Lumos

NSW GOVERNMENT Health

Lumos Symposium 2024
Breakout room session feedback

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The following outputs were documented from the Lumos Symposium 2024 breakout sessions. All feedback is being considered by the Lumos team to inform continuous improvement of the program and its outputs. We thank all attendees for their support and constructive feedback.

Sessions slides, where available, can be accessed from the Lumos website

Breakout Session 1: Data development and visualisation

Overview

What barriers do you face using Lumos in your day to day work?

9 groups found

Data analysis expertise
8 responses
"Expertise in analysing data and managing large vol...

Resource limitations
6 responses
"Capacity/resources in the team Ease of access", "L...

Data accessibility
4 responses
"Knowledge and access to data", "Better understan...

Data quality concerns
4 responses
"Concern about data security", "How complete is th...

Data extraction challenges
3 responses
"Inability to extract the data through SaPHE", "Extra...

Documentation needs
2 responses
"Need much better documentation", "Not currently a...

What opportunities are there for Lumos to contribute evidenced based health policy?

8 groups found

Integrated care
7 responses
"Exploring effectivness of integrated care programs"...

Health equity
5 responses
"Understanding equity of access to clinical trials", "D...

Data accessibility
4 responses
"Improved data accessibility / ease of use - dashbo...

Predictive analytics
4 responses
"Predictive data analytics for future planning", "Highl...

Shared learning
2 responses
"Establish a use case library for shared learning and ...

Preventive education
2 responses
"Information prevention programs", "a new field in th...

Breakdown of responses

What barriers do you face using Lumos in your day to day work?

32 responses

Lack to time and resources to be able to undertake analyses using LUMOS data

Inability to extract the data through SaPHE

A shared library of analysis code would be helpful

Better understanding of limitation of the data.

Didn't know this existed

Standardisation across software vendors is suboptimal

Capacity/resources in the teamEase of access

How complete is the data? If we use it to make health/policy decisions what are the limitations?

Extracting data in SAPHE environment through the SQL. Currently i am limited to only use the data on the power Bi format

Time taken for team to get access to the resource after approval.

Workshops are a great way share knwledge

A lot of data prep works before analysis and visualization, like removing duplicate values.

From a GP perspective;Timeliness of data More regular feedback reporting, 2 per year insights is infrequent to measure changeTools to develop CQI activities

Simple to use tools

Lack of support and training

Concern about data security

Expertise in analysing data and managing large volume data

Knowledge and access to data

Understanding the coverage of GP practices in Lumos compared to the total practices in NSW

Workforce with skill and time to design and build dashboards

Not currently a Saphe user

The value add for an individual clinician within a practice is hard to measure

Can't use SAS

Could you provide insight into how the lumps program ensure accessibility for Aboriginal medical services (AMS), has there been any collaboration with AHMRC to facilitate AMS part in program

Need much better documentation

No benchmarking - only able to see data for my PHN

New insights that change practice are not clear.

Data science & subject matter expertise.

Analysis software available.

No SAS available is one of the issues, trained with SAS moving to R requires some time and effort

Resourcing to support innovation / use cases / projects, time is taken up with addressing BAU

Ready dashboards and codes available for different use cases so that we don't have to reinvent the wheels.

What opportunities are there for Lumos to contribute evidenced based health policy?

26 responses

I think Lumos has a huge opportunities to bridge the knowledge between acute and primary care space that traditionally working in silo

Examining models of care

a new field in the data to show if GP discussed preventative education like change of lifestyle

With investment in data interpretation skills confidence in the linkages may be increased

Understanding equity of access to clinical trials

Information prevention programs

Shared code repositories; reduce duplication of workJoint needs assessment Flags for different quality improvement programs

Establish a use case library for shared learning and inspiration

Improved data accessibility / ease of use - dashboard will help significantly

Continuity of care tracking across primary and tertiary care

Predictive data analytics for future planning

Understanding needs across priority population groups

Contribute to planning models for population growths etc

Highlighting clinical conditions where access to primary care has a disproportionate impact on patient outcomes and NSW Health Service utilisation

Joint needs assessments between PHNs and LHDs

Fostering a one health system mindset

Exploring effectivness of integrated care programs

Develop a learning health system that is continously making data informed decisionsBetter engagement of consumersUnderstanding equity variationBetter resesrch infrastructure

Risk assessment

Highlighting the data insights we can not get from single system data sources.

So many opportunities! Baselines and counterfactuals for health research and evaluations!

Increase the range of available chronic disease flags to capture conditions that appear in primary care well before they appear in hospital data e.g. dementia

Great opportunities for measurements of outcomes of activities

Validation of programs and interventions

Drive performance and translation into policy

Targeted interventions to enhance consumer literacy

Breakout Session 2: Leveraging Lumos in public health systems

What priorities could Lumos be used for?

- Healthcare Variation Atlas
    - Hospital Level and Practice Level
        - The impact they have on each other
        - Low level GP care, high hospital usage visualized through heat map
- Service Planning
    - Service usage reports
    - Granular detail on gap in access
    - Understanding where the need is
    - Capture the “out of area” services to understand the journey
    - Align data with SLA for reporting
    - Morbidity scenario modelling
- Models of care
    - Impact in terms of avoiding unplanned hospitalisations
    - Link this to other models of care, and screening programs
    - Impact of public health programs
    - Linkage to chronic disease management plans
- Data quality
    - Real time monitoring
    - Reducing lag in data
    - Integration with MBS data
- Access to data:
    - GP access
    - Consumer Access
- Usability of data:
    - More user friendly, ability to translate for people in power to use to advocate for change
    - Statewide dashboard

    - Data visualization tool
    - Condition specific reports
    - Data Dictionary
    - Reporting against quadruple aim
- Identified Data: users were passionate about whether or not Lumos could provide identified data, and whether there were plans to do so in the future. Advice was verbally provided that this was not the purpose of Lumos.
- Indigenous data sovereignty
- Upskilling NSW Health workforce more broadly in understanding quantitative data, analysis and asking questions
- Federal / Commonwealth:
    - Will there be a federal version of Lumos, and if so, when?
- Primary Care Practice:
    - How findings are implemented into primary care practice

Initiatives, Conditions and Cohorts of focus:

- Urgent Care Services:
    - Understanding patient journeys
    - Understanding impacts on ED presentations via UCS
- Mental Health:
    - Improve communication between primary care and mental health services
        - How can practices communicate their findings back to mental health services
    - How patients with mental health conditions are using health care services eg GP and ED
    - Suicide statistics and data (InforMH)
    - Areas of opportunity for those who passed away (InforMH)
- Understand the link between physical and mental health
    - Health and social environments:
    - Living arrangements such as homelessness, boarding house tenants, social housing and impact on health outcomes. These are priority populations who are often very ill and not trusting of government services
    - Understanding these priority population health care usage.

    - Using Lumos to support local improvements such as GP follow up for these priority populations

- Diabetes:
    - Benchmarking against state
    - Implications for patient outcomes
- Patient Profiles:
    - Demographics of those attending medical centres

Breakout Session 3: Applying Lumos insights in primary care

What additional insights would be useful? Are there gaps? How to support continuous quality improvement?

1. **The addition of additional data**: MBS data (especially chronic disease and Aboriginal Health items), MyMedicare and Cancer screening data.
2. **Insight Generation/Translation through the RACGP network**. Advertising Lumos and Lumos insights through RACGP communications networks, including but not limited to PBRNs (Practice Based Research Networks - link)
3. **Adding a 'summary of insights and projects' to practice reports**. To support GP understanding of their contribution to 'greater good' and increase uptake of insights already produced. (AJ suggestion, general support in the room).
4. **Methods papers published alongside factsheets**. To enable further understanding for a technical audience, to build their confidence when PHNs or others share the insights. (example given was the cost-saving $1.60 paper)
5. **Don't over-focus on the practices and older populations.** It's important to have equal focus on the system-level insights as well as what is important for GP practice QI. And important focus on young people as well (good to hear of the Brighter Beginnings work) as the quality of life and cost of focusing on prevention is well known.
6. **The addition of time-series comparisons**. To understand progress over time.
7. **Strengthen feedback loops to consumers.** (no concrete suggestions, AJ suggested more accessible versions of the factsheets etc). There were suggestions of consumer interest in Patient Reported Measure results, the feasibility of this would need to be tested.
8. **To note: challenges of time lag and scale.** It's hard to see the impact of QI interventions because of the time lag and the fact that interventions might be quite targeted and it's hard to attribute changes in Lumos data to those interventions.
9. **Additional geographical boundaries in the regional dashboard.** The ability to filter the data by LHD, for those PHNs that contain 2 LHDs, would be useful to discern differences in activity. There is also strong interest in filtering by Statistical Local Area (SLA) to inform planning.
10. **Data quality reporting.** This could include aspects like missing values. Could be useful to assist or encourage improved data collection and completion.