A pie chart displays the % of patients with a Mammogram Last Recorded in the following categories: 0-2 years, >2-3 years, >3-4 years, > 4 years, Not Recorded, Ineligible*.

²² https://help.pencs.com.au/display/ds/General+Filter+Tab



Mammograms for this graph are retrieved from electronic results or manual entry of the correct test name on the results/investigation screen of your clinical system.

Electronic results are sent to GPs who have patients screened at BreastScreen Victoria Clinics since October 2011 and it is hoped other States will follow with this functionality.

* The Mammogram category of 'Ineligible' includes patients that are no longer required to have a Mammogram because they have a coded condition that implies exclusion.

Mammogram Exclusions

| Adenocarcinoma - Breast | Radical mastectomy |
|------------------------------------|--------------------------------------|
| Breast cancer | Radical mastectomy |
| Breast carcinoma | Signet ring cell carcinoma of breast |
| Breast carcinosarcoma | Simple mastectomy |
| Breast removal | Surgery - Mastectomy |
| Carcinoma - Breast | Surgery - Radical mastectomy |
| Carcinosarcoma of the breast | Surgery - Radical mastectomy |
| Mastectomy | Surgery - Simple mastectomy |
| Mastectomy - partial & node biopsy | |

• If you are not receiving your results electronically, you will have to enter the test results manually using one of the names specified in the mapping guides. Please check the links below for details. Also please note that CAT4 can't pick up a mammogram test from your conditions or past history list - it has to be a test name!

Mammogram/FOBT for MD Users

Mammogram and FOBT results are not sent electronically in all states, but if test names are entered manually into the results tab CAT4

will pick up that the test has been done. The following test names are recognised:

| Mammogram test names | FOBT test names |
|---|---|
| Breast Mammogram Screening Bilateral Mammography Ultrasound Breast Bilateral Wesley Breast Clinic Consultation Report Mammogram Mammogram-normal Breast Mammography Mammography - Bilateral Mammogram Breastscreen NSW Screening Mammogram - BreastScreen Queensland | IFOBT FOBT many others as in the 'general data mapping' section of your CIS |

To add a test name manually to the Results tab in MD and right click in the results area to bring up the 'Add' option:

| | ę | Pap Test | | Obstetric | Correspondence | | 🖆 MDExchange |
|----------|---------------------|---------------------|--------------------------|-----------------------|---------------------------------------|-----------------|----------------------------|
| <u> </u> | Summary | R Current Rx | 🤌 Progress | 💼 🛛 Past history | 隆 Results 📔 Letters 🌔 | Documents 🗮 | Old scripts 💉 Imm. |
| | ∾-Full + | Hide Preview Clea | ir Filters Move Locati | ion Document Detail | s Scan 👻 Import 👻 Print 👻 Add | Delete Search | Clear Search 🛛 Refresh 🗍 🥃 |
| 0 of 0 R | ecords | | | | | | Select All |
| Date Cł | necked | 🝸 Checked By 🛛 | 🝸 Date Collected 🛛 🗨 | 👔 Date Requested 🛛 | Sender/Provider 🛛 🕅 Recipient/Docto | or 🍸 Subject | Pescription |
| | | Add |] | | | | |

Then add one of the test names above and save the result (there has to be some text in the result field but CAT4 will only extract the test name from the 'Subject' field:

| Add Investigation Result | _ | | | | | | × |
|---|---|-----------------|--------------|------|------|--|---|
| Start Patient : Andrews,Sally 21 Best St,Pill Land Birthdate : 12/05/98 Age: 19 yrs Sex: F Your Reference: 8 | * | Subject: | BREAST MAMMC | | | | |
| | | Date Requested: | Tuesday ,13 | June | 2017 | | |
| | ~ | Date Collected: | Tuesday ,13 | June | 2017 | | |
| Result | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 💉 Imm. 🧛 Pap Test | 0bstetric | Correspondence | 🖆 MDExchange |
|---|--|------------------------------|-------------------------|
| 🙂 Summary R Current Rx 🔊 Progre | ss 💼 Past history 🖺 Re | esults 📔 Letters 🧖 | Documents 🗮 Old scripts |
| Preview - Full 👻 Hide Preview Clear Filters Move I | .ocation Document Details Scan 🤜 | • Import • Print • Add | Delete Search 🖉 👳 |
| 1 of 1 Records | | | Select All |
| Date Checked 🕜 Checked By 🕜 Date Collected | ▼ ▼ Date Requested | Provider 🍸 Recipi 🍸 Subj | ect 🍸 |
| 13/06/17 DR. A. PRACTITIO 13/06/17 | 13/06/17 | BREA | AST MAMMOGRAM SCREENING |
| < | | | |
| Start Patient : Andrews;Sally 21 Best St;Pill Land Birthdate : 12/05/98 Age: 19 yrs Sex: F Your Reference: 8 | BREAST MAMMOGRAM S Lab. Reference: Requested: 13/06/17 Performed: 13/06/17 | 7 Complete: | |
| n/a | | | <u> </u> |

MD: General Data Category Mappings MD²³

Mammogram/FOBT for BP users

Mammogram and FOBT results are not sent electronically in all states, but if test names are entered manually into the results tab CAT4

will pick up that the test has been done. The following test names are recognised:

²³ https://help.pencs.com.au/display/ADM/General+Data+Category+Mappings+MD3

| Mammogram test names | FOBT test names |
|---|---|
| Breast Mammogram Screening Bilateral Mammography Ultrasound Breast Bilateral Wesley Breast Clinic Consultation Report Mammogram Mammogram-normal Breast Mammography Mammography - Bilateral Mammogram Breastscreen NSW Screening Mammogram - BreastScreen Queensland | IFOBT FOBT many others as in the 'general data mapping' section of your CIS |

To manually add a mammogram result click on the 'Add' button under the 'Investigation report' tab, then enter one of the test names from above and complete the other fields. CAT4 will only extract the test name and date but no outcome/result.

| Expand Collapse | Add View Delete Print Values | |
|-------------------------------|--|--|
| | 🚶 Investigation report | |
| | Provider: | |
| Past visits | | |
| Current Rx | Test name: BREAST MAMMOGRAM SCREENING | |
| Clozapine 25mg Tablet 1 Daily | Notation: Normal Action to be taken: No action Has been actioned | |
| En Past history | Checked by: Dr John Ebner Date checked: 13/06/17 | |
| Active | | |
| > 02/07/2015 Some condition | | |
| im > Inactive | | |
| Immunisations | | |
| Investigation reports | | |
| Correspondence In | | |
| Correspondence Out | | |
| Past prescriptions | | |
| Observations | | |
| Family/Social history | Save Cancel | |
| Clinical images | | |
| Obstetric history | | |
| Cervical smears | | |
| 🗄 🎇 Enhanced Primary Care | | |

BP: General Data Category Mappings BP²⁴

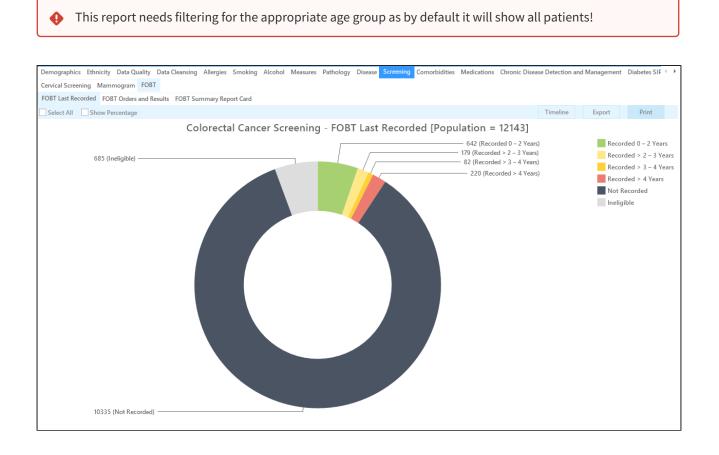
9.2.10.3 FOBT Report

The FOBT (Faecal occult blood test) tab provides three subtabs:

• FOBT Last Recorded

²⁴ https://help.pencs.com.au/display/ADM/General+Data+Category+Mappings+BP

A pie chart displays the % of patients with a FOBT Last Recorded in the following categories: 0-2 years, >2-3 years, >3-4 years, > 4 years, No FOBT Recorded, Ineligible*.

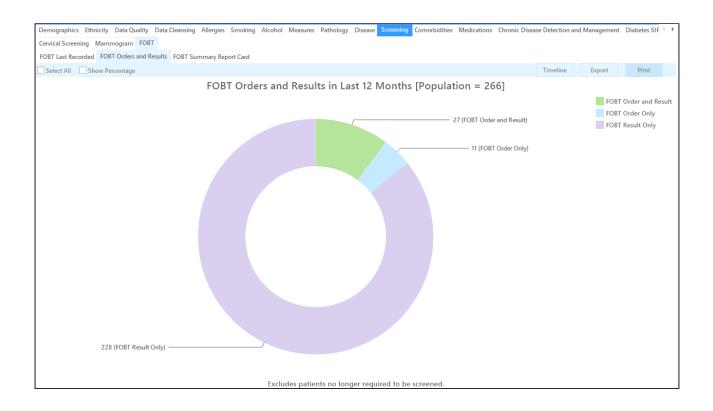


• FOBT Orders and results

A pie chart displays the % of patients who are required to have an FOBT test (i.e. are not ineligible) and have had an FOBT test order or result in the last 12 months in the following categories:

- FOBT Order and result an FOBT test result has been received in the last 12 months with an order recorded within 6 months prior
- FOBT Order only an FOBT order has been recorded but no result has been received
- FOBT Result only an FOBT order has been received but no order is recorded

This graph allows the clinician to follow up patients who have had an order placed but where a result has not been received.



The third tab, FOBT Summary Report Card, shows a summary of the available data broken down by all patients and active patients by age groups and time of test done.

| Demographics Ethnicity Data Quality Data Cleansing Alle | rgies Smoking | Alcohol Me | asures Patho | ogy Disease | Screening (| Comorbidities | Medications | Chronic Disease Detection and Management | Diabetes SIF |
|---|----------------|------------|-----------------|---------------|-------------|---------------|-------------|--|--------------|
| Cervical Screening Mammogram FOBT | | | | | | | | | |
| FOBT Last Recorded FOBT Orders and Results FOBT Summa | ry Report Card | | | | | | | | |
| ≪ | 100% | • | Find | Next | | | | | |
| Practice Name: Deidentified Practice | | | | | | | | | , |
| FOBT Summary Report Card | | Rep | ort Date: 01/01 | /2021 4:12 AM | | | | | |
| | | | | | | | | | |
| Measure | Total Popula | tion | Active Popu | Ilation | | | | | |
| | Count | % | Count | % | | | | | |
| Demographics | | | | | | | | | |
| Total Patients | 12143 | 100.00% | 5733 | 100.00% | l . | | | | |
| Total Patients >=50 years old | 4827 | 39.75% | 3097 | 54.02% | | | | | |
| Number Ineligible * >=50 years old | 627 | 5.16% | 551 | 9.61% | | | | | |
| Total Patients >=50 years old and <=75 years old | 3666 | 30.19% | 2239 | 39.05% | | | | | |
| Number Ineligible $* >=50$ years old and $<=75$ years old | 422 | 3.48% | 369 | 6.44% | | | | | |
| FOBT Last Recorded : Age >=50 years,excludes Ineligible | 4200 | | 2546 | | | | | | |
| 0-2 years ago | 627 | 14.93% | 601 | 23.61% | | | | | |
| >2-3 years ago | 169 | 4.02% | 153 | 6.01% | | | | | |
| >3-4 years ago | 80 | 1.90% | 64 | 2.51% | | | | | |
| >4 years ago | 196 | 4.67% | 150 | 5.89% | | | | | |
| Number Recorded | 1072 | 25.52% | 968 | 38.02% | | | | | |
| Number Not Recorded | 3128 | 74.48% | 1578 | 61.98% | | | | | |
| FOBT Last Recorded : Age >=50 years and <=75 years,excludes Ineligible | 3244 | | 1870 | | | | | | |
| 0-2 years ago | 598 | 18.43% | 572 | 30.59% | | | | | |
| >2-3 years ago | 136 | 4.19% | 121 | 6.47% | | | | | |
| >3-4 years ago | 51 | 1.57% | 37 | 1.98% | | | | | |
| >4 years ano | 125 | 3 85% | 90 | 4 81% | i | | | | |

FOBT Mappings with clinical systems

The FOBT mappings are provided in the 'General Data Mappings²⁵' Appendices for each clinical application.

*Patients with certain coded diagnosis are excluded from this report and listed under ineligible:

Excluded from FOBT

Anal carcinoma Cancer of the anus Carcinoma of the anus Squamous cell carcinoma of anus Adenocarcinoma of the colon Bowel cancer Cancer of the colon Carcinoma of the colon Colon carcinoma Colonic cancer Colonic carcinoma Cancer of the rectum Carcinoma of the rectum Rectal adenocarcinoma **Rectal cancer** Rectal carcinoma Genetic tendency to Hereditary nonpolyposis colorectal cancer Hereditary nonpolyposis colorectal carcinoma

25 https://help.pencs.com.au/display/ADM/Data+Mapping

Lynch syndrome Carcinosarcoma of the colon Colon carcinosarcoma Signet ring cell carcinoma of bowel Signet ring cell carcinoma of rectum

Mammogram/FOBT for MD Users

Mammogram and FOBT results are not sent electronically in all states, but if test names are entered manually into the results tab CAT4

will pick up that the test has been done. The following test names are recognised:

| Mammogram test names | FOBT test names |
|---|---|
| Breast Mammogram Screening Bilateral Mammography Ultrasound Breast Bilateral Wesley Breast Clinic Consultation Report Mammogram Mammogram-normal Breast Mammography Mammography - Bilateral Mammogram Breastscreen NSW Screening Mammogram - BreastScreen Queensland | IFOBT FOBT many others as in the 'general data mapping' section of your CIS |

To add a test name manually to the Results tab in MD and right click in the results area to bring up the 'Add' option:

| | 💡 Pap Test 🌌 Obstetric | | | | | | Correspondence | | | | | 🖆 MDExchange | | | |
|----------|------------------------|--------------|---------------|---------------|--------------------|--------|----------------|---------|---------|----------|----------------|--------------|------------|--------|------------------|
| \odot | Summary | R Curren | t Bx 🔰 👏 | Progress | 💼 🛛 Past history | 2 | Results | | Letters | Ő | Documents | 🕮 O | ld scripts | , pr | lmm. |
| | ew - Full 👻 | Hide Preview | Clear Filters | Move Loca | tion Document De | etails | Scan 👻 Ir | nport 🔹 | Print 👻 | Add | Delete Searc | ch Clea | ar Search | Refres | h _∓ |
| 0 of 0 F | Records | | | | | | | | | | | | | Sele | ect All |
| Date 0 | Checked | Checked By | 🝸 Date | e Collected 📼 | Date Requested | Y | Sender/Provi | der 🛛 | Recipie | nt/Docto | r 🍸 Subject | | 9 | Descri | iption |
| Date 0 | | Add | | | | | | | | | | | | | |

Then add one of the test names above and save the result (there has to be some text in the result field but CAT4 will only extract the test name from the 'Subject' field:

| Add Investigation Result | | | | | | | X |
|---|---|-----------------|--------------|------|------|--|---|
| Start Patient : Andrews,Sally 21 Best St,Pill Land Birthdate : 12/05/98 Age: 19 yrs Sex: F Your Reference: 8 | * | Subject: | BREAST MAMM | | | | |
| | | Date Requested: | Tuesday , 13 | June | 2017 | | |
| | - | Date Collected: | Tuesday ,13 | June | 2017 | | |
| Result: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 💉 Imm. 🧛 Pap Test | Obstetric | Correspondence | 🖆 MDExchange |
|---|--|--------------------------|-------------------------|
| 🙂 Summary 🔒 Current Rx 🔊 Progre | ss 💼 Past history 🥻 Resul | lts 📱 Letters 🌔 | Documents 🗮 Old scripts |
| Preview - Full 👻 Hide Preview Clear Filters Move L | .ocation Document Details Scan 👻 | Import 👻 Print 👻 Add | Delete Search 🖉 👳 |
| 1 of 1 Records | | | Select All |
| Date Checked 🕎 Checked By 🕥 Date Collected | ▼ ▼ Date Requested Sender/Pro | wider 🍸 Recipi 🍸 Subj | ect 🍸 |
| 13/06/17 DR. A. PRACTITIO 13/06/17 | 13/06/17 | BREA | AST MAMMOGRAM SCREENING |
| < III | | | |
| Start Patient : Andrews,Sally 21 Best St.Pill Land Birthdate : 12/05/98 Age: 19 yrs Sex: F Your Reference: 8 | BREAST MAMMOGRAM SCR Lab. Reference: Requested: 13/06/17 Performed: 13/06/17 | EENING Complete: | |
| n/a | | | <u>^</u> |

MD: General Data Category Mappings MD²⁶

Mammogram/FOBT for BP users

Mammogram and FOBT results are not sent electronically in all states, but if test names are entered manually into the results tab CAT4

will pick up that the test has been done. The following test names are recognised:

²⁶ https://help.pencs.com.au/display/ADM/General+Data+Category+Mappings+MD3

| Mammogram test names | FOBT test names |
|---|---|
| Breast Mammogram Screening Bilateral Mammography Ultrasound Breast Bilateral Wesley Breast Clinic Consultation Report Mammogram Mammogram-normal Breast Mammography Mammography - Bilateral Mammogram Breastscreen NSW Screening Mammogram - BreastScreen Queensland | IFOBT FOBT many others as in the 'general data mapping' section of your CIS |

To manually add a mammogram result click on the 'Add' button under the 'Investigation report' tab, then enter one of the test names from above and complete the other fields. CAT4 will only extract the test name and date but no outcome/result.

| Expand Collapse | Add View Delete Print Values |
|-------------------------------|---|
| 💷 🤱 Mr Aili Aili | 🚶 Investigation report |
| | Provider: Date of test: 13/06/17 🖉 Status |
| 🗈 🛁 Past visits | 11 |
| Current Rx | Test name: BREAST MAMMOGRAM SCREENING |
| Clozapine 25mg Tablet 1 Daily | Notation: Normal Action to be taken: No action Has been actioned |
| 🖃 📲 🎇 Past history | Checked by: Dr John Ebner Date checked: 13/06/17 |
| Active | Checked by: Dr John Ebner Date checked: 13/06/17 |
| 🜔 02/07/2015 Some condition | |
| inactive | |
| | |
| 🖬 📥 Investigation reports | |
| Correspondence In | |
| Correspondence Out | |
| Past prescriptions | |
| Observations | |
| | |
| | Save Cancel |
| Obstetric history | |
| 🎽 Cervical smears | |
| is 🥵 Enhanced Primary Care | |

BP: General Data Category Mappings BP²⁷

9.2.10.4 Cervical Screening

Australia has established a new cervical screening process based on recommendations by Australia's independent Medical Services Advisory Committee (MSAC). This new test regime has commenced on the 1/12/2017.

²⁷ https://help.pencs.com.au/display/ADM/General+Data+Category+Mappings+BP

The new Cervical Screening Test has replaced the existing Pap test. MSAC recommended that the new screening test will be conducted every five years for people aged 25 to 74 years.

MSAC also advised that

- an HPV test with partial genotyping should be undertaken every five years
- cervical screening should commence at 25 years of age
- people should have an exit test between 70 and 74 years of age
- people with symptoms (including pain or bleeding) can have a cervical test at any age

For full information on the new test please check here: http://www.health.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers

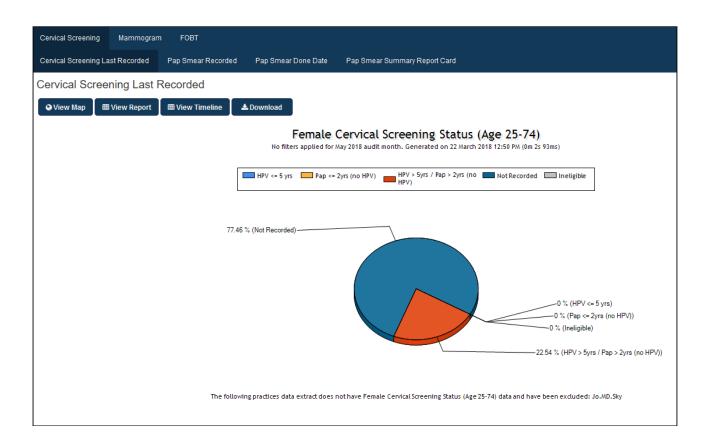
PEN CS has added a new report tab to cover the new screening test.

All women will be moved to HPV screening as their pap smear falls due. A woman with a current pap test is up to date.

There are 5 segments in the graph:

- HPV <= 5yrs HPV tested within the last 5 years
- Pap <= 2 yrs (no HPV) Pap tested within the last 2 years but no HPV test done
- HPV>5yrs / Pap>2yrs (no HPV) No HPV test in more than 5 years/ no Pap test in more than 2 years
- Not Recorded
- Ineligible
- Opted out/No longer requires screening (not available in all CIS)

Not recorded means there is no HPV or Pap test recorded for the patient! Patients with 'other' or no gender entered, will be included in the report to ensure no patient at risk is missed.



Please check for exclusion criteria and pathology test names used here:

Diagnosis Codes Screening Tests²⁸

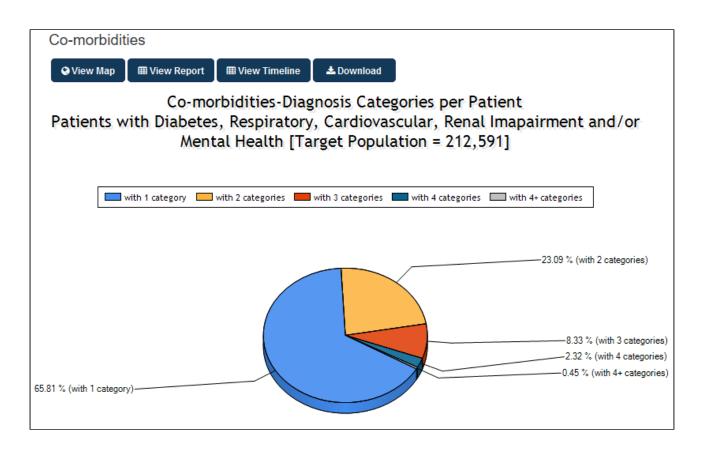
9.2.11 Co-Morbidities

This report shows patients with at least one of the following conditions:

- Diabetes
- Respiratory
- Cardiovascular
- Musculoskeletal
- Renal Impairment
- Mental Health

The data is displayed in a pie chart and lists patients with 1, 2, 3, 4 and more than 4 conditions. Please note that Mental Health is included in this report and patients with a mental health diagnosis and no other chronic condition will be counted in the report.

²⁸ https://help.pencs.com.au/display/CG/Diagnosis+Codes+Screening+Tests



9.2.12 Medication Prevalence and Per Patient

The tabs under the Medication tab show the prevalence of a select number of medications in % and the medication per patient tab.

Medication Prevalence

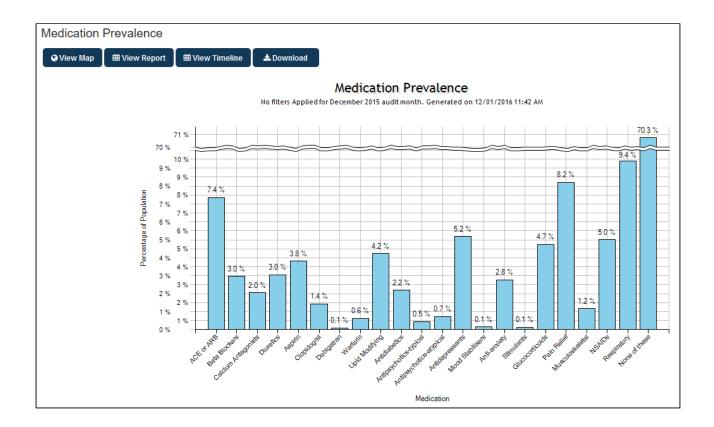
The Medication Prevalence is calculated by identifying the number of patients taking a specific medication category and expressing it as a percentage of the total population.

The medication categories are the same as the medication groups provided in the medications filter (except for some Mental Health Medications).

The data is displayed as:

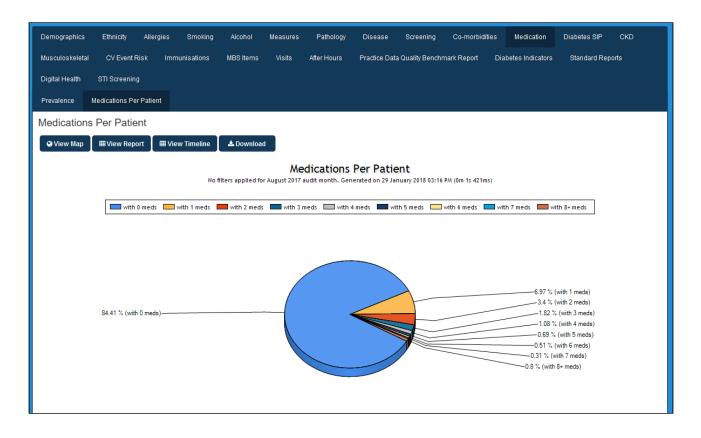
• Prevalence per medication category as a percentage of this population in a bar chart

A bar is also provided on the chart for patients that have 'None of these' medications categories.



Medication per Patient

This reports shows the percentage of patients with their current medications. The data is based on the information in the patient record as extracted by CAT4 - it's accuracy relies on the prescriber maintaining the current medication list. Only medications that have been removed from the current list are not shown in this report.



9.2.13 Diabetes SIP Items

The Diabetes SIP graph is not automatically filtered by the patients with Diabetes.

To review your Diabetes SIP items you need to first filter on Condition = Diabetes.

The filtering is not done automatically as some of the items may be of interest for the wider patient population eg. CHD patients who have not had a BP in the past 6 mths.

Diabetes SIP displays your data as a breakdown of diabetes care items:

- HbA1c,
- Eye Exam,
- BMI < 6mths, BMI 6-12 mths,
- P < 6mths, BP 6-12 mths,
- Foot Exam < 6mths, Foot Exam 6-12 mths,
- Cholesterol,
- Triglycerides,
- HDL,
- Microalbuminuria (Microalbumin and/or ACR)
- Smoking,
- eGFR

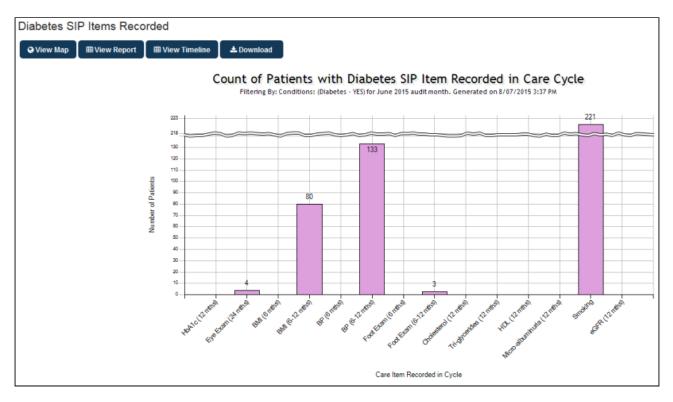


Figure 107: Diabetes SIP Item Chart

9.2.14 CKD

The Victorian Department of Health, the Victorian Renal Clinical Network, Kidney Health Australia and Western Health together with General Practice Victoria (GPV) have funded enhancements to support 1) the management of kidney disease patients and 2) early identification of 'at risk' kidney disease patients. The 'CKD' tab provides 2 graphs:

CKD Management

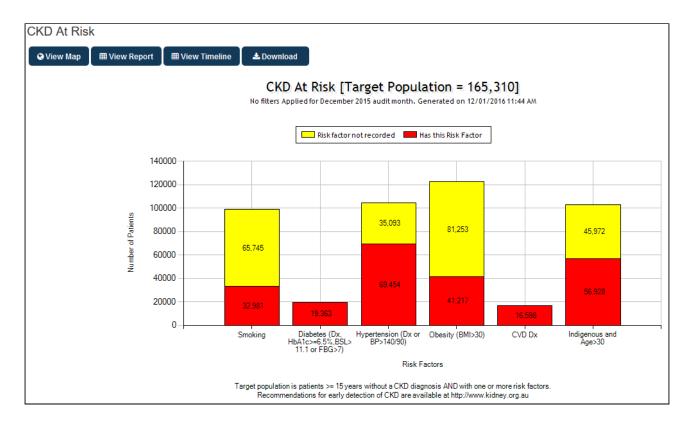
This graph is designed to enable practices to manage their patients who have been diagnosed with CKD. It displays the status of the clinical items that need to be reviewed for these patients, allowing clinicians to follow up on items that are outstanding or not at target. The HBA1c status only applies to patients with a diagnosis of diabetes, regardless of diabetes type.

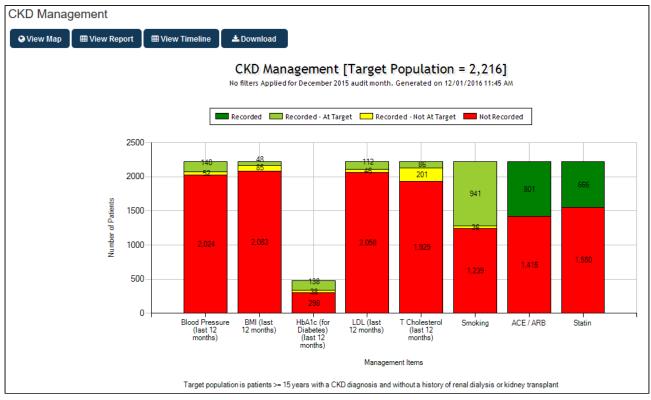
CKD AT Risk

This graph is designed to enable practices to identify their patients who are at risk of CKD. It excludes patients who are already diagnosed with CKD. It displays the status of the CKD risk factors for patients who have one or more risk factors, allowing clinicians to recall patients with high risk levels or multiple risk factors.

More information about this graph is provided in the 'CKD Management and Risk Quick Reference Guide' available from CAT CKD (Chronic Kidney Disease) Management and Risk Quick reference Guide²⁹

 $^{29\,}https://help.pencs.com.au/display/CG/CAT+CKD+\% 28 Chronic+Kidney+Disease\% 29+Management+and+Risk+Quick+reference+Guide$





9.2.15 Musculoskeletal

The Musculoskeletal > Musculoskeletal Risk Factors graph provides a graph of 'Musculoskeletal Risk Factors'. These are:

Low BMI, Vitamin D deficiency, Smoking, High alcohol intake, Calcium deficiency, Fracture (minimal trauma), Chronic kidney disease, Multiple myeloma.

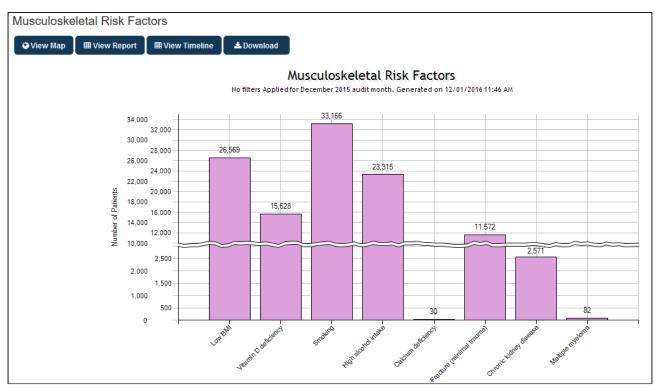


Figure 110: Musculoskeletal Risk Factors Chart

9.2.16 CV Event Risk

The CV Event Risk graph displays your data as the % risk of a Cardiovascular Event in 5 years time. It is a guide only based on population health statistics and is useful for clinicians to gain a high level view of patients who are at risk for surveillance.

It is derived from the publication "National Vascular Disease Prevention Alliance. Guidelines for the management of absolute cardiovascular disease risk. 2012" which is available from the websites of the members of the National Vascular Disease Prevention Alliance (Heart Foundation, National Stroke Foundation, Diabetes Australia and Kidney Health Australia).

The Framingham Risk Equation (FRE)

The FRE predicts the risk of a cardiovascular event over the next 5 years. The calculation can be found in the Absolute CVD Risk Resources provided at the www.cvdcheck.org.au³⁰ website. The calculation excludes patients who have:

³⁰ http://www.cvdcheck.org.au

- Age: Non ATSI <45 or >74*, ATSI <30 or >74*
- Condition: CVD

* Risk for patients who have age>74 is calculated using age=74. The data items used in the calculation are:

- Age
- Gender
- Systolic BP (mm Hg)
- Total Cholesterol (Mg/dL)
- HDL (Mg/dL)
- Smoking Status (Smoker/Non-smoker)
- Diabetes
- ECG-LVH (always set to 0) ECG-LVH: ECG (Electrocardiogram) is a test and LVH (Left Ventricular Hypertrophy) is a condition that is detected by this test. If LVH is detected as definite this value in the FRE is set to 1, otherwise it is set to 0. Currently the outcome of this test is not recorded as a coded value in the clinical software packages and therefore cannot be extracted. Hence, this value is always set to 0.

CV Event Risk displays your data as a breakdown of the % 5 Year Risk of a Cardiovascular Event: >=30%, 25-29%, 20-24%, 16-19%, 10-15%, 5-9% and <5%.

The data is displayed as count per age range in a bar chart. Chart functions available are as described for Demographics (Bar Chart).

The graph provides a total population number (the filtered population) and an eligible population number. The eligible population is the number of patients in your filtered dataset that can be assessed for risk ie. patients that do not fall into one of the excluded groups.

The 'Count' on the Count graph will show you the total of the patients graphed – this is the total number of patients where CV Event Risk has been able to be calculated. The eligible population – graph count = patients with incomplete data where no risk can be calculated. These patients are displayed on the second tab.

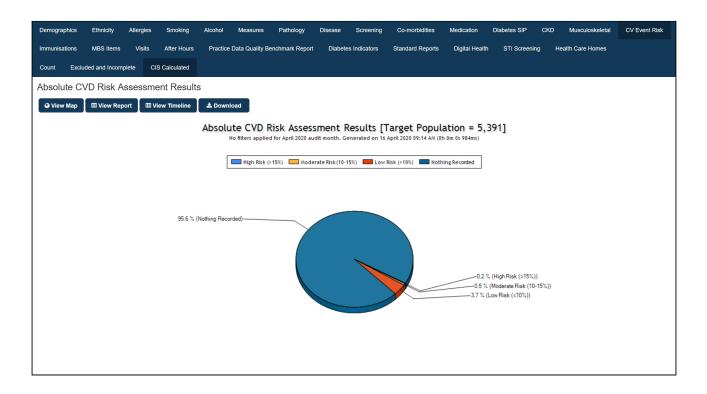
| Demographics Ethnicity Allergies | Smoking | Alcohol Mea | asures Pathology | Disease | Screening | Co-morbidities | Medication | Diabetes SIP | CKD | Musculoskeletal | CV Event Risk |
|------------------------------------|-------------|-------------------------|---|------------------|--------------------|------------------------|---------------------|----------------|------|-------------------|---------------|
| Immunisations MBS Items Visits | After Hours | Practice Data 0 | Quality Benchmark Repor | t Diabetes | Indicators | Standard Reports | Digital Health | STI Screenin | g H | lealth Care Homes | |
| Count Excluded and Incomplete CIS | Calculated | | | | | | | | | | |
| 5 Year Risk of a Cardiovascula | ar Event | | | | | | | | | | |
| 🕒 View Map 🛛 🎟 View Report 🖉 🎟 Vie | w Timeline | 🕹 Download | | | | | | | | | |
| | | | s applied for April 2020 a | udit month. Gen | erated on 16 Ap | oril 2020 09:13 AM (01 | n Om 1s 109ms) | 211] | | | |
| | 1200 | | | | | | | | | | |
| | 1000 | | | | | | | 10 31 57 | | | |
| 2 | 800 | | | | | | | 267 | | | |
| Mu mber of Patients | 600 | | | | | 1 | 2 | 209 | | | |
| Number | 400 | | 1 | 5 2 | | | | 203 | | | |
| | 200 | | 25 | 51 20 | | 53 24 84 174 | 84 156 101 | 354 | | | |
| | 0 | 35 - 39 | 40-44 45- | 49 50 - | 54 55 | - 59 60 - 64 | 65 - 69 | 70 - 74+ | | | |
| | | | | | Age Range | | | | | | |
| | | the publication 'Nation | lation uses the Absolute Ca onal Vascular Disease Prev Foundation. Updates to the | ention Alliance. | auidelines for the | assessment of absolu | te cardiovascular d | | g.au | | |

| Demographics | Ethnicity | Allergies | Smoking | Alcohol | Measures | Pathology | Disease | Screening | Co-morbidities | Medication | Diabetes SIP | CKD | Musculoskeletal | CV Event Risk |
|--------------------|----------------|---------------------------------------|--------------|---------------|-------------------|---------------------|---------------|---------------|------------------------|-----------------|---------------------|--------|------------------|---------------|
| Immunisations | MBS Items | Visits | After Hours | Practice | Data Quality B | enchmark Report | Diabete | s Indicators | Standard Reports | Digital Health | STI Screenir | g H | ealth Care Homes | |
| Count Exclu | ided and Incom | plete CI | S Calculated | | | | | | | | | | | |
| CV Event F | kisk Exclud | ded and | Incomplete | e | | | | | | | | | | |
| \varTheta View Map | III View Rep | ort 🖽 Vi | ew Timeline | 🕹 Down | oad | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Inco | | | | | | sk [Target I | | = 1,854] | | | |
| | | | | 1 | lo filters applie | d for April 2020 au | dit month. Ge | nerated on 16 | April 2020 09:15 AM (0 |)h 0m 0s 921ms) | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | Demographi | | | | | | | | | | |
| | | | 3 or m | ore Measur | es – | L . | | | | | | 899 | | |
| | | | | HDL + E | 3P - | 56 | | | | | | | | |
| | | | Ch | olesterol + E | 3P - | | | | | | | | | |
| | | a a a a a a a a a a a a a a a a a a a | Chol | esterol + H |)L - | | | | | 406 | | | | |
| | | Miseino Data Itome | 5 | Smoking + E | 3P - 15- | | | | | | ([| _ | | |
| | | | r Si | moking + Hl | DL - 17- | | | | | |)) | | | |
| | | | Smoking | + Choleste | rol - | | | | | | (| _ | | |
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| | | | | HDL Or | | 1 | 1 | 211 | | | | | | |
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| | | | | Smoking Or | | | | | | | <pre>>></pre> | | | |
| | | | | Smoking Of | "y24 | | | | | | | | | |
| | | | | | 0 1 | 50 100 | 150 | 200 250 | 300 350 | 400 | 450 890 | 900 91 | 0 | |
| | | | | | | | | Nun | ber of Patients | | | | | |

9.2.16.1 CIS Calculated CV Event Risk

This report shows the CV event risk calculated by the built in calculator in Medical Director Clinical and Best Practice Software. The report shows patients aged 35-74 with no diagnosis of cardiovascular disease as (details of conditions included are provided in CAT4 Data Mapping³¹ on the condition mapping for each clinical system).

The report will show low, moderate and high risk as well as 'not recorded' and can be filtered for date range or any other filter.



9.2.17 Immunisations

The Immunisations tab contains sub-tabs for Influenza, Pneumococcal at Risk, Adult immunisations (Pertussis and Shingles), Adolescent (HPV, DTP and VZV), Childhood Immunisations and COVID-19 vaccinations (general and at risk population). All charts are pie charts. For more information on immunisation reports please refer to the relevant CAT4 user guides, in particular the guide on Childhood Immunisation available at CAT4 Immunisation Report Details³²

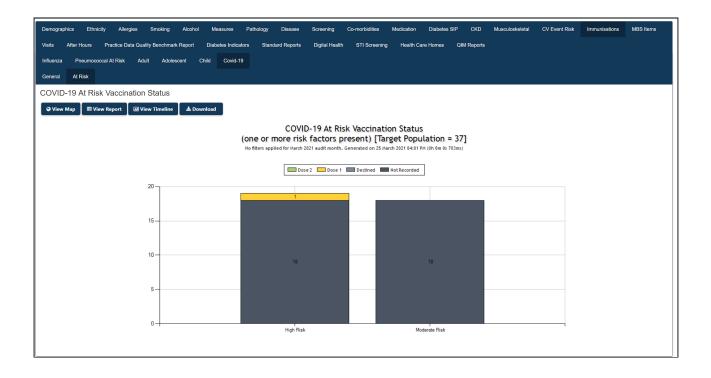
³¹ https://help.pencs.com.au/display/ADM

³² https://help.pencs.com.au/display/CG/Immunisations

| Demographics Ethnicity Al | llergies Smoking | Alcohol Measures | Pathology Disease | Screening | Co-morbidilies | Medication | Diabetes SIP | CKD | Musculoskeletai | CV Event Risk | Immunisations | MBS Items |
|-----------------------------|-----------------------------|-------------------------|--|----------------|-----------------|------------|--------------|-----------|-----------------|---------------|---------------|-----------|
| Visits After Hours Practice | e Data Quality Benchmark Re | eport Diabetes Indicato | rs Standard Reports | Digital Health | STI Screening | Health Car | e Homes | | | | | |
| Influenza Adult Adolescen | it Child | | | | | | | | | | | |
| Pneumococcal Pertussis | Shingles | | | | | | | | | | | |
| Shingles | | | | | | | | | | | | |
| ♥ View Map 📗 🖩 View Report | 🛛 🖩 View Timeline 🔹 | 📥 Download | | | | | | | | | | |
| | | Sh | ingles Status (F No filters applied for M | | | | | 1 | | | | |
| | | | | Recorded | Nothing Records | ed . | | | | | | |
| | | | | | | | | | | | | |
| | | 99.32 % (Nathing Record | ed) | | | | | | | | | |
| | | | | | | | 0.68 | % (Record | ed) | | | |
| | | | | | | | | | | | | |

All immunisation reports show the most recent date the vaccine was given or that none was given/recorded.

The most recent report added is showing COVID-19 vaccination for the general population (all patients) and at risk patients. For more details please see the related CAT4 report here: COVID-19³³



³³ https://help.pencs.com.au/display/CG/COVID-19

0 v mths

🍠 Clear Ger

9.2.17.1 COVID-19 Vaccinations

The COVID-19 vaccination report has two tabs, one showing the general population and the other the at risk population at your practice.

With the latest update to the recommendations for the Astra Zeneca vaccine our report will need to be 0 filtered to exclude anyone younger than 60 years, regardless of their underlying medical conditions. Please use the general filter(see page 141) to filter for patients aged 60 and older: Ethnicity Conditions Medications Date Range (Results) Date Range (Visits) Patient Status Health Care Homes Practices Risk Factors Saved Filters DVA DVA Non DVA Activity
Active (3x in 2yrs)
Not Active Gender Age Start Age 60 ●Last Visit ○First Visit 🗆 Male ● Any ○ <6 mths</p> ○ None ○ <12 mths</p> Female Yrs O Mths C Other Health Cover <15 mths <24 mths</p> Medicare No. O <30 mtris O Date Range No Age Has Not Visited in last 31

General Tab

Currently we don't have any vaccination data in the report, so the only category is the 'not recorded'

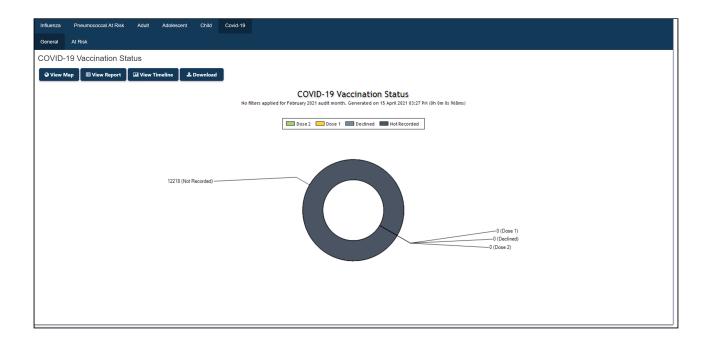
In the 'General' tab all patients are shown in a doughnut chart with the following disaggregation:

Dose 2 received - second dose received

Dose 1 received - first dose received

Declined - currently only available in Medical Director

Not Recorded - no vaccination recorded



At Risk Tab

The 'At Risk' tab shows a bar chart with high risk and moderate risk patients. The risk is based on the following criteria as defined by the Department of Health:

- While we have mapped a very large number of conditions to identify all at risk patients, due to time constraints and inconsistencies between the different clinical systems, some conditions were not included. These are:
 - Some chronic inflammatory conditions and treatments (no specifications given by the DoH)
 - poorly controlled blood pressure (due to CAT only extracting the most recent BP measurement and a lack of clarity in the available hypertension related diagnoses this was not mapped)

Please exercise your discretion as clinicians to ensure that all patients who are at risk are included in the vaccine allocation, as Pen CS can only provide a report that shows potentially at risk patients to the best of our ability.

Also note that the high/moderate risk criteria are not aligned with the roll-out schedule, as indigenous patients over 55 are not listed as high or moderate risk. To identify those patients for the 1b phase of the roll-out please use this recipe: COVID-19 Vaccine 1b: Identify Indigenous patients over 55³⁴

Once in phase 2a, these recipes will enable you to find remaining indigenous and other patients for that phase of the rollout:

COVID-19 Vaccine 2a: Identify Indigenous patients 18-54³⁵ COVID-19 Vaccine 2a: Identify patients aged 50-69 years³⁶

Who is at high risk of severe illness

- are 70 years of age or over
- · have had an organ transplant and are on immune suppressive therapy
- have had a bone marrow transplant in the last 24 months

³⁴ https://help.pencs.com.au/display/CR/COVID-19+Vaccine+1b%3A+Identify+Indigenous+patients+over+55 35 https://help.pencs.com.au/display/CR/COVID-19+Vaccine+2a%3A+Identify+Indigenous+patients+18-54 36 https://help.pencs.com.au/display/CR/COVID-19+Vaccine+2a%3A+Identify+patients+aged+50-69+years

- are on immune suppressive therapy for graft versus host disease
- have blood cancer eg leukaemia, lymphoma or myelodysplastic syndrome (diagnosed within the last 5 years)
- are having chemotherapy or radiotherapy.

Who is at moderate risk of severe illness

- chronic renal (kidney) failure
- heart disease (coronary heart disease or failure)
- chronic lung disease (excludes mild or moderate asthma)
- a non-haematological cancer (diagnosed in the last 12 months)
- diabetes
- severe obesity with a BMI \ge 40 kg/m2
- chronic liver disease
- some neurological conditions (stroke, dementia, other) (speak to your doctor about your risk)
- other primary or acquired immunodeficiency (speak to your doctor about your risk)

n the 'At Risk' tab all patients are shown in a bar chart with the following disaggregation:

- High Risk
- Moderate Risk

Each bar has further information about the patients showing:

- Dose 2 received second dose received
- Dose 1 received first dose received
- Declined currently only available in Medical Director
- Not Recorded no vaccination recorded

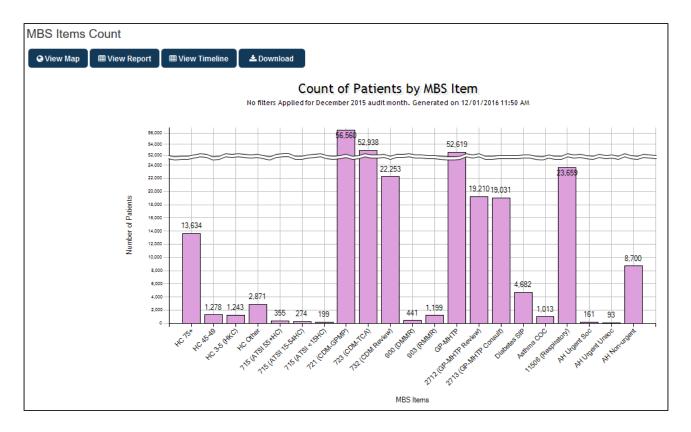
| nfluenza Pneumococcal At Risk Adult Adolescent Child | Covid-19 | | | | | | | |
|--|---|---------------|--|--|--|--|--|--|
| General At Risk | | | | | | | | |
| OVID-19 At Risk Vaccination Status | | | | | | | | |
| ♥ View Map ⊞ View Report ⊡ View Timeline ± Downlo | ad | | | | | | | |
| | COVID-19 At Risk Vaccination Status (one or more risk factors present) [Target Population = 2773] No filters applied for February 2021 audit month. Generated on 15 April 2021 03/29 PM (0h 0m 15 46ms) | | | | | | | |
| 2000 | | | | | | | | |
| | | | | | | | | |
| 1500 | | | | | | | | |
| | | | | | | | | |
| 1000 | 1,980 | | | | | | | |
| | | | | | | | | |
| 500 | | 793 | | | | | | |
| | | 133 | | | | | | |
| 0 | High Risk | Moderate Risk | | | | | | |
| | i rigir i nore | | | | | | | |

9.2.18 MBS Items

The graph provides information on a number of MBS items claimed by the practices. The data is displayed as a bar graph of:

- Count of MBS items recorded
- Count of MBS items not recorded

NOTE: You have to use the Results filter to find MBS items that have been billed in a specific time period.



| MBS Items | |
|------------------------------------|----------------------------------|
| MBS Items currently collected are: | |
| | Old item numbers still collected |

| Health Assessment 75+ where Health Assessment includes item numbers: 701, 703, 705, 707, 224, 225, 226, 227 | 700 – 75+ Health Assessment 702 – 75+ Health Assessment (home) |
|--|---|
| Health Assessment 45-49 where Health Assessment includes item numbers: 701, 703, 705, 707, 224, 225, 226, 227 | 717 – 45-49 Health Assessment |
| Health Assessment Other where Health Assessment includes item numbers: 701, 703, 705, 707, 224, 225, 226, 227 | |
| This can cover a number of case where health assessments are performed for any of the following patient groups: | |
| a type 2 diabetes risk evaluation for people aged 40-49 years with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool | |
| a comprehensive medical assessment for permanent residents of residential aged care facilities a health assessment for people with an intellectual disability a health assessment for refugees and other humanitarian entrants | |
| 715, 228, 92004, 92016, 92011, 92023 (55+ Indigenous Health Assessment) | 704/706 – 55+ AHC |
| 715, 228, 92004, 92016, 92011, 92023 (15-54 Indigenous Health Assessment) | 710 – 15-54 AHC |
| 715, 228, 92004, 92016, 92011, 92023 (<15 Indigenous Health Assessment) | 708 – CHC |
| 721, 229, 92024, 92068, 92055, 92099 – CDM - GP Management Plan | |
| 723, 230, 92025, 92069, 92056, 92100 – CDM - Team Care Arrangement | |
| 732, 233, 92028, 92072, 92059, 92103 – CDM Review | 725 – GP Management Plan Review 727 – Team Care Arrangement Review |
| 10987 - PN/AHP review for indigenous patients | |
| 10997 - PN/AHP review for patients with a chronic condition | |

| 900, 245 – DMMR | |
|---|--|
| 903, 249 – RMMR | |
| GP MH Care Plan – includes item numbers: 2700, 2701, 2715, 2717, 92112, 92124, 92113, 92125, 92116, 92128, 92117 , 92129 | 2702 – GP MH Care Plan 2710 – GP MH Care Plan |
| 272, 276, 277, 92118, 92130, 92119, 92131, 92120, 92132 | |
| 2712, 92114, 92126 – GP MH Care Plan Review | |
| 2713, 92115, 92127 – GP MH Care Consultation | |
| Diabetes SIP – includes item numbers: 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633, 2635, 259, 260, 261, 262, 263, 264 | |
| Asthma COC – includes item numbers: 2546, 2547, 2552, 2553, 2558, 2559, 2664, 2666, 2668, 2673, 2675, 2677, 265, 266, 268, 269, 270, 271 | |
| 11506, 11503,11505,11507,11508,11512 - Respiratory | |
| AH Urgent Soc – includes items 597, 598 | |
| AH Urgent Unsoc – includes items 599, 600 | |
| AH Non-Urgent – includes items 5000, 5020, 5040, 5060, 5200, 5203, 5207, 5208 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265, 5267 | |
| MP Telehealth at consulting room - includes items | |
| 2100, (attendance), 2126 (attendance < 20mins), 2143 (attendance > 20 mins), 2195 (attendance > 40 mins), 812, 829, | |
| 867, 873, 885, 892 | |

| MP Telehealth not at consulting room - includes items 2122 (attendance), 2137 (attendance < 20mins), 2147 (attendance > 20 mins), | |
|--|--|
| 2199 (attendance > 40 mins), 827, 868, | |
| 869, 881, 891 | |
| PN or AHW - includes items | |
| 10983 (attendance) | |
| PN or AHW at RACF - includes items | |
| 10984 (attendance) | |
| NP Telehealth - includes items | |
| 82221 (attendance > 20 mins), 82222 (attendance > 40 mins) | |
| NP Telehealth at RACF - includes items | |
| 82223 (attendance < 20mins), 82224 (attendance > 20 mins), 82225 (attendance > 40 mins) | |
| NP Consult - includes items | |
| 82200 (attendance), 82205 (attendance < 20mins), 82210 (attendance > 20 mins), 82215 (attendance > 40 mins) | |
| 91192, 91193, 91178, 91189, 91179, 91190, 91180, 91191 | |
| Heart Health Check - includes item 699 or 177 | |
| Covid-19 GP Telehealth items include 91790, 91800, 91801, 91802 | |
| Covid-19 GP Telephone items include 91795, 91809, 91810, 91811 | |
| Covid-19 Other Provider Telehealth items include 91792, 91803, 91804, 91805, 91806, 91807,91808, 91794 | |
| Covid-19 Other Provider Telephone items include 91797, 91812, 91813, 91814, 91815, 91816, 91817, 91799 | |
| Covid-19 Other Provider Nurse Practitioners telehealth items include 91192, 91178, 91179, 91180, 91193, 91189, 91190, 91191 | |
| Covid-19 Testing include 69485, 69494, 69495, 69496 | |

Covid-19 Medication Assessment 93716, 93717

Some item numbers have a follow up item number attached. For example, patients who have had a 2710 (Mental Health Plan) should have a follow up 2712 (Review of Mental Health Plan). You are able to identify patients that have not had the follow up item number by using selecting item 2710 from the recorded tab and item 2712 from the not recorded tab and using the 'Report' button to do a cross-tabulation.

9.2.18.1 COVID-19 Vaccinations MBS Items

This report shows the COVID-19 vaccination suitability assessment MBS items and displays the information by dose (1 and 2) as well as vaccination status (vaccinated/not vaccinated). As the items can be claimed multiple times this report does not show patient numbers, but the number of items claimed as well as the total income generated from all items claimed.

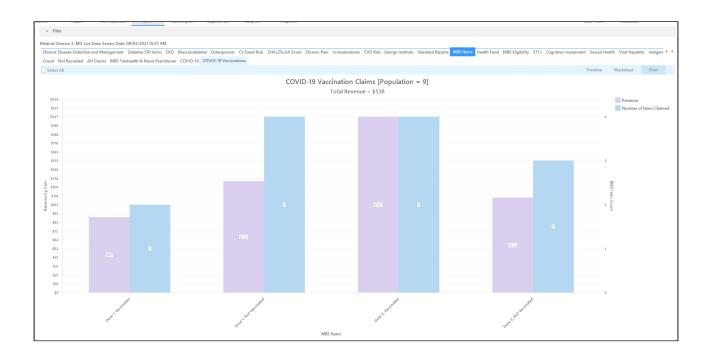
The items mapped are:

- MBS items 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 10660 and 10661 are available to assess patients' suitability for the first dose of a COVID-19 vaccine dose
- MBS items 93644, 93645, 93646, 93647, 93653, 93654, 93655 and 93656 are available to assess patients' suitability for the second dose of a COVID-19 vaccine dose.

When the 'export' button is used to see patient details, the report will show only one row per patient with their complete MBS item list and vaccines (if applicable).

This is a new style of reports in CAT4 focusing on income generated for the practice and we hope that this information will be useful for your practice.

This report is not available to all PHNs as it requires consent of your clinics to share MBS items.



9.2.19 Visits

There are two reports under this tab – the Last Visit and the Contacts by OSR Worker Type. The **Last Visits** tab shows a pie chart with the number of visits grouped by <6 months, 6 - <12 months, 12 - <15 months, 15 - <24 months, 24 - <30 months, 30 - <36 months, >= 36 months and Nothing Recorded.

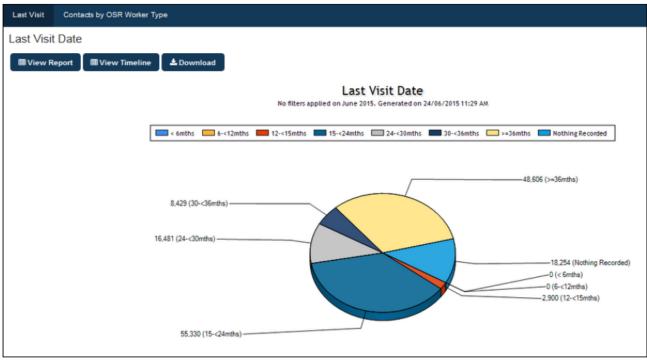


Figure 115: Last Visit Date Chart

The **Contacts by OSR Worker Type** shows the number of contacts (a contact is defined as a contact with a service provider and during a visit to a clinic multiple contacts are possible, e.g. a client is seen by a nurse and a doctor during a visit.

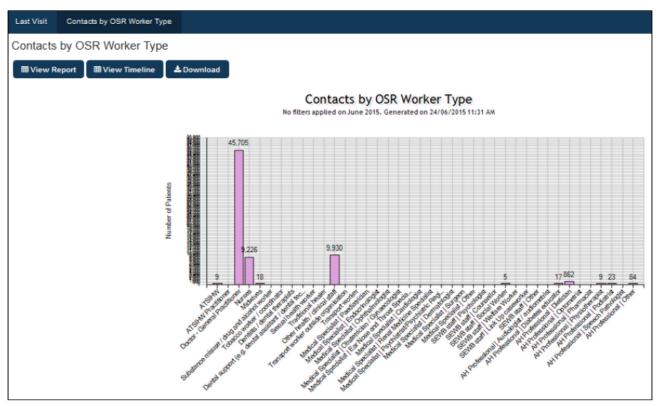


Figure 116: Contacts by OSR Worker Type

9.2.20 After Hours

After Hours Reporting provides a set of reports including age, gender, indigenous status, MBS items and reason for visit in a table. This report can be filtered using the results filter and the time used in the filter is displayed in the report as From and To Date. The graph shows after hour by MBS items claimed

This report is not identical to the After Hours report module in CAT4 and is not designed to be reconciled with CAT4 After Hours reporting.

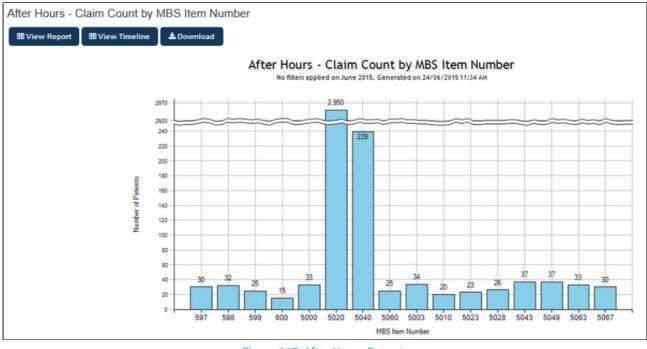


Figure 117: After Hours Report

Clicking on **View Report** will show data specific to After Hours Reporting with a break-down of the data by ethnicity, age, and other indicators:

| Show / Hide Columns | | | | | | | | | | | |
|---|-----------|------------|----------|------------|---------|----------|--------|----------|--------|----------|--------|
| No filters applied on June 2015. Genera | ted on 24 | /06/2015 1 | 1:35 AM | | | | | | | | |
| Measure | PENCS | PENCS % | Adjusted | Adjusted % | TGR | TGR % | GTCMC | GTCMC % | VGP | VGP % | GTCMC |
| Total Population | 150,000 | | 150,000 | | 100,000 | | 50,000 | | 50,000 | | 50,000 |
| MBS Item 597 | 30 | 0.00 % | 30 | 0.00 % | 19 | 0.00 % | 9 | 0.00 % | 10 | 0.00 % | 9 |
| Male | 30 | 100.00 % | 30 | 100.00 % | 19 | 100.00 % | 9 | 100.00 % | 10 | 100.00 % | 9 |
| Female | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| Aboriginal and Torres Strait Islander | 16 | 53.33 % | 16 | 53.33 % | 10 | 52.63 % | 5 | 55.56 % | 5 | 50.00 % | 5 |
| Aboriginal | 14 | 46.67 % | 14 | 46.67 % | 9 | 47.37 % | 4 | 44.44 % | 5 | 50.00 % | 4 |
| Torres Strait Islander | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| Non Indigenous | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| 0-14 | 16 | 53.33 % | 16 | 53.33 % | 10 | 52.63 % | 5 | 55.56 % | 5 | 50.00 % | 5 |
| 15-24 | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| 25-34 | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| 35-44 | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| 45-54 | 14 | 46.67 % | 14 | 46.67 % | 9 | 47.37 % | 4 | 44.44 % | 5 | 50.00 % | 4 |
| 55-64 | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| 65+ | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| MBS Item 598 | 32 | 0.00 % | 32 | 0.00 % | 23 | 0.00 % | 12 | 0.00 % | 11 | 0.00 % | 12 |
| Male | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| Female | 32 | 100.00 % | 32 | 100.00 % | 23 | 100.00 % | 12 | 100.00 % | 11 | 100.00 % | 12 |
| Aboriginal and Torres Strait Islander | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |
| Aboriginal | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 |

9.2.21 Pap Smear Summary Report

This report card shows results for pap smears for the uploaded data. It automatically filters for female patients only and shows the data stratified by age group and visit frequency. There are four main built-in report headings:

- Total Female Population (Last Visit < 36 months)
- Not Pregnant Active Female Population (3x visits in last 2 years)
- Pregnant Active Female Population (3x visits in last 2 years)
- Total (Pregnant/Not Pregnant) Active Female Population (3x visits in last 2 years)

Each of these show the age group of the patients, the time passed since the last recorded Pap smear and the number of patients without a recorded pap smear. This report can be further refined by using the PAT CAT filters.

9.2.22 Practice Data Quality Benchmark

This report shows information about patient population and data quality. The indicators in the report are listed below and are shown in numbers and percent. Below is an example of the complete report – please note the individual headers showing the different areas of reporting.

All information displayed in this report is extracted from the clinical system and some indicators are aggregated/ processed after the upload to PAT CAT.

The 'Pensioner' count is based on the patient record in the clinical system and is not reported in CAT4, only in PAT CAT. This count is based on any patient with any of the following cards recorded in the clinical system:

- Pensioner Concession Card
- Health Care Card
- Commonwealth seniors Health Card

This report responds to filters, but the filters will affect indicators differently. Here is a full list of filters and what they do to this report:

The filters below remove patients from the report - if patient doesn't meet filter criteria, they are dropped:

General

Practice (extract wide)

Ethnicity

Conditions

Medications

Patient Status *(from version 3.3)

The **Results** filter moves patients to a different category, such as 'not recorded' if the patient's results is outside the specified date range.

Since the Practice data quality report is a mix of categories, only some categories are affected by the Results filter.

The following categories are affected by the Results filter:

BMI Recorded

Waist Measurement Recorded

Eligible Females age 18-70 (status not marked as Ineligible)

No Pap Recorded

Pap Test Recorded

Ineligible

Number of patients with Diabetes - HbA1c Recorded

Number of patients with Diabetes - Cholesterol Recorded

Number of patients with Diabetes - Blood Pressure Recorded

Number of patients with Diabetes - Waist Recorded

Number of patients with CHD - Blood Pressure Recorded

Number of patients with CHD - Cholesterol Recorded

Measure PENCS

| PENCS % |
|------------------|
| Adjusted |
| Adjusted % |
| GTCMC |
| GTCMC % |
| Total Population |
| 150,000 |
| |
| 150,000 |
| |
| 50,000 |
| |
| Active |
| 53,178 |
| 35.45 % |
| 53,178 |
| 35.45 % |
| 17,645 |
| 35.29 % |
| Inactive |
| 96,822 |
| 64.55 % |
| 96,822 |
| 64.55 % |
| 32,355 |
| 64.71 % |
| Pensioners |
| 23,371 |
| 15.58 % |
| 23,371 |
| 15.58 % |
| 7,792 |
| 15.58 % |
| DVA Patients |
| 999 |
| |

| 0.67 % |
|--|
| 999 |
| 0.67 % |
| 334 |
| 0.67 % |
| Allergy Status Recorded |
| 90,276 |
| 60.18 % |
| 90,276 |
| 60.18 % |
| 30,058 |
| 60.12 % |
| Smoking Status Recorded |
| 69,573 |
| 46.38 % |
| 69,573 |
| 46.38 % |
| 23,133 |
| 46.27 % |
| Patients >= 18 years with Alcohol consumption recorded |
| 24,826 |
| 16.55 % |
| 24,826 |
| 16.55 % |
| 8,249 |
| 16.50 % |
| BMI Recorded |
| 30,654 |
| 20.44 % |
| 30,654 |
| 20.44 % |
| 10,181 |
| 20.36 % |
| Waist Measurement Recorded |
| 3,980 |
| |

| 2.65 % |
|---|
| 3,980 |
| 2.65 % |
| 1,315 |
| 2.63 % |
| CV Risk |
| 14,235 |
| 9.49 % |
| 14,235 |
| 9.49 % |
| 4,696 |
| 9.39 % |
| Total Female Population |
| 82,462 |
| 54.97 % |
| 82,462 |
| 54.97 % |
| 27,435 |
| 54.87 % |
| Eligible Female age 18-70 (status not marked as Ineligible) |
| 60,953 |
| 73.92 % |
| 60,953 |
| 73.92 % |
| 20,273 |
| 73.89 % |
| No Pap Test Recorded |
| 63,484 |
| 76.99 % |
| 63,484 |
| 76.99 % |
| 21,134 |
| 77.03 % |
| Pap Test Recorded |
| |

| 24.03 % |
|--------------------------------------|
| 19,813 |
| 24.03 % |
| 6,585 |
| 24.00 % |
| Ineligible |
| 3,420 |
| 4.15 % |
| 3,420 |
| 4.15 % |
| 1,133 |
| 4.13 % |
| Diagnosis Count |
| 535,940 |
| 100.00 % |
| 535,940 |
| 100.00 % |
| 178,169 |
| 100.00 % |
| Number of diagnosis that are coded |
| 433,266 |
| 80.84 % |
| 433,266 |
| 80.84 % |
| 144,069 |
| 80.86 % |
| Number of diagnosis that are uncoded |
| 102,674 |
| 19.16 % |
| 102,674 |
| 19.16 % |
| 34,100 |
| 19.14 % |
| Number of patients with Diabetes |
| 4,026 |

2.68 % 4,026 2.68 % 1,351 2.70 % HbA1c Recorded 2,832 70.34 % 2,832 70.34 % 951 70.39 % **Cholesterol Recorded** 2,544 63.19 % 2,544 63.19 % 854 63.21 % **Blood Pressure Recorded** 3,167 78.66 % 3,167 78.66 % 1,065 78.83 % Waist Recorded 988 24.54 % 988 24.54 % 325 24.06 % Smoking Status Recorded 2,937

72.95 % 2,937 72.95 % 987 73.06 % Number of patients with CHD 3,692 2.46 % 3,692 2.46 % 1,240 2.48 % Blood Pressure Recorded 2,053 55.61 % 2,053 55.61 % 687 55.40 % **Cholesterol Recorded** 1,903 51.54 % 1,903 51.54 % 638 51.45 % Smoking Status Recorded 2,060 55.80 % 2,060 55.80 % 687 55.40 % Patients on 5 or more medications 15,127

| 10.08 % |
|---|
| 15,127 |
| 10.08 % |
| 5,028 |
| 10.06 % |
| Patients with a Mental Health diagnosis (excluding Degenerative and Development conditions) |
| 9,191 |
| 6.13 % |
| 9,191 |
| 6.13 % |
| 3,070 |
| 6.14 % |
| Patients in age range of 75+ years |
| 8,284 |
| 5.52 % |
| 8,284 |
| 5.52 % |
| 2,767 |
| 5.53 % |
| Patients in age range of 45 to 49 years |
| 11,407 |
| 7.60 % |
| 11,407 |
| 7.60 % |
| 3,814 |
| 7.63 % |
| Patients in age range of 42 to 60 months |
| 3,382 |
| 2.25 % |
| 3,382 |
| 2.25 % |
| 1,127 |
| 2.25 % |
| |

9.2.23 Diabetes Indicators

This reports summarises a large number of indicators related to reporting on diabetes and other chronic conditions. The report shows pathology results, MBS items, co-morbidities, ethnicity, visit counts and other measurements for **patients with diabetes** only. This report can be used for key indicators reporting and other purposes.

9.2.24 Standard Reports

This report shows a number of aggregated reports; the National Key Performance Indicator (NKPI) report, the QAIHC report and the Online Service Reporting (OSR) report. These are mainly used by community controlled health services for their reporting, but can be used by any PAT CAT user. Please refer to the QRGs for each report for full details – available at help.pencs.com.au/cat.htm³⁷

Standard reports in PAT CAT can be filtered. This is not always required but for the NKPI report archived patients should be included and deceased patients (as of 2018) should be excluded. Use the Patient status(see page 94) filter to only look at the patients of interest.

9.2.25 Digital Health

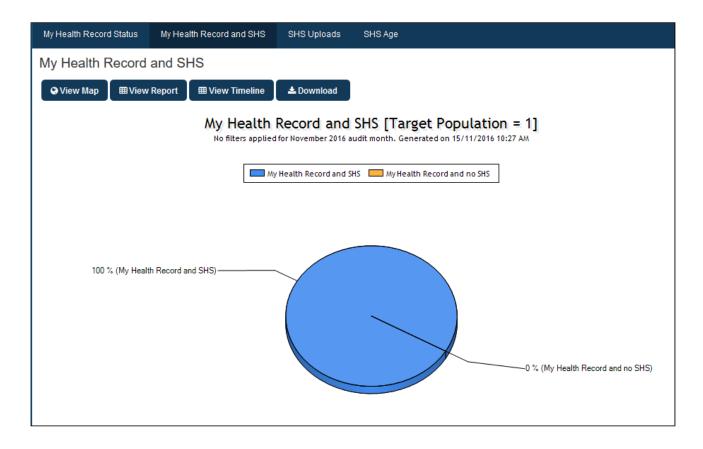
The Digital Health tab provides a number of graphs showing information about My Health Record and Shared Health Summaries. All information displayed in CAT4 is based on the data stored in the clinical systems. MD3, BP and Zedmed can display the documents that were sent to the My Health Record under the PCEHR menu and/or the Letters tab. In a patient's record the IHI and My Health Record status is listed under the patient details.

- My Health Record and SHS(see page 161)
- My Health Record Status(see page 162)
- SHS Uploads(see page 163)
- SHS Age(see page 164)

9.2.25.1 My Health Record and SHS

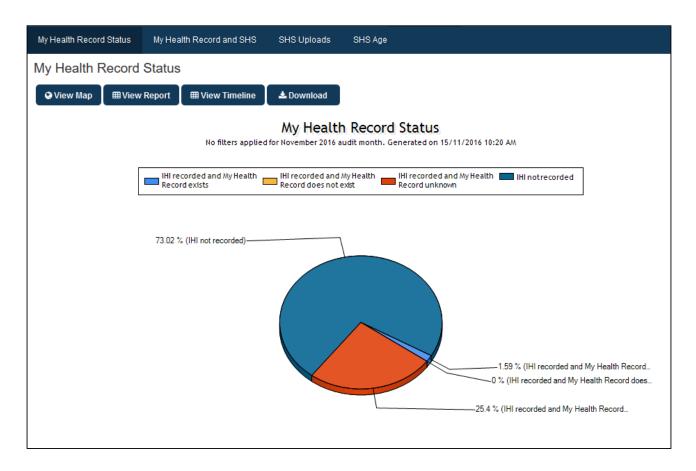
This graph will show patients that have a My Health Record (the number will match that on the My Health Record Status graph) and, of that group, patients that have a Shared Health Summary (SHS). The Date Range (Results) filter can be used to find SHS's that have been last uploaded in a timeframe.

³⁷ http://help.pencs.com.au/cat.htm



9.2.25.2 My Health Record Status

This graph will show patients that have an IHI recorded and, of that group, patients that the clinical system has detected have a My Health Record.



IHI not recorded = no IHI has been recorded for this patient

IHI recorded and My Health Record exists = Patient has an IHI and a My Health Record has been set up either by or for the patient

IHI recorded and My Health Record does not exist = Patient has an IHI but no My Health Record has been setup

IHI recorded and My Health Record unknown = Patient has an IHI but the clinical system has not been able to establish if the My Health Record exists. This applies in particular to BP, as BP does NOT update the status automatically when the record is opened, instead it requires the user to manually check for the MHR status. This explains the high number of patients with IHS but unknown MHR status for BP users.

9.2.25.3 SHS Uploads

This graph will show patients that have a SHS (the number will match that on the My Health Record and SHS graph) and, of that group, the number of times the SHS has been uploaded.

The Date Range (Results) filter can be used to find SHS's that have been last uploaded in a timeframe and will display the number of times in that timeframe.

Patients will only appear in the 'no SHS upload' category if their last upload date is outside the date range selected. If there is no date range filter applied this category will be empty.

9.2.25.4 SHS Age

This graph will show patients that have a SHS (the number will match that on the My Health Record and SHS graph) and, of that group, the age of the SHS. The age is calculated using the last upload date. The graph breaks down the data by the following criteria:

- <1 month</p>
- 1 < 2 months
- 2 < 3 months
- 2 < 6 months
- >= 6 months

9.2.26 STI Screening PAT CAT

The Sexual Health module is an initiative of the National Aboriginal Community Controlled Health Organisation (NACCHO). Its aim is to measure the amount of STI screening and re-screening that is done by health services. The module reports on STI screening for all patients as well as screening during pregnancy. To show the target population of interest you can apply the appropriate filters, for example age or gender filters, but any other filter can be used in addition if required.

The reports show the age group of the patients in a bar chart with predefined age groups.

It is based on guidelines from the "National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander People" produced by the Royal Australian College of General Practitioners and NACCHO.

Screening

The module provides graphs to display the amount of screening for the following STI/BBV's:

| ChlamydiaGonorrhoeaTrichomoniasisSyphilis | Hepatitis BHepatitis CHIV |
|--|---|
|--|---|

9.2.26.1 Pathology Results

Screening for STI/BBV's is through pathology testing. The pathology labs send back a variety of test names and some test names cover more than one test.

A list of the pathology test names used by CAT4 to identify a test for each STI/BBV is provided here: Appendix Pathology Result Names³⁸.

Notes:

Some labs sends back Gonorrhoea and Trichomoniasis results under test names that have the main label of "Chlamydia" (in various forms). The effect of this mislabelling by the pathology company is that the graphs will show an under reporting of Gonorrhoea and Trichomoniasis screening.

³⁸ http://help.pencs.com.au/display/CG/Appendix+Pathology+Result+Names

9.2.26.2 STI Screening Graphs PAT CAT

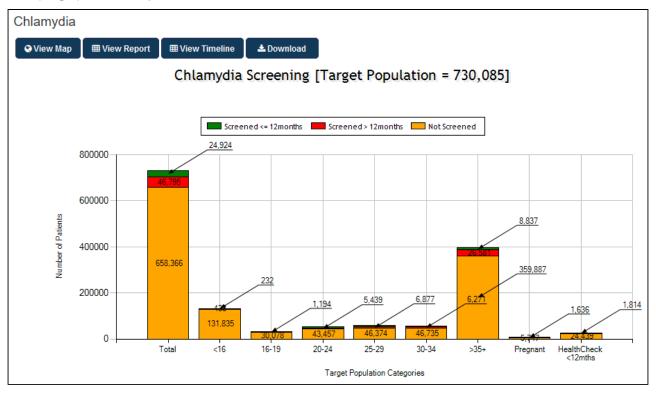
Chlamydia, Gonorrhoea, Trichomoniasis

The Screening graphs for Chlamydia, Gonorrhoea and Trichomoniasis display the % patients screened. It can be filtered using the standard filters in CAT4 to display the target population of interest and will show a breakdown by age groups. Practices without relevant data are listed below the graph and are excluded from the report.

Each graph provides a breakdown by

- Age ranges
- Screened in the last 12 months
- Screened more than 12 months ago
- Pregnant
- Patients with a Health Check in the last 12 months

Example graph for Chlamydia below:



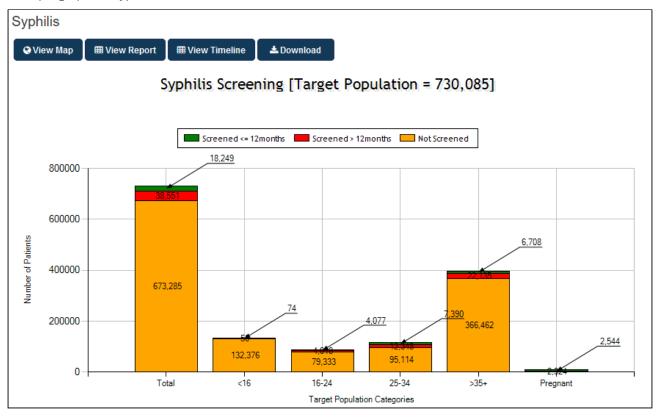
Syphilis, HepB, HepC and HIV

The Screening graphs for Syphilis, HepB, HepC and HIV display the % patients screened. It can be filtered using the standard filters in CAT4 to display the target population of interest and will show a breakdown by age groups.

Each graph provides a breakdown by

- Age ranges
- Screened in the last 12 months
- Screened more than 12 months ago
- Positive STI screening > [this BBV/STI only] follow up
 - where there is a positive test for chlamydia/gonorrhoea/trich, the number of patients then screened for this BBV/STI
- Pregnant

Example graph for Syphilis below:



9.2.27 QIM Reports

This reports shows the Quality Improvement Measures as defined in the context of PIP QI 2020. The report show the data in the format specified by the AIHW and **is available only for PHNs who don't hold a PIP QI Essential or Professional licence**. If your PHN has one of these PIP QI licences, you will have to switch to the PIP QI view to see the AIHW report as detailed here: AIHW Report in PAT CAT³⁹

The reports cover the following QIMs:

- 1. QIM01 Diabetes: Proportion of patients with diabetes with a current HbA1c result
- 2. QIM02a Smoking: Proportion of patients whose smoking status has been recorded
- 3. QIM02b Smoking: Proportion of patients with a smoking status result
- 4. QIM03a Proportion of patients with a weight classification recorded

³⁹ https://help.pencs.com.au/display/ds/AIHW+Report+in+PAT+CAT

- 5. QIM03b BMI: Proportion of patients with a weight classification
- 6. QIM04 Influenza 65 years: Proportion of patients aged 65 and over who were immunised against influenza
- 7. QIM05 Influenza Diabetes: Proportion of patients with diabetes who were immunised against influenza in the previous 15 months
- 8. QIM06 Influenza COPD: Proportion of patients with COPD who were immunised against influenza in the previous 15 months
- 9. QIM07 Alcohol: Proportion of patients with an alcohol consumption status
- 10. QIM08 CVD: Proportion of patients with the necessary risk factors assessed to enable CVD assessment
- 11. QIM09 Cervical: Proportion of female patients with an up-to-date cervical screening
- 12. QIM10 Diabetes BP: Proportion of patients with diabetes with a blood pressure result in the previous 6 months

Each report shows the data for all practices (to show only PIP QI enrolled practices, you will have to use the Practices filter(see page 87) - we recommend to use the grouping (see page 29) in that filter to make it easy).

Here is an example of the report format:

| Demographics | Ethnicity | Allergies | Smoking | Alcohol | Measures | Pathology | Disease | Screening | Co-morbidities | Medic | ation Di | abetes SIP | CKD Musc | uloskeletal | CV Event | Risk |
|------------------------------------|-------------|--------------|-----------------|-------------|--------------|----------------|-----------------|------------|-----------------|----------|------------|---------------|-------------|-------------|------------|----------------|
| Immunisations | MBS Items | Visits | After Hours | Practice | Data Quality | Benchmark Repo | rt Diabetes | Indicators | Standard Report | i Digi | tal Health | STI Screening | Health Car | e Homes | QIM Report | s |
| QIM01 Diabetes | QIM02a Si | moking | QIM02b Smokin | ng QIMI | 03a BMI | QIM03b BMI | QIM04 Influenza | a 65years | QIM05 Influenza | Diabetes | QIM06 In | fluenza COPD | QIM07 Alcoh | iol QIN | 108 CVD (| QIM09 Cervical |
| QIM10 Diabetes Bl | P | | | | | | | | | | | | | | | |
| QIM01 Diabe | etes: Pro | portion of | of patients | with dia | ibetes wi | th a current | HbA1c res | sult | | | | | | | | |
| | | | , | | | | | | | | | | | | | |
| Download No filters applied for | 0 | 000 | | | | 00.414 | | | | | | | | | | |
| | September 2 | 020 audit mo | onth. Generated | on 30 Septe | mber 2020 09 | :36 AM | - | | | | | | | | | |
| MALE | | | | | | 0-4YR | NON-INDIGEN | | RECORDI | - | | 0 | | 0.00 % | | 0 |
| MALE | | | | | | 5-14YR | NON-INDIGEN | IOUS T2DM | RECORD | - | | 0 | | 0.00 % | | 0 |
| MALE | | | | | | 15-24YR | NON-INDIGEN | IOUS T2DM | RECORD | D 0 | | 0 | | 0.00 % | | 0 |
| MALE | | | | | | 25-34YR | NON-INDIGEN | IOUS T2DM | RECORD | D 0 | | 2 | | 0.00 % | | 0 |
| MALE | | | | | | 35-44YR | NON-INDIGEN | IOUS T2DM | RECORD | D 5 | | 6 | | 83.33 | % | 0 |
| MALE | | | | | | 45-54YR | NON-INDIGEN | IOUS T2DM | RECORD | D 18 | | 26 | | 69.23 | % | 0 |
| MALE | | | | | | 55-64YR | NON-INDIGEN | IOUS T2DM | RECORD | D 28 | | 38 | | 73.68 | % | 0 |
| MALE | | | | | | 65ANDOVE | R NON-INDIGEN | IOUS T2DM | RECORDI | D 101 | | 135 | | 74.81 | % | 0 |
| FEMALE | | | | | | 0-4YR | NON-INDIGEN | IOUS T2DM | RECORDI | D 0 | | 0 | | 0.00 % | | 0 |
| FEMALE | | | | | | 5-14YR | NON-INDIGEN | JOUS T2DM | RECORDI | D 0 | | 0 | | 0.00 % | j | 0 |
| FEMALE | | | | | | 15-24YR | NON-INDIGEN | OUS T2DM | RECORDI | D 0 | | 0 | | 0.00 % | , | 0 |
| FEMALE | | | | | | 25-34YR | NON-INDIGEN | JOUS T2DM | RECORDI | D 0 | | 0 | | 0.00 % | | 0 |
| FEMALE | | | | | | 35-44YR | NON-INDIGEN | OUS T2DM | RECORD | D 4 | | 8 | | 50.00 | % | 0 |
| FEMALE | | | | | | 45-54YR | NON-INDIGEN | OUS T2DM | RECORD | D 9 | | 18 | | 50.00 | % | 0 |
| FEMALE | | | | | | 55-64YR | NON-INDIGEN | OUS T2DM | RECORD | D 25 | | 38 | | 65.79 | % | 0 |
| FEMALE | | | | | | 65ANDOVE | | OUS T2DM | RECORD | D 118 | | 148 | | 79,73 | % | 0 |
| INDETERMINATE/ | INTERSEX/UN | SPECIFIED | NOT STATED/I | INADEQUAT | ELY DESCRI | | NON-INDIGEN | | RECORD | - | | 0 | | 0.00 % | | 0 |
| INDETERMINATE/ | | | | | | | NON-INDIGEN | | RECORDI | - | | 0 | | 0.00 % | | 0 |
| INDETERMINATE/ | | | | | | | NON-INDIGEN | | RECORDI | | | 0 | | 0.00 % | | 0 |
| NDETERMINATE/ | | | | | | | NON-INDIGEN | | RECORDI | - | | 0 | | 0.00 % | | 0 |
| NDETERMINATE/ | | | | | | | NON-INDIGEN | | RECORD | | | 0 | | 0.00 % | | 0 |
| NDETERMINATE/ | | | | | | | NON-INDIGEN | | RECORD | - | | 0 | | 0.00 % | | 0 |
| NDETERMINATE/ | | | | | | | NON-INDIGEN | | RECORDI | - | | 0 | | 0.00 % | | 0 |
| NDETERMINATE/ | | | | | | | | | RECORD | | | 0 | | 0.00 % | | 0 |
| NDE LERIVIINALE/ | INTERSEA/UP | SPECIFIED | INOT STATED/I | INADEQUAT | ELT DESCRI | SED BOMINDOVER | | | RECORDI | 0 | | 0 | | 0.00 % | | U |

10 CLEANSING PAT

Cleansing PAT provides reports based on the algorithms used in the Cleansing View in CAT4 and shows the information in an aggregated way to allow reporting on data completeness and coding for all clinics providing their de-identified data.

Similar to CAT4 the PAT CAT Reports and Cleansing PAT icons can be used to switch between the different views. The light blue colour indicates which view is currently active.

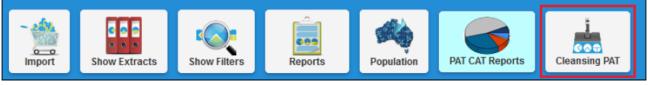
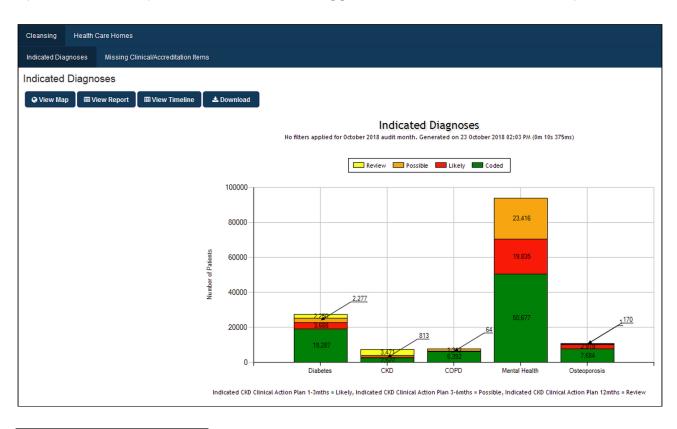


Figure 119: Cleansing CAT Icon

Currently there are two reports available in Cleansing PAT – Indicated Diagnoses and Missing Clinical/Accreditation Items.

10.1 Indicated Diagnoses Report

This report shows the aggregated figures for the numbers of coded versus indicated chronic conditions diabetes, chronic kidney disease (CKD), COPD and Mental Health. The data displayed is based on the CAT4 Cleansing View reports – for full details please refer to the CAT4 Cleansing guide available at Indicated Conditions Report Details⁴⁰



40 https://help.pencs.com.au/display/CG/Indicated+Conditions+Report+Details

This report allows a quick view of the number of patients with one or more of the indicated chronic conditions without a coded diagnosis. As in all PAT CAT reports the 'View Report' button will display the detailed numbers and percentages for the aggregated total and for each individual clinic.

Please note that for compatibility reasons PAT CAT currently is only using Tiotropium as medication indication for COPD - this will be updated to match the expanded medication list used in CAT4 soon.

Indicated Diagnoses

Show / Hide Columns

No filters applied for June 2015 audit month. Generated on 9/07/2015 8:43 AM

| Measure | PENCS | PENCS % | Adjusted | Adjusted % | GTCMC | GTCMC % | VGP | VGP % |
|--------------------------------------|--------|---------|----------|------------|-------|---------|-----|----------|
| Total Population | 10,296 | | 10,296 | | 5,734 | | 59 | |
| Coded Diabetes | 304 | 2.95 % | 304 | 2.95 % | 154 | 2.69 % | 25 | 42.37 % |
| Type 1 | 35 | 0.34 % | 35 | 0.34 % | 19 | 0.33 % | 2 | 3.39 % |
| Type 2 | 215 | 2.09 % | 215 | 2.09 % | 106 | 1.85 % | 24 | 40.68 % |
| Undefinded | 61 | 0.59 % | 61 | 0.59 % | 32 | 0.56 % | 0 | 0.00 % |
| Indicated Diabetes with no diagnosis | 129 | 1.25 % | 129 | 1.25 % | 61 | 1.06 % | 4 | 6.78 % |
| Likely | 59 | 45.74 % | 59 | 45.74 % | 25 | 40.98 % | 4 | 100.00 % |
| Possible | 48 | 37.21 % | 48 | 37.21 % | 23 | 37.70 % | 0 | 0.00 % |
| Review | 22 | 17.05 % | 22 | 17.05 % | 13 | 21.31 % | 0 | 0.00 % |
| Coded CKD | 32 | 0.31 % | 32 | 0.31 % | 19 | 0.33 % | 1 | 1.69 % |
| Stage 1 | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % |
| Stage 2 | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % |
| Stage 3a | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % | 0 | 0.00 % |
| Stage 3b | 4 | 12.50 % | 4 | 12.50 % | 2 | 10.53 % | 0 | 0.00 % |

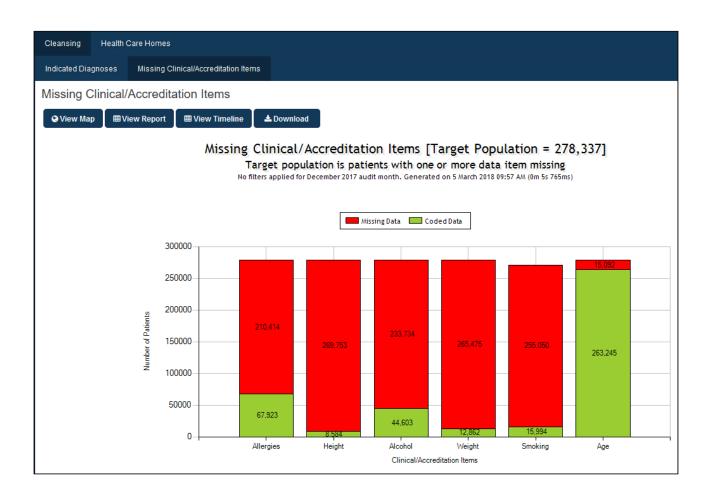
10.2 Missing Clinical and Accreditation Items Report

This report checks the following items in line with the Cleansing View reports in CAT4: •Allergies

- Height
- •Weight
- •Smoking
- Alcohol

As the data in PAT CAT is de-identified no reports on missing address, contact details or other personal information is available. The 'View Report' button will display the detailed numbers and percentages for each indicator and clinic.

Please note that the target population is defined as any patient with at least one of the items reported on missing from their record.



11 VIEW MAP FUNCTION

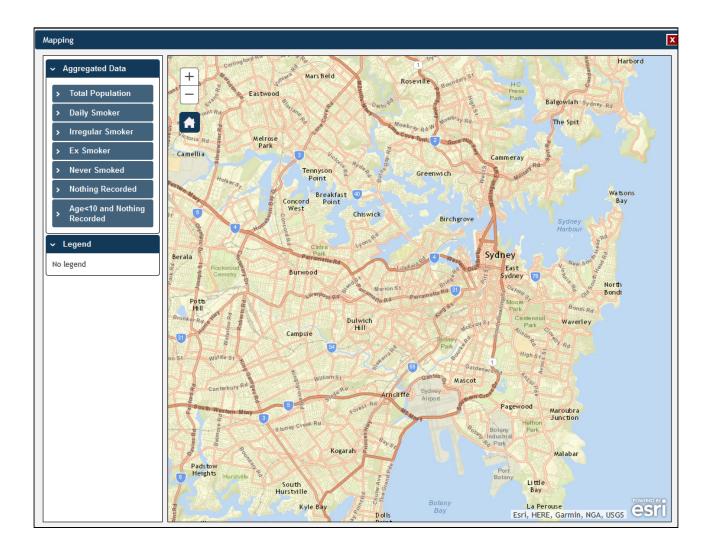
View Map is a feature that allows the user to overlay PAT CAT aggregated data on a geographical map using a variety of pre-set geographical boundaries. This module will open in a new window which can be resized by using your mouse.

The left section of the View Map window contains a number of drop down boxes allowing you to select the Aggregated Data.



Loading map data is done 'on the fly' as you open the map window - this is due to the privacy measures in place in PAT CAT which prevent location data to be stored in the same place as clinical data. Please be patient as with large patient populations it can take up to 5 minutes to load all data for a report.

The 'View Map' button is available on all report tabs and when clicked initially shows a map of your area without any overlayed information. You can add selected aggregated data by using the indicators of interest by using the tick boxes.



The next chapters explain how to select data to be displayed on the map and how to use the aggregated data.

Please note that the Australian Bureau of Statistics has updated their SA2 (full definition here⁴¹) areas after the 2016 census. PAT CAT mapping will be updated to the new mapping as detailed here⁴² - currently planned over the 2017 Christmas period.

• Aggregated Data(see page 173)

⁴¹http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%252520Subject/

^{1270.0.55.001~}July%2525202016~Main%252520Features~Statistical%252520Area%252520Level%2525202%252520(SA2)~10014 42http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/1270.0.55.001Appendix7July%25202016?

opendocument&tabname=Notes&prodno=1270.0.55.001&issue=July%25202016&num=&view

• Privacy restrictions on the display of Aggregated Data(see page 176)

11.1 Aggregated Data

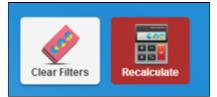
The Aggregated Data drop down allows the user to select which information from the data extract to display on the map. This is based on the report screen used to click on the 'View Map' button.

The example shown below overlays information related to Smokers with chronic conditions (in this instance Respiratory for the entire PHN or other organisation) from the extract data, and ABS data in relation to socioeconomic disadvantage.

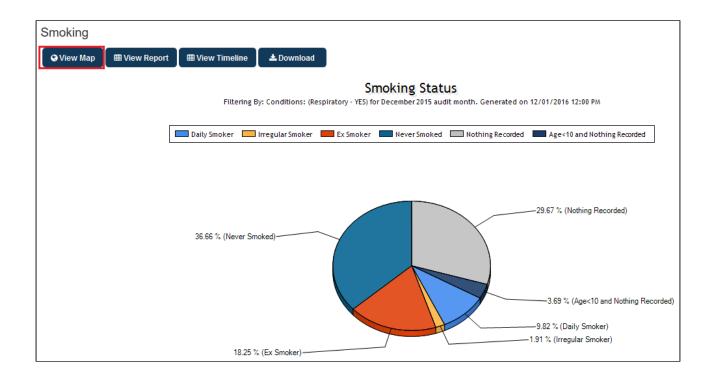
1. Set the filters to Conditions > Chronic > Respiratory

| General P | Practices Et | thnicity C | onditions | Medications | Results | Saved Filters | | 4 | | | July 2014 |
|----------------|--------------|------------|-----------|-------------------------------|---------|-------------------|--------------|-----------------|-------|-------------------------|--------------|
| Chronic M | ental Health | Other | | | | | | | | | |
| Diabetes | | Respira | tory | Cardiovascula | r | | | Musculoskeletal | | Renal Impairment | |
| Yes | No | V Yes | No | Yes | No | | | Yes | No | Yes | No |
| Type II | No | | | Hypertension | n 🔲 No | | | Inflamatory | No | Chronic Renal Failur | e 🔲 No |
| Type I | No | | | Heart Failur | e 📃 No | | | Musculoskeletal | No No | Acute Renal Failure | No |
| No | | | | Cardiovascular Disease (CVD): | | | Bone Disease | No | | No | |
| Undefined Diab | etic | | | СНD | No P | VD | No | Costeoporosis | No | Undefined Renal Failure | 8 |
| Type I or II | | | | Stroke | No | arotid Stenosis | No | Osteoarthritis | No | | |
| Gestational | No | | | M | No Rena | I Artery Stenosis | No | | | | |
| | | | | | | | | | | Ø Clea | r Conditions |

1. Click Recalculate



1. Go to the Smoking tab in the Reports pane.



NOTE: The filter applied for this graph is Conditions: (Respiratory = YES)

Click the View Map Button.

 In the View Map window the Aggregated Data will display all available indicators. They can be expanded by clicking on the > next to the name of the indicator, as in the screenshot below for the 'Daily Smoker' indicator:

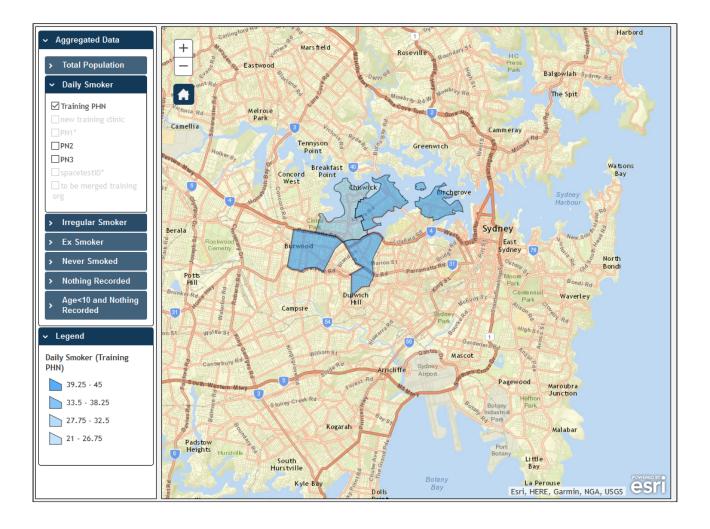
| ✓ Aggregated Data | | | | | |
|---|--|--|--|--|--|
| > Total Population | | | | | |
| ✓ Daily Smoker | | | | | |
| Training PHN* new training clinic PN1* PN2* PN3* spacetestID* to be merged training org | | | | | |
| > Irregular Smoker | | | | | |
| > Ex Smoker | | | | | |
| > Never Smoked | | | | | |
| > Nothing Recorded | | | | | |
| Age<10 and Nothing Recorded | | | | | |
| ✓ Legend | | | | | |
| No legend | | | | | |

You can select the total aggregated data for the PHN or other organisation (indicated by your organisation's name) or the individual practice (indicated by the Practice ID).

NOTE: If you are logged on as a practice, you will only see drop downs relating to the entire PHN or other organisation and the practice which you have logged on as.

In the example below we have selected the daily smokers from our Training PHN location - this will display all available data on the map.

The aggregated data information will now be displayed on the map and the legend is updated (located in the bottom left portion of the window).



The map legend (displayed in the bottom left) is dynamic and determined by the selections made from the drop down menus, in this instance Daily Smokers in the Training PHN area.

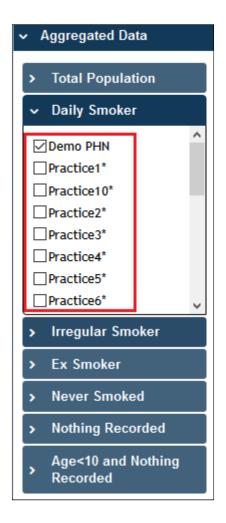
Observe that the darker coloured sections of the map indicate a greater number of smokers with respiratory conditions in that region. Remember that all filters applied prior to using the map will affect the population mapped on the report.

You can interact with the map; clicking and dragging to move the map, clicking on + and – to zoom in and out, and

clicking on the **Home** symbol **I** to show your organisations catchment.

11.2 Privacy restrictions on the display of Aggregated Data

To ensure the privacy of patients, a universal rule is applied whereby if there are fewer than 5 patients able to be displayed in a map segment for a given data selection, no data will be displayed on the map. When such restrictions are required to be applied, the selection in the Aggregated Data drop down box will have a asterisk symbol '*' shown next to the practices/organisation name indicating that the result set has been limited. If there is no data to be shown for the organisation/practice, then the item will be greyed out and not available for selection.



NOTE: The asterisk symbol '*' indicates that not all data is able to be shown due the application of privacy restrictions.

In the example above the aggregate data for the organisation (PENCS) is available, but for the individual clinics there are either less than 5 patients for the selected indicator available.

12 TIMELINE REPORTING

PAT CAT offers timeline reports which show how a particular data item has changed over time. To display any timeline, at least 2 datasets from different months have to be available in PAT CAT, if more datasets are available the timeline will include these, too.

Timeline reporting can be accessed from each individual report and will display all available indicators from the respective report, or it can be accessed through the 'Report' icon on top of the screen which allows for custom timeline views. This chapter will explain both ways of accessing the timeline reporting. These reports are available for PAT CAT Organisation (eg PHN or other organisation) and practice users and will show aggregated data only for Organisation users and aggregated data and practice level data for practice users.

- Individual Reports Timelines(see page 178)
- Custom Timeline Reports(see page 180)

12.1 Individual Reports Timelines

Each report has an option to view the Timeline – accessed through the button on the left:

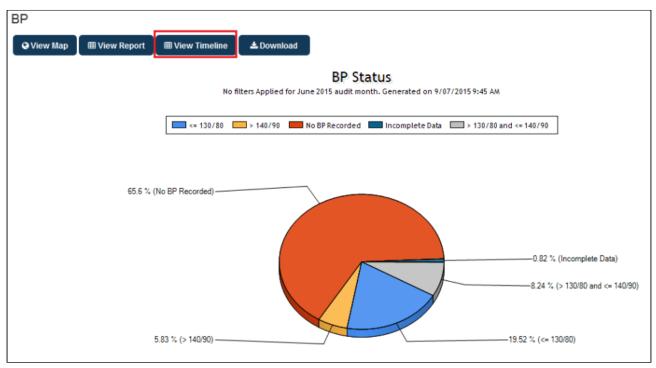


Figure 149: View Timeline Button

Clicking on this button will open a timeline report for the report currently open, in our example the blood pressure report. The data responds to all applied filters, so it is possible to filter for patients with particular conditions, visit dates or any other available filter option before viewing the timeline. The range of the timeline can be adjusted to reporting requirements using the dropdown boxes on top of the graph.

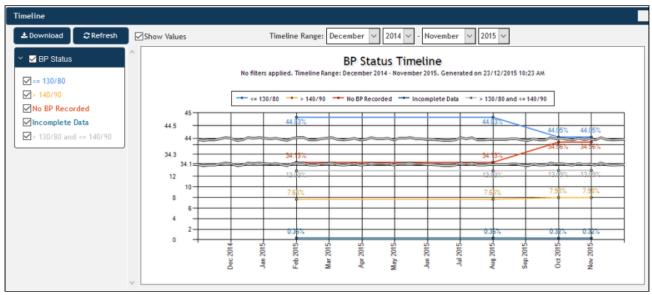


Figure 150: BP Timeline Report

The graph can be saved by using the "Download" button, this will create an image file of the graph which can be used in presentations or documents. It will be saved through your browser's download function. Please note that our demo data does not provide a 'normal' timeline due to the different sizes of data for each month. Real data will be much more consistent but still dependent on the number of patients for each data point. To create meaningful timeline reports it might be required to apply a practice filter to remove a practice that has not uploaded data consistently.

For practice users the same reports are available but will present both the PHN aggregated data and the practice data in two graphs. The "Download" button provides a choice of saving either the PHN or the practice data.

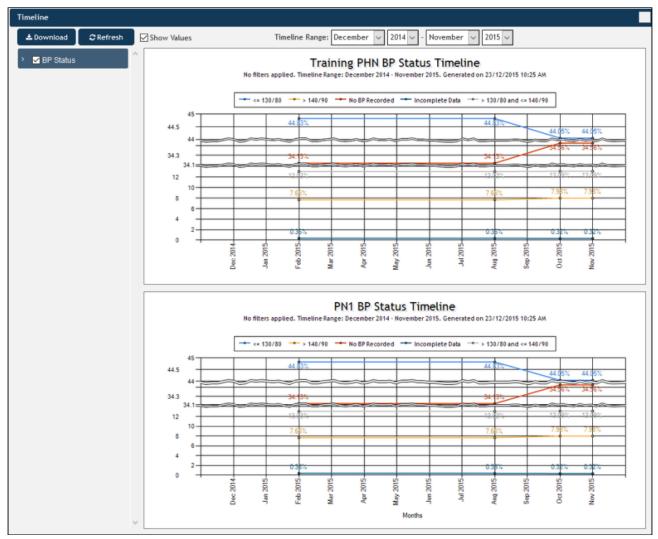


Figure 151: Practice User Timeline

12.2 Custom Timeline Reports

Custom timeline reports allow to combine data from multiple reports in a timeline. This can be useful to see how a project targeting one particular risk factor (i.e. Smoking) has affected a health indicator (i.e. blood pressure) over time. An organisation running projects focussing on any number of health indicators or risks will be able to see the outcomes for selected patient groups and/or practices over time and so will be able to see how effective the project has been.

To access the custom timeline reports, please click on the Reports icon on the top of your screen and choose the 'Custom Timeline' option:



Figure 152: Access Custom Timeline

This will open a new window providing access to all indicators in your data and you can pick which indicator(s) to view in the timeline by clicking the tick-boxes. Ticking the top level box will select all indicators for the selected report and by clicking on the > you can expand the report title to select individual results only. In the example below only high BP and high Cholesterol is selected.

NOTE: The timeline will be affected by any filter that has been applied to your data.



Figure 153: Custom Timeline BP and Cholesterol

The "Download" button provides the same functionality as in the standard timeline – it will save an image of the graph for use in other documents. The 'Show Values' tick box allows to show each data point on the graph as pictured. To apply this you will need to click the 'Refresh' button after selecting to show the values.

13 CUSTOM DATA IMPORT AND USAGE

PAT CAT allows users to import their own data to display in the Timeline reports described in the next chapter. This can be used to display national benchmarks as a comparison, use data from other sources than the de-identified CAT data and allows users to customise their timeline reporting. Hospital data such as admissions and diagnosis reports is another example – this is a very flexible tool for your reporting needs, feel free to explore the options. Using custom data has a number of rules and restrictions that are important to understand to use it correctly:

- Data has to be in comma delimited format (csv)
- There has to be at least one column with measures (values) and at least one column with a date
- Values have to be numerical only
- Multiple value columns can be selected but only one date column can be used
- Data will be aggregated if more than one value/month is available, which may cause strange results, so make sure you have edited your source file accordingly. Example if you looking at blood pressures and have multiple results for one month (in different rows) the individual results will be added for the month which wouldn't make sense. To use data like this you will need to average the data over the month.
- Once imported, the custom data will be available for display on the individual and custom time line graphs, by default the custom data is shown at the bottom of the indicators to be graphed.

For this example we are using a custom data file containing mock diabetes prevalence rates - these are not accurate and are only used to illustrate the usage of the custom data file

| national diabetes rate total | national diabetes rate Type II | national diabetes rate Type I | month |
|------------------------------|--------------------------------|-------------------------------|-----------|
| 5.2 | 5.14 | 0.06 | 1/02/2015 |
| 5.3 | 5.24 | 0.06 | 1/07/2015 |
| 5.1 | 5.04 | 0.06 | 1/08/2015 |
| 5.2 | 5.14 | 0.06 | 1/09/2015 |
| 5.1 | 5.04 | 0.06 | 1/10/2015 |
| 5.2 | 5.14 | 0.06 | 1/11/2015 |
| 5.3 | 5.24 | 0.06 | 1/12/2015 |

Figure 137: CSV Custom Data File

13.1 Preparing and Importing Custom Data

As stated above, the data needs to be available in comma delimited format (csv) which can be created from MS Excel (use the 'save as' option). Once the data is in the right format you can import the custom data by clicking on the 'Custom Data' link in the PAT CAT menu bar.

| 🇠 PATCAT 🛛 🖬 PHN | л рат сат | PRACTICES | 🕒 CUSTOM DATA | SUPPORT | LOG OUT |
|------------------|----------------------------|-----------|---------------|---------|---------|
| F | auro 129: Custom Data Linl | | | | |

Figure 138: Custom Data Link

The custom data screen allows you to review existing files and to add new ones. In the example below no data has been uploaded yet.

| A PATCAT PHN | DAT CAT | A PRACTICES | CUSTOM DATA | SUPPORT | LOG OUT |
|--|---------|-------------|-------------|---------|---------|
| e | | | | | |
| © Refresh List | | | | | |
| No custom data found. Please use the 'import' button to start importing your custom data | | | | | |
| C Refresh List | | | | | |

Figure 139: Manage Custom Data

To add a new data file, click on the 'Import' icon in the top left corner.

| Source Information | |
|--------------------------------------|-----------------------------|
| Select File Browse No file selected. | |
| Filename No data uploaded | |
| Status Active V | |
| Name* | |
| Description | |
| | |
| | |
| | |
| | |
| | |
| Date Columns ● | Clear Selection |
| | |
| No data uploaded | |
| | |
| Value Columns 🍳 | Select All Clear Selections |
| No data uploaded | |
| | |
| Preview | |
| | |
| No data uploaded | |
| | |
| | Cancel |

Figure 140: Import Custom Data

The first step is to browse to the file you want to upload by clicking on the 'Browse' button. Find the file you want to upload, click on it and click 'Open'

| 😺 File Upload | | | | | | |
|---|-----------|---|------------------|-------------------|------|------|
| $\leftarrow \rightarrow \cdot \uparrow$ | > Thi | $s PC \rightarrow Downloads \rightarrow temp \rightarrow cat$ | | | v Ö | Sea |
| Organize 🔻 | New folde | r | | | | |
| 😂 Dropbox | ^ | Name | Date modified | Туре | Size | |
| i OneDrive | | 📳 Sample Custom Data 1.csv | 23/12/2015 10:06 | Microsoft Excel C | | 1 KB |
| This PC | | | | | | |



Now that you have selected your file, click the 'Upload' button. Depending on the size of the file and your internet connection this can take a little while.

| Source I | nformation |
|-------------|--|
| Select File | Browse Sample Custom Data 1.csv |
| | Name: Sample Custom Data 1.csv Size: 0.27KB Type: text/csv |
| | 🕹 Upload |
| Filename | No data uploaded |

Figure 142: Upload Custom Data File

Once the file is uploaded, you will be shown the available date and value columns. In the example below I have selected all value columns. If you have more than one date column, you will need to choose which date to display, as PAT CAT can only use one date column in this file.

The Preview shows how PAT CAT will display the data, if this is not how you expected the data to look in your time line reports you can click 'Cancel' and edit your source file to meet your requirements, then upload it again until you are satisfied with the result.

| Source Information | | | | | | | |
|--|--------------------------------|-----------------|-----------------|-----------------|-------------|--------------------|-----------|
| Select File Browse | No file selected. | | | | | | |
| | | | | | | | |
| Filename Sample Custom Data 1.csv Status Active V | | | | | | | |
| Name* National DM Rates | | | | _ | | | |
| Description | | | | _ | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date Columns | | | | | | | _ |
| Date Columns * | | | | | | Clear | Selection |
| Source Column Name | Column ID * | | Name | | Description | | Select |
| month | month | | month | | | | |
| Value Columns 9 | | | | | | | |
| | | | | | | Select All Clear : | elections |
| | Column ID * | | Name | | Description | | Select |
| national diabetes rate total | national diabetes rate total | | national diabet | es rate total | | | |
| national diabetes rate Type II | national diabetes rate Type II | | national diabet | es rate Type II | | | |
| national diabetes rate Type I | national diabetes rate Type I | | national diabet | es rate Type I | | | |
| | | | | | | | |
| Preview | | | | | | | |
| Refresh Preview View Preview | Timeline | | | | | | |
| = Invalid Data | | | | | | | |
| month national diabetes rate total | national diabetes rate Type II | national diabet | es rate Type I | | | | |
| 1/02/2015 5.20 | 5.14 | 0.06 | | | | | |
| 1/07/2015 5.30 | 5.24 | 0.06 | | | | | |
| 1/08/2015 5.10 | 5.04 | 0.06 | | | | | |
| 1/09/2015 5.20 | 5.14 | 0.06 | | | | | |
| 1/10/2015 5.10 | 5.04 | 0.06 | | | | | |
| 1/11/2015 5.20 | 5.14 | 0.06 | | | | | |
| 1/12/2015 5.30 | 5.24 | 0.06 | | | | | |
| | | | | | | | |
| | | | | | Save | Cance | en , |

Figure 143: Custom Data File Source Details

If everything is how you need it to be, click on 'Save' to add this custom data to your timeline reports. You can now see the uploaded file in the Custom Data screen, including details about upload date and status (active/inactive).

13.2 Editing and Removing Custom Data Files

Data files can be made inactive or can be deleted. Changing the status to 'inactive' will remove the data from the timeline reports but the data will remain in PAT CAT. Deleting a custom data set will remove the data. Both can be done from the screen above which, for already imported data, is accessed by clicking on the file name in the Custom Data screen.

| - A | | | | | |
|--------------------------|-------------------|-------------|-------------------|------------------|--------|
| 🗘 Refresh List | | | | | |
| Filename | Data Source Name | Description | Number of Columns | Date Imported | Status |
| Sample Custom Data 1.csv | National DM Rates | | 4 | 22 December 2015 | Active |
| © Refresh List | | | | | |

Figure 144: Edit Custom Data

From the next screen you can change the file status or delete the file by using the respective options.

| Source Information | | | | | |
|---|--------------------------------|--------------------------------|---------|--------|----------------------------|
| Filename Sample Custom Data 1.csv | | | | | |
| Status Active ~ | | | | | |
| Name* National DM Rates | | | | | |
| Description | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Date Columns • | | | | | Clear Selection |
| | | | | | |
| Source Column Name | Column ID * | Name | Descrip | tion | Select |
| month | month | month | | | |
| Value Columns | | | | S | elect All Clear Selections |
| Source Column Name | Column ID * | Name | Descrip | tion | Select |
| national diabetes rate total | national diabetes rate total | national diabetes rate total | | | |
| national diabetes rate Type II | national diabetes rate Type II | national diabetes rate Type II | | | |
| national diabetes rate Type I | national diabetes rate Type I | national diabetes rate Type I | | | |
| Preview | | | | | |
| Refresh Preview View Preview | v Timeline | | | | |
| = Invalid Data | | | | | |
| Please click "Refresh Preview" to view th | e data | | | | |
| | | | | | |
| | | | Save | Delete | Cancel |

Figure 145: Custom Data File Status and Deletion

13.3 Using Custom Data in Timeline Reports

The imported custom data is now available in the individual timeline reports as well as in the custom timeline reports. For full details on timeline reporting please see the next chapter(see page 189).

As we have imported a file with national diabetes prevalence rates, we will have a look at the 'Disease' report and add our custom data to the timeline. To see the timeline report, click on the 'Disease' report tab, then on the 'View Timeline' button.

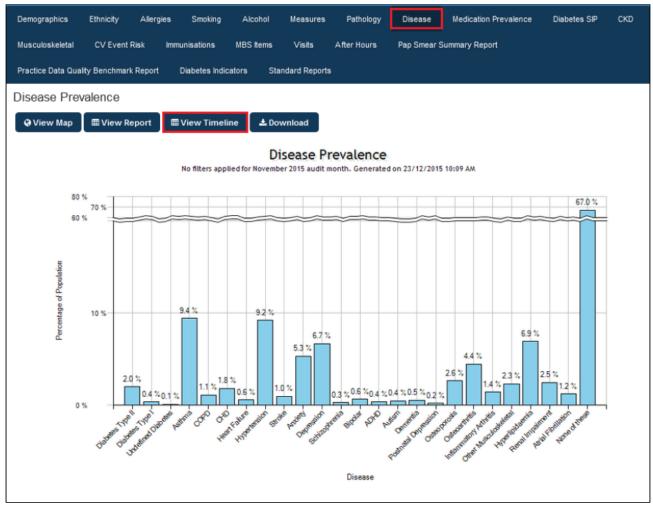


Figure 146: Disease Prevalence Report

The timeline report window has the timeline for the selected report as well as the custom data – in the example below I have removed all but the type II diabetes figures to make the graph less crowded.

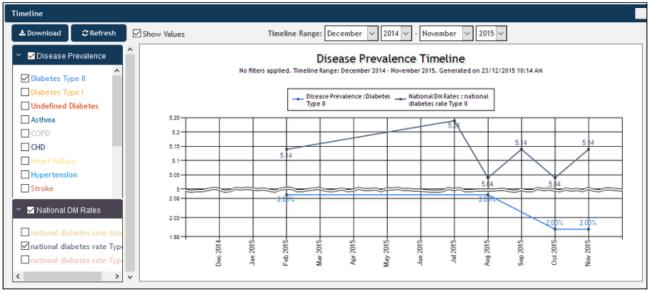


Figure 147: Custom Data Timeline

To use the custom data in the custom timeline just add it to the graph by selecting one or more indicators from the very end of the custom timeline report window.

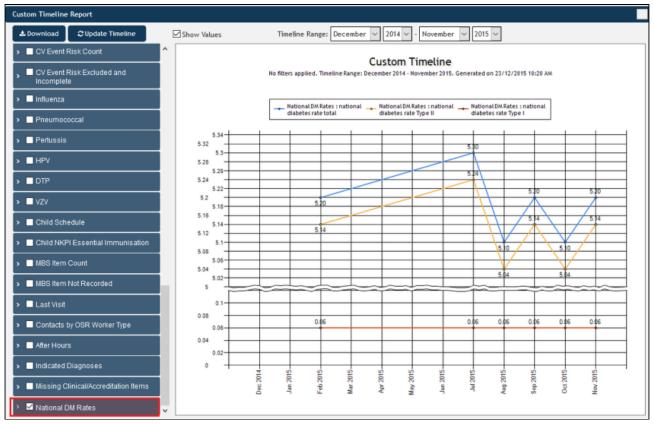


Figure 148: Custom Data in Custom Timeline Report

14 Export Patient Functionality

PAT CAT allows PHN or other organisation (and other organisations) but not practice users to save data in csv format (comma delimited) to be used in Excel or for further analysis in other software. To export data click on the 'Report' icon:



You will see two options, one for exporting patients as described below, and the other for custom timeline which is described in chapter 10 above.

Clicking on the 'Export Patients' line will open a new window with options to tick the details of the data to be exported to the csv file:

| Export Patient | |
|-------------------------|----------|
| Select All | Save CSV |
| > Demographics | <u>^</u> |
| > Ethnicity | |
| > Allergies | |
| > Smoking | E |
| > Alcohol | |
| > BMI Count | |
| > BMI Average | |
| > BMI Incomplete | |
| > 🔲 Waist CVD Risk | |
| > 🔲 Waist Diabetes Risk | |
| > BP | |
| > Spirometry | |
| > Physical Activity | |
| > Cholesterol | |
| > Total Chol/HDL Ratio | |
| > HDL | |
| > LDL | • |

Each heading in the window above can be expanded by clicking on the > symbol and will display the details of each result that can be included or excluded. If all results need to be in the report you can click the 'Select All' button on the top left – this will give you a file with every result from every report in PAT CAT and the SLA2 mapping information. Use the 'Clear Selection' to remove all selections made.

The output can be opened in MS Excel and then be further processed or filtered as needed.

Depending on the size/number of practices this can take a while to create the export file - please be patient!

15 CAT PLUS PROMPTS IN PAT CAT

Pen CS has created the CAT Plus suite of software for primary health care which consists of Topbar, CAT4 and PAT CAT. These tools are already working together and CAT Prompts is the next level of integration. CAT Prompts provides the team in general practice with an easy way of communicating across the CAT Plus suite. CAT4 and PAT CAT can identify patients of interest through the large range of reports and filters, and the prompt based on the criteria used in CAT4/PAT CAT can be send to Topbar to notify the clinicians if their patient matches the chosen conditions. This can be used to improve data quality, identify patients at risk and highlight business opportunities for the practice.

The main advantage is the ease of communicating findings on a practice population level to the consult room where the individual patient is present. Rather than having to rely on printed lists or verbal communication, Topbar together with CAT4 will be able to improve team work and improve quality of care through communication.

CAT Prompts are not dependent on the patients in CAT4 OR PAT CAT as only the filters and selections used are applied when a patient is opened in the clinical system. This means if you create a new prompt today, even patients that are added to your clinical system in the future will be identified if they match the criteria.

For information on how to use the prompts in each of the individual parts of the CAT Plus suite click on the links below.

- CAT4⁴³
- PAT CAT⁴⁴
- Topbar⁴⁵

This part of the guide shows how to create and manage CAT Prompts in PAT CAT. For details on how to create and manage CAT Prompts in CAT4 please check the relevant guide⁴⁶

15.1 Setting up CAT Prompts in PAT CAT

15.1.1 Requirements

To use CAT Prompts you have to have the latest version of Topbar, CAT4 and PAT CAT installed. Please contact your PHN to enquire about how to get access to the CAT Plus suite. Only PHN or other organisation level users can access the prompts functionality in PAT CAT, practice level users won't have the icon when logged on.

15.2 Creating a Prompt in PAT CAT

To access the prompts module in PAT CAT click on the Prompts icon which shows the same design as Topbar.

⁴³ https://help.pencs.com.au/display/CP/CAT4

⁴⁴ https://help.pencs.com.au/display/CP/PAT+CAT

⁴⁵ https://help.pencs.com.au/display/CP/Topbar

⁴⁶ https://help.pencs.com.au/display/CG/CAT+PLUS+PROMPTS+IN+CAT4



The Prompts window will be displayed, showing existing prompts with details such as name, summary, date created and a count of how many prompts were dismissed and deferred. The status column shows if the prompt is currently active or inactive. From this screen existing prompts can be edited or deleted, please find the details in the Viewing and Removing Prompts in PAT CAT(see page 196) page.

Before you create your prompt you need to consider if you need to apply a filter to your PAT CAT population using the available filters. For more details on filters in PAT CAT please see the relevant chapter(see page 81) in the PAT CAT user guide.

| General | Practices Ethnici | ty Conditions | Medication | is Date Ran | ige (Results) D | late Range (Vi | isits) Patient Statu | us Health Care Homes | Risk Factors | Saved Filters | | | 3 / 3 Practices Include |
|-----------|-------------------|---------------|-------------|-------------|-----------------|----------------|----------------------|----------------------|--------------|-----------------|-------|-----------------------|-------------------------|
| Chronic | Mental Health | Cancer Othe | er | | | | | | | | | | |
| Diabetes | | F | Respiratory | | Cardiovascular | r | | | | Musculoskeletal | | Renal Impairment | |
| Ves | No | | Yes | No | 🗌 Yes | 🗌 No | | | | 🗌 Yes | No | Yes | No |
| Type II | No No | 5 | Asthma |] No | Hypertension | 🗌 No | | | | Inflamatory | No | Chronic Renal Failure | No |
| Type I | No | | COPD | No | Cardiovascula | ar Disease (C' | VD): | | | Musculoskeletal | No | Acute Renal Failure | No |
| Undefined | d Diabetic 🗌 No | | | | Heart Failure | 🗌 No | | | | Bone Disease | No | | |
| Type I or | 11 | | | | 🗆 СНD | 🗌 No | PVD | 🗌 No | | Osteoporosis | No | | |
| Gestation | al 🗌 No | | | | Stroke | 🗌 No | Carotid Stenosis | No | | Osteoarthritis | No No | | |
| | _ | | | | 🗆 MI | 🗌 No | Renal Artery Sten | iosis 🗌 No | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Clear Conditions |
| | | | | | | | | | | | | | |

One consideration for the filter, asides from clinical criteria, would be which practices should receive the prompts. This can be selected in the 'Practices' filter tab. For this example I have filtered for one practice only and have added the condition 'Asthma' to the filter.

Once you have applied the relevant filter(s) and recalculated, you are ready to create a new prompt.

Click on the '+Create Prompt' button on the top left of the window to start the process.

| 1 2 3 4 5 6 7 8 9 10 Last | | | | | | | | | | |
|--|---|---|------------------------|-----------|----------|--------|--|--|--|--|
| lame | Summary | Reason | Date Created | Dismissed | Deferred | Status | | | | |
| Creating male smoker prompt | Trying to create the male smoker prompt | Review the data | 17/02/2016 11:57 AM | 0 | 0 | Active | | | | |
| Aedications: Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | 8/02/2016 10:54 AM | 0 | 0 | Active | | | | |
| Medications: Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | 8/02/2016 10:02 AM | 0 | 0 | Active | | | | |
| Medications: Narcotics/Opiods - YES) | Medications: (Narcotics/Opiods - YES) | Medications: (Narcotics/Opiods - YES) | 8/02/2016 10:02 AM | 0 | 0 | Active | | | | |
| Nedications: (Glitazones - 10) | Medications: (Glitazones - NO) | Medications: (Glitazones - NO) | 8/02/2016 10:01 AM | 0 | 0 | Active | | | | |
| Nedications: (Glitazones - ′ES) | Medications: (Glitazones - YES) | Medications: (Glitazones - YES) | 8/02/2016 10:01 AM | 0 | 0 | Active | | | | |
| Medications: (Metformin - NO) | Medications: (Metformin - NO) | Medications: (Metformin - NO) | 8/02/2016 10:00 AM | 0 | 0 | Active | | | | |
| Nedications: (Metformin - ′ES) | Medications: (Metformin - YES) | Medications: (Metformin - YES) | 8/02/2016 10:00 AM | 0 | 0 | Active | | | | |
| Nedications: (Insulin H/ Ilycaemics - NO) | Medications: (Insulin H/ glycaemics - NO) | Medications: (Insulin H/ glycaemics - NO) | 8/02/2016 10:00 AM | 0 | 0 | Active | | | | |
| Nedications: (Insulin H/ Nycaemics - YES) | Medications: (Insulin H/ glycaemics - YES) | Medications: (Insulin H/ glycaemics - YES) | 8/02/2016 10:00 AM | 0 | 0 | Active | | | | |

In the 'Create Prompt' window you will see a list of currently active filters on top of the screen. You can now add more criteria to the active filters using the individual report sections to select your criteria. The condition 'Asthma' in my filter could have also been added through the 'Disease' report by selecting 'Asthma' there. PAT CAT and CAT4 often provide multiple ways on how to achieve the same outcome.

| Create Prompt | | | |
|---------------|---|--|---|
| | Filtering By: Practice: (Prac_MW_BP1), Conditions: (Asthma - YES) Active | > Demographics > Ethnicity > Allergies > Smoking > Alcohol > BMI Count > Waist CVD Risk > Waist Diabetes Risk > BP > Spirometry > Physical Activity | ^ |
| | | > Cholesterol > Total Chol/HDL Ratio > HDL > LDL > Triglycerides > eGFR | * |
| | | 🖺 Save | |

For this example I am creating a prompt that will alert Topbar users at the specified clinic if a patient presents who has Asthma, who is daily or irregular smoker and never had a spirometry test entered. The test name should be the message that informs the clinician what to do, and in the 'Summary' and 'Reason' fields additional information can be given. All three fields need to be filled in.

To filter for this I am using the practice filter(see page 87) to select the practice(s) of interest and the conditions filter(see page 88) to find patients with asthma.

| Create Prompt | |
|---|---|
| Filter: Filtering By: Practice: (Prac_MM_BP1), Conditions: (Asthma - YES) | > Demographics |
| Name: Patient has Asthma and smokes, please perform Spirometry test Status: Active | > ■ Ethnicity |
| Summary: Patients with Asthma who are daily or irregular smokers with no record of spirometry results at clinic <u>Prac_MM_BP1</u> will receive this prompt | ➤ Allergies ✓ ✓ Smoking |
| Reason: Patients who smoke and have respiratory conditions are at high risk | Daily Smoker Irregular Smoker Ex Smoker Never Smoked Nothing Recorded Age<10 and Nothing Recorded |
| | Alcohol BMI Count Waist CVD Risk |
| | ➤ ■ Waist Diabetes Risk > ■ BP |
| | ✓ ✓ Spirometry |
| | □ FEV1/FVC<0.7 □ FEV1/FVC>=0.7 ☑ Nothing Recorded |
| | 🖺 Save |

Once your prompt is complete, click on 'Save' to save the new prompt. Once saved, your new prompt will be displayed on top of the list of existing prompts. You can click on 'Refresh Prompts List' if you can't see your newly created prompt.

| + Create Prompt | 8 9 10 Last | | | | | |
|---|---|---|-----------------------|-----------|----------|--------|
| Name | Summary | Reason | Date Created | Dismissed | Deferred | Status |
| Patient has Asthma and smokes, please perform Spirometry test | Patients with Asthma who are daily or irregular smokers with no record of spirometry results at clinic Prac_MM_BP1 will receive this prompt | Patients who smoke and have respiratory conditions are at high risk | 22/02/2016 2:00 PM | 0 | 0 | Active |
| Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | 8/02/2016 10:54 AM | 0 | 0 | Active |
| Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | 8/02/2016 10:02 AM | 0 | 0 | Active |
| Medications: (Narcotics/Opiods - YES) | Medications: (Narcotics/Opiods - YES) | Medications: (Narcotics/Opiods - YES) | 8/02/2016 10:02 AM | 0 | 0 | Active |
| Medications: (Glitazones - NO) | Medications: (Glitazones - NO) | Medications: (Glitazones - NO) | 8/02/2016 10:01 AM | 0 | 0 | Active |
| Aedications: (Glitazones - /ES) | Medications: (Glitazones - YES) | Medications: (Glitazones - YES) | 8/02/2016 10:01 AM | 0 | 0 | Active |

Please note that prompts created in PAT CAT are currently send to Topbar overnight - you will NOT see the new prompts taking instant effect in the practices!

PAT CAT prompts are not active in Topbar by default and need to be activated for each user before they will be displayed.

15.3 Viewing and Removing Prompts in PAT CAT

Once prompts are created in PAT CAT, they can be removed through the 'Prompts' icon on top of the screen.

| 👋 PA | TCAT | PHN | | | | | III PAT CAT | PRACTICES | 皆 CUSTOM DATA | SUPPORT | LOG OUT |
|--------------|-----------------|----------------|----------------|-------------|---------------------|------------|-----------------|-----------------|---------------------|---------------|-------------|
| - A | Show Extracts | Show Filters | Reports | Population | Prompts | PAT CAT R | eports | Cleansing PAT | | Clear Filters | Recalculate |
| Demographie | cs Ethnicity | Allergies Smoł | king Alcohol | Measures | Pathology Disease | Medica | tion Prevalenc | ce Diabetes SIF | P CKD Mus | culoskeletal | |
| CV Event Ris | k Immunisations | MBS Items | Visits After H | ours Pap Sn | near Summary Report | Practice D |)ata Quality Be | nchmark Report | Diabetes Indicators | s Standard F | Reports |

The Prompts window will display all existing prompts, clicking on one of the prompts will allow you to edit the prompt. Information about Dismissed and Deferred numbers and the status (active/inactive) indicates if the prompts is active in Topbar are sent once a day (over night) to PAT CAT. Please see the Topbar CAT Prompts guide⁴⁷ on how to activate/inactivate prompts on the clinic level.

⁴⁷ https://help.pencs.com.au/display/TUG/Using+CAT+Prompts+in+Topbar

| 1 2 3 4 5 6 7 | 8 9 10 Last | | | | | |
|---|--|---|------------------------|-----------|----------|--------|
| Name | Summary | Reason | Date Created | Dismissed | Deferred | Status |
| Patient has Asthma and smokes, please perform Spirometry test | Patients with Asthma who are daily or irregular smokers with no record of spirometry results at clinic Prac_MM_BP1 will receive this prompts | Patients who smoke and have respiratory conditions are at high risk | 22/02/2016 2:00 PM | 0 | 0 | Active |
| Patient has Asthma and mokes, please run spirometry test | Patients with Asthma who are daily or irregular smokers with no record of spirometry results at clinic Prac_MM_BP1 will receive this prompts | Patients who smoke and have respiratory conditions are at high risk | 22/02/2016 11:59 AM | 0 | 0 | Active |
| Creating male smoker prompt | Trying to create the male smoker prompt | Review the data | 17/02/2016 11:57 AM | 0 | 0 | Active |
| Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | 8/02/2016 10:54 AM | 0 | 0 | Active |
| Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | Medications: (Narcotics/Opiods - NO) | 8/02/2016 10:02 AM | 0 | 0 | Active |
| Medications: (Narcotics/Opiods - YES) | Medications: (Narcotics/Opiods - YES) | Medications: (Narcotics/Opiods - YES) | 8/02/2016 10:02 AM | 0 | 0 | Active |
| Medications: (Glitazones - NO) | Medications: (Glitazones - NO) | Medications: (Glitazones - NO) | 8/02/2016 10:01 AM | 0 | 0 | Active |
| Medications: (Glitazones - YES) | Medications: (Glitazones - YES) | Medications: (Glitazones - YES) | 8/02/2016 10:01 AM | 0 | 0 | Active |

Currently the only option to edit a prompt is to delete it by using the 'Delete' button on the bottom right.

| Edit Patient has A | sthma and smokes, please perform Spirometry test | |
|--------------------|--|----------------------------------|
| Filter: | Filtering By: Practice: (Prac_MM_BP1), Conditions: (Asthma - YES) | > Demographics |
| Name: Status: | Patient has Asthma and smokes, please perform Spirometry test | > Ethnicity |
| | Patients with Asthma who are daily or irregular smokers with no record of spirometry results at clinic Prac_MM_BP1 will receive this | > 📕 Allergies |
| | prompts | > 🗹 Smoking |
| | | > ■ Alcohol |
| | | > ■ BMI Count > ■ Waist CVD Risk |
| Reason: | Patients who smoke and have respiratory conditions are at high risk | Waist Diabetes Risk |
| | | > ■ BP |
| | | > ☑ Spirometry |
| | | > 📕 Physical Activity |
| | | > Cholesterol |
| | | > Total Chol/HDL Ratio |
| | | > HDL |
| | | > LDL |
| | | > |
| | | > 🗖 eGFR |
| 🖉 Delete | | 🖺 Save |

16 PAT CAT Network

The organisations currently using PAT CAT have expressed interest in sharing aggregated data across their catchment boundaries. The PAT CAT Network has been created to provide this functionality and will provide the ability will be particularly useful to compare indicators across multiple organisation catchments and/or state borders.

The PAT CAT Network allows information to be shared through the use of "Channels". A channel defines a set of filters and graphs for which an organisation is willing to share data with another. An organisation "subscribes" to a channel to participate. Only aggregated data is shared. The data becomes available by "connecting' to a channel and then viewing the data through the normal PAT CAT interface along with the organisations own data for comparison. When connected to a channel, the predefined filters replace the usual PAT CAT filter panel and the graphs for which shared data is available are flagged with a * on their tab. A filter is selected to recalculate the data.

Only Super Users can create and share Channels - please contact PEN CS to nominate the super users in your organisation.

To enable data sharing without PEN CS becoming a data custodian we have expanded the PCS Network to handle the PAT CAT Network data travel. The PCS Network is currently used to provide the prompts data travel from PHN/ organisation to practice. It does not store any data from the individual organisations using PAT CAT, but rather stores the details of the direct data connections, i.e. who sends what to who.

Organisations are required to register to use the PAT CAT Network before they can share and view data. This is done the first time the organisation clicks on the PAT CAT Network icon and is managed through the PCS Network.

The PAT CAT Network functionality is accessed through the new PAT CAT Network icon:



Clicking the PAT CAT Network icon will open up the PAT CAT Network window. From this window you can create and join channels, see and respond to notifications and manage your subscribed and created channels. More detail is provided below.

Features:

- PCS Network does not store Patient Data
- PCS Network will only store Channel related data
- Data sharing is done directly between PAT CATs
- The aggregated value and percentage part of the data is encrypted
- Data transmission only through SSL
- Data sharing is only within the scope of the connected channel
- Organisations can only look at other PAT CAT data for the selected month
- Consent / Opt-In process for organisation is captured via the PCS Network

- Only PAT CAT Super Users can register to the PAT CAT Network.
- Only PAT CAT Super Users can create channels

• Please contact PEN CS to nominate your super users - there is no cost involved!

| PAT CAT Network | |
|--|----------------------------------|
| My Channels Join Channel | |
| + Create Channel | |
| Notifications Subscribed My Channels Invites Join Requests | |
| € Refresh List | |
| Notifications | |
| PHN B invites you to join the channel: again | + Accept Invite X Decline Invite |
| PHN B invites you to join the channel: again | + Accept Invite X Decline Invite |
| PHN B invites you to join the channel: test | + Accept Invite X Decline Invite |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ● Close |

The tabs on the PAT CAT Network window are described in detail below.

- Types of Channels(see page 201)
- Creating a Channel(see page 201)
- Inviting an Organisation to join a Channel(see page 207)
- Working with Channels(see page 212)
- Managing Channels and Notifications(see page 216)
- Joining a Channel (see page 219)

16.1 Types of Channels

Channels can be public or private. The organisation who created the channel will be its owner and will participate in all filters and graphs.

- Private Channel
- Other registered participants can only join upon accepting the invitation from the channel creator.
- Private channels will not be available for other organisations to request to join the channel
- Public Channel:
- Other registered participants can only join after either accepting the invitation from the channel creator or approval of its join request.
- Join request can be made by other organisations wanting to join the channel.
- Channel owner must approve the join requests.
- Public channels will be listed, so that other organisations can view their details

Channels contain the following information:

- Name
- Channel type (Public/Private)
- Graphs
- Filters

16.2 Creating a Channel

Channel creating makes data available immediately. This means that once all validations are passed and the user clicks to save a new channel, then the data will be available for transfer through the PCS Network and will be instantly available for viewing by another subscribed organisation.

Clicking on the '+ Create Channel' button will start the process.

| PAT CAT Network | X |
|--|----------------------------------|
| My Channels Join Channel | |
| + Create Channel | |
| Notifications Subscribed My Channels Invites Join Requests | |
| C Refresh List | |
| Notifications | |
| PHN B invites you to join the channel: again | + Accept Invite X Decline Invite |
| PHN B invites you to join the channel: again | + Accept Invite X Decline Invite |
| PHN B invites you to join the channel: test | + Accept Invite X Decline Invite |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Close |

A channel has to have a name and at least one filter and one graph. It needs to be given a public or private status.

| nnel Details | | | |
|--------------------------|--|----------------------|-----------------------------|
| Channel Name | èst Channel | Channel Type | Public 🗸 |
| Filters | + Add Filter | Graphs | + Add Graph |
| Click on 'Add Filter' to | o start adding filters into your channel | Click on 'Add Graph' | to start adding graphs into |
| | | L | 1 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

When adding a filter, PAT CAT will ask for a name. This name should describe the filter criteria used, as other organisations need to know what filter criteria have been applied. Once all filter criteria have been added and a name has been entered, the filter can be created.

Practice based filters can't be added to a channel!

| ate Filter | | | | | | |
|------------------------|---------------------|--------------------------------|--------|-----------------|--------|--------------------------|
| Filter Name active pat | ients with diabetes | | | | | |
| General Ethnicity C | onditions Medi | cations | | | | |
| Chronic Mental Health | Other | | | | | |
| Diabetes | Respiratory | Cardiovascular | | Musculoskeletal | | Renal Impairment |
| ✓ Yes No | Yes No | Yes No | | Ves | No No | □ Yes □ No |
| Gestational | 🗌 Asthma 🗌 No | Hypertension No | | Inflamatory | No No | Chronic Renal Failure No |
| | COPD No | 🗌 Heart Failure 🗌 No | | Musculoskeletal | No No | Acute Renal Failure No |
| | | Cardiovascular Disease (CVD): | | Bone Disease | No No | |
| | | CHD No PVD | 🗌 No | Osteoporosis | No No | |
| | | Stroke No Carotid Stenosi | s 🗌 No | Osteoarthritis | No No | |
| | | MI No Renal Artery Stenosis | No | | | |
| | | | | | | Clear Conditions |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | + Crea | ate Filter 💿 Cancel |
| D crour rittors | | | | | | Cancer |

All selected filter criteria will be listed as well as the name entered:

| annel De | etails | | | | X |
|----------|-------------------|--|------------------------|----------------------------|---|
| Chanr | nel Name Test | Channel | Channel Type | Public 🗸 | |
| Filte | rs | + Add Filter | Graphs | + Add Graph | |
| | Name | Description | Click on 'Add Graph' t | o start adding graphs into | |
| | active patients w | Filtering By: Active Patients, Conditions: (Diabetes - YES) | your channel | , | |
| | | Remove Selected | | | |
| | | | | | |

Adding a Graph to a Channel is similar to adding a filter, clicking on the '+ Add Graph' button will show a list of all available graphs and you can select which graphs you want to share in this channel.

| Add Graph | | X |
|----------------------------------|-----------------|---|
| Select All | Clear Selection | |
| | | ^ |
| CV Event Risk Exclude/Incomplete | | |
| Demographics | | |
| Diabetes Indicator | | |
| Diabetes SIP Items Recorded | | |
| Disease Prevalence | | |
| DTP | | |
| eGFR | | |
| ES Age | | |
| ES Uploads | | |
| Ethnicity | | |
| □FBG | | |
| FOBT Last Recorded | | |
| FOBT Orders and Results | | |
| FOBT Summary Report Card | | |
| HbA1c | | |
| HDL | | |
| □ HPV | | |
| Immunisation Child Schedule | | |
| | | ~ |
| + Add Graph | ● Close | |

After at least one filter and at least one graph have been added, the channel can be saved. Don't forget to set the type to Public or Private depending on your preferences. Public is the default setting for channels.

| Image: Concert Type Image: Image: Concert Type Image: Type Image: Concert Type | annel Details | | | |
|--|-------------------|-------------------|------|-----------------------------|
| Name Description active patients w Filtering By: Active Patients, Conditions: (Diabetes - YES) Image: Computer Selected Image: BP Image: Diabetes Indicator Image: Diabetes SIP Items Recorded Image: Diabetes SIP Items Recorded Image: Disease Prevalence Image: HbbA1c Image: Disease Prevalence | Channel Name Test | Channel | | Channel Type |
| □ active patients w Filtering By: Active Patients, Conditions: (Diabetes - YES) □ Remove Selected □ Diabetes Indicator □ Diabetes SIP Items Recorded □ Disease Prevalence □ HbA1c | Filters | + Add Filter | Grap | + Add Graph |
| active patients w (Diabetes - YES) Diabetes Indicator Diabetes SIP Items Recorded Disease Prevalence HbA1c | ■ Name | Description | | Name |
| Remove Selected Diabetes Indicator Diabetes SIP Items Recorded Disease Prevalence HbA1c | active patients w | | | ВР |
| Diabetes SIP Items Recorded Disease Prevalence HbA1c | | | | Diabetes Indicator |
| HbA1c | | A Remove Selected | | Diabetes SIP Items Recorded |
| | | | | Disease Prevalence |
| Remove Selected | | | | HbA1c |
| | | | | Remove Selected |

The new channel is now displayed (in alphabetical order) in the 'My Channel' tab.

| PAT CAT Network | | ٤ |
|--------------------------------------|-----------------------|-------------------|
| My Channels Join Channel | | |
| + Create Channel | | |
| Notifications Subscribed My Channels | Invites Join Requests | |
| ₽ Refresh List | | |
| 1 2 3 4 5 6 7 | | |
| Name | Members | |
| Sample1234 | PPHN A | + Invite X Delete |
| demo13 | РНИ В, РРНИ А | + Invite X Delete |
| Test Channel | PPHN A | + Invite X Delete |
| 1 2 3 4 5 6 7 | · · · | <u> </u> |

16.3 Inviting an Organisation to join a Channel

Only organisations who are registered as participants in the PAT CAT network will receive invitations to a channel. Only the owner/creator of a channel can send an invite to a channel. Invites will be shown in the invite list. An organisation can send a join request to the owner/creator of that public channel. Once the join request is accepted by the owner the channel will become available.

To invite an organisation to your channel, click on the '+ Invite' button:

| PAT CAT Network | | X |
|------------------------------------|---------------------------|-------------------|
| My Channels Join Channel | | |
| + Create Channel | | |
| Notifications Subscribed My Channe | els Invites Join Requests | |
| C Refresh List | | |
| 1 2 3 4 5 6 7 | | |
| Name | Members | |
| Sample1234 | PPHN A | + Invite X Delete |
| demo13 | PHN B, PPHN A | + Invite X Delete |
| Test Channel | PPHN A | + Invite × Delete |
| 1 2 3 4 5 6 7 | | |

This will display another window showing a list of organisations that have registered for sharing data through the PAT CAT Network. Select those organisations you want to share your channel with and then click on '+ Invite PHN'.

| Invite PHN | X |
|--|-----------------|
| Select All | Clear Selection |
| PHN D PHN B PHN E PHN C | |
| + Invite PHN | Cancel |

All of your invites will be displayed on the 'Invites' tab, with each organisation listed separately. This will allow you to cancel individual invites if required.

| AT CAT Network | | | | | | |
|------------------|-----------|-------------|---------|--|-------|-----------------|
| My Channels Join | Channel | | | | | |
| + Create Channel | | | | | | |
| Notifications Su | ubscribed | My Channels | Invites | Join Requests | | |
| C Refresh List | | | | | | |
| 1 2 3 | | | | | | |
| Name | | | Membe | ers | PHN | |
| Sample1234 | | | PPHN A | N Contraction of the second seco | PHN E | X Cancel Invite |
| Sample1234 | | | PPHN A | λ. | PHN C | × Cancel Invite |
| demo13 | | | PPHN A | A, PHN B | PHN D | × Cancel Invite |
| demo13 | | | PPHN A | I, PHN B | PHN C | × Cancel Invite |
| Test Channel | | | PPHN A | | PHN D | × Cancel Invite |
| Test Channel | | | PPHN A | 4 | PHN B | × Cancel Invite |
| 1 2 3 | | | | | | <u> </u> |

The organisations invited will see your invite under the Notifications tab. This is the view when logged in as PHN B:

| PAT CAT Network | X |
|--|----------------------------------|
| My Channels Join Channel | |
| + Create Channel | |
| Notifications Subscribed My Channels Invites Join Requests | |
| C Refresh List | |
| Notifications | |
| PPHN A invites you to join the channel: A3general | + Accept Invite X Decline Invite |
| PPHN A invites you to join the channel: PC | + Accept Invite X Decline Invite |
| PPHN A invites you to join the channel: ZZZ | + Accept Invite X Decline Invite |
| PPHN A invites you to join the channel: demo1 | + Accept Invite X Decline Invite |
| PPHN A invites you to join the channel: Demo11 | + Accept Invite X Decline Invite |
| PPHN A invites you to join the channel: Sample1234 | + Accept Invite X Decline Invite |
| PPHN A invites you to join the channel: Test Channel | + Accept Invite X Decline Invite |

Invitations can be accepted or declined. When accepted, the details of the channel are displayed and you can choose if you want to see (and share) all of the graphs or only some of them.

Remember that accepting an invite to a channel will give you access to the graphs in the channel AND will share your data across the same graphs!

| Channel Details | | X |
|--|------|-----------------------------|
| Channel Name Test Channel | | Channel Type Public 🗸 |
| Filters | Grap | bhs |
| Name Description | | Name |
| active patients w Filtering By: Active Patients, Conditions: (Diabetes - YES) | | вр |
| (Diabetes - TES) | | Diabetes Indicator |
| | | Diabetes SIP Items Recorded |
| | | Disease Prevalence |
| | | HbA1c |
| | L | - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 🖺 Subscribe 🛛 🔶 Cancel |

The new channel is now listed under your 'Subscribed' tab and you can connect to it to see the data from the other organisation(s).

| T CAT Network | | | | | | | |
|---------------|--------------|-------------|---------|---------------|--------|---------------|---------|
| My Channels | Join Channel | | | | | | |
| + Create Chan | inel | | | | | | |
| Notifications | Subscribed | My Channels | Invites | Join Requests | | | |
| C Refresh | List | | | | | | |
| 1 2 3 4 | 5 | | | | | | |
| Name | | | Membe | ers | Owner | | |
| Test Channel | | | PHN B, | PPHN A | PPHN A | × Unsubscribe | Connect |
| 1 2 3 4 | 5 | | | | · | | |

16.4 Working with Channels

Channels display shared data from other organisations as detailed in the channel description. A channel has to have at least one filter and one graph selected, but can have multiple of both. When you subscribe to a channel you automatically share your data with the owner(s) of that channel. Channels can be public or private - but information will not be shared without your consent for either type of channel. Public channels are visible to all organisations in the PAT CAT Network and an organisation can request to be part of any public channel. Private channels are only visible to the organisations specified by the channel creator.

Once you have received an invitation to a private channel or have been granted access to a public channel, the channels available to your organisation will be listed under the 'Subscribed' tab. The owner and other members of the channel will be listed, and you can connect or unsubscribe t0/from a channel by clicking the respective button.

| PAT CAT Network | | | | X |
|--------------------------------------|-----------------------|-------|-------------|---------|
| My Channels Join Channel | | | | |
| + Create Channel | | | | |
| Notifications Subscribed My Channels | Invites Join Requests | | | |
| ♂ Refresh List | | | | |
| 1 2 3 4 5 | | | | |
| Name | Members | Owner | | |
| Test Channel | PHN B, PPHN A | | Unsubscribe | Connect |
| 1 2 3 4 5 | | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Close |

Once you connect to a channel, the following areas of PAT CAT will display the data from other organisations:

- Reports for the graphs that are available through the channel
- CSV and PDF download for the graphs that are available through the channel
- The data will be appended to the current grid
- The data will also be grouped, just like the current grouping functionality
- The data will be appended to the results
 - The data will also be grouped

PAT CAT will indicate which reports now contain shared information by placing a star next to the report name. The filter name and criteria for the channel are listed above the reports.

You need to select the channel filter to be able to see the data from the other organisations. Only filtered data is shared and the organisation who created the channel decides what filters and graphs will be shared in their channel!

| Test Channel | © Disconnect | | 🕲 Cha | ange | | | | | | | |
|---|------------------------------------|--------------|-------------|-----------|------------|---------------|----------------|--------------|----------------|-----|-----------------|
| Filter Name | Filter Desc | | | | | | | | | | |
| active patients with diabetes | Filtering By: Active Patients, Cor | iditions: (C | iabetes - Y | ES) | | | | | | | 😌 Select |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| Demographics Ethnicity Allergies Smokin | ig Alcohol 🛧 Measures | 🗙 P | athology | 📩 Dise: | ise Scr | reening (| Co-morbidities | Medication | 📩 Diabetes SIP | CKD | Musculoskeletal |
| | | | | | | | | | Di-9-111-14- | | |
| CV Event Risk Immunisations MBS Items | Visits After Hours Prac | tice Data (| Quality Ben | chmark Re | port 🔽 | Diabetes Indi | cators Stand | lard Reports | Digital Health | | |
| Diabetes Indicators | | | | | | | | | | | |
| ♥ View Map ▲ Show / Hide Columns | Timeline 🕹 Download | | | | | | | | | | |
| | | | | | | | | | | | |
| There are hidden columns | | | | | | | | | | | |
| No filters Applied for November 2016 audit month. General | ted on 7/12/2016 12:25 PM | | | | | | | | | | |
| Measure | | PPHN A | PPHN A % | Adjusted | Adjusted % | | | | | | ^ |
| Total Population | | 14,902 | | 1,683 | | | | | | | |
| HbA1c <6% | | 143 | 0.96 % | 24 | 1.43 % | | | | | | |

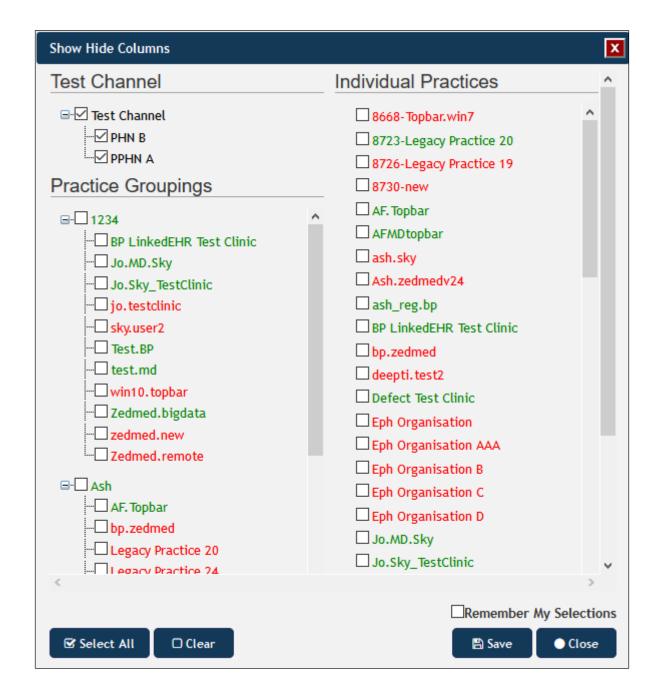
The same report changes to display the channel data after clicking the 'Select' button to apply the filter. It now shows the total for all members of the channel and the details for all members of the channel, in this example PHN A and PHN B.

| | Test Channel | © Disconnect | | 오 Cha | inge | | | | | | | | | | |
|---|---|------------------------------------|--------------|--------------|-----------|--------|----------------|----------------|------------|----------|--------------|---------|----|-----------------|---|
| 1 | Filter Name | Filter Desc | | | | | | | | | | | | | |
| | active patients with diabetes | Filtering By: Active Patients, Cor | iditions: (D | Viabetes - Y | ES) | | | | | | | | | 😌 Deselect | |
| F | iltering By: Active Patients, Conditions: (Diabetes - YES) | | | | | | | | | | | | | | |
| | Demographics Ethnicity Allergies Smokin | g Alcohol 🛧 Measures | 🛨 P | athology | 📩 Dise | ase Sc | reening C | o-morbidities | Medica | ion 1 | Diabetes | SIP CI | KD | Musculoskeletal | |
| | CV Event Risk Immunisations MBS Items | Visits After Hours Prac | tice Data (| Quality Ben | chmark Re | port 🔶 | Diabetes Indic | ators Stan | dard Repor | ts Di | gital Health | | | | |
| | Diabetes Indicators | | | | | | | | | | | | | | |
| | ♥ View Map 🛛 ▲ Show / Hide Columns 🖉 🖽 View | Timeline 🛛 🕹 Download | | | | | | | | | | | | | |
| | There are hidden columns | | | | | | | | | | | | | | |
| | Filtering By: Active Patients, Conditions: (Diabetes - YES) for | or November 2016 audit month. G | | | | | | | | | | | | | |
| | Measure | | PPHN A | PPHN A % | | | | Test Channel % | | PPHN A % | | PHN B % | | · | ^ |
| | Total Population | | 215 | | 53 | | 242 | | 215 | | 27 | | | | |
| | HbA1c <6% | | 29 | 13.49 % | 5 | 9.43 % | 34 | 14.05 % | 29 | 13.49 % | 5 | 18.52 % | | | |

After connecting to a channel and selecting the channel filter the data will be displayed in your graph and the report view. In my example below I am logged on at PHN A and PHN B has shared their data with me through the 'Test Channel'. You can see the totals for the channel and for each channel participants listed in the Blood Pressure report below.

| Measure | PPHN A | PPHN A % | Adjusted | Adjusted % | Test Channel | Test Channel % | PPHN A | PPHN A % | PHN B | PHN B % | gp |
|------------------------|--------|----------|----------|------------|--------------|----------------|--------|----------|-------|---------|----|
| Total Population | 215 | | 53 | | 242 | | 215 | | 27 | | 2 |
| <= 130/80 | 19 | 8.84 % | 3 | 5.66 % | 23 | 9.50 % | 19 | 8.84 % | 4 | 14.81 % | 0 |
| > 140/90 | 50 | 23.26 % | 8 | 15.09 % | 53 | 21.90 % | 50 | 23.26 % | 3 | 11.11 % | 0 |
| No BP Recorded | 120 | 55.81 % | 36 | 67.92 % | 138 | 57.02 % | 120 | 55.81 % | 18 | 66.67 % | 2 |
| Incomplete Data | 10 | 4.65 % | 2 | 3.77 % | 12 | 4.96 % | 10 | 4.65 % | 2 | 7.41 % | 0 |
| > 130/80 and <= 140/90 | 16 | 7.44 % | 4 | 7.55 % | 16 | 6.61 % | 16 | 7.44 % | 0 | 0.00 % | 0 |
| Recorded | 85 | 39.53 % | 15 | 28.30 % | 92 | 38.02 % | 85 | 39.53 % | 7 | 25.93 % | 0 |

The displayed data can be customised through the 'Show / Hide Columns' button, which will show connected channel data as it does with the local data.



16.5 Managing Channels and Notifications

16.5.1 Notifications

A listing that displays all invites from other organisations and requests to join your channels by other organisations Each notification in the listing will display the following info:

- Description of the notification.
 - For example:
 - organisation A wants to join Channel A

X

| P/ | PAT CAT Network | | | | | | | |
|----|--|----------------------------------|---------------|---------|-----------------|------------------|-----------------|------------------|
| | My Channels | Join Channel | | | | | | |
| | + Create Cha | annel | | | | | | |
| | Notifications | Subscribed | My Channels | Invites | Join Requests | | | |
| | C Refrest | n List | | | | | | |
| | Notifications | | | | | | | |
| | PHN B invites | <mark>s you</mark> to join the c | hannel: again | | | | + Accept Invite | X Decline Invite |
| | PHN B invites you to join the channel: again | | | | + Accept Invite | X Decline Invite | | |
| | PHN B invites | <mark>s you</mark> to join the c | hannel: test | | | | + Accept Invite | X Decline Invite |
| | | | | | | | | |

• organisation B invites you to join Channel ABC

You can accept or decline an invite.

16.5.2 Subscribed

A listing that displays all the channels the organisation is subscribed to.

Each items in the listing will display the following info:

- Channel Name
- Members (other subscribed organisations)
- The owner of the channel
- Ability to Unsubscribe
- Ability to Connect

Unsubscribing to a channel that the organisation owns, will require the organisation to select a new owner.

Organisations can connect to a channel by clicking on the "Connect" button. When connected, the Connect button will become "Disconnect". The PAT CAT Filter section will change.

- The filter section will display the current connected Channel.
- Shows button to disconnect
- Shows button to Change Channel
- The filter section will only display a list of filters that the organisation has participated for the currently connected organisation
 - Each filter will display the filter name, description and button to select the filter

| Channels Join Channel | | | | |
|-------------------------------|--------------------------------|----------|---------------|-----------|
| + Create Channel | | | | |
| Notifications Subscribed My C | hannels Invites Join Requests | | | |
| € Refresh List | | | | |
| 1 2 3 4 5 6 7 8 9 | 10 Last | | | |
| Name | Members | Owner | | |
| A1 | PHN B, PHN C, PHN D, PHN E, PP | P PPHN A | × Unsubscribe | 😯 Connect |
| A2 | PHN B, PHN C, PHN E, PPHN A | PPHN A | X Unsubscribe | 😌 Connect |
| A3general | PHN B, PHN D, PHN E, PPHN A | PPHN A | X Unsubscribe | 😋 Connect |
| A3general | PPHN A | PPHN A | X Unsubscribe | 😌 Connect |
| A4general | PHN B, PHN D, PPHN A | PPHN A | X Unsubscribe | 😌 Connect |
| D5general | PHN B, PHN E, PPHN A | PPHN A | X Unsubscribe | 😋 Connect |
| D6general | PHN B, PHN C, PPHN A | PPHN A | × Unsubscribe | 😪 Connect |
| 1 2 3 4 5 6 7 8 9 10 Last | | | | |
| | | | | |

16.5.3 My Channels

This tab will display all the channels the organisation has created

Each items in the listing will display the following info:

- Channel Name
- Members (other subscribed organisations)
- Ability to invite other organisations
- Ability to delete the channel

| PAT CAT Network | | | | | | | |
|--|---------------|-------------------|--|--|--|--|--|
| Ay Channels Join Channel | | | | | | | |
| + Create Channel | | | | | | | |
| Notifications Subscribed My Channels Invites Join Requests | | | | | | | |
| C Refresh List | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | |
| Name | Members | | | | | | |
| Sample1234 | PPHN A | + Invite X Delete | | | | | |
| demo13 | PHN B, PPHN A | + Invite X Delete | | | | | |
| Test Channel | PHN B, PPHN A | + Invite X Delete | | | | | |
| 1 2 3 4 5 6 7 | | · | | | | | |

16.5.4 Invites

The invites tab shows all invites you have created and allows to remove invites if required. Details on how to create an invite see here: Inviting an organisation to join a Channel(see page 207)

16.5.5 Join Requests

When an organisations is interested in joining one or more of your public channels, the join request will be displayed here.

16.6 Joining a Channel

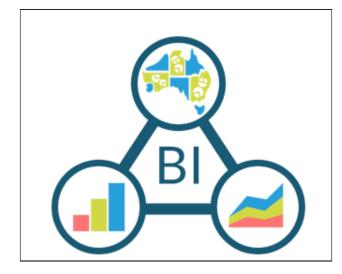
Public channels are displayed under the 'Join Channel' tab. This tab displays the name of the channel, the current members and the owner (creator) of the channel.

| | My Channels Join Channel | | | |
|-------|--------------------------|-------|-------------|--|
| | | | | |
| Name | Members | Owner | | |
| again | PHN B | PHN B | oin Request | |
| again | PHN B | PHN B | oin Request | |
| test | PHN B | PHN B | oin Request | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Clicking on the name of the channel will display the details of filters and reports used in the channel:

| Channel Details | | | X |
|-----------------|--------------------------|--------------------|---------|
| Channel Name | test | Channel Type | Public |
| Filters | | Graphs | |
| Name | Description | Name | |
| test | Filtering By: Indigenous | Demographics | |
| | | Diabetes Indicator | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | ● Close |

17 PAT CAT BI Module



PAT BI will offers granular data in a fully supported and documented database, running along your current PAT CAT database to allow an easy connection of a Business Intelligence tool of your choice. Full details of the database and requirements are here:

• PAT BI Details(see page 222)

A presentation by Luke Molony from Aginic and a recorded webinar are available below:

Aginic PAT CAT BI Module Presentation.pdf⁴⁸ BI Module Webinar - June 2017⁴⁹

17.1 PAT BI Details

⁴⁸ https://help.pencs.com.au/download/attachments/14025001/PenCS-BISchemaPreso.pdf?api=v2&modificationDate=1499122831057&version=1 49 https://help.pencs.com.au/download/attachments/14025001/patcatbidemo.mp4?api=v2&modificationDate=1499123154340&version=1



Pen CS will be opening up the full capability of PAT CAT though a purpose built API.

Taking Your Population Health Reporting to the Next Level

The PAT BI database provides unprecedented access to the data derived and submitted from CAT4 to your PAT CAT. A purpose built granular database designed for use with Business Intelligence (BI) Tools such as Qlik, Power BI etc. empowers your PHN/ACCHO to explore the depth of data currently at your disposal. Practice data is stored at patient level with an encrypted unique patient identifier allowing for comprehensive longitudinal reporting.



KEY FEATURES

- Uninterrupted access to your data
- Granular patient level database structure
- Fully documented database schema
- Includes PAT CAT database cleaning tools and services
- Capacity for patient and practice longitudinal reporting
- If you are using the Pen CS Geocoding Service you will have the added advantage of bringing together your practices CAT4 clinical data with additional data sets using the exposed Statistical Area 2 (SA2) codes. Each patient, in CAT4, has their address mapped to a SA2 code. Once an SA2 code is assigned to a patient, it can be linked to data sets available outside of the practice clinical information system such as immunisation rates and ABS data.

17.1.0.1 PAT BI Database Server Specifications

| | Minimum Requirements | Recommended Requirements |
|-----------------------------|---|---|
| Operating System | Windows Server 2012 (Standard/R2) X64 or higher | |
| Processor | 8 Logical Cores | 32 Logical Cores or more |
| RAM | 16 GB | 64 GB or more |
| Hard Disk | 500 GB* | 1 TB* or more |
| Microsoft .NET Framework | .NET 3.5, 4.5 and 4.6.1 | |
| Database | Microsoft SQL Server 2014 Standard Edition | Microsoft SQL Server 2016 Standard Edition |
| Other Requirements | SQL Server Management Studio Mixed Mode Authentication SQL Server Agent Firewall exception for connectivity Standard SQL server ports are TCP 1433 UDP 1434 Remote access facilities for installation and maintenance by Pen CS with local admin privileges and database owner privileges | |
| Operational Requirements | We recommend having an experienced database administrator to maintain the database and the server The PHN holds the sole responsibility to protect and/or manage the database (including related artifacts) and the server | |

* Refer to the Estimated Database Size Growth table.

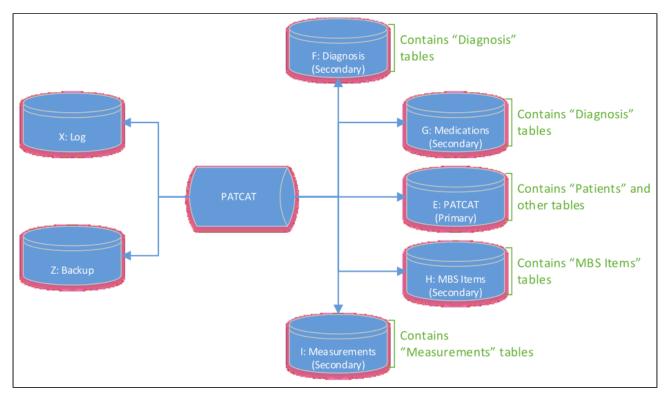
| Patients per Extract | Total Practices | Total Duration of Submission (months) | Total Patients for the Duration | Estimated Size (GB) |
|-------------------------|-----------------|--|---------------------------------|------------------------|
| 12,000 | 250 | 3 | 9,000,000 | 140 |
| 12,000 | 250 | 6 | 18,000,000 | 279 |
| 12,000 | 250 | 9 | 27,000,000 | 419 |
| 12,000 | 250 | 12 | 36,000,000 | 558 |
| 12,000 | 250 | 15 | 45,000,000 | 698 |
| 12,000 | 250 | 18 | 54,000,000 | 837 |
| 12,000 | 250 | 21 | 63,000,000 | 977 |
| 12,000 | 250 | 24 | 72,000,000 | 1,116 |
| 12,000 | 250 | 27 | 81,000,000 | 1,256 |
| 12,000 | 250 | 30 | 90,000,000 | 1,395 |
| 12,000 | 250 | 33 | 99,000,000 | 1,535 |
| 12,000 | 250 | 36 | 108,000,000 | 1,674 |
| 12,000 | 250 | 39 | 117,000,000 | 1,814 |
| 12,000 | 250 | 42 | 126,000,000 | 1,953 |
| 12,000 | 250 | 45 | 135,000,000 | 2,093 |
| 12,000 | 250 | 48 | 144,000,000 | 2,232 |
| 12,000 | 250 | 51 | 153,000,000 | 2,372 |

| Patients per Extract | Total Practices | Total Duration of Submission (months) | Total Patients for the Duration | Estimated Size (GB) |
|-------------------------|-----------------|--|---------------------------------|------------------------|
| 12,000 | 250 | 54 | 162,000,000 | 2,511 |
| 12,000 | 250 | 57 | 171,000,000 | 2,651 |
| 12,000 | 250 | 60 | 180,000,000 | 2,790 |
| 12,000 | 250 | 63 | 189,000,000 | 2,930 |
| 12,000 | 250 | 66 | 198,000,000 | 3,069 |
| 12,000 | 250 | 69 | 207,000,000 | 3,209 |
| 12,000 | 250 | 72 | 216,000,000 | 3,348 |
| 12,000 | 250 | 75 | 225,000,000 | 3,488 |
| 12,000 | 250 | 78 | 234,000,000 | 3,627 |
| 12,000 | 250 | 81 | 243,000,000 | 3,767 |
| 12,000 | 250 | 84 | 252,000,000 | 3,906 |
| 12,000 | 250 | 87 | 261,000,000 | 4,046 |
| 12,000 | 250 | 90 | 270,000,000 | 4,185 |

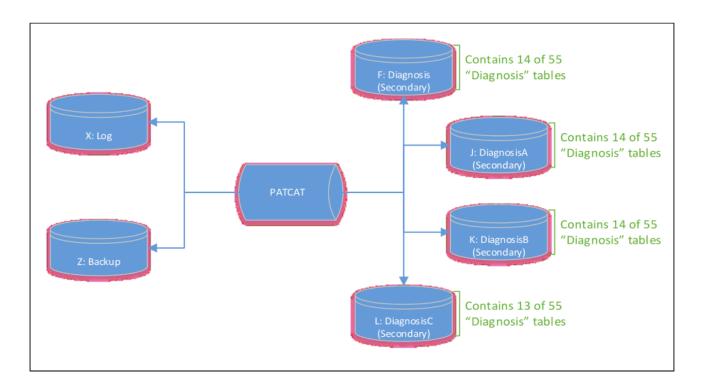
"Estimated Size (GB) =((Patients Per Extract ×Total Practices ×Total Duration)/1,000,000)×15.50

17.1.0.3 Complex Database Storage

Data growth will eventually hit a limit where increasing disk space is no longer possible. In order to solve the limit issue, we can split the data into multiple drives. Splitting data over multiple disk increases performance of read and writes operations as this spreads the I/O loads, allowing for parallel queries and specific backup/restore of data.



When a drive reach its storage limit, it's possible to split the data into multiple drives. An example (below) shows the Diagnosis split into 4 disks (other secondary tables has been omitted).



Important: Splitting data into multiple disk incurs a maintenance overhead and complexity in backups, they should be reviewed when splitting data into multiple disks. We recommend having an experienced database administrator to maintain the database and the server. The PHN holds the sole responsibility to protect and/or manage the database (including related artifacts) and the server

Large databases are the domain of a DBA/System engineer for a large database. The below items form the basis of the decision that a DBA/System engineer will need to make as the database grows. These include but are not limited to:

| Data Disk o Quality SSD etc Size (one large, many small) Disk Controllers (number of, disk per controller, quality of, speed, cache size) o RAID Type (SAN, NAS, DAS) | CPU Type Speed Number of Number configured for SQL Server Memory Type Speed Total Size | High Availability fallover clustering Database mirroring Log Shipping Replication Scalable shared data Network Type Speed |
|--|--|---|
| Backup/ Restoration Plan Recovery Model Full backup cycle Differential backup cycle Log backup Restoration procedures | Maintenance Plan Data and log file management (size of files) Index fragmentation (when to defrag) Statistics (when to recalculate) Corruption detection | Monitoring All of the above Long running quires File growth Number of users/ applications |

In addition to the PAT BI Database you also get a detailed Database Schema document that will explain exactly how the database tables are connected to each other. Below is s sample template of the PAT BI Database Schema,

| Medication_Hormone_Replaceme nt_Therapy_Oestrogen_Only |
|---|
|---|

| Active | bit | Yes | The status of 'Hormone Replacement Therapy Oestrogen Only'. This will either be True, False or NULL. For example: Patient has an active (True) 'Hormone Replacement Therapy Oestrogen Only' Patient has an inactive (False) 'Hormone Replacement Therapy Oestrogen Only' Patient does not have (NULL) 'Hormone Replacement Therapy Oestrogen Only' |
|-------------------|----------|-----|---|
| End_Date | datetime | Yes | The end date and time of 'Hormone Replacement Therapy Oestrogen Only' |
| ExtractID | bigint | No | The reference identifier of an extract. Use this column to query data for an extract or collection of extracts |
| ID | bigint | No | The primary key and seed |
| PatientID | bigint | No | The reference identifier of the patient. Use this column to query data for a patient or collection of patients |
| Prescription_Date | datetime | Yes | The date and time of the prescription |

18 The Geocoding Process

The Clinical Audit Tool encryption, de-identification and geocoding process ensures that any patient data leaving a practice is kept secure and private, whilst also allowing aggregation and geospatial representation of this data. The process may be summarised as follows:

- 1. Data is collected from the clinical information system and saved as an encrypted extract file
- 2. Data is de-identified via the FAT CAT process (Filtering and Anonymisation Tool for CAT)
- 3. The de-identified data is tagged with a unique and encrypted code that can be matched with a geographical location in PAT CAT
- 4. Data is aggregated in PAT CAT

Please note that the Australian Bureau of Statistics has updated their SA2 (full definition here⁵⁰) areas after the 2016 census. PAT CAT mapping will be updated to the new mapping as detailed here⁵¹ - currently planned over the 2017 Christmas period.

- Data Encryption(see page 230)
- Data De-identification(see page 231)
- Geocoding(see page 231)
- FAQ Geocoding(see page 232)

18.1 Data Encryption

Users of CAT4 are responsible for the safety of the extracted data just as they are responsible for any other patient data collected in a clinic. To minimise the potential for misuse of the extract files CAT4 has a number of data security features built into it:

When the practice staff presses the 'Collect' Button in CAT4, to create a report, two files are produced. The two files produced by CAT4 are encrypted to ensure the data can only be viewed within CAT. A de-identified data file can be created within CAT4 using the 'de-identify dataset' tool. This is the only data file that can be exported and taken off-site by

• using the CAT4 'Send To' function (recommended) - full details are here: Sending data⁵²

This is recommended as it:

- provides password protection and encryption options so the file can be sent securely,
- keeps a history log of where and when the file has been sent and by which user login, and
- ensures that the practice has control over sending the file.

Patients who have withdrawn their consent to share data can be flagged in CAT. This will remove them from the deidentified data file. For details see here: Patient Consent Withdrawn - Opt Out⁵³

⁵⁰http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%252520Subject/

^{1270.0.55.001~}July%2525202016~Main%252520Features~Statistical%252520Area%252520Level%2525202%252520(SA2)~10014 51http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/1270.0.55.001Appendix7July%25202016?

opendocument&tabname=Notes&prodno=1270.0.55.001&issue=July%25202016&num=&view

⁵² https://help.pencs.com.au/display/CG/Sending+data

⁵³ https://help.pencs.com.au/display/CG/Patient+Consent+Withdrawn+-+Opt+Out

18.2 Data De-identification

The data de-identification and geocoding process occurs through the De-identify Dataset / Add GTAGs functionality included in CAT4.

When an extract is run through the De-identify Dataset / Add GTAGs functionality;

- all patients who have withdrawn consent for their data to be used in clinical research are removed;
- the extract is de-identified by removing all identifiable information such as name, address and date of birth. The only personal information which remains in a de-identified extract is gender, ethnicity and the age of a patient in years.

de-identified data refers to patient clinical data (e.g. diagnosis, measurements, pathology etc) that does not contain information that can be used to reverse identify the patient. De-identified data is permissible for use where is is not practicable to obtain informed consent for use of data. PEN CS has provided tools within CAT4 that can be run by the practice to create a de-identified patient data set. These tools are collectively known as FAT CAT, the Filtering and Anonymisation Tool for CAT. They are incorporated into CAT4.

FAT CAT ensures that the de-identified data extract produced by Classic CAT strictly adheres to the National Privacy Principles.

- The Filtering process removes any patients who have withdrawn their consent to share data from the deidentified dataset. These patients can be flagged within CAT (Refer CAT Patient Consent Withdrawn Quick Reference Guide⁵⁴).
- The Anonymisation process de-identifies the data. All patient information that is identifiable or partially identifiable is removed from the de-identified extract (e.g. name, address, postcode, date of birth, Medicare number etc).

Classic CAT de-identified data files that have been through the FAT CAT process are tagged as "certified". PAT CAT recognises FAT CAT "certified" data files and these are the only data files that PAT CAT will import and display and rejects the files that were not FAT CAT "certified".

18.3 Geocoding

The geo-coding process is achieved by the following steps:

- 1. CAT separating the patients address from de-identified demographic and clinical information to ensure they are never held anywhere together outside the practice.
- 2. CAT tagging the de-identified data with a unique and encrypted code so on arrival in PAT CAT it can be matched to a geographical location. This code has no meaning outside the PAT CAT system.
- 3. CAT sending the address securely to an Australian based mapping service which returns the geospatial location information for each address for usage by PAT CAT.
- 4. These codes are used to create a map in PAT CAT utilising the geospatial location information matched with the de-identified data to create a map displaying the number of patients with a specific profile and how they are distributed. This provides the ability to correlate patient problems with location and look for patterns.
- 5. PAT CAT will not display patients in an area where the number drops below 5.

⁵⁴ https://help.pencs.com.au/display/CG/Patient+Consent+Withdrawn+Settings

To ensure patient privacy, all mapping of patient data in PAT CAT is of aggregated data, individual patients are never shown. In fact it requires at least five patients to be present within a map segment (SA2) for any information to be shown.

18.4 FAQ Geocoding

How are the extracts geocoded ?

The extracts are geocoded when they are created each month.

If there is more than one patient at a practice at the same address are two geocodes required ?

No, the same geocode can be used for multiple patients.

Can CAT4 Extracts be retrospectively geocoded ?

Generally geocoding is set up to geocode an extract using scheduler when the extract is sent to PAT CAT. It is possible to retrospectively geocode an extract, however it requires logging on to the practice and manually geocoding it and sending it to PAT CAT.

Does the PHN need to get permission from the practice to geocode the data?

It is up to the PHN to establish the agreement with the practice.

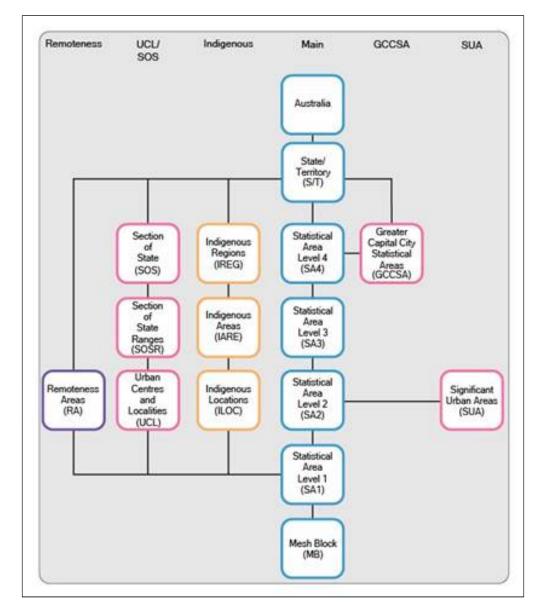
Is it possible to get the geocoded output an spreadsheet file?

Yes but this will require some configuration changes and possibly ethical clearance, please contact PEN CS for further information.

What privacy safeguards are in place with geocoding?

If there are less than 5 patients in an SA2, then no data will be displayed.

What is the hierarchy of SA Codes ?



What are the differences between SA1, SA2, SA3, AND SA4?

| SA | Number | Approximate Population | Average Population |
|-----|--------|---------------------------|---|
| SA4 | 88 | 300,000-500,000 | Regional 100,000-300,000 Metro 300,000-500,000 |
| SA3 | 333 | 30,000-130,000 | 130,000 |
| SA2 | 2,196 | 3,000-25,000 | 10,000 |

| SA1 | Approx 55,000 | 200-800 | 400 |
|-----|---------------|---------|-----|
|-----|---------------|---------|-----|

Where do I find out more information about what a SA2 and SA3 are ?

http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/ 1270.0.55.001~July%202016~Main%20Features~Main%20structure~10002

Is there a National Map that shows the different statistical areas?

http://stat.abs.gov.au/itt/r.jsp?ABSMaps

How do I tell if an extract has been Geocoded?

The name of the extract will have the word GTAGGED in the file name as shown below. This can be accessed from the 'Import' window in PAT CAT

| | ± Download | ., |
|--|---|----|
| New Extracts Imported Extracts Request Queue Request History | | |
| | MedicalMicrodata- DEIDENTIFIED GTAGGED BPS000000-201701301938-1431- v1_19-data.xml | k |
| | MedicalMicrodata-DEIDENTIFIED GTAGGED SERVER- 201701301425-1742-v1_19-data.xml | 31 |
| | MedicalMicrodata-DEIDENTIFIED <mark>, GTAGGED,</mark> SERVER- 201611010110-1783-v1_19-data.xml | ł |
| | MedicalMicrodata-DEIDENTIFIED GTAGGED SERVER- 201610020315-1764-v1_19-data.xIII | t |
| | MedicalMicrodata- DEIDENTIFIED_GTAGGED_BPS015311-201701272300-3891- v1_19-data.xm | |
| | MedicalMicrodota DEIDENTIFIED GTAGGED PS000000-201701271400-9505- v1_19-data.xm | 31 |
| 1 2 3 4 5 6 7 8 9 10 Last | Tr_17-William | 2 |

Why does PAT CAT Mapping use SA codes instead of post codes ?

Post codes could be potentially identifiable data when used in conjuction with statistical medical information, SA codes can effectively balance the need for accuracy and patient data.

Is it possible to show just the adjusted patients?

At this stage this is not possible. To find out more about adjusted patients click here (http://help.pencs.com.au/display/ds/ Adjusted+Column+Details)

Where would I find a list of concordances for the PHN?

http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Concordances

Is it possible to produce shapefiles?

Not at this stage.

Where is the presentation that was shown about this functionality?

You can find the presentation on the home page at DOWNLOAD ALL PAT CAT USER GUIDES AS PDF(see page 237)

What does the * next to a practice or organisation name mean?

The * indicates that there are less than five patients in one or more SA2 for the practice or organisation. Please refer to Privacy restrictions on the display of Aggregated Data(see page 176) for full details on this feature.

What happened to the new SA2 areas introduced 2017?

Please note that the Australian Bureau of Statistics has updated their SA2 (full definition here⁵⁵) areas after the 2016 census. PAT CAT mapping has been updated to the new mapping as detailed here⁵⁶

⁵⁵http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%252520Subject/

^{1270.0.55.001~}July%2525202016~Main%252520Features~Statistical%252520Area%252520Level%2525202%252520(SA2)~10014 56http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/1270.0.55.001Appendix7July%25202016?

opendocument&tabname=Notes&prodno=1270.0.55.001&issue=July%25202016&num=&view

19 Presentations and PAT CAT user guides in PDF

19.1 User Guides

PAT CAT USER GUIDE⁵⁷

19.2 Quick Reference Guides

CAT PLUS PROMPTS IN PAT CAT⁵⁸ UPLOAD DATA TO PAT CAT⁵⁹

19.3 Presentations

Geocoding Presentation April 2017(see page 236) PAT CAT BI Module Aginic Presentation.pdf⁶⁰ PAT CAT BI Module Webinar Video June 2017⁶¹

⁵⁷ http://help.pencs.com.au/rest/scroll-pdf/1.0/sync-export?exportSchemeld=-C0A8017201515F731D00A9F0627BD246&rootPageld=1475799 58 http://help.pencs.com.au/rest/scroll-pdf/1.0/sync-export?exportSchemeld=-C0A8017201515F731D00A9F0627BD246&rootPageld=1477751 59 http://help.pencs.com.au/rest/scroll-pdf/1.0/sync-export?exportSchemeld=-C0A801720154C263F49CDDE007B12C50&rootPageld=1476226 60 http://help.pencs.com.au/download/attachments/14025001/PenCS-BISchemaPreso.pdf?version=1&modificationDate=1499122831057&api=v2 61 http://help.pencs.com.au/download/attachments/14025001/patcatbidemo.mp4?version=1&modificationDate=1499123154340&api=v2

20 DOWNLOAD ALL PAT CAT USER GUIDES AS PDF

20.1 Presentations

Geocoding Presentation.pdf⁶² PAT CAT BI Module Aginic Presentation.pdf⁶³ PAT CAT BI Module Webinar Video June 2017⁶⁴

⁶² https://help.pencs.com.au/download/attachments/14025089/Geocoding%20Presentation.pdf?

api=v2&modificationDate=1499228500370&version=1

⁶³ http://help.pencs.com.au/download/attachments/14025001/PenCS-BISchemaPreso.pdf?version=1&modificationDate=1499122831057&api=v2 64 http://help.pencs.com.au/download/attachments/14025001/patcatbidemo.mp4?version=1&modificationDate=1499123154340&api=v2

21 PAT Programs

PAT Programs enables PHNs/ACCHOs to report on the patient health outcomes who are participating in a quality improvement or any other program.

A PAT Program is set-up using PAT CAT's existing filters and reports. You can nominate your program name, create a program logo and a Topbar Program App icon. Then select your patient inclusion criteria, enrol your practices participating in the Program and you are ready to start using PAT Programs.

From now any time a patient who meets your program's patient inclusion criteria presents at a participating practice, Topbar will notify the provider. Notifications can provide an option to enrol the patient in your Program or alternatively launch a website of your choosing to provide the health professional of education. This can work very well with HealthPathWays as you can specify a URL that meets the patient's needs or provides.

You can watch our videos on PAT Programs here:

Creating a PAT Program (7 minute video)⁶⁵

Configuring and Reporting for PAT Programs (6 minute video)⁶⁶

This guide will show you how to set up a program. To receive prompts created by PAT Programs you will need Topbar installed, the relevant guide for the Topbar app can be found here: PAT Programs App⁶⁷

- PAT Programs Creating a new Program(see page 238)
- PAT Programs Prompts Behaviour Configuration(see page 247)
- Pat Programs Hyperlinks configuration(see page 249)
- PAT Programs Adding Practices to a Program(see page 252)
- PAT Programs Reporting(see page 255)

21.1 PAT Programs - Creating a new Program

This guide describes how to create a new program in PAT CAT, in this example it is an enrolment prompt. To see the PAT Program functionality in Topbar please see here: PAT Programs App⁶⁸

To create a new PAT Program you will need to be logged into PAT CAT and then click on the PAT Program link on top of your screen:

⁶⁵ https://vimeo.com/258739296

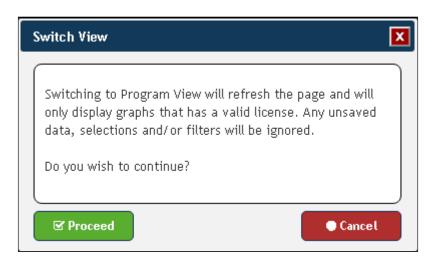
⁶⁶ https://vimeo.com/258739214

⁶⁷ https://help.pencs.com.au/display/TUG/PAT+Programs+App

⁶⁸ https://help.pencs.com.au/display/TUG/PAT+Programs+App



This will switch into the PAT Programs view preceded by a warning window. Click on "Proceed" to switch views:



The Program View is nearly identical to PAT CAT, but has different functionality and one additional icon to manage your programs:



To create a new program you need to decide if you want to use a filter or if you want to work with reports only. The actual program creation is very similar to the way a PAT CAT Prompt is created (see here for details on PAT CAT Prompts: Creating a Prompt in PAT CAT(see page 191))

In this example we will use a filter based on the My Health For Life recipe on how to find patients with high cholesterol who are on lipid lowering mediation (details here: Find patients with high cholesterol eligible for My Health For Life⁶⁹)

The recipe details that the population we are interested in has no existing diagnosis of diabetes, Heart Failure, CVD or chronic kidney disease, so we will apply this filter first on the Conditions tab:

 $^{69 \} https://help.pencs.com.au/display/CR/Find+patients+with+high+cholesterol+eligible+for+My+Health+For+Life the standard stan$

| General | Practices | Ethnicity | Conditions | Medicatio | ins f | Results Patient Status | Health Care | Homes | Saved Filters | | | |
|-----------|---------------|-----------|-------------|--------------|------------|-------------------------|-------------|-----------|---------------|-------|-------------------------|------------|
| Chronic | Mental Health | Other | | | | | | | | | | |
| Diabetes | | Res | spiratory | Cardiovascu | ılar | | | Musculos | skeletal | | Renal Impairment | |
| 🔲 Yes | 🖉 No | د 🗆 ا | ′es 📃 No | 🔲 Yes | 1 🗌 | 10 | | 🔲 Yes | | No No | 🔲 Yes | 🔲 No |
| Gestation | al 🗌 No | - F | Asthma 🔲 No | 🔲 Hypertens | sion 🔲 M | 10 | | 🔲 Inflama | atory | No No | 🔲 Chronic Renal Failure | 🕑 No |
| | | | COPD 🔲 No | 🔲 Heart Fail | ure 🗹 M | 10 | | 🔲 Muscu | loskeletal | No No | 🔲 Acute Renal Failure | 🔲 No |
| | | | | 🔲 Cardiovas | scular Dis | ease (CVD): | | Bone L | Disease | No No | | |
| | | | | CHD | 🕑 No | PVD | 🕑 No | 🔲 Osteop | orosis | No No | | |
| | | | | Stroke | 🕑 No | 🔲 Carotid Stenosis | 💌 No | 🔲 Osteoa | arthritis | No No | | |
| | | | | 🔲 MI | 🕑 No | 🔲 Renal Artery Stenosis | 🕑 No | | | | | |
| | | | | 1 | | | | | | | a Clear (| Conditions |

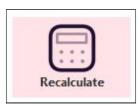
Then we only include patients who have been prescribed lipid modifying medications:

| General | Practices | Ethnicity Co | nditions | Medications Results | Patieni | t Status He | alth Care Home | s Saved F | ilters | | |
|-------------|-------------|----------------------|-----------|-------------------------|---------|-------------|----------------|-----------|--------|--------------|---------------|
| Medications | - Heart 🛛 M | ledications - Respir | atory 🛛 I | Medications - Other | | | | | | | |
| ACE or ARB | - | Antithrombotics | ; | Beta Blockers | | Calcium | | Diuretics | | Lipid M/fyin | 3 |
| 🗌 Yes | 🗌 No | 🔲 Yes | 🔲 No | 🔲 Yes | 🔲 No | 🗌 Yes | 🔲 No | 🔲 Yes | 🔲 No | 🕑 Yes | 🔲 No |
| ACE | 🔲 No | 🔲 Aspirin | 🔲 No | Antihypertensives | 🔲 No | | | | | | |
| ARB | 🔲 No | Clopidogrel | 🔲 No | 🔲 Chronic Heart Failure | 🔲 No | | | | | | |
| | | 🔲 Dabigatran | 🔲 No | Myocardial Infarction | 🔲 No | | | | | | |
| | | 🔲 Warfarin | 🔲 No | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 🕒 Clea | r Medications |

And we are only interested in cholesterol results from the last 24 months:

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care Homes | Saved Filters |
|------------------|-----------------|-----------|---|-------------|----------------|----------------------|------------------------------|--|
| | nge selected wi | | ults or events that ours and Visit Typ | | selected perio | od and treat them as | not recorded. This filter is | not applicable to graphs that display time periods. Use for: |
| ○ All ○ <= 6 mor | nthe 🔍 «= | 12 months | ● <= 24 months | | | | | |
| | nge (from - to) | 31 | 21111011110 | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Click on "Recalculate" to apply the filter excluding patients with the conditions specified above.



Click on "Manage Programs" to create your program.



The Program Management window will be displayed, with all current programs created at your organisation. As we want to create a new program, click on the "+Create Program" button on the top left.

| m Mana | agement | | | | | | | |
|----------|--|---|--|--|--|---|---|---|
| Create P | rogram 📿 R | efresh Program List | | | | | | |
| | | Name | Status | Tyne | Practices | Promots | Resnonse Stats | |
| 156 | programs | | Approved | Enrolment | 5 | 2 | Prompts Displayed: 49 Prompts Accepted: 2 Prompts Dismissed: 0 Prompts Deferred: 0 | 🖙 Edit Q Select |
| 162 | [‡] Program | | Approved | Hyperlink | 6 | 2 | Prompts Displayed: 67 Prompts Accepted: 10 Prompts Dismissed: 2 Prompts Deferred: 0 | 🕼 Edit Q Select |
| 163 | [†] 3Program | | Approved | Enrolment | 5 | 3 | Prompts Displayed: 3 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 🕼 Edit Q Select |
| 165 | [†] 3Program | | Approved | Enrolment | 3 | 1 | Prompts Displayed: 19 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 🕼 Edit Q Select |
| 161 | | | Approved | Enrolment | 8 | 3 | Prompts Displayed: 121 Prompts Accepted: 10 Prompts Dismissed: 2 Prompts Deferred: 1 | 🕼 Edit Q Select |
| (| 3 1D 156 162 163 165 | Create Program C R 3 4 5 6 ID Icon Icon 156 IVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Create Program List 3 4 5 6 ID Icon Name 156 Image: Constant State | Create Program List 3 4 5 6 10 Icon Name Status 156 Image: Colspan=1 Status Approved 161 Image: Colspan=1 Approved Approved 163 Image: Colspan=1 Approved Approved 164 Image: Colspan=1 Approved Approved 165 Image: Colspan=1 Approved Approved 165 Image: Colspan=1 Image: Colspan=1 Approved 165 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 165 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 165 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 165 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 165 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 Image: Colspan=1 165 Image: Colspan=1 Image: Colspan=1 Image: C | Create Program Create Program List 3 4 5 6 ID Icon Name Status Type 156 Image: Ima | Create Program C Refresh Program List 3 4 5 0 Icon Name Status Type Practices 156 Image: Status Status Image: Status Status Status Status 156 Image: Status Status Approved Enrolment 5 162 Image: Status Approved Hyperlink 6 163 Image: Status Approved Enrolment 5 164 Image: Status Approved Enrolment 5 165 Image: Status Approved Enrolment 3 | C Refresh Program List I Con Name Status Type Practices Prompts 156 Image: Constraint of the status Image: Constraited of the status Image: Constraint of t | Image: Program List Image: Program List Image: Program List Image: Program List Image: Prompt Response State Image: Prompt Response State Image: Prompt Response State Prompt Response State Image: Prompt Response |

| Create Program | | | | |
|-------------------------------------|---|--|-----------------------|---|
| Program Name | 🕯 Select Logo to Upload | Icon 105px (W) × 105px (H) | Select Icon to Upload | |
| | 🕇 Create Prompt 🛛 💐 Configure | e Prompt Behaviour | | |
| Program Configuration : Enrolment | <i>Prompt Behaviour</i> Display Red Notification: Display Green Tick: Dismiss/Defer Buttons Visible: | No Yes - Any Prompt Accepted Yes | | |
| Nam | ne | | Date Added | ^ |
| No prompts found. To add an existin | g prompt, click on "Add Existing Prom | npt". To create a new prompt, click or E Save | n "Create Prompt" | × |

The "Create Program" window has a number of options:

- Program Name: Enter a name for your program here, you won't be able to save or publish a program without a name
- Logo and Icon upload: You have to upload an image file (.jpg or .png preferred) matching the size details; 300px*100px for the logo and 105*105px for the icon. These will be displayed in Topbar and should be relevant to your program and assist users to identify the purpose of the prompt/program
- "Add Existing Prompt": PAT Programs can utilise any prompt you have created either as part of another program or for a PAT CAT Prompt. All existing prompts will be displayed if you click the button.
- "Create Prompt": You can create a new prompt which will be shown in this guide
- "Configure Prompt Behaviour": Choose between a hyperlink and an enrolment prompt and configure other behaviour for Topbar, full details can be found here: PAT Programs - Prompts Behaviour Configuration(see page 247)

Prepare your logo and icon files, keeping in mind that they have to meet the sizing exactly. Then upload both logo and icon by using the respective buttons. In this example the My Health for Life logo is used. PEN CS is not affiliated with the My Health For Life program but we support the Heart Foundation and QLD Health by providing step by step guides for users of our software. For more information please visit www.myhealthforlife.com.au/⁷⁰ and for our recipes please go to My Health For Life Recipes⁷¹

In the example below the logo and icon have been uploaded

⁷⁰ https://www.myhealthforlife.com.au/

⁷¹ https://help.pencs.com.au/display/CR/My+Health+For+Life+Recipes

| reate Program | | | | | |
|--------------------------------------|--|--|---------------------------|-------------|---|
| Program Name My Health For Life | High Cholesterol | | | | |
| Logo | Select Logo to Upload | l con 105p× (W) × 105p× (H) | 🕒 Select Icon | ı to Upload | |
| | health r life Logo | 100px (w) × 100px (r) | Icon #1 | Icon #2 | |
| + Add Existing Prompt + | • Create Prompt & Configure | Prompt Behaviour | | | |
| Program configuration . Enforment | Display Red Notification: Display Green Tick: Dismiss/Defer Buttons Visible: | No Yes - Any Prompt Accepted Yes | | | |
| Nam | 8 | | | Date Added | |
| No prompts found. To add an existing | ; prompt, click on "Add Existing Prom | pt". To create a new prompt, o | click on "Create Prompt" | | , |
| | I changes. Click Save to commit thes | e changes. 🛛 🖺 Save | Q Save and Publish | • Cance | ι |

Configuring Prompt Behaviour: There are two options for prompts, enrolment or Hyperlink prompts. You have to decide on the type of prompt before you create new prompts. A program can only have prompts of one type and the type can't be changed after prompt creation. Please check here for full details: PAT Programs - Prompts Behaviour Configuration(see page 247)

Adding a Prompt

The next step is to add a prompt. In this case we are only interested in patients with high cholesterol, above 5.5 mmol/L so we have to create a prompt. Click on the "Create Prompt" button:



In the "Create Prompt" window you need to enter a name for the prompt, a summary and a reason. Then select the relevant values from the reports available on the right, in our case a cholesterol of higher than 5.5. If you select additional reports the criteria will be added to the prompt, it will be an AND search, so you could add for example other measures such as blood pressure or BMI. When done, click on "Save".

Please note that not all reports will be visible when you first start using PAT Programs - if a particular report you require is missing contact PEN CS Support. We don't show all reports to improve performance but can add all available reports on request.

| Filtory | Filtering By: Conditions: (Diabetes - NO, Heart Failure - NO, CHD 🔺 | |
|-----------------|---|-----------------------------|
| Filler; | - NO, PVD - NO, Stroke - NO, Carotid Stenosis - NO, MI - NO, Renal Artery Stenosis - NO), Medications: (Lipid M/ fying - YES), | > 🖪 ACR |
| No. of Contract | | > 🔳 Alcohol |
| Name: | MHFL High Cholesterol | > ■ Allergies |
| | Programs only prompt | |
| Status: | Active V | > 🔳 BMI Count |
| Summary: | patients with a cholesterol of higher than 5.5 in the last 2 years who are taking lipid lowering medication | > B P |
| | | 🗸 🔲 Cholesterol |
| | | □ < 4.0 |
| | | >= 4.0 and <= 5.5 |
| Reason: | these patients are at risk and are eligible for enrollment into the My | |
| | Health For Life program | |
| | | |
| | | No Cholesterol Recorded |
| | | 🕨 🔳 Creatinine Serum Status |
| | ● Image: ○ Video: | ➤ ■ Demographics |
| | Select Image to Upload | ≻ 🔳 Disease Prevalence |
| | 895px (W) x 503px (H) | > ∎ eGFR |
| | | ➤ ■ Ethnicity |
| | | > ■ HbA1c |
| | | |

You have added one prompt to your program. This program, once active, will be triggered by any patient with a cholesterol above 5.5 in the last 2 years.

You can attach an image (has to be 895*503 pixel) or a link to a Youtube video to each prompt you create. These will be shown in Topbar to provide additional information for the clinician and the patient.

However PAT Programs is more flexible and can provide additional prompts - we are going to add another prompt to find patients with an LDL >2 measured in the last two years as well. Please note that by adding a new prompt the

program will find patients with high cholesterol OR high LDL - if you want to find only patients with high values for both you need to add both criteria in the same prompt.

Repeat the actions described above to create a new prompt targeting patients with the same criteria but this time we are looking for a high LDL result:

| + Add Existing Prompt | + Create Prompt | 🕰 Configure Prompt Behaviour |
|-----------------------|-----------------|------------------------------|

Enter the details for the prompt criteria (LDL > 2) and a summary and reason:

| ate Prompt | | |
|------------|--|--|
| | Filtering By: Conditions: (Diabetes - NO, Heart Failure - NO, CHD - NO, PVD - NO, Stroke - NO, Carotid Stenosis - NO, MI - NO, Renal Artery Stenosis - NO), Medications: (Lipid M/ fying - YES), | > ■ ACR |
| Name: | High LDL | > 🗖 Allergies |
| Status: | Active • | > BMI Count |
| Summary: | patients with an LDL result from the last 24 months higher than 2 who are taking lipid lowering medication | > ■ BP |
| | | ✓ ■ Cholesterol |
| | | <pre>< 4.0 >= 4.0 and <= 5.5</pre> |
| Reason: | these patients are at risk and are eligible for enrollment into the My Health For Life program | ✓ > 5.5 and <= 6.5 ✓ > 6.5 and <= 7.5 ✓ > 7.5 |
| | | No Cholesterol Recorded |
| | | ➤ ■ Creatinine Serum Status |
| | Image: O Video: | > 🔳 Demographics |
| | Select Image to Upload | > ■ Disease Prevalence |
| | 895px (W) x 503px (H) | > ■ eGFR |
| | | > 🔳 Ethnicity |
| | | > ■ HbAic |
| | | |
| | | 🗄 Save |

Click "Save" to save your new prompt into the program.

The MHFL High Cholesterol program has now been saved and has two different prompts to pick up patients with different lipid results:

| t Program | | | | |
|--|---|--|----------------------------------|---------------------------------|
| rogram Name MHFL High | n Cholesterol | | - L'Select Icon t | to Ilpload |
| 300p× (W) × 100p× (H) | My health for life _ = | 105p× (W) × 105p× (H) | | |
| + Add Existing Prompt | | gure Prompt Behaviour | Icon #1 | Icon #2 Icon #3 |
| Program Configuration : Enro | lment Prompt Behaviour Display Red Notification: Display Green Tick: Dismiss/Defer Buttons Visible | No Yes - Any Prompt Accepted le: Yes | | |
| Name | | | | Date Added |
| | tes - NO, Heart Failure - NO, CHD - NO, PVD - NO; g - YES), Last Results: <= 24 mths | , Stroke - NO, Carotid Stenosis - NO, MI - | NO, Renal Artery Stenosis - NO), | 15 February 2018 05:12:43 PM |
| High LDL Fitters : No filters applied Graphs : LDL | | | | 26 February 2018 11:05:05 AM |
| , | | | | |

These prompts act as an OR selection, so any patients meeting at least one of the prompts will receive the enrolment prompt. Once you have added all prompts required for your program, click on 'Save and Publish' to publish your new program. Just saving will allow you to continue at a later stage and only when you have added all required prompts and other details the program should be published. The new program is now showing in the Program Management list as 'Pending Approval'.

| | am Mana Create P | | efresh Program List | | | | | | | |
|---|---------------------|---------------|-----------------------|---------------------|-----------|-----------|---------|--|---------------|--------------------|
| 1 | 2 3 · ID | 4 5 6 Icon | Name | Status | Туре | Practices | Prompts | Response Stats | Creation Date | |
| | 151 | | Matthias Test Program | Approved | Enrolment | 2 | 1 | Prompts Displayed: 2 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 22/08/2017 | ☞ Edit @ Select |
| | 177 | | MHFL High Cholesterol | Pending Approval | Enrolment | 0 | 2 | Prompts Displayed: 0 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 15/02/2018 | 🖙 Edit 😡 Select |

Once a new program is created, it will need to be approved by PEN CS - please contact our support team to get the program approved. Only after approval the related prompts will show in your Topbar!

The final step is to add practices to the new program you have created - full details are described here: PAT Programs - Adding Practices to a Program(see page 252)

21.2 PAT Programs - Prompts Behaviour Configuration

PAT Programs currently has two types of prompts that will be displayed in Topbar when a patient matching the program criteria presents. There are also a number of prompt behaviour options that can all be configured from the "Create Programs" screen:

| Create Program | | | | |
|---------------------------------|--|--------------------------------------|--------------------------|---|
| Program Name | | | | |
| Logo 300px (W) x 100px (H) | Select Logo to Upload | Icon 105px (W) x 105px (H) | Select Icon to Upload | |
| + Add Existing Prompt | + Create Prompt 😽 🕫 Confi | gure Prompt Behaviour | | |
| Program Configuration : Enrolme | ent Prompt Behaviour | | | |
| | Display Red Notification: | No | | |
| | Display Green Tick: | Yes - Any Prompt Accepted | | |
| | Dismiss/Defer Buttons Visibl | e: Yes | | |
| | Description: | - | | |
| | Link Text: | - | | |
| | Link: | - | | |
| | Name | | Date Added | ^ |
| No prompts found. To add an ex | isting prompt, click on "Add Existing Pr | ompt". To create a new prompt, click | on "Create Prompt" | |
| < | | | | > |
| You have un | saved changes. Click Save to commit t | hese changes. 🛛 🖺 Save | Save and Publish Ocancel | |

| Configure Prompt | |
|---------------------------|---|
| Description | Enrolment Enrolment Hyperlink enter description to be displayed in Topbar here |
| Link Text e | enter text to be displayed in Topbar here for the link |
| Link | enter URL for link here |
| Program Behaviour | |
| Display Red Notifications | ○ Yes 	● No |
| Display Green Tick | Yes - Any Prompt Accepted |
| | Yes - Any Prompt Accepted and All Prompts Actioned No |
| Dismiss/Defer Buttons Vis | sible Yes No |
| | |
| 🖺 Update | ● Close |

Clicking on the "Configure Prompt Behaviour" will open the "Configure Prompt" window:

Firstly choose between an Enrolment or Hyperlink prompt from the program configuration dropdown box. This can't be changed once saved, but the display options can be changed later if needed.

Enrolment Prompts

An Enrolment Prompt allows the clinician to enrol patients in a particular program created in PAT Programs. An example for this functionality is the Health Care Homes (HCH) program that is currently being used by the HCH trial sites (details here: Health Care Homes App⁷²) but there are many other possible uses for this functionality.

PAT CAT will show a filter for enrolled patients if a program with enrolment prompts is selected and allow to filter for enrolled patients only.

Hyperlink Prompts

A hyperlink prompt will provide the user with a targeted, one click option to visit a particular web page. This could provide patient information or link to a specific page in HealthPathWays to inform the clinician about pathways for a particular condition or any other information available online.

⁷² https://help.pencs.com.au/display/TUG/Health+Care+Homes+App

Then the program behaviour can be configured. This will affect how your prompts will display in Topbar when a patient matching the prompt criteria presents.

• "Display Red Notification": Default is No, if Yes is selected, a notification expressed as a number in a red



circle is displayed on the icon in Topbar:

• "Display Green Tick" Default is Yes for any prompt accepted. This green tick will be displayed when a patient



- has been enrolled or a prompt has otherwise been accepted
- "Dismiss/Defer Buttons Visible": controls if the Topbar app shows the options to dismiss or defer a prompt
- "Link Text" and "Link" fields: For full details on the configuration of hyperlinks please see here: Pat Programs
 Hyperlinks configuration(see page 249)

21.3 Pat Programs - Hyperlinks configuration

The functionality to provide hyperlinks to clinicians based on the patient currently open in the clinical system and in the consult room can be used in many different ways. The links can be, as described elsewhere, link for example to a specific page on the local HealthPathWays site and thus provide targeted information for patient or clinician. It can open an online registration or any other resource relevant to either patient or clinician. With the latest update to PAT CAT we have introduced the option to create hyperlinks specific to each prompt in case the PAT Program contains multiple prompts targeting patients with different issues.

In the example below we have a link for additional information that was created through the 'Configure Prompt Behaviour' as well as a prompt specific hyperlink. Both processes are described below.

| + | + Add Existing Prompt + Create Prompt & Configure Prompt Be | | | | aviour | | | | |
|-------|---|---------------------|-------------------|---|------------------------------------|--|------------|--|--|
| Progr | am Configuration : Hyperlink | Prompt Behavio | our | | | | | | |
| | Display Red Not | | | tification: Yes | | | | | |
| | | Display Green T | ick: | No | | | | | |
| | | Dismiss/Defer | Buttons Visible: | No | | | | | |
| | Description: | | | | | diabetics and kidney screenin CE/ARBs in combination with | 5 I 7 I | | |
| | | Link Text: Link: | | abbretoriat | nformation online e.info.com.au | Program hyperlink | | | |
| | Name | | Button Label | | Button Link | - | Date Added | | |
| | Kidney Health and Medication Combination Risk Filters : Conditions: (Diabetes - YES), Medications: (ACE or ARB - YES, Diuretics - YES) Graphs : No graphs selected | | Renal Disease S | creening https://sydney.healthpathways.org.au/loginfiles/L anding.aspx? Prompt hyperlink | | 08 August 2018 02:02:21 PM | | | |
| < | | | | | | | > | | |
| 4 | Remove Selected Prompts | ¢\$ Configure Pron | npt Button Labels | s and Links | | | | | |
| | | | | | | 🖺 Save | Cancel | | |

21.3.1 Program Hyperlinks

For the Program related hyperlink configuration please follow the steps described here: PAT Programs - Prompts Behaviour Configuration(see page 247)

The information entered in the 'Link Text' and 'Link' fields will show under the program configuration once entered:

| + Add Existing Prompt | + Create Prompt 🛛 📽 Configure | e Prompt Behaviour |
|-----------------------------------|--------------------------------|---|
| Program Configuration : Hyperlink | Prompt Behaviour | |
| | Display Red Notification: | Yes |
| | Display Green Tick: | No |
| | Dismiss/Defer Buttons Visible: | No |
| | Description: | This link provides information for diabetics and kidney screening and is displayed for patie nts with diabetes who are taking ACE/ARBs in combination with Diuretics |
| | Link Text: Link: | additional information online http://more.info.com.au |

Please note that Enrolment prompts can have a link in the program configuration as well. This can be used to provide additional information about the enrolment program, for example the MyHealth For Life program's website.

In Topbar this link is displayed on top of the notification

| Kidney Health | and Medication | | TIONS | SETTINGS | ENROLMENT |
|--|------------------------|--------------------------------|------------|-----------------------|-----------|
| Description: This link provides information who are taking ACE/ARBs in c | | g and is displayed f | for patien | ts with diabete | s |
| PROMPT TEXT Kidney Health and Medic | ation Combination Risk | LAST ACCESSED 04/09/2018 | | AL DISEASE REENING | |

21.3.2 Prompt Hyperlinks

The link configuration for each prompt is displayed on the bottom of the 'Edit Program' window:

| + Add Existing Prompt | Create Prompt | Configure | e Prompt Behaviour | | | | |
|---|--------------------------------|------------------|--|--------|--------|-------------------------------|--|
| Program Configuration : Hyperlink | Prompt Behavio | ur | | | | | |
| | Display Red Noti | fication: | Yes | | | | |
| | Display Green T | ick: | No | | | | |
| | Dismiss/Defer Buttons Visible: | | No | | | | |
| | Description: | | This link provides information for diabetics and kidney screening and is displayed for patie | | | | |
| | | | nts with diabetes who are taking ACE/ARBs in combination with Diuretics | | | | |
| | Link Text: | | additional information | online | | | |
| | Link: | | http://more.info.com. | au | | | |
| Name | | Button Label | Button Lin | k | I | Date Added | |
| Kidney Health and Medication Combination Risk Filters : Conditions: (Diabetes - YES), Medications: (ACE or ARB - YES, Diuretics - YES) Graphs : No graphs selected | | | | | | 08 August 2018 02:02:21 PM | |
| < | | | | | · | > | |
| Remove Selected Prompts | ¢\$ Configure Prom | pt Button Labels | s and Links | | | | |
| | | | | | 🖹 Save | Cancel | |

Selecting the prompt and clicking on the 'Configure Prompt Button Labels and Links' will open a new window with a button label and link field.

| Configure Prompt Labels and Links | | |
|--|-------------------------|---|
| Name | Button Label | Button Link |
| Kidney Health and Medication Combination Risk | Renal Disease Screening | https://sydney.healthpathways.org.au/loginfiles/Lan |
| 🖺 Update | | ● Cancel |

The link details will then be shown for each prompt in the 'Button Label' and 'Button Link' columns:

| + Add Existing Prompt + | Create Prompt | 📽 Configure | e Prompt Beha | viour | | | |
|---|----------------------------|---------------------------|--|---|-----------------------------|-------------------------------|--|
| Program Configuration : Hyperlink | Prompt Behavio | ur | | | | | |
| | Display Red Not | Display Red Notification: | | | | | |
| | Display Green T | ick: | No | | | | |
| | Dismiss/Defer E | Buttons Visible: | No | | | | |
| | Description: | | This link provides information for diabetics and kidney screening and is displayed for patie | | | | |
| | | | nts with diabetes who are taking ACE/ARBs in combination with Diuretics | | | | |
| | Link Text: | | | nformation online | | | |
| | Link: | | http://more | e.info.com.au | | | |
| Name | | Button Label | | Button Link | | Date Added | |
| Kidney Health and Medication Combination Risk Filters : Conditions: (Diabetes - YES), Medications: (ACE or ARB - YES, Diuretics - YES) Graphs : No graphs selected | | Renal Disease S | creening | https://sydney.healthpa anding.aspx? | athways.org.au/loginfiles/L | 08 August 2018 02:02:21 PM | |
| < Remove Selected Prompts | ¢ \$ Configure Prom | npt Button Labels | and Links | | | > | |
| | | | | | 🖺 Save | Cancel | |

Once created the link(s) will be displayed as part of the prompt text:

| Kidney Health and Medicati | | CATIONS SETTINGS | ENROLMENT |
|---|-----------------------|-----------------------------|-----------|
| Description: This link provides information for diabetics and kidney scree who are taking ACE/ARBs in combination with Diuretics ADDITIONAL INFORMATION ONLINE | ening and is displaye | ed for patients with diabet | es |
| PROMPT TEXT | LAST ACCESSED | | |
| Kidney Health and Medication Combination Risk | 04/09/2018 | RENAL DISEASE SCREENING | |

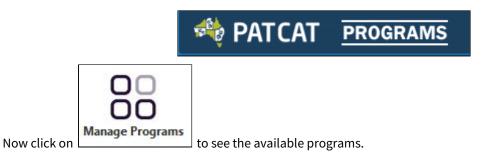
Hyperlink button details can be updated after a program has been created, as online resources may change or more information becomes available. Other details of a PAT Program, such as filter or report criteria however, can't be changed once a program or prompt has been created.

21.4 PAT Programs - Adding Practices to a Program

After your program has been published and is approved, you will still have to add practices to the new program. This step ensures that only participating practices will receive the prompts and it allows you to measure outcomes based on selected practices. To add one or more practices to your program, you have to be on the PAT Program page - to get there click on the PAT Programs link:

| III PAT CAT | III PAT PROGRAMS | A PRACTICES | CUSTOM DATA | 😧 SUPPORT | LOG OUT |
|-------------|------------------|-------------|-------------|-----------|---------|
|-------------|------------------|-------------|-------------|-----------|---------|

Once the new page has loaded you will notice the change in logo on the top left:



On the Program Management window find your program and click on "Select"

| + Create Program Create Program List | | | | | | | | | | |
|--------------------------------------|-------------|---------------|-----------------------|----------|-----------|-----------|---------|--|---------------|--------------------|
| 1 | 2 3 4 ID | 4 5 6 Icon | Name | Status | Туре | Practices | Prompts | Response Stats | Creation Date | |
| | 151 | | Matthias Test Program | Approved | Enrolment | 2 | 1 | Prompts Displayed: 2 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 22/08/2017 | ₽ Edit Q Select |
| | 177 | | MHFL High Cholesterol | Approved | Enrolment | 0 | 2 | Prompts Displayed: 0 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 15/02/2018 | 🕼 Edit Q Select |

This will show you the selected program above the filters and you can click on "Deselect" to exit from this program.

| 🧠 PATCAT | PROGRAMS | | | | | | | | 🔟 РАТ САТ | III PAT PRO |
|------------------|---------------|---|-----------|----------------------|-------------|----------------------|---------------------|-----------------------------|---|-------------|
| Import | Hide Extracts | Hide Filters | Reports | Population | Prompts | CAT4 Filters | Programs Reports | OO OO Manage Programs | | |
| EXTRACTS BY MONT | н | cov | D-19 Vac | cine Priority Pa | tients o | Deselect | | | | |
| February 2021 | | and the second se | | | | | | | | |
| January 2021 | 1/2 | General | Practices | Ethnicity Conditions | Medications | Date Range (Results) | Date Range (Visits) | Patient Status Risk Fa | ictors Saved Filters | Prompt |
| December 2020 | 0/2 | Gende | | | | Age Start Age | | CLast Vis | it OFirst Visit | |
| November 2020 | 0/2 | | | Non DVA | | End Age | | Any e mths | O None O <12 mths | |
| October 2020 | 0/2 | ● Oth | er | Health Cover | | ● Yrs ○ Mth | S | ○ <15 mth | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | |
| September 2020 | 0/2 | • | | No | | □ No Age | | ○ <30 mtr ○ Date Ra | | |
| August 2020 | 0/2 | • | | | | | | | 31 to | 31 |
| July 2020 | 0/2 | • | | | | | | | | |
| June 2020 | 0/2 | | | | | | | | | |

To enrol practices into the selected program, click on "Practices" on the top right of your screen:

| III PAT CAT | III PAT PROGRAMS | 🍐 PRACTICES | 皆 CUSTOM DATA | 😧 SUPPORT | LOG OUT |
|-------------|------------------|-------------|---------------|-----------|---------|
| | | | | | |

This will show a list of all your practices as in your standard PAT CAT configuration detailed here: Setting up Practices(see page 23)

Now you have the additional option to enrol practices in the selected program listed on top of the screen:

| Practice List Practice List (Program: MHFL High Cholesterol) | | | | | | | | | |
|---|----------------------|--|----------------------------|------------|---------------------|--|----------|--------------------|--|
| | Unlicensed Practices | | ed and Unlicensed Practice | i≣ Hide Ur | nenrolled Practices | | | | |
| Link | Practice Name | | Practice ID | | Email | | Enrolled | Submitting Data | |
| 0 | | | practice-3.3-A | | | | × | ~ | |
| 0 | 1Jyoti_Practice | | 1Jyoti_Practice | | | | * | ~ | |
| 0 | AFtestTopbar | | AFtestTopbar | | | | * | ~ | |
| 0 | Ash Client Org | | Ash Client Org | | | | × | ~ | |

To enrol a practice double click on the practice name and on the "Edit Practice" screen tick the box for "Enrolled to Program", then save.

| Edit Practice | |
|---------------------|--------------------|
| Practice Name | Matthias QA Clinic |
| Practice ID * | Matthias QA Clinic |
| Email | |
| Submitting Data | |
| Merged | No |
| Enrolled to Program | |
| | |
| | Save Cancel |

The practice is now listed with a green tick in the "Enrolled" column:

| Pr | ractice | List (Program: M | HFL High Ch | olesterol) | | | | | |
|--|---------|--------------------|---------------------------|------------|--|-------|--|----------|--------------------|
| I≣ Hide Unlicensed Practices Schere And Unlicensed Practice I≣ Hide Unenrolled Practices | | | | | | | | | |
| | Link | Practice Name | Practice Name Practice ID | | | Email | | Enrolled | Submitting Data |
| | 0 | Matthias QA Clinic | Matthias QA Clinic | | | | | ~ | 4 |

Practices can be enrolled in multiple programs!

21.5 PAT Programs - Reporting

After a program has been created, approved and practices have been enrolled to use the program, data relevant to the program will be arriving in PAT CAT through the CAT4 data uploads. If a practice enrols a patient that information will be included in the de-identified data and PAT CAT allows to filter for prompt status. This in turn will allow the PHN or other organisation to report on health outcomes and quality improvement for the enrolled patient group and over time create data for regression analysis and evaluation of program success.

To use the program specific filter, PAT CAT needs to be in the PAT Programs screen - to get there click on the PAT Programs link:



Once the new page has loaded you will notice the change in logo on the top left:



On the Program Management window find your program and click on "Select"

| + | + Create Program CREfresh Program List | | | | | | | | | | |
|-------------|--|----------|-----------------------|----------|-----------|-----------|---------|--|---------------|---------------------|--|
| 1 2 3 4 5 6 | | | | | | | | | | | |
| | ID | lcon | Name | Status | Туре | Practices | Prompts | Response Stats | Creation Date | | |
| | 151 | S | Matthias Test Program | Approved | Enrolment | 2 | 1 | Prompts Displayed: 2 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 22/08/2017 | I≇ Edit Q Select | |
| | 177 | | MHFL High Cholesterol | Approved | Enrolment | 0 | 2 | Prompts Displayed: 0 Prompts Accepted: 0 Prompts Dismissed: 0 Prompts Deferred: 0 | 15/02/2018 | 🕼 Edit Q Select | |

This will show you the selected program above the filters and you can click on "Deselect" to exit from this program.

| 🏘 Patcat | PROGRAMS | | | ш рат са |
|--|---------------|--------------|----------------------------------|------------------------|
| - Marcon Control Contr | Show Extracts | lide Filters | Population Prompts | Programs Reports |
| MHFL High Cl | | | Patient Status Health Care Homes | s Saved Filters Prompt |
| Gender | DVA | Age | Last Visit | |
| | DVA | Start Age | 💿 Any 💦 N | one |
| 🔲 Male | Non DVA | End Age | | 2 mths |
| 🔲 Male 🔲 Female | I NON DVA | | | |
| | I NON DVA | Yrs Mths | | 4 mths |

There is now a new filter tab available specific to the program you have selected called "Prompts". The contents of this tab will reflect the program selected, so if your program has multiple prompts each one will be shown. The example below is for the program created here: PAT Programs - Creating a new Program(see page 238). This program has two enrolment prompts for patients meeting the criteria:

| MHFL High Cholesterol @Deselect | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|---|--|
| General Practices Ethnicity Conditions Medications Results Patient Status Health Care Homes Saved Filters Prompt | | | | | | | | | | |
| Important: When saving a filter or creating prompts, any selections made here are ignored | | | | | | | | | | |
| Prompt Name Accepted Deferred Dismissed Displayed | | | | | | | | | | |
| MHFL High Cholesterol | | | | | | | | | | |
| High LDL | | | | | | | | | _ | |

The filter allows to select patients who have accepted enrolment into the program as well as patients where the prompt was deferred or dismissed by the clinician. The "Displayed" option will filter for those patients where the prompt was displayed but no other action was performed by the clinician. This can be used to evaluate how many patients met the prompt criteria as well measure the activity of clinicians in regards to the prompt displayed.

For a hyperlink prompt different options are shown - only the option "Accepted" and "Displayed" can be used for the filter. Accepted means that the clinician has clicked on the hyperlink and has accessed the site linked to the prompt, "Displayed" means no action was taken.

| General | Practices | Ethnicity | Conditions | Medications | Results | Patient Status | Health Care | Homes | Saved Fi | ilters | Prompt | |
|--------------|-------------------------------------|-------------------|-------------------|-------------|---------|----------------|-------------|-------|----------|--------|--------|--|
| Important: V | Vhen saving a f | ilter or creating |) prompts, any se | d | | | | | | | | |
| Prompt Na | me | | | | Accep | Displayed | | yed | | | | |
| Jo_BP_Pro | Jo_BP_Prompt > 130/80 and <= 140/90 | | | | | | | | | | | |
| Jo_P1 | | | | | | | | | | | | |

22 PAT2CAT Filters

This latest addition to CAT Plus is designed to assist PHNs and other organisations using PAT CAT to work with primary health care staff. This new functionality enables custom filters based on the existing filters and reports in PAT CAT to be created and sent to selected practices. Population health findings in PAT CAT based on de-identified data are used to provide clinicians with lists of patients matching the criteria and thus enable ongoing quality improvement. The PAT2CAT filters can also be used as a source for Topbar Prompts⁷³ and Recall CAT - SMS and Voice Messaging for CAT4⁷⁴

PHN/ACCHO Benefits

- Allows the practice to re-identify 'at-risk' patients, with a single click in CAT 4.
- · Facilitates improved QIP in primary health and general practice, driving better patient outcomes
- Allows for easy updating of patient lists at regular intervals to drive timely QIP activities.
- · Creates no extra work for the practice and reduces administrative overhead
- Practices added after a PAT2CAT filter has been created will receive the filter

Please note that PAT2CAT filters are not included by default in your CAT Plus license. There is an additional charge for this functionality, please contact PEN CS Support or your account manager for details.

Here is a short video describing how to create and manage PAT2CAT filters: PAT2CAT Filters video⁷⁵

Using PAT CAT find de-identified patient cohorts whose care can be improved can now be combined with practice level data. Once a new custom filter has been created and send to a CAT4 user it can be used just like any other filter. For full details see here: PAT2CAT Custom Filters in CAT4⁷⁶.

See the details on how to create, manage and use the new custom filters here:

- Creating PAT2CAT Filters(see page 258)
- Managing PAT2CAT Filters(see page 260)
- PAT2CAT Filters in CAT4(see page 262)

22.1 Creating PAT2CAT Filters

To create a PAT2CAT filter you need to log on to PAT CAT and your organisation has to have the functionality enabled. You will see a new icon in PAT CAT called CAT4 Filters:



⁷³ https://help.pencs.com.au/display/TUG/CAT+PLUS+Prompts+App

⁷⁴ https://help.pencs.com.au/display/CG/Recall+CAT+-+SMS+and+Voice+Messaging+for+CAT4

⁷⁵ https://vimeo.com/pencs/pat2cat

⁷⁶ https://help.pencs.com.au/display/CG/PAT2CAT+Custom+Filters+in+CAT4

Before you create a new filter you need to apply your criteria as PAT CAT will use the filters currently applied for the new PAT2CAT filter.

Remember to apply the relevant filters in your PAT CAT BEFORE creating a new PAT2CAT filter, in particular the practice filter. If you don't filter for practices then your new filter will be available to all practices linked to your PAT CAT! This will include practices added later to your PAT CAT.

In our example we will be creating a PAT2CAT filter to find patients with Coronary Heart Disease who have not had a blood pressure and a cholesterol check-up in the last 12 months. You can use any filter and report combination of interest to you and your organisation.

Filtering By:

- Visit < 15 Mths
- Active Patients
- Practice: (Matthias QA Clinic) make sure you are selecting only relevant practices
- Conditions: (CHD YES)
- Last Results: <= 12 mths

After selecting the above filter criteria in the respective filter tabs, click on Recalculate to apply the filters. Then click on the new CAT4 Filters icon to finalise your new PAT2CAT filter.

| CAT4 Filters | | | | X |
|-----------------------------|---|--------|--------------|--------|
| Remember to apply filters a | and assign practices before creating a new filter | | | |
| Filter Name | Summary | Reason | Date Created | Status |

Your new filter will inherit all the conditions used above and now you can select additional criteria (but don't have to). In the example below I have selected patients who didn't have a BP and cholesterol check-up entered into their record in the last 12 months.

• Custom filters work in the same way as a cross tabulation in CAT4, meaning that if you select all categories in a report tab the result will be an 'OR' filter, but as soon as you select only some categories on a report tab, the filter will become an 'AND' filter. The example below will only show those patients meeting ALL selected criteria, so anyone without a BP and a cholesterol recorded, but if you had selected the whole Blood Pressure report and the Cholesterol report tab, anyone would be included.

| Create Filter | | [| x |
|---------------|---|---|---|
| Filter: | Filtering By: Visit < 15 Mths, Active Patients, Practice: (Matthias QA Clinic), Conditions: (CHD - YES), Last Results: <= 12 mths | > 🔲 5 Year Risk of a Cardiovascular Event | |
| Name: | CHD patients overdue for BP and Lipids | > ■ ACR | |
| Status: | Active 🗸 | > 🔲 Alcohol | |
| Summary: | This filter identifies all active patients with Coronary Heart Disease who have visited in the last 12 months and had no BP and Cholesterol checked in the last 12 months | Allergies | |
| | | > 🔳 BMI Count | |
| | | Y MBP | |
| | | <= 130/80 | |
| Reason: | It is an important check up for patients with CHD | > 140/90 | |
| | | ✓ No BP Recorded | |
| | | Incomplete Data | |
| | | > 130/80 and <= 140/90 | |
| | | 👻 🗹 Cholesterol | |
| | | <4.0 | |
| | | >= 4.0 and <= 5.5 | |
| | | ⇒ 5.5 and <= 6.5 | |
| | | □ > 6.5 and <= 7.5 | |
| | | □ > 7.5 | |
| | | ☑ No Cholesterol Recorded | |
| | | > | |
| | | > 🗖 Demographics 🗸 🗸 | |
| | | 🗈 Save | |

Once your PAT2CAT filter is complete, click on 'Save' to save it. This filter will be immediately available to all CAT4 users linked to your PAT CAT, unless you have, as above, only included a particular practice or group of practices in the new filter.

22.2 Managing PAT2CAT Filters

Once a filter has been created, the filter criteria can't be changed in PAT CAT. Filters can be accessed by clicking on the CAT4 Filters icon:



This will show a list of all existing PAT2CAT filters including the details such as summary, reason, date created and status:

| CAT4 Filters | | | | | | | | | |
|--------------|---|---------------------------------|---------------|--------------|----------|--|--|--|--|
| | nember to apply filters and assign practice | es before creating a new filter | | | | | | | |
| | Filter Name | Summary | Reason | Date Created | Status | | | | |
| > | Test1 | Test1- test2edit | Test1- test 2 | 18/07/2018 | Inactive | | | | |
| > | Test2 | ВР | ВР | 18/07/2018 | Inactive | | | | |
| > | Test3 | Test3 | Test3 | 18/07/2018 | Inactive | | | | |
| > | Test4 | Test4 | Test4 | 18/07/2018 | Inactive | | | | |

Clicking on an existing filter will expand the details and show the 'Edit' button.

The practice list at the bottom of the filter details is colour coded and once a practice has loaded and applied the filter at least once, the colour will change from red to green. This provides important feedback if the PAT2CAT filters are used by the targeted practices!

| ~ | CHD patients | s overdue for BP | BP and Cholesterol are impo | Important for CHD patient care | 07/08/2018 | Active | | | | | |
|-----|----------------|--------------------------------|--|--|---------------------------|-----------|--|--|--|--|--|
| Fil | ilter Name: | CHD patients overdue for BP a | and Cholesterol | | | | | | | | |
| Su | ummary: | BP and Cholesterol are import | BP and Cholesterol are important check-ups | | | | | | | | |
| Re | eason: | Important for CHD patient care | | | | | | | | | |
| Fil | Iter Criteria: | Filtering By: Visit < 15 Mths, | Active Patients, Practice: (jo3.3, Manju_/ | HCH_CAT, Matthias QA Clinic), Conditions: (CHD |) - YES), Last Results: < | = 12 mths | | | | | |
| Gr | raphs: | No graphs selected | | | | | | | | | |
| Pr | ractices: | Matthias QA Clinic | | | | | | | | | |
| | | | | | G | 🛿 Edit | | | | | |

Filter criteria, once created, can't be changed but it can be made inactive or deleted, using the drop-down status menu or the 'Delete' button on the bottom left. You can also change the Summary and the Reason text fields if required.

| Edit CHD patients overdue for BP and Lipids | X |
|--|---|
| Filter: Filtering By: Visit < 15 Mths, Active Patients, Practice: (Matthias QA Clinic), Conditions: (CHD - YES), Last Results: <= 12 mths | > 📕 5 Year Risk of a Cardiovascular Event |
| Name: CHD patients overdue for BP and Lipids | > ■ ACR |
| Status: Active Summary: Active entifies all active patients with Coronary Heart Disease | > 🗖 Alcohol |
| Inactive sited in the last 12 months and had no BP and Cholesterol checked in the last 12 months | ➤ ■ Allergies |
| | BMI Count |
| | ✓ ☑ BP |
| Reason: It is an important check up for patients with CHD | <pre> <= 130/80 > 140/90</pre> |
| | No BP Recorded |
| | Incomplete Data > 130/80 and <= 140/90 |
| | ✓ ✓ Cholesterol |
| | □ < 4.0 |
| | >= 4.0 and <= 5.5 > 5.5 and <= 6.5 |
| | □ > 6.5 and <= 7.5 |
| | □ > 7.5 ✓ No Cholesterol Recorded |
| | |
| | Creatinine Serum Status |
| | > Demographics 🗸 |
| a Delete | 昏 Save |

22.3 PAT2CAT Filters in CAT4

Custom Filters are filters created in PAT CAT and sent to your CAT4. This functionality is designed to support continuous quality improvement by providing ready made filters to target patients of interest. Details of the filters should be discussed with the organisation you are sharing your de-identified data with, as they can create the filters to meet your requirements/interests.

For a guide on how to create custom filters see here: PAT2CAT Filters⁷⁷

These filters will make it very easy to identify a group of patients at your practice based on the filter criteria. Once identified you can use Recall CAT - SMS and Voice Messaging for CAT4⁷⁸ to invite the patients to come in for a check up or you can create prompts in Topbar using CAT PLUS PROMPTS⁷⁹.

⁷⁷ https://help.pencs.com.au/display/ds/PAT2CAT+Filters

⁷⁸ https://help.pencs.com.au/display/CG/Recall+CAT+-+SMS+and+Voice+Messaging+for+CAT4

⁷⁹ https://help.pencs.com.au/display/CP/CAT+PLUS+PROMPTS

Your organisation will have to be licensed for this functionality and once you log onto CAT4 you will see the new filter tab:

| ^ Filter | | | | | | | | | 2 | | |
|---|---------------------|-------------|-------------------|-----------|---------------------|-------------------|----------------|----------------|---------------|---|---|
| General Ethnicity Conditions Medications Date Range (Results) | Date Range (Visits) | Patient Nam | ne Patient Status | Providers | Risk Factors | Health Care Homes | MBS Attendance | Custom Filters | Saved Filters | | |
| Filter Name | Date Created | Match | Not Match | | | | | | | ^ | Enter one or more SLKKeys as a comma separated list |
| Covid Vaccine - High Risk Patients | 18/02/2021 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | ~ | ~ |
| | | | | | | | | | | | Reload Filters Clear Filter |

All filters relevant to your clinic created in PAT CAT will be displayed here. If you can't see a filter you can try and click on 'Reload Filters' - this will refresh the display. Contact your PHN or other organisation you are sharing data with if a particular filter is not visible and you expect it to be available.

You will see the organisation(s) who have create the custom filter and the filter name. You can choose to apply the filter to find all patients matching the filter criteria or find everyone NOT matching the criteria. In our example we want to find the list of patients with CHD who are overdue for their BP and Cholesterol, so the 'Match' tick box is selected.

| ∧ Filter | | | | |
|---|----------------------------|--|---------------|---|
| General Ethnicity Conditions Medications Date Range (Results) Date Ra | Range (Visits) Patient Nar | ne Patient Status Providers Risk Factors Health Care Homes MBS Attendance Custom Filters | Saved Filters | |
| Filter Name Da | ate Created Match | Not Match | ^ | Enter one or more SLKKeys as a comma separated list |
| Covid Vaccine - High Risk Patients 18, | 8/02/2021 | | | ^ |
| | | | | |
| | | | | |
| | | | | |
| | | | ~ | ~ |
| | | | | Reload Filters Clear Filter |
| | | | | |

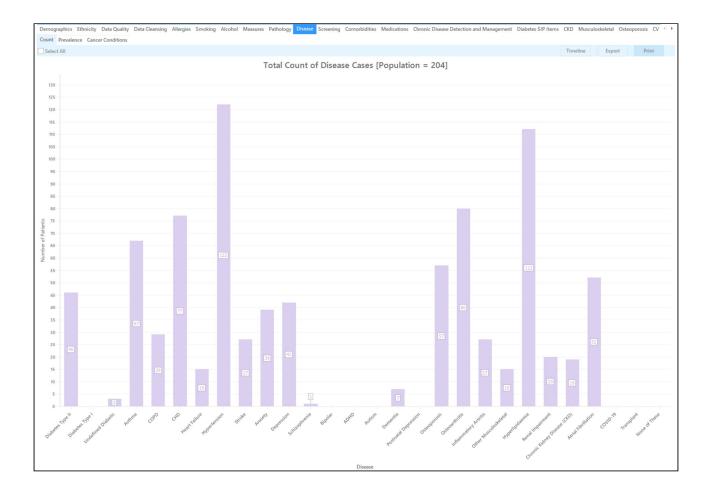
Once you have made the selection on the custom filter panel you can either recalculate or you can add other filter criteria if required, and then recalculate.



Once the custom filter has been applied, you can just click on the 'View Population' icon which will show the list of patients matching the filter criteria in the current data extract.



You can however also look at other reports for these patients, for example the 'Disease' report to see what other conditions have been recorded asides from CHD:



• If you are looking at pathology or other results, remember that while the filter includes only patients with results older than 12 months (by using the Date Range (Results) Filtering⁸⁰), your pathology or measures report will show these results unless you apply additional filters. In our example we are only showing those patients with no BP AND Cholesterol in the last 12 months, so it uses a build in Cross Tabulation Report⁸¹ as well.

Custom filters can be saved either as they are or in combination with other filter criteria, by simply using the 'Saved Filters' tab and saving the new filter following the steps described here: Saving Filter Criteria⁸².

These filters are dynamic, so if you have new patients who match the conditions in the filter, they will be included in the new data extract and picked up by the filter.

⁸⁰ https://help.pencs.com.au/display/CG/Date+Range+%28Results%29+Filtering

⁸¹ https://help.pencs.com.au/display/CG/Cross+Tabulation+Report

⁸² https://help.pencs.com.au/display/CG/Saving+Filter+Criteria