CAT RECIPES

While our CAT4 recipes are designed to give new and experienced users a simple step by step guide to a particular problem or question, they still require some familiarity with CAT4. To enable users with no experience at all to get started, we have added a 'How to get started' recipe that explains the basic steps and terminology. For a full understanding we recommend the user guide, in particular this page Getting Started. We will be adding new recipes on request, so please feel free to contact support@pencs.com.au with any suggestions.

All recipes produce a list of patients based on your search/filter and reporting criteria. These lists of patients can be exported to a spreadsheet or other format to use in the practice.

Since May 2016 the new CAT Plus Prompt functionality allows practices who are using Topbar as well as CAT4 to create prompts in CAT4 for patients meeting filter and/or report criteria. The full CAT Plus Prompt guide is available here and there is a short guide on how to create prompts in CAT4

The steps to create a prompt won't be described in full in each recipe, please refer to the full guide above.

CAT recipes are available on request. Please enter your details and select the recipe you wish to access on the form below to request access.

Request CAT Recipes

Please note that it is not always necessary to create a prompt, as Topbar already provides a large number of built in prompts for missing clinical and demographic data items!

- How to get started with CAT4 Recipes
- Improve Quality of Care for your Patients
  - Antithrombotic use in Diabetic Patients with and without established Cardiovascular Disease
  - Identify all active stroke/TIA patients for referral to peer support programs
  - Identify eligible female patients for cervical screening
  - Identify patients eligible for a Self-Collected Cervical Screening Test
  - Patients with respiratory conditions and no smoking status recorded
- Identify Patients at Risk
  - Identify patients eligible for a Bone Mineral Density test
  - CVD Patients with no BP recorded
  - Identify elevated CV risk - Part A
  - Identify elevated CV risk - Part B
  - Identify patients with diabetes without HbA1c results recorded in the last 12 months
  - Identify patients at risk for Influenza based on age, ethnicity or pregnancy
  - Identify Patients at risk for influenza with predisposing conditions
  - Identify patients with a stroke or TIA not on BP lowering medication
  - Identify patients with a stroke or TIA not on antiplatelet therapy
  - Identify patients with a stroke or TIA not on cholesterol lowering medication
  - Identifying the smoking status of Coronary Heart Disease (CHD) patients
  - Identifying Coronary Heart Disease (CHD) patients not on lipid modifiying medication
  - Identifying CHD patients not on antithrombotics
  - Finding patients with Coronary Heart Disease (CHD) not coded for CHD
  - Identifying Coronary Heart Disease (CHD) patients not on ACE or ARB medication
  - Identifying Coronary Heart Disease patients with high BP recorded in the last 12 months
  - Identify eligible patients never screened for breast and bowel cancer
  - Identify under-screened population for bowel cancer
  - Patients taking Glucocorticoids who are smokers
  - Identify Patients with Type II Diabetes and CVD not on Statins
  - Identify Patients at Risk of Diabetes Mellitus Type II
  - Identify Patients Eligible for Shingles Vaccination
  - Identify patients not on Lipid lowering medication with HDL<1 and Cholesterol >6.5mmol/L
  - Identify pregnant patients without Pertussis immunisation
  - Identify Patients with Hepatitis C
- Maximise Business Potential
  - Find active patients with at least one chronic condition who are eligible for a GPMP/TCA
  - Identify all active patients with at least one chronic condition who are eligible for a Medication Review
  - Identify all active stroke/TIA patients who are eligible for a GPMP
  - Identify DVA patients eligible for Coordinated Veterans Care
  - Identify Indigenous patients eligible for PBS Co-payment Measure
  - Identifying Home Medication Review candidates: Heart Failure patients who are not on ACE inhibitors
  - Identifying patients eligible for a Mental Health Treatment Plan
  - Identifying patients eligible for a Mental Health Treatment Plan Review
  - Identify patients eligible for a 45 - 49 Health Assessment with lifestyle or biomedical risk factors
  - Identify patients eligible for an annual 75+ Health Assessment
  - Identify patients eligible for an annual 715 Aboriginal and Torres Strait Islander Health Assessment
  - Identify patients eligible for an Annual Asthma Cycle of Care
  - Identify patients seen by a particular provider or group of providers
  - Identify patients with a chronic disease eligible for a GP Management Plan and/or Team Care Arrangement
  - Identify patients with diabetes, CVD or CKD who never had a GPMP/TCA claimed

    - Shared Health Summaries (SHS) uploaded by the practice
- Improve Data Quality
    - Add Weight, Height and Waist Measurements to Patient Record
    - Bulk clean up of free text diagnosis - BP users
    - Bulk clean up of free text diagnosis - MD3 users
    - Cancer Council Victoria - Smoking Cessation Clinical Audit
    - Identify active patients with at least 3 visits in the last 2 years
    - Identify patients with Allergy or Smoking Status NOT recorded
    - Identify patients with more than eight medications not printed in the last six months
    - Remove patients from upload to PAT CAT
- Cross Tabulation - Next Level Reporting
    - Adding Provider Details to a Report
    - Finding patients at risk of diabetes
    - Find patients eligible for GPMP/TCA - cross tabulated
    - Identify outstanding Diabetes Cycle of Care Items - cross tabulated
- Dementia Patients
    - Dementia Patients and Health Assessments
    - Dementia Patients and Cardiovascular Risk
    - Dementia Patients and Carers
    - Dementia Patients and DMMR
    - Dementia Patients and MyHealth Record
    - Identify Patients at High Risk for Dementia
- Cancer Screening West Australia
    - Find patients eligible for cervical screening
    - Find patients who do not have an FOBT recorded
    - Find patients who have not had a mammogram recorded
- Diabetes and Obesity CQI Program
    - Ensure all diabetic patients are coded with the correct diagnosis in the clinical software.
    - Increase adult smoking and alcohol status for patients with type II diabetes recorded in clinical software to 75%.
    - Increase adult waist measurement for patients with type II diabetes recorded in clinical software to 75% or higher.
    - Increase HbA1c recording for Type II diabetic patients to 95% or higher and increase ACR recording by 10%.
- PIP QI Improvement Measures
    - QIM 1 – HBA1C status for patients with diabetes
    - QIM 2 – Smoking Status
    - QIM 3 – BMI
    - QIM 4 – Influenza immunisation for patients aged 65 and over
    - QIM 5 – Influenza immunisation for patients with diabetes
    - QIM 6 – Influenza immunisation for patients with COPD
    - QIM 7 – Alcohol status recording
    - QIM 8 – Cardiovascular Risk
    - QIM 9 – Cervical Screening
    - QIM 10 – Blood pressure for patients with diabetes
- Cancer Screening - Reminder Workflow
    - Bowel Cancer Screening Participation Rate
    - Breast Cancer Participation Rate
    - Cervical Cancer Participation Rate
    - Combining Screening Searches with MBS item eligibility
    - Patients 27 and older with a previously recorded Pap/CST who are due to return to cervical screening in the next three months
    - Patients aged 52 – 74 with a previously recorded mammogram in the last 24-27 mths who are eligible and due for breast screening in the next 3 months
    - Patients due to return to all three screening program in the next three months
    - Patients eligible for BreastScreen aged 50 years and 4 months or older
    - Patients eligible for cervical screening aged 25 years and 4 months
    - Patients eligible for the NBCSP, with a FOBT recorded in the previous 27 months and an even numbered birthday in the next 3 months
    - Patients eligible for the NBCSP aged 50 years and 4 months or older
    - Patients turning 50 in the next three months eligible for bowel and/or breast screen
    - Patients who have never been screened or are overdue to screen for more than one screening program
    - Patients who turned 25 in the last three months eligible for cervical screening
- Identifying patients eligible for the Heart Health Check
    - Identify at risk patients who are eligible for a Heart Health Check and a GPMP
    - Identify female patients who are eligible for the Heart Health and have had a diagnosis of gestational diabetes.
    - Identify high risk patients eligible for the Heart Health Check due to hypertension or hyperlipidaemia
    - Identify patients eligible for the Heart Health Check who are low, moderate, and high risk of CVD
    - Identify patients eligible for the Heart Health Check who have missing data for an absolute CVD risk assessment
- Palliative Care Recipes
    - Find all active patients currently on a GP Management Plan (GPMP) with complex needs and may benefit from screening for potential palliative care needs
    - Find all patients aged 75 and older, with existing chronic conditions which are associated with a higher risk of death
    - Find all patients currently residing in a RACF who are likely to benefit from a palliative care approach.
    - Find all patients with cancers who are more likely to have their life limited by their illness
- COVID-19 Vaccine Priority Patients
    - COVID-19 Vaccine 1b: Identify Indigenous patients over 55
    - COVID-19 Vaccine 1b: Identify patients over 70 yrs of age
    - COVID-19 Vaccine 1b: Identify patients with a BMI >= 40
    - COVID-19 Vaccine 1b: Identify patients with a cancer diagnosis
    - COVID-19 Vaccine 1b: Identify patients with specific chronic diseases
    - COVID-19 Vaccine 2a: Identify Indigenous patients 18-54
    - COVID-19 Vaccine 2a: Identify patients aged 50-69 years
    - COVID-19 Vaccine Booster: Identify priority patients due for a booster shot

    - Identify immunocompromised patients due for a third COVID-19 vaccine
- Using Topbar Prompts in Recipes
- Using Recall CAT in Recipes
- COVID-19 Vaccine Winter Booster 1a+Identify immunocompomised of age due for a winter booster shot
- Heart Connect