Practice Health Atlas™

General Practice | Decision Support Tool

>Sample PHA Version 10

July | 2013

healthfirst™ network

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SEIFA INDEX OF DISADVANTAGE FOR THE TOP 10 POSTCODES

Chart 1. SEIFA index of disadvantage for the top 10 postcodes

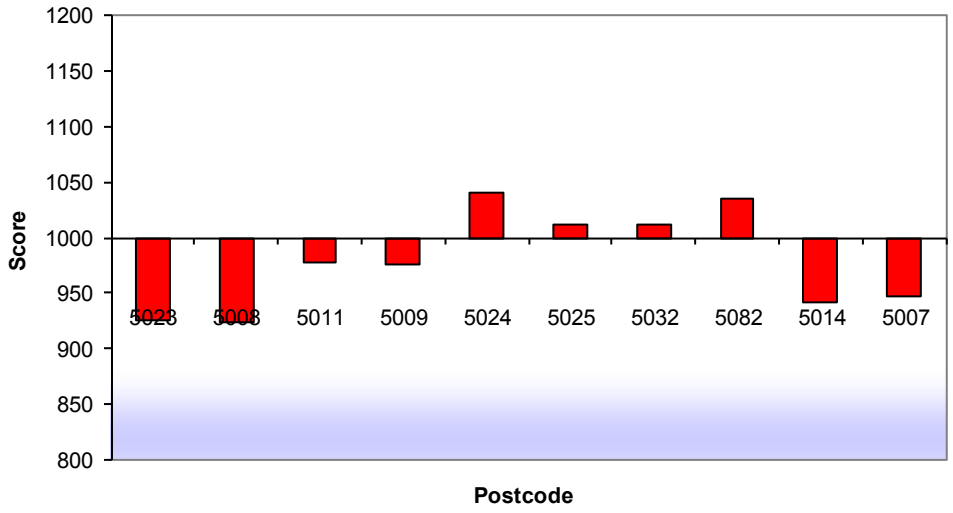


Chart 1 highlights the index of disadvantage for your top 10 postcodes. A score above the line indicates a relative lack of disadvantage when compared to the mean score for Australia, and a score below represents an area of increased disadvantage.

Table 1. Area comparison of SEIFA index of disadvantage

Area comparison of SEIFA index of disadvantage	
Area	**disadvantage (average score)**
Sample PHA Version 10 top 10 postcodes	979
Central Adelaide and Hills Medicare Local	1013
SA SEIFA Score	979
Country SA SEIFA Score	961
Metro Adelaide SEIFA Score	987

* Source: Australian Bureau of Statistics (2008) "2011 Census of population and housing", *SEIFA 2011,* Canberra: ABS

PATIENT POPULATION OVERVIEW

Characteristics of your patient population	
	Number patients
Your total population:	18626
Your total cleansed population*	17807
15-month patient population^: (19/01/2012 to 19/04/2013)	9389
30-month patient population:	12103
Aboriginal or Torres Strait Islanders:	38
Pensioners:	4185
DVA patients:	52
Patients on 5 or more current medications**:	2916

** Excludes patients with no postcodes or with post boxes, and those where date of birth was not recorded.*
^ This is referred to as your 'patient population' in this report, and is the cohort upon which the majority of the Practice Health Atlas™ analysis is based.
*** Patients seen at least once in the past 15 month period.*

'PATIENT POPULATION' CATCHMENT

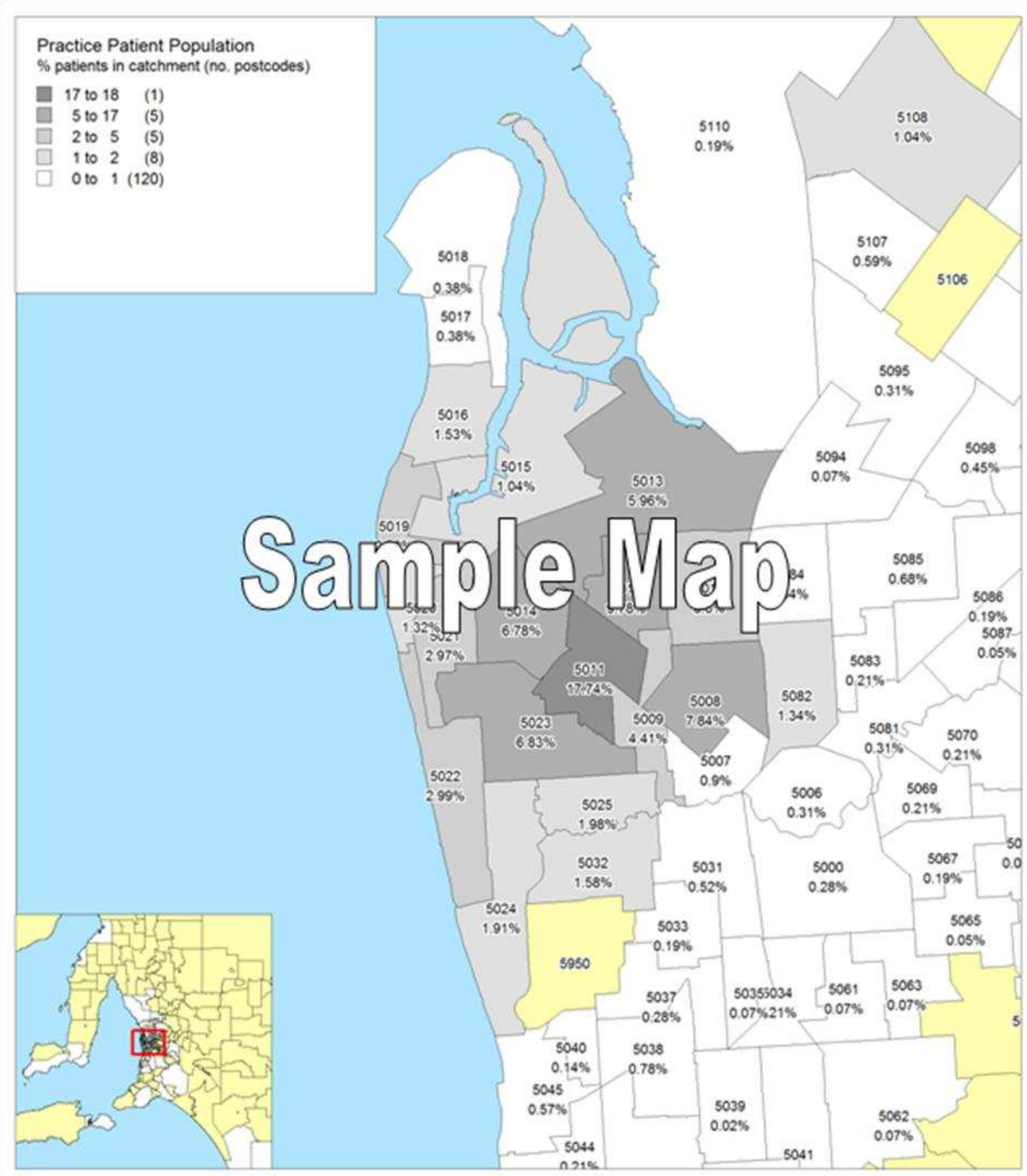
Catchment is measured on the home address postcode of each patient.

Patient Population Catchment	
Total postcodes:	201
No. postcodes used in report: (Referred to as the 'Top 10')	10
% Patient population covered in these postcodes:	61.61%

PRACTICE PROFILE

The following map and charts show the geographic distribution of your patient population, by the home address postcodes of patients seen in the last 15 months (n=9389).

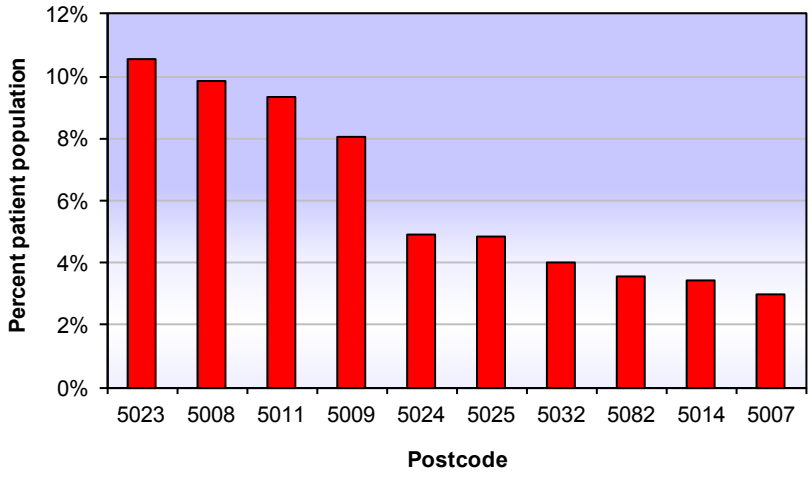
Map 2. Sample PHA Version 10 patient population (percentage catchment by postal area)



Note: Yellow indicates no data for that postcode

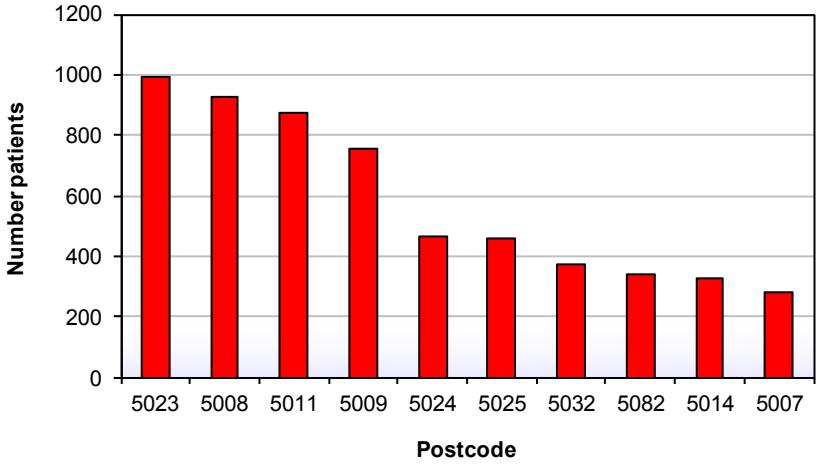
There are 9389 patients in the database who have been seen in the last 15 months.

Map 3. Patient population profile: Top 10 postcodes by percentage



The patient population seen in last 15 months is **distributed over 201 postcodes**. Chart 2 shows the top 10, in which **61.61%** of these patients live.

Chart 2. Patient population profile: Top 10 postcodes by numbers



AGE/SEX PROFILE

The following chart shows the age/sex distribution of your patient population.

Chart 3. Age/Sex profile of patient population by percentage (within age group)

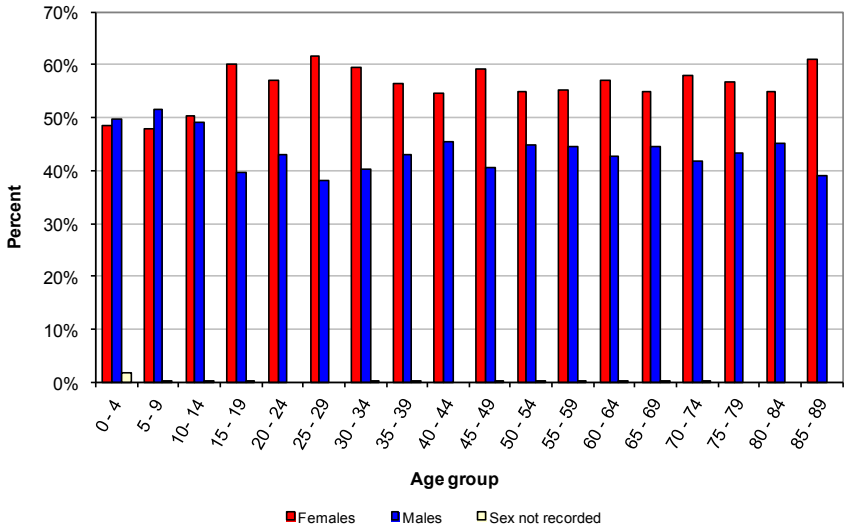


Table 2. Age/Sex profile of patient population (within age group)

Age	Females		Males		Total	
	Percent	Number	Percent	Number	Percent	Number
0 - 4	48.5%	288	49.7%	295	6.3%	594
5 - 9	48.0%	204	51.5%	219	4.5%	425
10- 14	50.5%	166	49.2%	162	3.5%	329
0 - 14	**48.8%**	**658**	**50.1%**	**676**	**14.4%**	**1348**
15 - 19	60.0%	231	39.7%	153	4.1%	385
20 - 24	57.0%	254	43.0%	192	4.8%	446
25 - 29	61.7%	316	38.3%	196	5.5%	512
30 - 34	59.5%	374	40.4%	254	6.7%	629
35 - 39	56.5%	367	43.1%	280	6.9%	649
40 - 44	54.5%	394	45.5%	329	7.7%	723
45 - 49	59.1%	392	40.6%	269	7.1%	663
50 - 54	54.8%	353	44.9%	289	6.9%	644
15 - 54	**57.6%**	**2681**	**42.2%**	**1962**	**49.5%**	**4651**
55 - 59	55.1%	303	44.5%	245	5.9%	550
60 - 64	57.0%	292	42.6%	218	5.5%	512
65 - 69	55.1%	261	44.5%	211	5.0%	474
70 - 74	58.0%	305	41.8%	220	5.6%	526
75 - 79	56.8%	310	43.2%	236	5.8%	546
80 - 84	54.8%	210	45.2%	173	4.1%	383
85 - 89	60.9%	156	39.1%	100	2.7%	256
90+	69.9%	100	30.1%	43	1.5%	143
55+	**57.1%**	**1937**	**42.7%**	**1446**	**36.1%**	**3390**

^ Total numbers also include patients with no sex recorded

	Number	%
Males:	4084	43.50
Females:	5276	56.19
Sex not recorded:	29	0.31
Total:	9389	**100.00**

CHRONIC DISEASE PROFILES

OVERVIEW

Ten chronic disease profiles were identified from the patient population (n=9389). These form the basis for the Business & Clinical Modelling section of the Practice Health Atlas™.

Maps depict the patient catchment of each chronic disease. The profiles are compared to each other visually. Multi-morbidities are briefly addressed, as a basis for understanding the broader health of your chronically ill patients. These are the profiles and numbers of patients identified:

Chronic Disease Profile	Number patients
Asthma profile	866
COPD profile	190
CHD profile	527
CRD/I	110
Stroke	243
Hypertension Profile	2009
Diabetes profile	990
Mental Health profile	1698
Osteoporosis profile	1023
Dementia	110
Osteoarthritis	1250

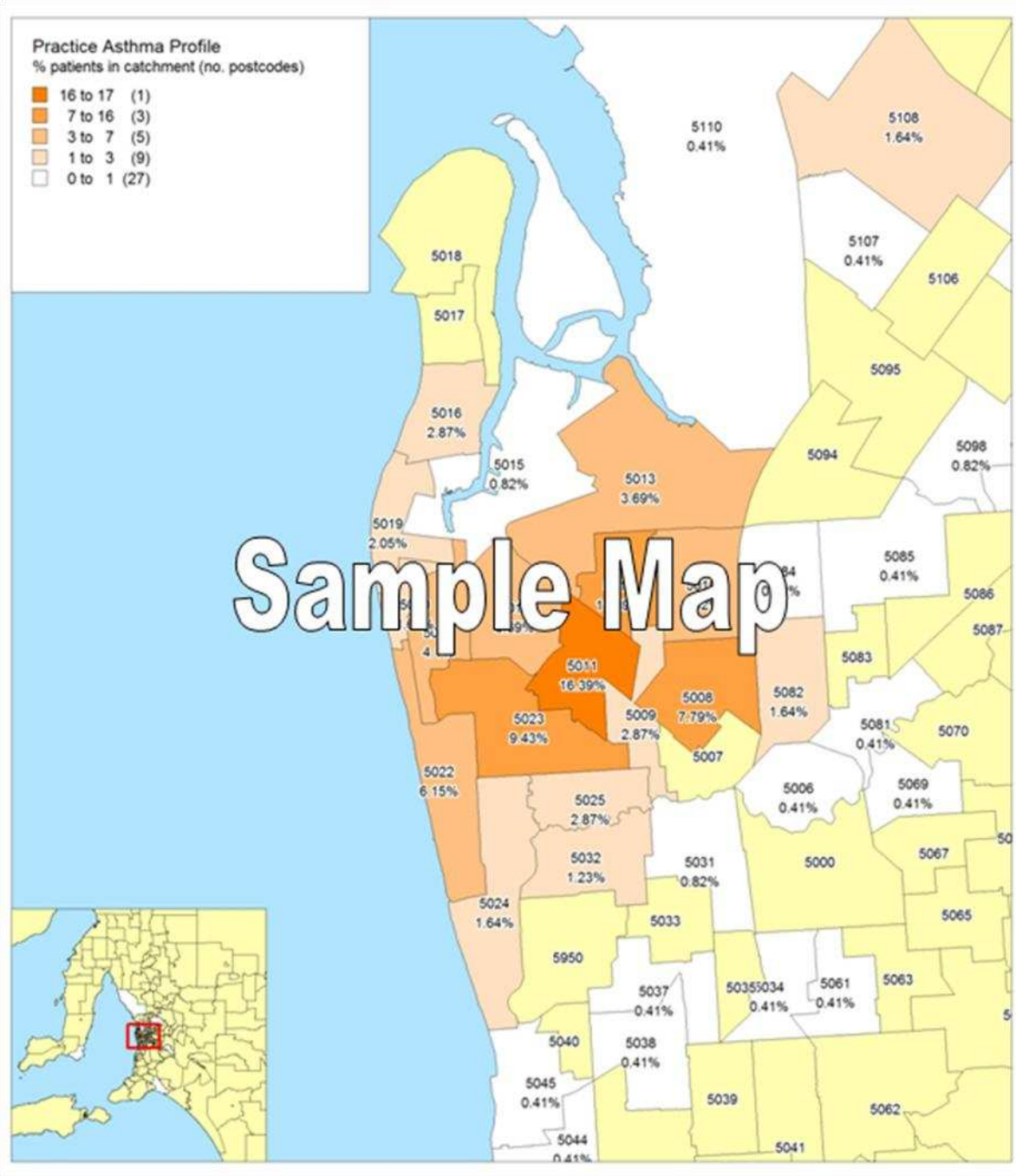
Each profile was derived from diagnoses assigned to the patients, knowledge about which was informed by the Practice. It is critical to know how a Practice uses its software for clinical coding, because:

- there will be variations between practices with the way that chronic diseases patients are recorded (or 'coded')
- there may be variation within a Practice between different doctors as to how clinical coding is undertaken
- each person who inputs diagnoses may not do this consistently every time

In this sense, it is critical to know all coding and related information management processes for each Practice in order to produce the profiles.

Map 4. Sample PHA Version 10 asthma profile of patients

There are 866 asthma patients in the profile.



Note: Yellow indicates no data for that postcode

Chart 6. Prevalence of asthma by age group

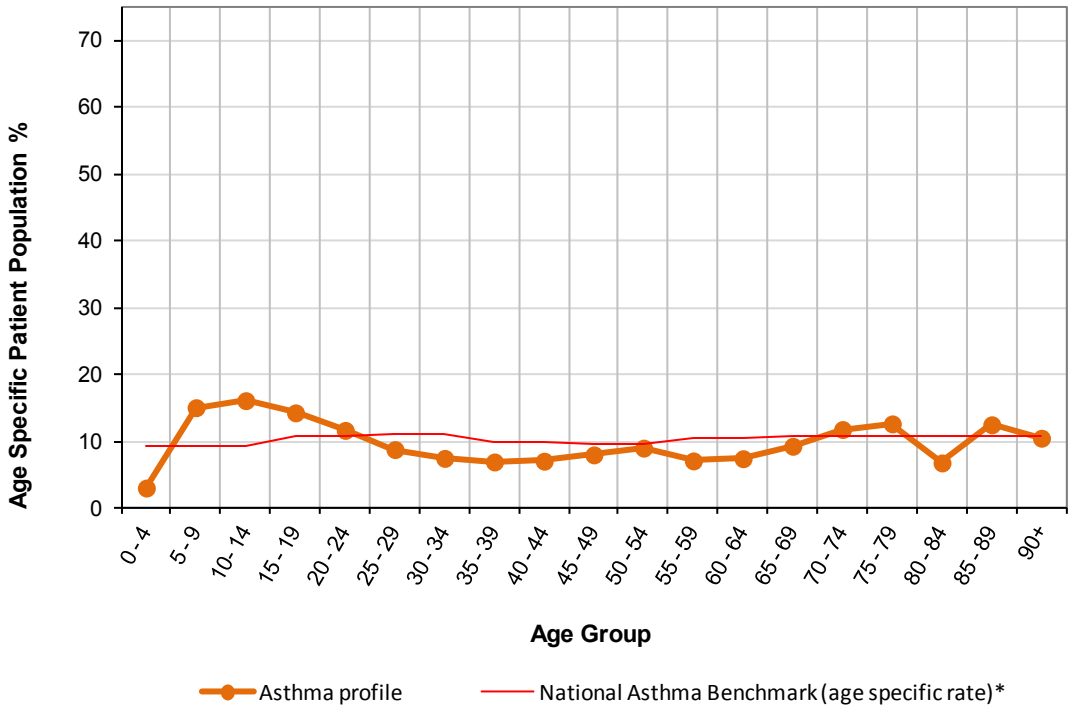


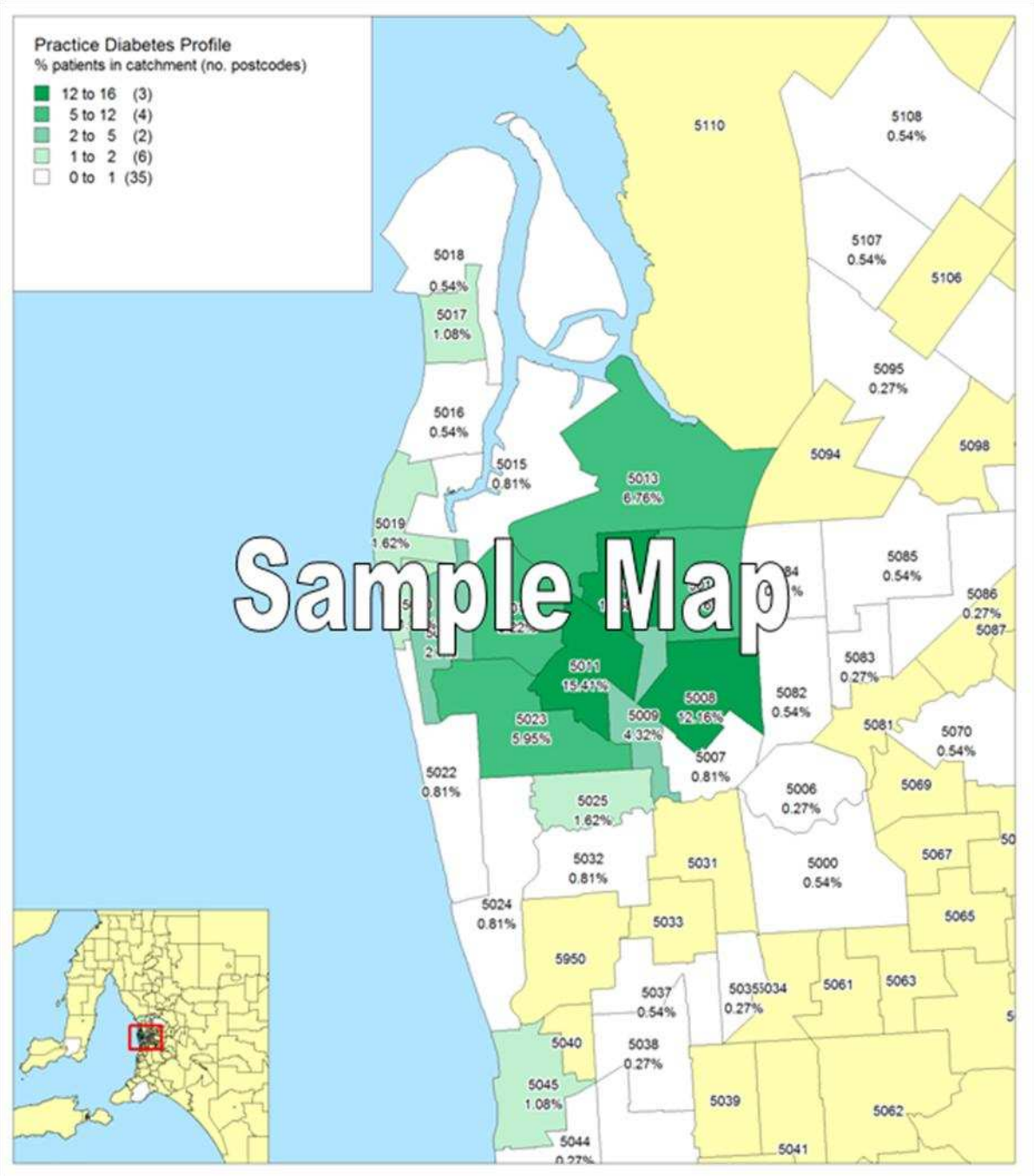
Table 5. Prevalence of asthma by age group

Prevalence of asthma by age group					
Age Group	Number of asthma patients	Percent asthma patients (per age group)	Total patient population (per age group)	Rate in total patient population (age specific rate)	National Asthma Benchmark (age specific rate)*
0 - 4	18	2.1	594	3.0	9.3
5 - 9	64	7.4	425	15.1	9.3
10- 14	53	6.1	329	16.1	9.3
15 - 19	55	6.4	385	14.3	10.6
20 - 24	52	6.0	446	11.7	10.6
25 - 29	45	5.2	512	8.8	11.1
30 - 34	47	5.4	629	7.5	11.1
35 - 39	45	5.2	649	6.9	9.8
40 - 44	51	5.9	723	7.1	9.8
45 - 49	53	6.1	663	8.0	9.7
50 - 54	58	6.7	644	9.0	9.7
55 - 59	39	4.5	550	7.1	10.4
60 - 64	38	4.4	512	7.4	10.4
65 - 69	44	5.1	474	9.3	10.8
70 - 74	62	7.2	526	11.8	10.8
75 - 79	69	8.0	546	12.6	10.6
80 - 84	26	3.0	383	6.8	10.6
85 - 89	32	3.7	256	12.5	10.6
90+	15	1.7	143	10.5	10.6
Total	**866**	**100**	**9,389**		

* ABS (2012) *4364.0 National Health Survey: summary of results 2011-12* . Canberra: ABS

Map 11. Sample PHA Version 10 diabetes profile of patients

There are 990 diabetes patients in the profile.



Note: Yellow indicates no data for that postcode

Chart 11. Prevalence of diabetes profile by age group

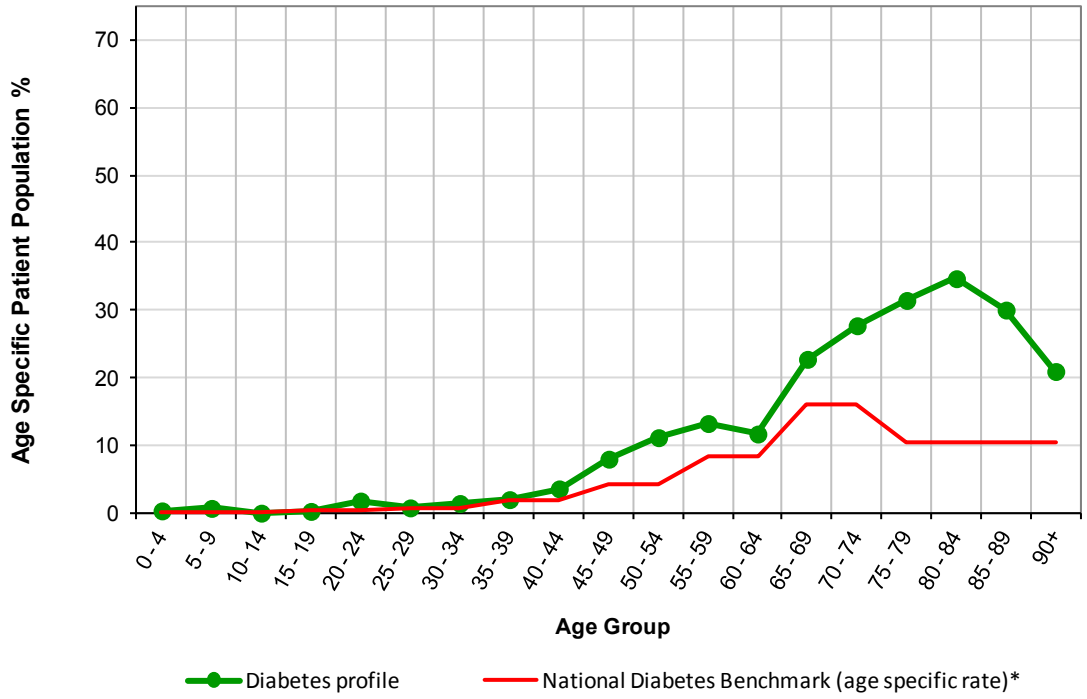


Table 11. Prevalence of diabetes profile by age group

Prevalence of diabetes by age group					
Age Group	Number of diabetes patients	Percent diabetes patients (per age group)	Total patient population (per age group)	Rate in total patient population (age specific rate)	National Diabetes Benchmark (age specific rate)*
0 - 4	2	0.2	594	0.3	0.1
5 - 9	3	0.3	425	0.7	0.1
10- 14	0	0.0	329	0.0	0.1
15 - 19	1	0.1	385	0.3	0.5
20 - 24	8	0.8	446	1.8	0.5
25 - 29	4	0.4	512	0.8	0.7
30 - 34	9	0.9	629	1.4	0.7
35 - 39	13	1.3	649	2.0	1.8
40 - 44	26	2.6	723	3.6	1.8
45 - 49	53	5.4	663	8.0	4.1
50 - 54	72	7.3	644	11.2	4.1
55 - 59	73	7.4	550	13.3	8.2
60 - 64	60	6.1	512	11.7	8.2
65 - 69	108	10.9	474	22.8	16.0
70 - 74	146	14.7	526	27.8	16.0
75 - 79	172	17.4	546	31.5	10.5
80 - 84	133	13.4	383	34.7	10.5
85 - 89	77	7.8	256	30.1	10.5
90+	30	3.0	143	21.0	10.5
Total	**990**	**100.0**	**9,389**		

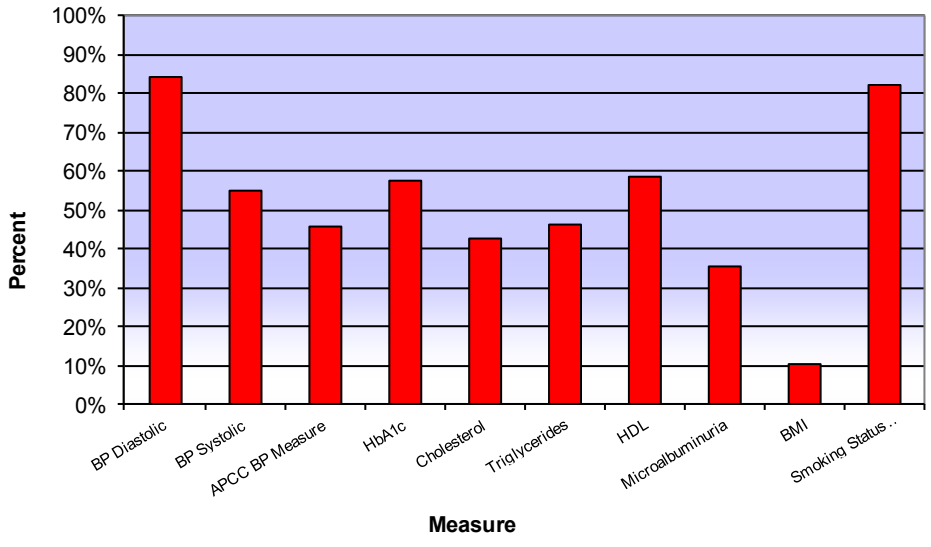
* ABS (2012) 4364.0 National Health Survey: summary of results 2011-12. Canberra: ABS

Table 12. Diabetes Clinical Management Statistics

Diabetes Clinical Management Statistics						
Measure	Proportion diabetes profile			Clinical target		
				Criteria	Meet Criteria	
	Number	Percent	Average value		Number	Percent
BP Diastolic	951	96.1%	73.0	<=80	833	84.1%
BP Systolic	951	96.1%	150.0	<=130	546	55.2%
APCC BP Measure	951	96.1%		<=130/80	455	46.0%
HbA1c	929	93.8%	7.0	<=7	572	57.8%
Cholesterol	943	95.3%	4.2	<4.0	421	42.5%
Triglycerides	918	92.7%	1.7	<1.5	461	46.6%
HDL	906	91.5%	1.2	>1.0	581	58.7%
Microalbuminuria	610	61.6%	75.1	<20	354	35.8%
BMI	853	86.2%	30.9	<25	105	10.6%
Smoking Status Recorded	906	91.5%		Non-smoker or ex-smoker *	815	82.3%
Feet Examination	33	3.3%				
Eye Examination	22	2.2%				
Waist examination	234	23.6%				

* Included as a risk factor measure. Expressed as a % total diabetics. Is not a clinical target.

Chart 12. Diabetes management measures by percentage of clinical criteria met



Potential Item Number Utilisation/ New Income

Table 21 lists the numbers of patients derived for your patient population profiles, along with expected number of patients for your practice size according to existing benchmarks (where relevant).

See also *Epidemiology & Mapping* for maps and charts describing some of these profiles.

Table 22. Sample PHA Version 10 patient population profiles

	Patient population profiles			Benchmark *		Difference
	Disease Prevalence	Patient Count - Primary Morbidity**	% Your Patient Population ^	Expected No. of patients	Average % over whole population	No. of patients
Diabetes	990	990	10.5	518	5.5	472
Asthma	866	747	9.2	966	10.3	-100
CHD	527	280	5.6	863	9.2	-336
Stroke	243	107	2.6	172	1.8	71
CRD/I	110	35	1.2	182	1.9	-72
Mental Health	1698	1,148	18.1	1212	12.9	486
COPD	190	41	2.0	314	3.3	-124
Osteoporosis	1023	403	10.9	499	5.3	524
Dementia	110	11	1.2	n/a	n/a	n/a
Osteoarthritis	1,250	267	13.3	1099	11.7	151
Aboriginal persons aged	38		0.4			
Aged 4	120		1.3			
Aged 40 - 49	1386		14.8			
Aged 45 - 49	663		7.1			
Aged 75 +	1328		14.1			
Multiple Medication (>=5)	2916		31.1			

^ Your patient population (seen in the last 15 months): n =9389

* Benchmark figures derived from national standards.

** This is a list of patients with diseases in hierachical order - i.e. patients with asthma but not diabetes, patients with CHD but not asthma or diabetes etc. This column is used in the business modelling section.

Table 22 shows the estimated *potential new income* that could be derived according to patient numbers in the derived patient profiles shown on the following page.

Please note that for some items, although the MBS allows for a frequency of 12-24 months per patient, your PHA representative is able to alter this in the modelling. The modelling takes into account that the practice will see a proportion of eligible patients and the frequency with which the items are applied to the patients. These frequencies and proportions have been nominated by the practice; have been designed to be conservative, realistic and representative of true practice. The table below estimates the potential income over a 12 month billing period.

IMPORTANT: see the breakdown of these figures on following pages for details

Table 23. Overall estimated potential income

Item description	Actual Earned (A)	^Estimated total value (B)	Estimated potential new income (B-A)
EPC Health Assessment Items	$148,774	$242,414	$93,640
EPC Chronic Disease Management Items GPMP & TCA and Reviews			
Diabetes GPMP/TCA/Review	$145,568	$278,792	$133,224
Asthma GPMP/TCA/Review	$109,838	$146,980	$37,142
Mental Health GPMP/TCA/Review	$155,236	$161,487	$6,252
CHD GPMP/TCA/Review	$41,171	$55,073	$13,902
CRD/I GPMP/TCA/Review	$243	$6,939	$6,695
Stroke GPMP/TCA/Review	$15,733	$21,099	$5,366
COPD GPMP/TCA/Review	$6,233	$7,267	$1,033
Osteoporosis GPMP/TCA/Review	$2,801	$79,318	$76,517
Dementia GPMP/TCA/Review	$1,617	$2,221	$604
Osteoarthritis GPMP/TCA/Review	$39,259	$52,565	$13,306
CDM services by a Practice Nurse (10997/10986/10987)	$9,237	$10,638	$1,401
Sub-Total	$526,937	$822,380	$295,443
PNIP Subsidy (see calculator[3])	$0	$0	$0
Service Incentive Program (SIP) Items	$17,701	$111,733	$94,032
Medication Management Item 900[2]	$12,700	$15,105	$2,406
Aged Care items Item Numbers	$10,899	$14,138	$3,239
Totals	**$717,011**	**$1,205,771**	**$488,760**

*Derived from figures in Table 20. Current item number utilisation

^Based on numbers inTable 21. Patient population profiles

1. Based on applying item numbers to the Chronic disease population profiles.
2. Note: This does not include item 903 - that is included in the Aged Care items
3. See PNIP calculator at http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp