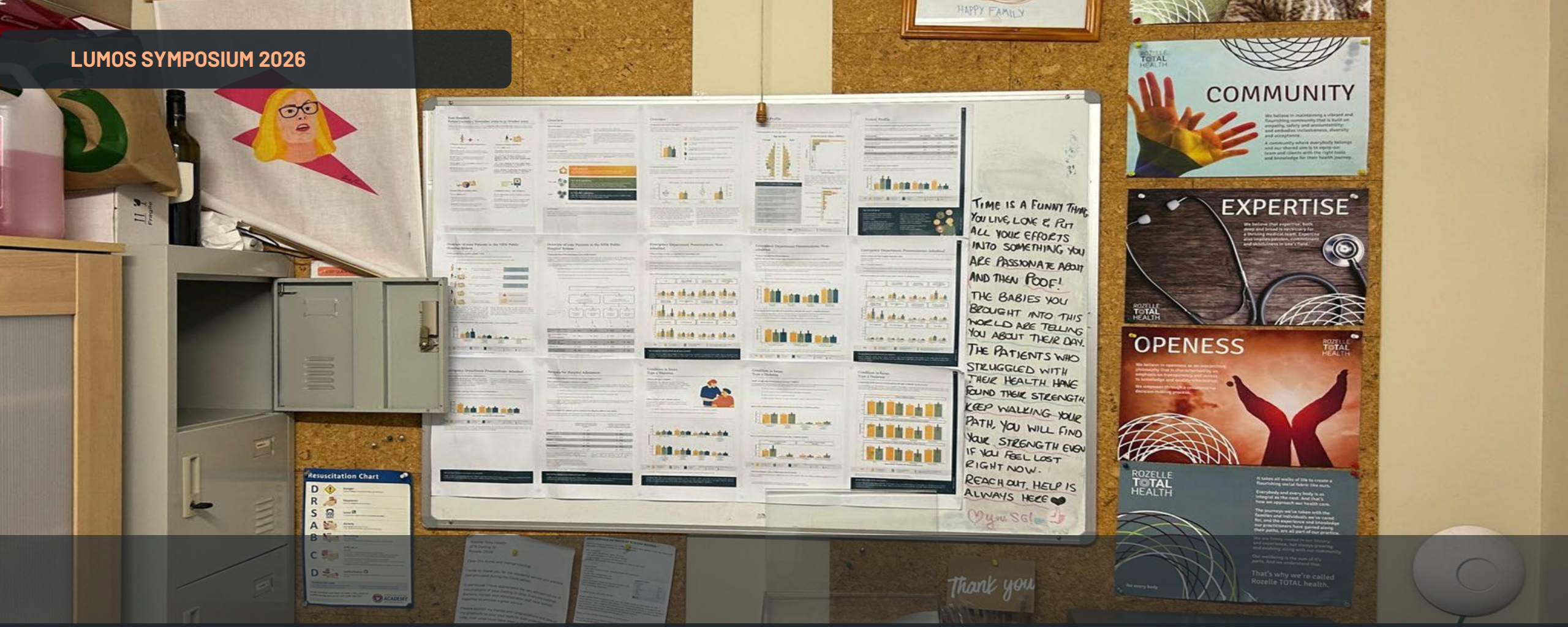
LUMOS SYMPOSIUM 2026



Patient-centred care: integrating insights to improve outcomes

Know thyself — our Lumos report, pinned in the tea-room for the whole team to see.

Dr George Marshall · **Rozelle Total Health** Co-presented with Prof Charlotte Hespe AM · NSW Parliament House, 24 Aug 2026

We started simple

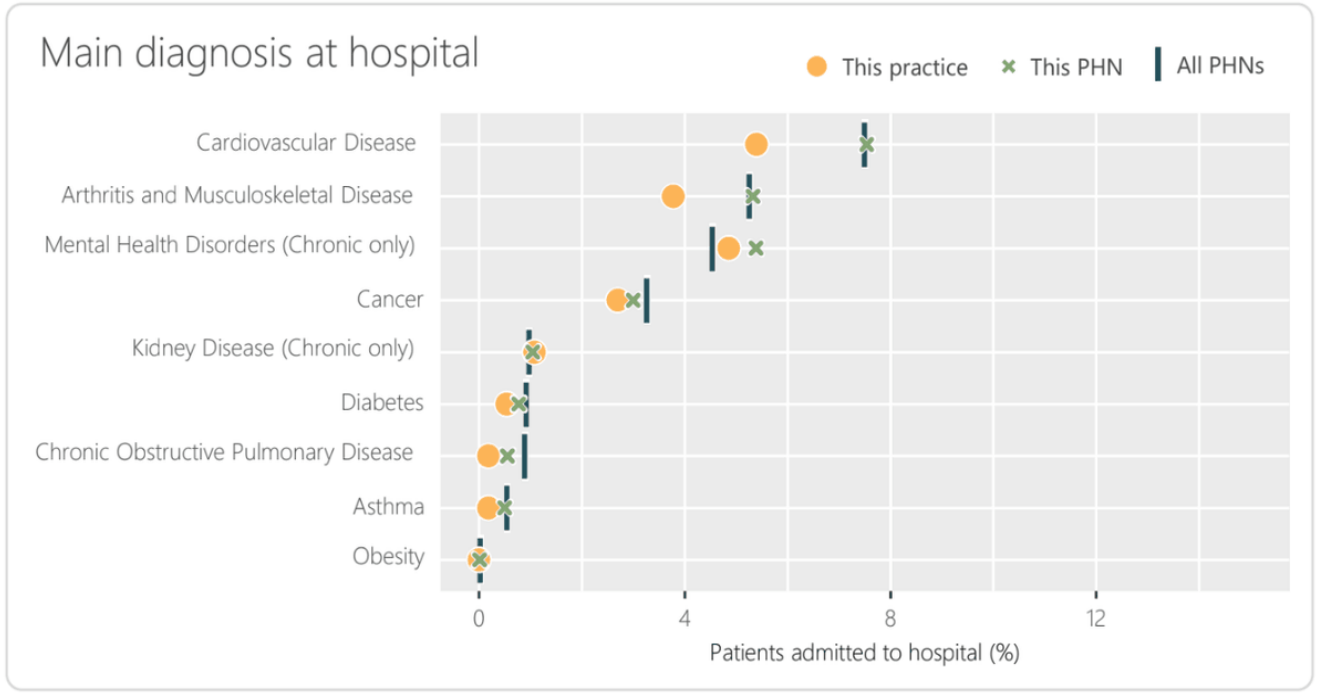
Pandemic vaccination:
1 doctor, 1 nurse,
1 vaccination per minute

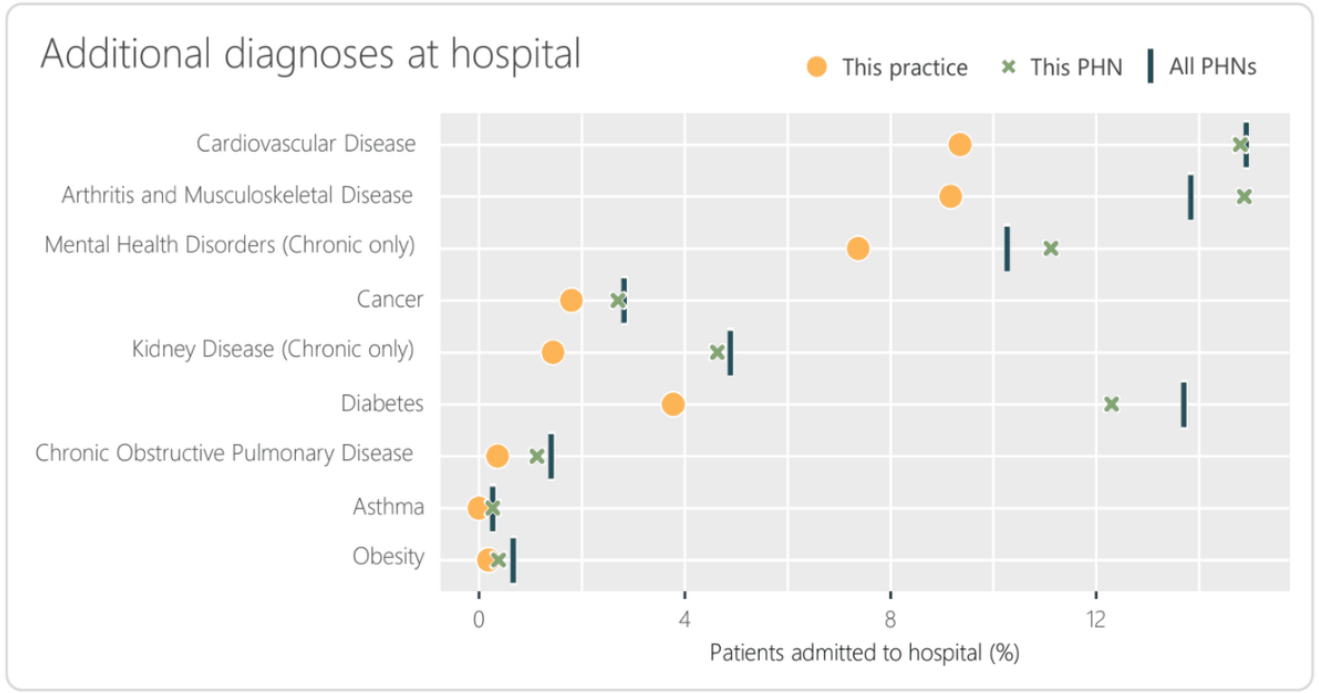
Normal CST: data entry
42 clicks → 1 button

CVD risk assessments +22%

Digital Asthma Action Plan
4:30mins → 0:30sec

+ 94% Action Plan currency



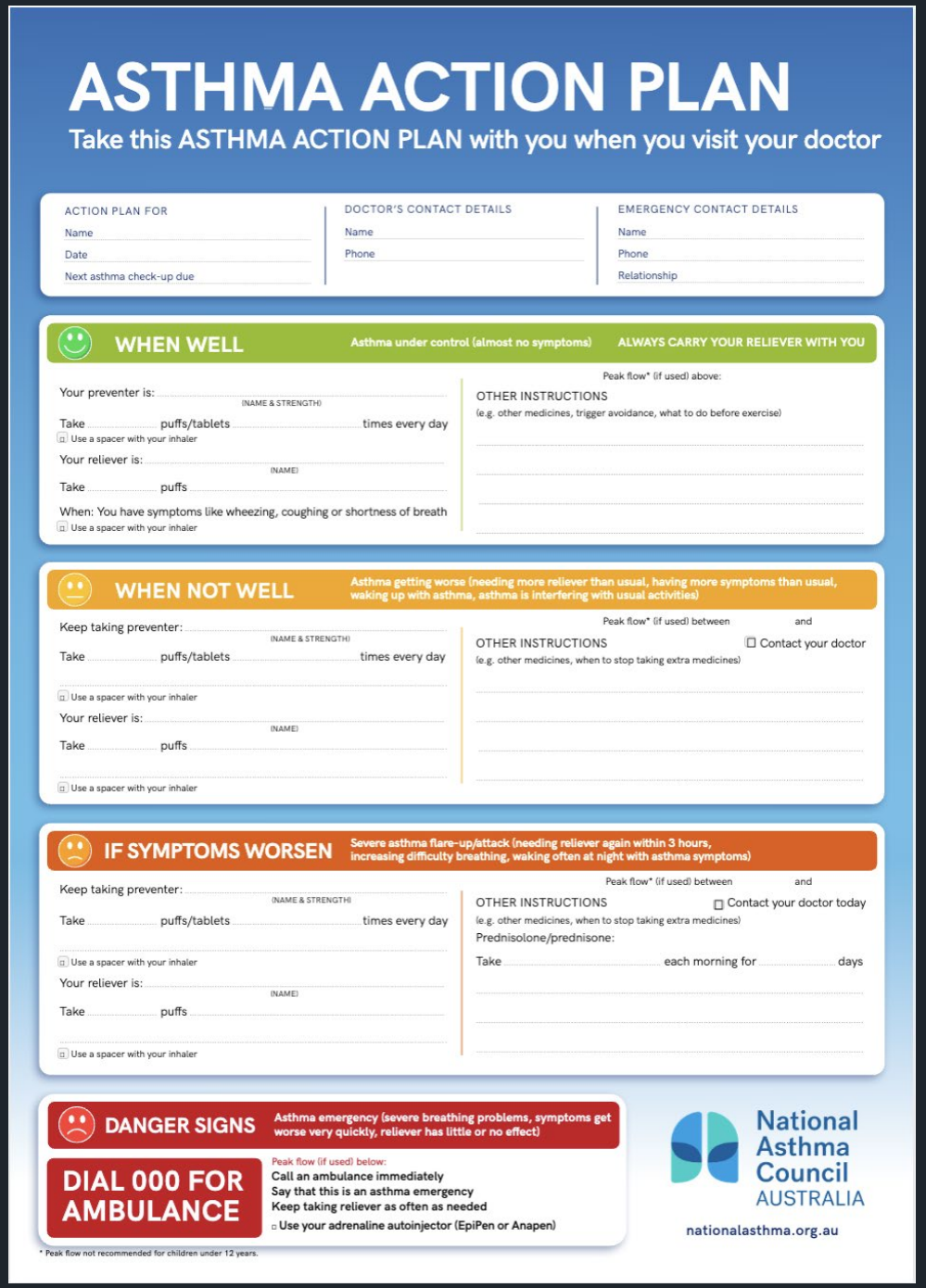


Notes: Some patients may have multiple chronic diagnoses in their additional hospital diagnoses, and therefore may be included in more than

Our 2023 Lumos report.

Our patients' hospital diagnoses benchmarked against our PHN and every PHN in NSW.

Respiratory — asthma and COPD — was where we chose to act next. This one would take more than a button.



ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

ACTION PLAN FOR
Name
Date
Next asthma check-up due

DOCTOR'S CONTACT DETAILS
Name
Phone

EMERGENCY CONTACT DETAILS
Name
Phone
Relationship

WHEN WELL

Asthma under control (almost no symptoms) — ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
☐ Use a spacer with your inhaler
Your reliever is: ..... (NAME)
Take ..... puffs
When: You have symptoms like wheezing, coughing or shortness of breath
☐ Use a spacer with your inhaler

Peak flow* (if used) above: .....
OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
☐ Use a spacer with your inhaler
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Take ..... puffs
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Peak flow* (if used) between ..... and .....
OTHER INSTRUCTIONS ☐ Contact your doctor
(e.g. other medicines, when to stop taking extra medicines)

IF SYMPTOMS WORSEN

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Keep taking preventer: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
☐ Use a spacer with your inhaler
Your reliever is: ..... (NAME)
Take ..... puffs
☐ Use a spacer with your inhaler

Peak flow* (if used) between ..... and .....
OTHER INSTRUCTIONS ☐ Contact your doctor today
(e.g. other medicines, when to stop taking extra medicines)
Prednisolone/prednisone:
Take ..... each morning for ..... days

DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below: .....
Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed
☐ Use your adrenaline autoinjector (EpiPen or Anapen)

* Peak flow not recommended for children under 12 years.

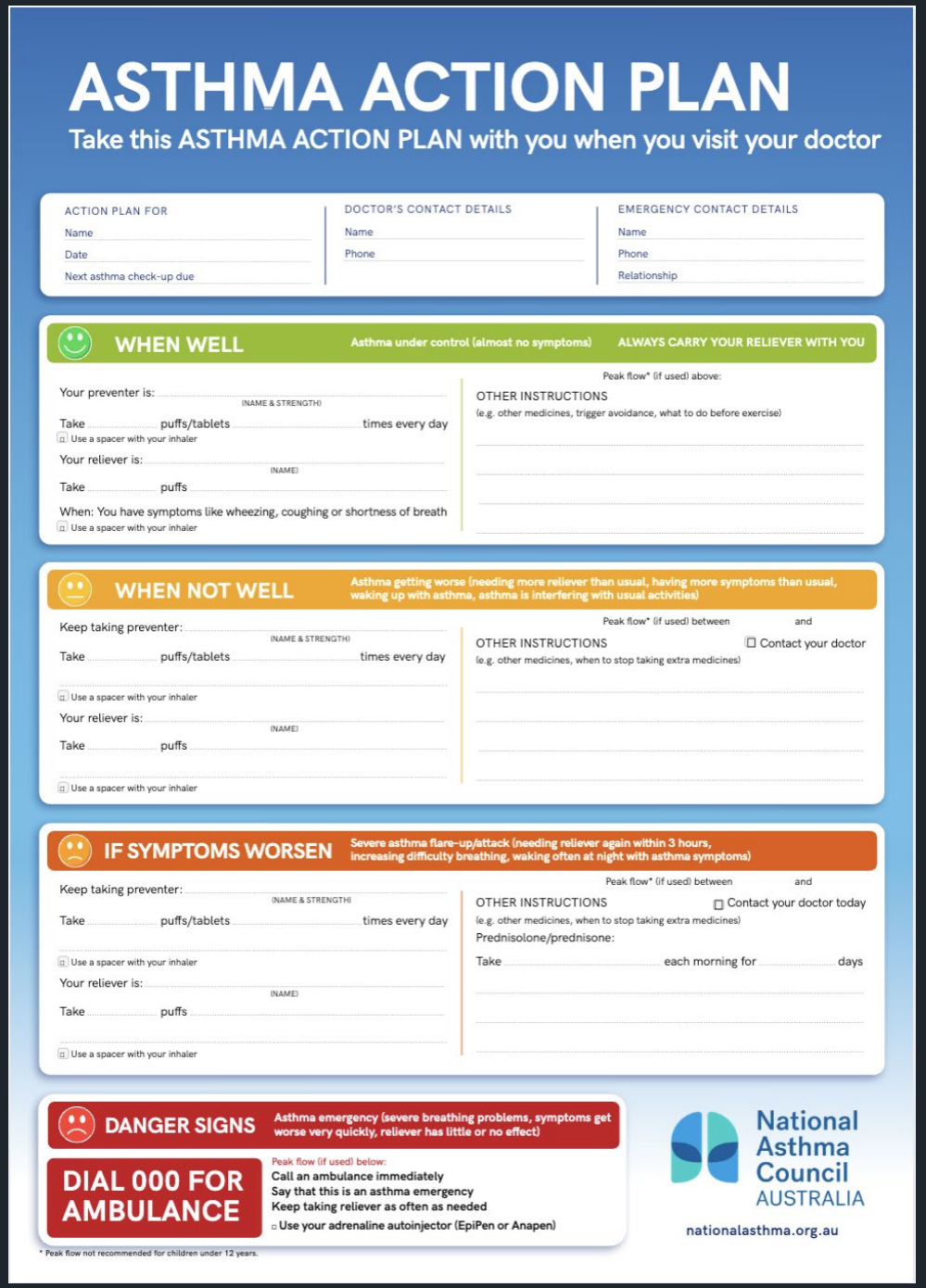
National Asthma Council AUSTRALIA
nationalasthma.org.au

Select Patient Age Group

Child
- 1–5 years
- 6–11 years

Adolescent and Adult

Custom



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Your reliever is: ..... (NAME)
Take ..... puffs
When: You have symptoms like wheezing, coughing or shortness of breath
☐ Use a spacer with your inhaler

Peak flow* (if used) above: .....
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Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

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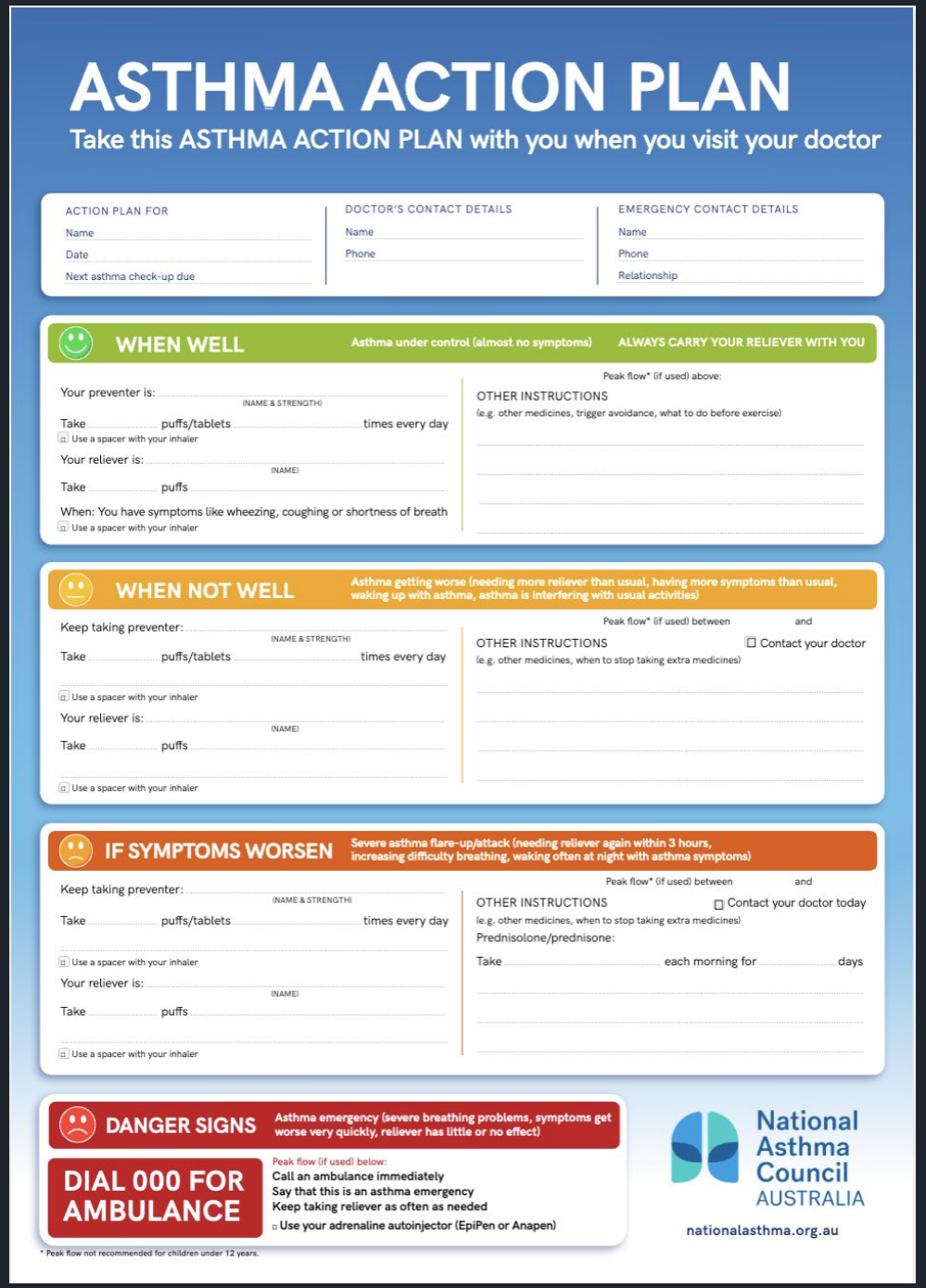

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Take ..... puffs/tablets ..... times every day
□ Use a spacer with your inhaler
Your reliever is: ..... (NAME)
Take ..... puffs
When: You have symptoms like wheezing, coughing or shortness of breath
□ Use a spacer with your inhaler

Peak flow* (if used) above: .....
OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer: ..... (NAME & STRENGTH)
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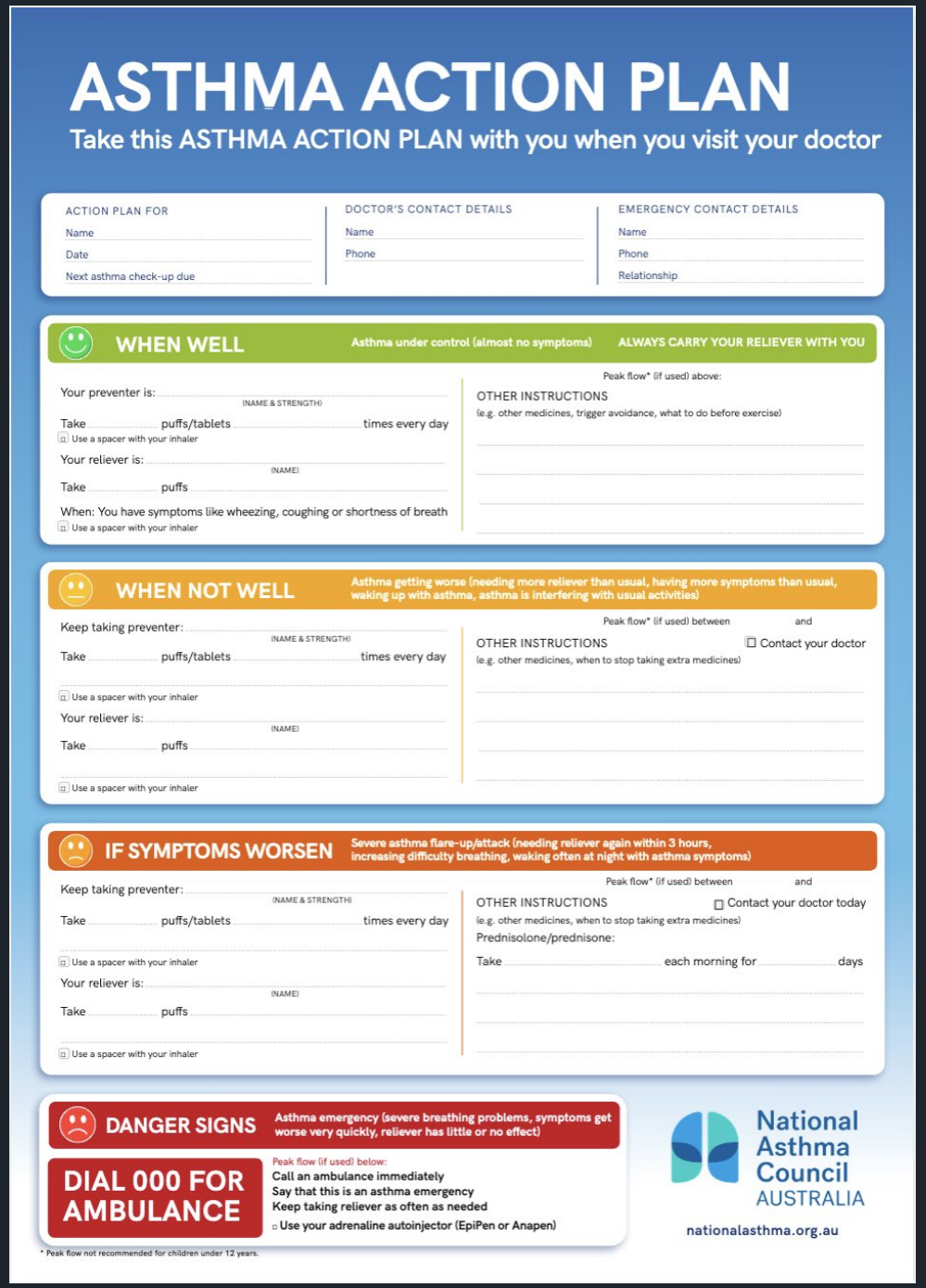
Select Treatment Approach

- ICS/LABA
- ICS
- Intermittent Therapy

← Previous Next →



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Relationship

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Your preventer is: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
☐ Use a spacer with your inhaler
Your reliever is: ..... (NAME)
Take ..... puffs
When: You have symptoms like wheezing, coughing or shortness of breath
☐ Use a spacer with your inhaler

Peak flow* (if used) above: .....
OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

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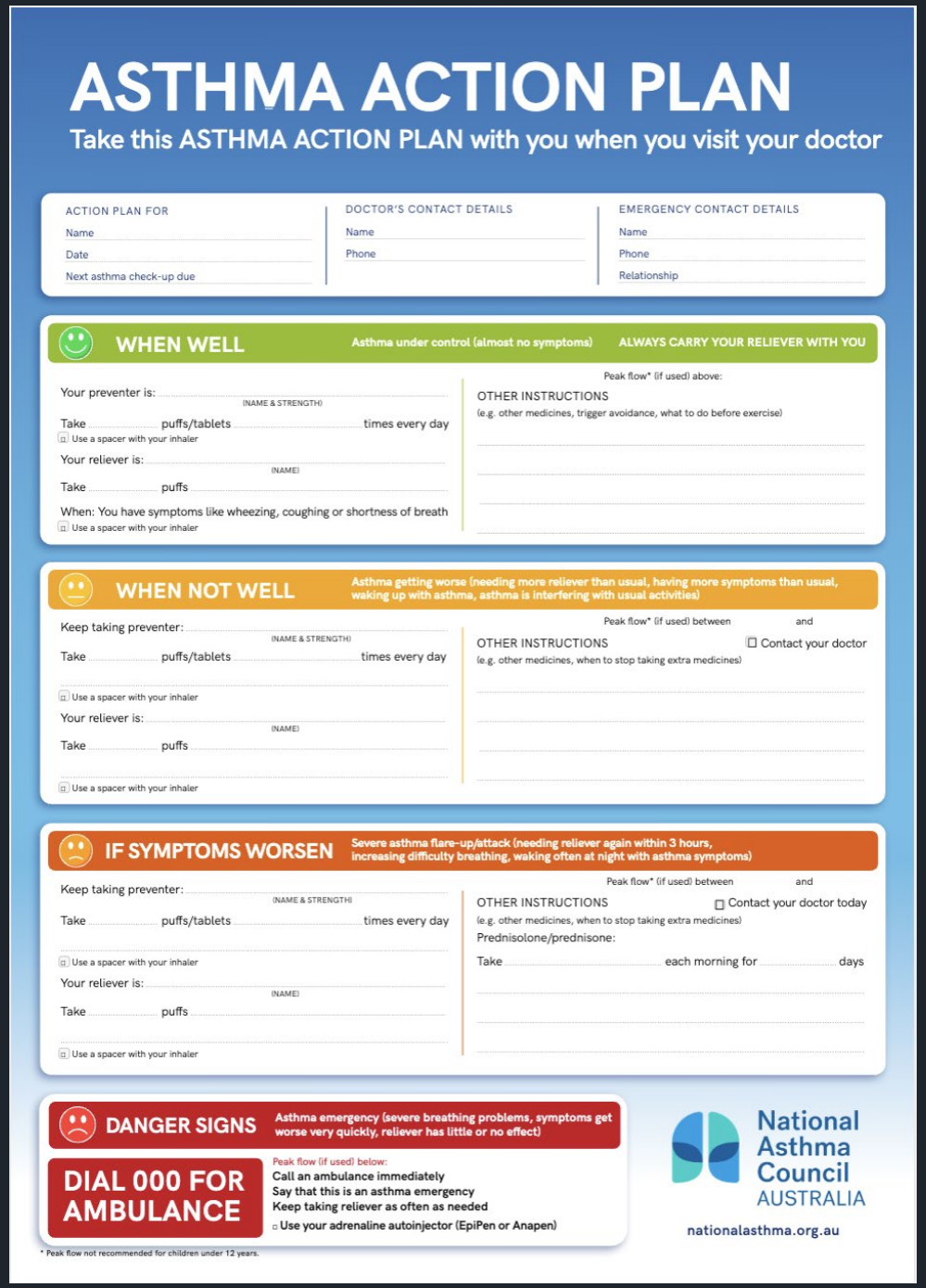

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WHEN WELL

Asthma under control (almost no symptoms) — ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
☐ Use a spacer with your inhaler
Your reliever is: ..... (NAME)
Take ..... puffs
When: You have symptoms like wheezing, coughing or shortness of breath
☐ Use a spacer with your inhaler

Peak flow* (if used) above:
OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

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National Asthma Council AUSTRALIA
nationalasthma.org.au

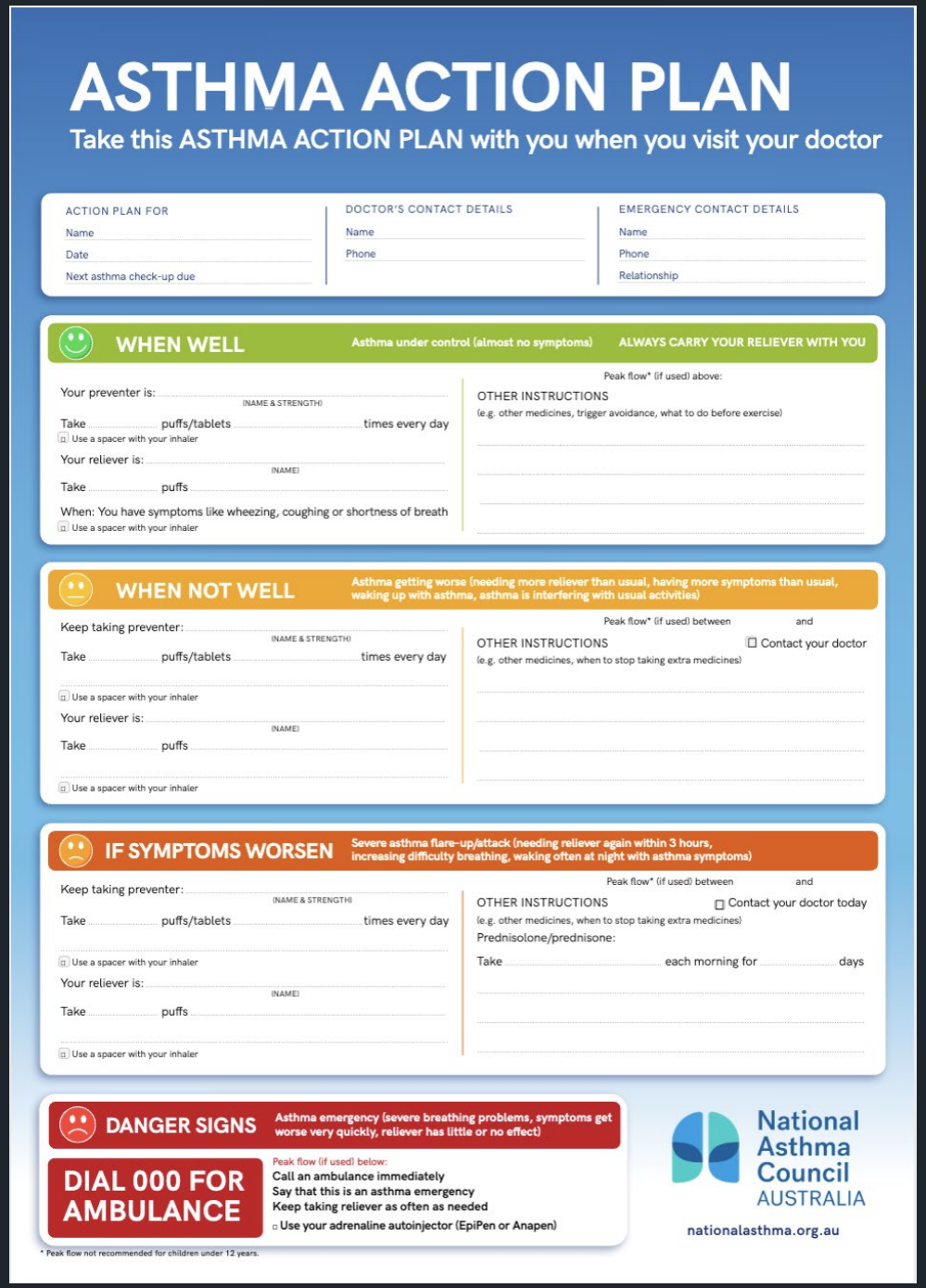
Recent Asthma Symptom Control

Over the past 4 weeks — hover or tap a level for the Australian Asthma Handbook definition.

Well controlled
Good control

Partly controlled
Partial control

Poorly controlled
Poor control



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ACTION PLAN FOR
Name
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Next asthma check-up due

DOCTOR'S CONTACT DETAILS
Name
Phone

EMERGENCY CONTACT DETAILS
Name
Phone
Relationship

WHEN WELL

Asthma under control (almost no symptoms) — ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
☐ Use a spacer with your inhaler
Your reliever is: ..... (NAME)
Take ..... puffs
When: You have symptoms like wheezing, coughing or shortness of breath
☐ Use a spacer with your inhaler

Peak flow* (if used) above:
OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer: ..... (NAME & STRENGTH)
Take ..... puffs/tablets ..... times every day
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Your reliever is: ..... (NAME)
Take ..... puffs
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Peak flow* (if used) between ..... and .....
OTHER INSTRUCTIONS ☐ Contact your doctor
(e.g. other medicines, when to stop taking extra medicines)

IF SYMPTOMS WORSEN

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

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Take ..... puffs
☐ Use a spacer with your inhaler

Peak flow* (if used) between ..... and .....
OTHER INSTRUCTIONS ☐ Contact your doctor today
(e.g. other medicines, when to stop taking extra medicines)
Prednisolone/prednisone:
Take ..... each morning for ..... days

DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below:
Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed
☐ Use your adrenaline autoinjector (EpiPen or Anapen)

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Over the past 4 weeks — hover or tap a level for the Australian Asthma Handbook definition.

Well controlled
Good control

Partly controlled
Partial control

Poorly controlled
Poor control

ASTHMA ACTION PLAN

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ACTION PLAN FOR	DOCTOR'S CONTACT DETAILS	EMERGENCY CONTACT DETAILS
Name Test Patient	Name Test	Name
Date 11/08/2026	Phone 0409087677	Phone
Next asthma check-up due 11/08/2027		Relationship

WHEN WELL

Asthma under control (almost no symptoms) — ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: fluticasone propionate 125 mcg (NAME & STRENGTH)

Take 1 inhalation puffs/tablets twice daily times every day

☐ Use a spacer with your inhaler

Your reliever is: salbutamol 100 mcg (NAME)

Take 2 puffs puffs as needed

When: You have symptoms like wheezing, coughing or shortness of breath

☐ Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer: fluticasone propionate 125 mcg (NAME & STRENGTH)

Take 1 inhalation puffs/tablets twice daily times every day

☐ Use a spacer with your inhaler

Your reliever is: salbutamol 100 mcg (NAME)

Take 6 puffs puffs every 6 hours

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS ☐ Contact your doctor
(e.g. other medicines, when to stop taking extra medicines)

IF SYMPTOMS WORSEN

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Keep taking preventer: fluticasone propionate 125 mcg (NAME & STRENGTH)

Take 1 inhalation puffs/tablets twice daily times every day

☐ Use a spacer with your inhaler

Your reliever is: salbutamol 100 mcg (NAME)

Take 12 puffs puffs every 3-6 hours

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS ☐ Contact your doctor today
(e.g. other medicines, when to stop taking extra medicines)

Prednisolone/prednisone:

Take each morning for days

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Select Preventer

ICS

Fluticasone propionate – MDI

- ○ 50 mcg
- ◉ 125 mcg

Fluticasone propionate – DPI

*Device not suitable under 6 years

- ○ 100 mcg

Budesonide – DPI

*Device not suitable under 6 years

- ○ 200 mcg
- ○ 400 mcg

← Previous Next →

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When: You have symptoms like wheezing, coughing or shortness of breath

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Peak flow* (if used) above:

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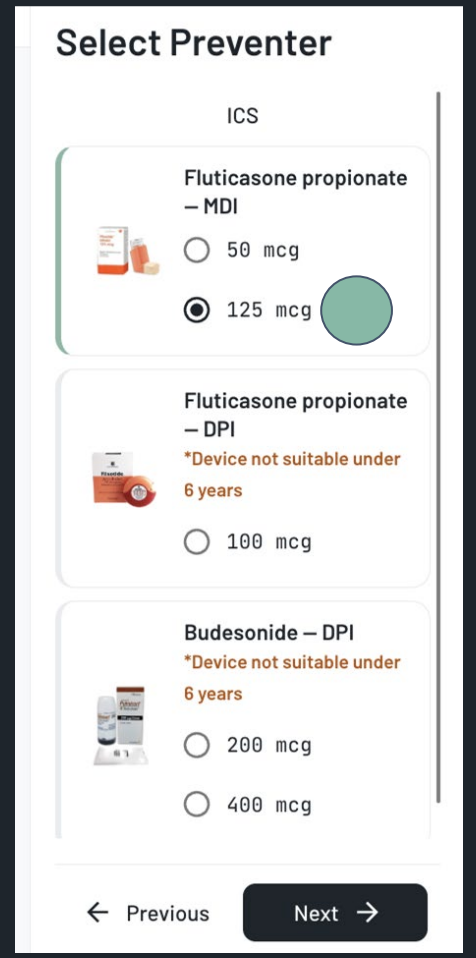
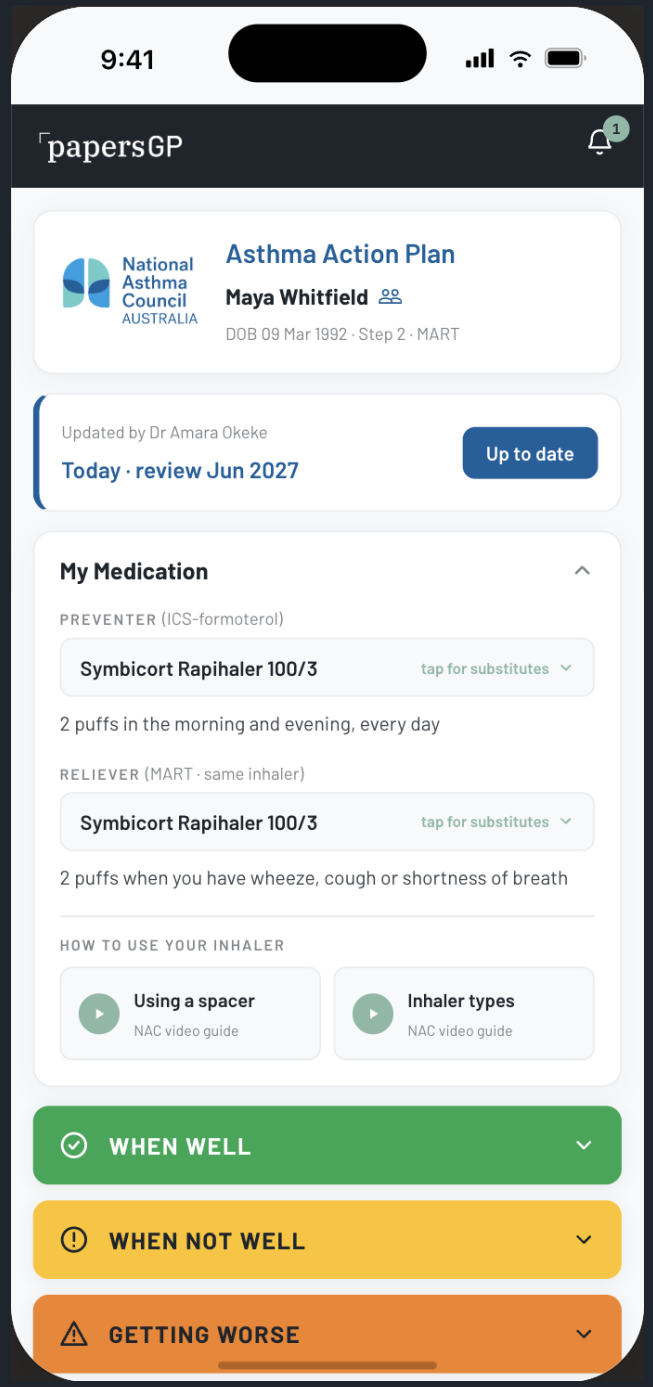
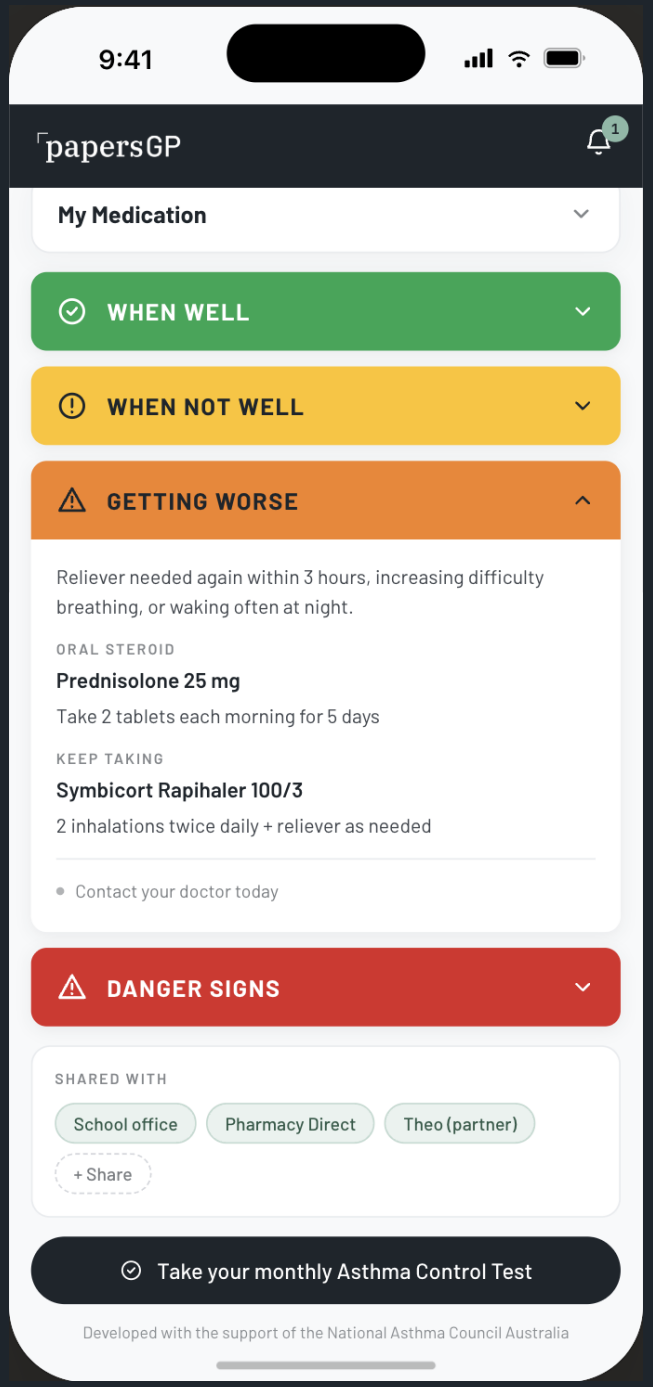



9:41
papersGP
National Asthma Council AUSTRALIA
Asthma Action Plan
Maya Whitfield
DOB 09 Mar 1992 · Step 2 · MART
Updated by Dr Amara Okeke
Today · review Jun 2027
Up to date
My Medication
PREVENTER (ICS-formoterol)
Symbicort Rapihaler 100/3
tap for substitutes
2 puffs in the morning and evening, every day
RELIEVER (MART · same inhaler)
Symbicort Rapihaler 100/3
tap for substitutes
2 puffs when you have wheeze, cough or shortness of breath
HOW TO USE YOUR INHALER
Using a spacer
NAC video guide
Inhaler types
NAC video guide
WHEN WELL
WHEN NOT WELL
GETTING WORSE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papersGP
My Medication
WHEN WELL
WHEN NOT WELL
GETTING WORSE
Reliever needed again within 3 hours, increasing difficulty breathing, or waking often at night.
ORAL STEROID
Prednisolone 25 mg
Take 2 tablets each morning for 5 days
KEEP TAKING
Symbicort Rapihaler 100/3
2 inhalations twice daily + reliever as needed
Contact your doctor today
DANGER SIGNS
SHARED WITH
School office
Pharmacy Direct
Theo (partner)
+ Share
Take your monthly Asthma Control Test
Developed with the support of the National Asthma Council Australia

papersGP NAC ADMIN

- Dashboard
- Guideline Performance NAC

AUTHORING

- Medications
- Activity Definitions
- Plan Definitions
- Guidelines

POPULATION HEALTH

- PHN Dashboard

DEVELOPER

- Endpoints BE

N Dr. Reid
National Asthma Council Australia

Population health / PHN Dashboard

Endpoint mapping | Demo data

PHNs / Central and Eastern Sydney / Inner West

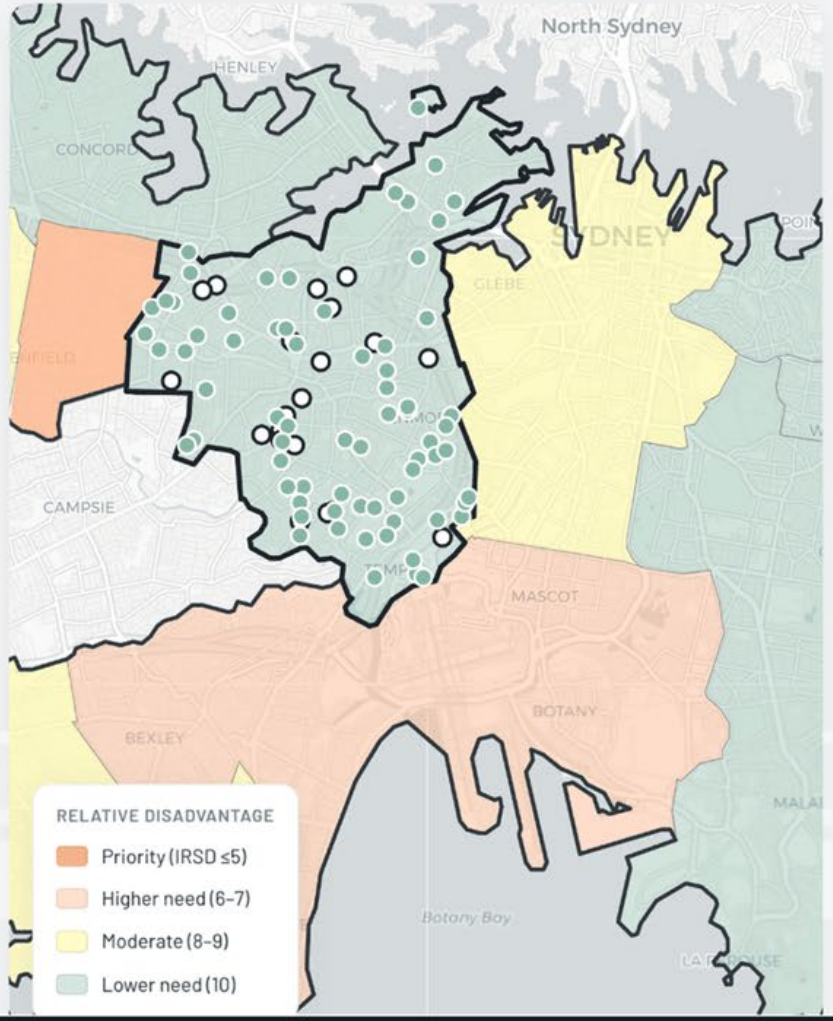
Expected with asthma	Action plans created	Plans shared	Coverage
20,476	2,284	1,782	11%
prevalence 11.2%	in this LGA	to patient / provider	18,192 plan gap

Action plans created & shared

Inner West · by area and provider

Patient postcode | Health facility | Education facility

PATIENT POSTCODE	CREATED	SHARED
Postcode 2094	654	509
Postcode 2092	650	507
Postcode 2091	383	299
Postcode 2090	362	283
Postcode 2093	235	184



Lumos helps our clinic deliver outcomes by:

Encouraging *reflection*

Activating *us to address new and stubborn challenges together*

Focussing *us on the most impactful outcomes - a critical defence against the slide into convenience care*

Increasing organisational capacity *to improve and adapt to change*

Inspiring *innovative approaches to connected care*

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