Practice management trends reporting – quick reference guide

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This quick reference "cheat sheet" summarises key features of the **practice management trends reporting** dashboard and accompanies the video: **Practice management trends reporting.**

For help, contact Practice Systems Support: practice.support@pinnacle.health.nz

A comprehensive user guide is also available for those who want a bit more detail.

Access to this dashboard

The practice management trends section contains financial data and is only available to staff who receive the Finance Capitation Remittance Advice.

Do not share your login credentials.

If you need access, contact Practice Systems Support or your district development manager.

Dashboard overview

Section	What you'll see	Key actions
About this report	Definitions and data sources.	Start here if unsure.
Capitation	Current month capitation incl. clawbacks and net payment.	View by funding category and practitioner.
Capitation detail	Breakdown by age, ethnicity, gender, funding stream.	Use filters for deeper insight.
Historic capitation	Funding trends over time.	Adjust date range to compare periods.
Clawbacks	Offset funding and affected patients by practitioner.	See by time of day or provider.
Clawback trends	Monthly, quarterly, yearly clawbacks.	Compare across time and providers.
Patient turnover	Enrolments and exits by month.	View reasons and net changes.
ED visits *(restricted)*	Frequent ED users (3+ visits).	View NHI-level visit patterns.
ASH admissions *(restricted)*	Avoidable hospitalisations.	Identify trends and conditions.

Tips for using the dashboard

- The dashboard defaults to your practice view — if not, contact Practice Systems Support.

- Click on charts (e.g. ethnicity, practitioner) to cross-filter other visuals.

- Use time filters to compare trends over specific periods.

- NHI-level data on ED and ASH pages is restricted — access is limited for privacy reasons.

Use this dashboard to:

- review and plan around capitation payments

- understand patient turnover trends

- identify and reduce clawbacks

- follow up with frequent ED users

- monitor and address ASH admissions

- inform quality improvement efforts.