National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care: results to June 2018

Web report | Last updated: **08 Jul 2019** | Topic: First Nations people

About

This is the first Tableau report using data from the national Key Performance Indicators (nKPIs) data collection. Information is presented for the reporting periods June 2017, December 2017 and June 2018 across 24 indicators, focusing on maternal and child health, preventative health, and chronic disease management. More than 270,000 Indigenous regular clients attended organisations that reported nKPI data in June 2018.

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Findings from this report:

- Organisations reporting nKPI data were located in all states and territories and remoteness areas of Australia

- The number of regular clients attending nKPI organisations increased by more than 21,000 between June 2017 and June 2018

- The proportion of Indigenous babies with birthweight recorded increased from 69% in June 2017 to 74% in June 2018

- In June 2018, 52% of Indigenous regular clients who had their smoking status recorded were current smokers

An overview of nKPI results to June 2018

The AIHW is the custodian of nKPI data that have been collected biannually from primary health care organisations that receive funding from the Department of Health (DoH) to provide primary health care services, mainly to Aboriginal and Torres Strait Islander people. All data reported on in this product are sourced from the nKPI collection database unless noted otherwise.

This report presents nKPI data from June 2017, December 2017 and June 2018. These are the most recent periods for which data were available at the time of reporting. Although nKPI data have been reported on since June 2012, past data are not presented due to a change in extraction method that resulted in a break-in-series from June 2017 forwards. Further detail is included in the AIHW report: National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results for 2017.

Around 230 organisations submitted data in each of the last collection periods: 228 in June 2017, 231 in December 2017 and 233 in June 2018. Reporting against all 24 indicators began in June 2017.

Between June 2017 and June 2018, comparable data were available for 23 of 28 nKPI measures. Measures reflect data either at the indicator level, such as for PI09: Smoking status recorded, or at the sub-indicator level, such as for PI18: Kidney function test recorded—clients with type 2 diabetes and PI18: Kidney function test recorded—clients with CVD. A full list of all indicators and measures is presented in the table below: Summary of nKPI results over time. The five measures for which comparable June 2017 data are not available relate to kidney function test recorded and kidney function test results, PI18 and PI19 respectively. Data for these indicators were excluded in June 2017 due to issues with clinical information systems (CIS) resulting in unresolved data quality concerns.

Information on the specifications used for all indicators and measures is available on AIHW's Metadata Online Registry (METeOR). A more detailed presentation of the data across all indicators is included in the data visualisations includes throughout this report. Where available, the data can be viewed by time period, state and territory, remoteness area, disease type and result level.

The good news

Favourable changes were observed for 20 of the 23 measures for which comparable data were available from June 2017 to June 2018. For the five measures for which comparable June 2017 data are not available, comparisons between December 2017 and June 2018 data showed three measures with favourable changes and one measure with no change.

Measures with the largest improvements from June 2017 to June 2018 were influenza immunisations for clients with chronic obstructive pulmonary disease (COPD), which increased from 31.9% to 37.2% (5.3 percentage point change) and the recording of birthweights, which increased from 69.5% to 73.7% (4.2 percentage point change).

Things to work on

Unfavourable changes were observed for three measures for which comparable data were available between June 2017 and June 2018. Two of these changes related to smoking and were relatively small. There was a 0.2 percentage point increase in current smokers and a 0.5 percentage point increase in current smokers among women who gave birth within the last 12 months. The third change was larger, a 1.8 percentage point increase in the proportion of babies born of low birthweight.

There was one measure for which comparable data were available only for December 2017 and June 2018. For this measure, the recording of kidney function tests for clients with type 2 diabetes, a 0.6 percentage point decrease was observed.

Summary of nKPI results over time

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(a)   Change in national proportion over time refers to the difference between the June 2018 result and the earliest other period presented in the table (June 2017 or December 2017).

Indigenous primary health care organisations

Primary health care organisations play a critical role in helping to improve health outcomes for Aboriginal and Torres Strait Islander Australians (hereafter referred to as Indigenous Australians). Indigenous Australians may access mainstream or Indigenous primary health care organisations funded by the Australian and state and territory governments. Information on organisations funded by the Australian Government under its Indigenous Australians' health programme (IAHP) is available through two data collections, the Online Services Report (OSR) and the national Key Performance Indicators (nKPIs). Most of the organisations funded under the IAHP contribute to both collections.

The OSR collects information on the services organisations provide, client numbers, client contacts and episodes of care, and staffing levels. Contextual information about each organisation is also collected. The nKPIs collect information on a set of process of care and health outcome indicators for Indigenous Australians. There are 24 indicators that focus on maternal and child health, preventative health and chronic disease management. Information from the nKPI and OSR collections helps monitor progress against the Council of Australian Governments (COAG) Closing the Gap targets, and supports the national health goals set out in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Detailed information on the policy context and background to these collections are available in previous national reports, including the Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2016-17 and National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results for 2017.

Number of organisations that reported to the nKPI and OSR collections, June 2018 [a]

Organisations	Number
Total organisations	**247**
Reporting to the nKPI collection only	49
Reporting to the OSR collection only	14
Reporting to both the nKPI and OSR collections	184
Total reporting to the nKPI collection	**233**
Total reporting to the OSR collection	**198**

(a) The OSR also collects data from organisations funded by the Australian Government to provide social and emotional wellbeing services and/or substance-use services, through the Indigenous Advancement Strategy (IAS). This web report only includes data from organisations funded under the IAHP. For information on organisations funded under the IAS see previous national OSR reports or email OSRhelpdesk@aihw.gov.au.

Access the Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2017-18

Information is presented on organisations funded by the Australian Government to provide primary health care services to Aboriginal and Torres Strait Islander people.

Client and organisation information

Information is presented below on the Indigenous regular client population of the nKPI collection and organisations reporting nKPI data for different reporting periods (June 2017, December 2017 and June 2018).

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Comparison with national data for Indigenous Australians

This table includes a summary of organisations' results across nKPIs and compares the results with national data for Aboriginal and Torres Strait Islander people.

Care must be taken in comparing other data sets with the nKPIs. Many are not directly comparable with the nKPI data because of different indicator definitions, collection methodologies and periods, and populations. For instance, regular clients might be less healthy than other clients of an organisation. The nKPIs are not suitable as estimates of population-level disease or activity prevalence, but the data may inform an understanding of these factors as they relate to Indigenous primary health care.

Comparison of nKPI data against other national Indigenous data

Maternal and child health indicators

nKPI	Component	Numerator	Denominator	Mean (%)	Bottom quarter (%)	Top quarter (%)	National data source	National data (%)
PI13: First antenatal visit	Before 13 weeks	2,678	6,311	42.4	21.6	57.1	NPDC	56.4 [(a)]
PI01: Birthweight recorded		5,617	7,620	73.7	45.5	92.9		
PI03: MBS health assessment	Aged 0-4	14,731	40,028	36.8	17.5	44.5	Medicare Australia	29.6 [(b)]
PI04: Child immunisation [(c)]	12-<24 months	6,918	9,009	76.8	62.5	94.7	AIR	92.6
PI04: Child immunisation	24-<36 months	6,694	8,898	75.2	60.0	97.0	AIR	88.5
PI04: Child immunisation	60-<72 months	5,537	8,084	68.5	50.0	97.9	AIR	96.6
PI02: Birthweight result [(d)]	Low	751	5,694	13.2	0.0	20.0	NPDC	10.2
PI02: Birthweight result	Normal	4,816	5,694	84.6	76.9	94.2	NPDC	88.4
PI02: Birthweight result	High	127	5,694	2.2	0.0	1.9	NPDC	1.4
PI11: Smoking status of females who gave birth within the previous 12 months	Current smoker	2,951	5,957	49.5	38.9	63.2	NPDC	44.1 [(e)]
PI11: Smoking status of females who gave birth within the previous 12 months	Ex-smoker	1,005	5,957	16.9	6.7	23.4		
PI11: Smoking status of females who gave birth within the previous 12 months	Never smoked	2,001	5,957	33.6	21.1	42.5		

Preventative health indicators

nKPI	Component	Numerator	Denominator	Mean (%)	Bottom quarter (%)	Top quarter (%)	National data source	National data (%)
PI09: Smoking status recorded		190,860	231,105	82.6	60.3	94.1		

nKPI	Component	Numerator	Denominator	Mean (%)	Bottom quarter (%)	Top quarter (%)	National data source	National data (%)
PI16: Alcohol consumption recorded		149,879	231,668	64.7	43.4	71.8		
PI03: MBS health assessment	Aged 25 and over	88,889	172,180	51.6	27.2	60.2	Medicare Australia	66.2 [(f)]
PI20: Risk factors assessed to enable CVD assessment		48,410	99,310	48.7	36.3	57.2		
PI22: Cervical screening	Previous 2 years	27,660	100,016	27.7	13.9	31.8		
PI22: Cervical screening	Previous 3 years	37,497	100,016	37.5	20.5	45.8		
PI22: Cervical screening	Previous 5 years	46,708	100,016	46.7	30.3	56.8		
PI14: Immunised against influenza	Aged 50 and over	20,360	59,697	34.1	25.0	47.0	AATSIHS 2012-13	56.8
PI10: Smoking status result	Current smoker	98,654	190,860	51.7	45.2	58.9	NATSISS 2014-15	41.9
PI10: Smoking status result	Ex-smoker	29,428	190,860	15.4	11.3	18.2	NATSISS 2014-15	22.4
PI10: Smoking status result	Never smoked	62,778	190,860	32.9	26.3	37.3	NATSISS 2014-15	35.7
PI12: BMI classified as overweight or obese	Overweight	33,071	122,529	27.0	24.3	29.8	AATSIHS 2012-13	30.3
PI12: BMI classified as overweight or obese	Obese	53,681	122,529	43.8	37.9	50.5	AATSIHS 2012-13	43.3
PI12: BMI classified as overweight or obese	Overweight or obese	86,752	122,529	70.8	66.6	77.1	AATSIHS 2012-13	73.5
PI17: AUDIT-C result	≥4 (Males) or ≥3 (Females)	32,210	70,798	45.5	42.8	71.2		
PI17: AUDIT-C result	<4 (Males) or <3 (Females)	38,588	70,798	54.5	28.8	57.2		
PI21: Absolute CVD risk category	Low	10,387	16,626	62.5	48.3	73.5		
PI21: Absolute CVD risk category	Moderate	1,292	16,626	7.8	2.0	14.2		
PI21: Absolute CVD risk category	High	4,947	16,626	29.8	16.9	40.0		

Chronic disease management indicators

nKPI	Component	Numerator	Denominator	Mean (%)	Bottom quarter (%)	Top quarter (%)	National data source	National data (%)
PI07: General Practitioner Management Plan— clients with type 2 diabetes		23,070	41,041	56.2	36.9	66.8	Healthy for Life	32
PI08: Team Care Arrangement —clients with type 2 diabetes		22,148	41,041	54.0	34.6	64.0	Healthy for Life	27.2

Indicator	Category	Numerator	Denominator	%	Lower	Upper	Program	Value
PI23: Blood pressure recorded— clients with type 2 diabetes		26,966	40,715	66.2	51.0	75.0	Healthy for Life	65.4
PI05: HbA1c result recorded— clients with type 2 diabetes	6 months	20,391	39,237	52.0	40.0	61.5	Healthy for Life	53.9
PI05: HbA1c result recorded— clients with type 2 diabetes	12 months	25,791	39,237	65.7	53.5	75.5		
PI18: Kidney function test recorded— clients with a selected chronic disease	Type 2 diabetes	23,523	37,920	62.0	47.9	71.9		
PI18: Kidney function test recorded— clients with a selected chronic disease	CVD	10,554	17,929	58.9	46.2	68.4		
PI15: Immunised against influenza— clients with type 2 diabetes or COPD	Type 2 diabetes	5,603	16,565	33.8	19.3	41.7		
PI15: Immunised against influenza— clients with type 2 diabetes or COPD	COPD	830	2,230	37.2	15.4	50.0		
PI24: Blood pressure result of ≤130/80 mmHg— clients with type 2 diabetes		11,128	26,966	41.3	33.5	48.2	Healthy for Life	42
PI06: HbA1c result— clients with type 2 diabetes	6 months, ≤7%	7,935	20,391	38.9	31.7	46.4	Healthy for Life	30.6
PI19: Kidney function test result— clients with a selected chronic disease	<15 (Type 2 diabetes)	933	22,023	4.2	0.0	4.1		
PI19: Kidney function test result— clients with a selected chronic disease	≥15-<30 (Type 2 diabetes)	591	22,023	2.7	0.0	3.9		
PI19: Kidney function test result— clients with a selected chronic disease	≥30-<60 (Type 2 diabetes)	2,473	22,023	11.2	8.0	14.6		
PI19: Kidney function test result— clients with a selected chronic disease	≥60 (Type 2 diabetes)	18,026	22,023	81.9	78.1	87.3		
PI19: Kidney function test result— clients with a selected chronic disease	<15 (CVD)	510	10,554	4.8	0.0	5.6		
PI19: Kidney function test result— clients with a selected chronic disease	≥15-<30 (CVD)	364	10,554	3.4	0.0	5.3		
PI19: Kidney function test result— clients with a selected chronic disease	≥30-<60 (CVD)	1,633	10,554	15.5	9.5	20.8		
PI19: Kidney function test result— clients with a selected chronic disease	≥60 (CVD)	8,047	10,554	76.2	69.8	84.2		

a. Data are based on Indigenous status of the mother. Data are for mothers who gave birth to a baby of at least 20 weeks' gestation. Includes results for 'not stated' for greater comparability with nKPI data.
b. Data are for June 2017–June 2018 (12 months), and do not exclude double-counting. As a result, comparisons with nKPI data, which removes double-counting, should be interpreted with caution. Denominator data for the national data source are from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026 (ABS 2014).
c. The nKPI collection currently underestimates the proportion of Aboriginal and Torres Strait Islander children who have been immunised because it relies on organisations' internal records.
d. Data are based on Indigenous status of the mother. Data relate to live born singleton babies of at least 20 weeks' gestation. Low birthweight is defined as less than 2,500 grams. For low birthweight, a smaller result is favourable.
e. Data are based on Indigenous status of the mother. Data relate to mother's smoking status at any time during pregnancy. Data are for women who gave birth to a baby of at least 20 weeks' gestation. Excludes women whose smoking status during pregnancy was not stated.
f. Data are for July 2016–June 2018 (24 months), and do not exclude double-counting. As a result, comparisons with nKPI data, which removes double-counting, should be interpreted with caution. Denominator data for the national data source are from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026 (ABS 2014).

Notes

1. nKPI data are for organisations that provided valid data. The total number of organisations that participated in the nKPI data collection process in June 2018 was 233.
2. AATSIHS data are for 2012–13 (ABS 2014, 2016a; AIHW analysis of ABS data); AIR data are as at December 2018 (DoH 2019); Medicare Australia data are for July 2017–June 2018 (PI03: MBS health assessment—aged 0–4) or July 2016–June 2018 (PI03: MBS health assessment—aged 25 and over) (DHS 2019); NATSISS data are for 2014–15 (ABS 2016b); NPDC data are for 2016 (AIHW analysis of the NPDC).
3. AIR data are for children aged 12–<15 months, 24–<27 months, and 60–<63 months, while nKPI data are for children aged 12–<24 months, 24–<36 months and 60–<72 months.
4. For some indicators, the only comparison data available are from the former Healthy for Life data collection, a precursor to the nKPI collection, which reported for the last time in 2011.
5. Bottom and top quarter columns show the result which falls within the 25th and 75th percentile for each indicator.
6. Information on the numerator and denominator for each indicator is available on METeOR.

Sources

- AATSIHS (Australian Aboriginal and Torres Strait Islander Health Survey)
- AIR (Australian Immunisation Register)
- AIHW nKPI data collection
- NPDC (National Perinatal Data Collection)
- DHS (Department of Human Services)
- NATSISS (National Aboriginal and Torres Strait Islander Social Survey).

Maternal and child health indicators

Organisations submitting nKPI data provide information on maternal and child health indicators.
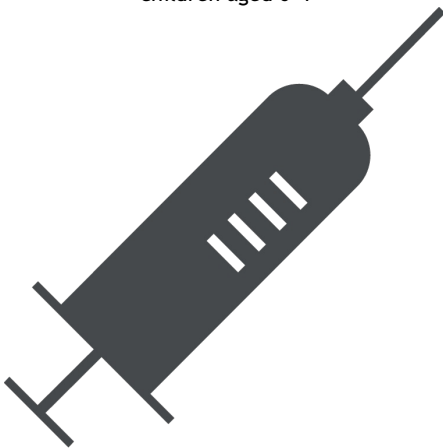
These indicators focus on:

- birthweight recording and results
- MBS health assessments
- child immunisation
- the smoking status of females who gave birth
- antenatal care visits.

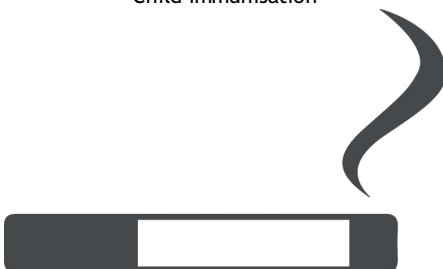Detailed information about the specifications for this data are available on METeOR.

Birthweight recorded and birthweight results

MBS health assessment (item 715) for
children aged 0–4

Child immunisation

Smoking status of females who gave birth
within the previous 12 months

First antenatal visit

Maternal and child health indicators

These indicators report on:

- the proportion of Indigenous babies born within the previous 12 months whose birthweight has been recorded
- the proportion of Indigenous babies born within the previous 12 months whose birthweight results were low, normal or high.

Please note that for the purpose of this report, results for PI01 and PI02 are presented together.

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Maternal and child health indicators

This indicator reports on the proportion of regular clients, aged 0-4, for whom an MBS health assessment for Aboriginal and Torres Strait Islander people (MBS item 715) was claimed within the previous 12 months.

Visualisation not available for printing

Maternal and child health indicators

This indicator reports on the proportion of Indigenous children who are 'fully immunised' and are aged:

- 12 months to less than 24 months
- 24 months to less than 36 months
- 60 months to less than 72 months

Visualisation not available for printing

Maternal and child health indicators

This indicator reports on the proportion of female regular clients, aged 15 and over, who gave birth within the previous 12 months and whose smoking status has been recorded within the previous 12 months as one of the following:

- current smoker
- ex-smoker
- never smoked

Results are shown for women by the following age groups:

- 15 to 19 years
- 20 to 24 years
- 25 to 34 years
- 35 years and over

Visualisation not available for printing

Maternal and child health indicators

This indicator reports on the proportion of female regular clients who gave birth within the previous 12 months who had their first antenatal care visit within the following periods:

- before 13 weeks
- 13 to 19 weeks
- 20 or more weeks
- not recorded or no visit

Results are shown for women by the following age groups:

- Less than 20 years
- 20 to 34 years
- 35 years and over

Visualisation not available for printing

nKPI descriptions

The information below reflects the indicators and measures as they are presented in this report. Each indicator is presented with its identification number as assigned in METeOR—for example, 'PI01'—and an expanded description of what is measured. For the complete specifications of all data collected see METeOR.

nKPIs and their description

Indicator	Description
PI01: Proportion of Indigenous babies born within the previous 12 months whose birthweight has been recorded	Proportion of Aboriginal and/or Torres Strait Islander babies born within the previous 12 months whose birthweight has been recorded at the primary health care organisation.
PI02: Proportion of Indigenous babies born within the previous 12 months whose birthweight results were low, normal or high	Proportion of Aboriginal and/or Torres Strait Islander babies born within the previous 12 months whose birthweight results were categorised as 1 of the following: • low (less than 2,500 grams) • normal (2,500 grams to less than 4,500 grams) • high (4,500 grams and over).
PI03: Proportion of regular clients for whom an MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS item 715) was claimed	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 0–4, for whom an MBS health assessment for Aboriginal and Torres Strait Islander people was claimed within the previous 12 months AND proportion of regular clients who are Aboriginal and/or Torres Strait Islander, aged 25 and over and for whom an MBS health assessment for Aboriginal and Torres Strait Islander people was claimed within the previous 24 months.
PI04: Proportion of Indigenous children who are fully immunised	Proportion of Aboriginal and/or Torres Strait Islander children who are regular clients, aged: • 12 months to less than 24 months • 24 months to less than 36 months • 60 months to less than 72 months and who are 'fully immunised'.
PI05: Proportion of regular clients with type 2 diabetes who have had an HbA1c measurement result recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and who have had an HbA1c measurement result recorded at the primary health care organisation within the previous 6 months AND proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and who have had an HbA1c measurement result recorded at the primary health care organisation within the previous 12 months.
PI06: Proportion of regular clients with type 2 diabetes whose HbA1c measurement result was within a specified level	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and whose HbA1c measurement result was recorded in the previous 6 months AND as recorded in the previous 12 months and categorised as one of the following (mmol/mol): • less than or equal to 53 (7%) • greater than 53 (7%) but less than or equal to 64 (8%) • greater than 64 (8%) but less than 86 (10%) • greater than or equal to 86 (10%).
PI07: Proportion of regular clients with a chronic disease for whom a GP Management Plan (MBS item 721) was claimed	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have a chronic disease and for whom a GPMP was claimed within the previous 24 months.
PI08: Proportion of regular clients with a chronic disease for whom a Team Care Arrangement (MBS item 723) was claimed	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have a chronic disease and for whom a TCA was claimed within the previous 24 months.
PI09: Proportion of regular clients whose smoking status has been recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, whose smoking status has been recorded at the primary health care organisation within the previous 24 months.

PI10: Proportion of regular clients with a smoking status result	Proportion of Aboriginal and/ or Torres Strait Islander regular clients, aged 15 and over, whose smoking status has been recorded within the previous 24 months as one of the following: • current smoker • ex-smoker • never smoked.
PI11: Proportion of regular clients who gave birth within the previous 12 months with a smoking status of 'current smoker', 'ex-smoker' or 'never smoked'	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who gave birth within the previous 12 months and whose smoking status has been recorded within the previous 12 months as one of the following: • current smoker • ex-smoker • never smoked.
PI12: Proportion of regular clients who are classified as overweight or obese	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 25 and over, who have had their BMI classified as overweight or obese within the previous 24 months.
PI13: Proportion of regular clients who had their first antenatal care visit within specified periods	Proportion Aboriginal and/or Torres Strait Islander regular clients, who gave birth within the previous 12 months and who had gestational age recorded at their first antenatal care visit, with results either: • less than 13/40 weeks • 13/40 weeks to less than 20/40 weeks • at or after 20/40 weeks • no result • did not attend an antenatal care visit.
PI14: Proportion of regular clients aged 50 and over who are immunised against influenza	Proportion Aboriginal and/or Torres Strait Islander regular clients, aged 50 and over who had an influenza immunisation within the previous 12 months.
PI15: Proportion of regular clients with type 2 diabetes or COPD who are immunised against influenza	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15–49, who have type 2 diabetes or COPD and have had an influenza immunisation within the previous 12 months.
PI16: Proportion of regular clients whose alcohol consumption status has been recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who have had their alcohol consumption status recorded at the primary health care organisation within the previous 24 months.
PI17: Proportion of regular clients who had an AUDIT-C with result within specified levels	Proportion of regular Aboriginal and/or Torres Strait Islander clients, aged 15 and over, who have had an AUDIT-C result recorded in the previous 24 months with a score of either: • high risk (greater than or equal to 4 in males and 3 in females) • low risk (less than 4 in males and 3 in females).
PI18: Proportion of regular clients with a selected chronic disease who have had a kidney function test	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who have type 2 diabetes and have had an estimated glomerular filtration rate (eGFR) recorded AND/OR an albumin/creatinine ratio (ACR) or other micro albumin test result recorded within the previous 12 months AND proportion of Aboriginal and/or Torres Strait Islander regular clients , aged 15 and over, who have cardiovascular disease (CVD) and have had an eGFR recorded within the previous 12 months.

PI19: Proportion of regular clients with a selected chronic disease who have had a kidney function test with results within specified levels	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who are recorded as having type 2 diabetes or CVD and who have had an eGFR recorded within the previous 12 months with a result of (mL/min/1.73 m^2): • greater than or equal to 90 • greater than or equal to 60 but less than 90 • greater than or equal to 45 but less than 60 • greater than or equal to 30 but less than 45 • greater than or equal to 15 but less than 30 • less than 15. OR the proportion of regular clients who are male, Indigenous, aged 15 and over, who are recorded as having Type II diabetes and who have had an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol): • less than 2.5 • greater than or equal to 2.5 but less than or equal to 25 • greater than 25. OR the proportion of regular clients who are female, Indigenous, aged 15 and over, who are recorded as having Type II diabetes and who have had an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol): • less than 3.5 • greater than or equal to 3.5 but less than or equal to 35 • greater than 35.
PI20: Proportion of regular clients who have had the necessary risk factors assessed to enable CVD assessment	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 35–74, with no known history of CVD and with information available to calculate their absolute CVD risk recorded within the previous 24 months.
PI21: Proportion of regular clients aged 35 to 74 who have had an absolute cardiovascular disease risk assessment with results within specified levels	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 35–74, with no known history of CVD, who have had an absolute CVD risk assessment recorded within the previous 24 months and whose CVD risk was categorised as 1 of the following: • high (greater than 15% chance of a cardiovascular event in the next 5 years) • moderate (10%–15% chance of a cardiovascular event in the next 5 years) • low (less than 10% chance of a cardiovascular event in the next 5 years).
PI22: Proportion of regular clients who have had a cervical screening	Proportion of female regular clients who are Aboriginal and/or Torres Strait Islander, aged 20–74, who have not had a hysterectomy and who have had a cervical screening within the previous 2 years, 3 years and 5 years.
PI23: Proportion of regular clients with type 2 diabetes who have had a blood pressure measurement result recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and who have had a blood pressure measurement result recorded at the primary health care organisation within the previous 6 months.
PI24: Proportion of regular clients with type 2 diabetes whose blood pressure measurement result was less than or equal to 130/80 mmHg	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and whose blood pressure measurement result, recorded within the previous 6 months, was less than or equal to 130/80 mmHg.

Preventative health indicators

Organisations submitting nKPI data provide information on preventative health indicators.

These indicators focus on:

- MBS health assessments (item 715) for those aged 25 and over
- smoking status recording and results
- BMI results
- influenza immunisation for those aged 50 and over
- the recording of alcohol consumption and results from the AUDIT-C alcohol use screening tool
- the assessment of risk factors to enable a CVD risk assessment and CVD risk assessment results
- cervical screening.

Detailed information about the specifications for this data are available on METeOR.

MBS health assessment (item 715) for those aged 25 and over
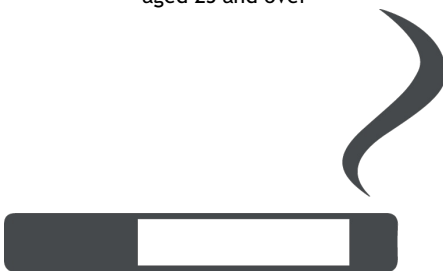
Smoking status recorded
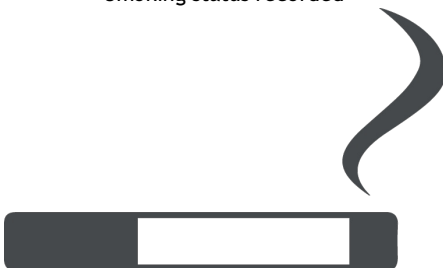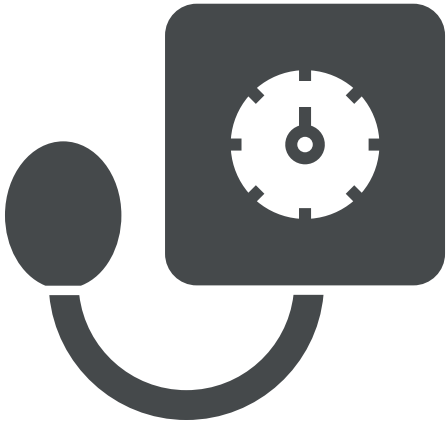

Smoking status results

Body mass index (BMI)
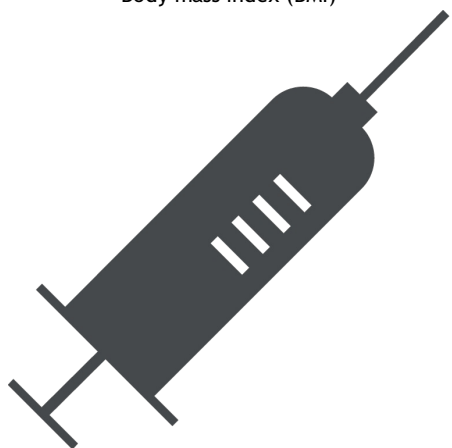
Influenza immunisation for those aged 50 and over

Alcohol consumption

Audit-C result

Risk factors assessed

Cardiovascular disease

Cervical screening

Preventative health indicators

This indicator reports on the proportion of regular clients, aged 25 and over, for whom an MBS health assessment for Aboriginal and Torres Strait Islander people (MBS item 715) was claimed within the previous 24 months. Results are shown for males and females by the following age groups:

- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients, aged 15 and over, whose smoking status has been recorded within the previous 24 months. Results are shown for males and females by the following age groups:

- 15 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients, aged 15 and over and whose smoking status has been recorded within the previous 24 months as one of the following:

- current smoker
- ex-smoker
- never smoked

Results are shown for males and females by the following age groups:

- 15 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients, aged 25 and over and who have had their BMI classified as overweight or obese within the previous 24 months. Results are shown for males and females by the following age groups:

- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients aged 50 years and over who had an influenza immunisation within the previous 12 months. Results are shown for male and female clients.

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients, aged 15 and over and who have had their alcohol consumption status recorded within the previous 24 months. Results are shown for males and females by the following age groups:

- 15 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients, aged 15 and over, who had an AUDIT-C result recorded in the previous 24 months with a score of either:

- high risk (greater than or equal to 4 in males and 3 in females)
- low risk (less than 4 in males and 3 in females)

Results are shown for males and females by the following age groups:

- 15 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients with no known CVD, aged 35 to 74, with information recorded within the previous 24 months to calculate their absolute CVD risk. Results are shown for males and females by the following age groups:

- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of regular clients aged 35 to 74 and with no known history of CVD, who have had an absolute CVD risk assessment recorded within the previous 24 months and whose CVD risk was categorised as one of the following:

- high
- moderate
- low

Results are shown for males and females by the following age groups:

- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years

Visualisation not available for printing

Preventative health indicators

This indicator reports on the proportion of female regular clients, aged 20 to 74, who have not had a hysterectomy and who have had a cervical screening within the previous 2 years, 3 years and 5 years.

Visualisation not available for printing

Chronic disease management indicators

Organisations submitting nKPI data provide information on chronic disease management.

These indicators focus on:

- HbA1c recording and results
- use of General Practitioner Management Plans and Team Care Arrangements
- influenza immunisation for clients with chronic disease
- kidney function test recording and results
- blood pressure recording and results.

Detailed information about the specifications for this data are available on METeOR.

HbA1c measurement recorded
HbA1c results
General Practitioner Management Plan (item 721)
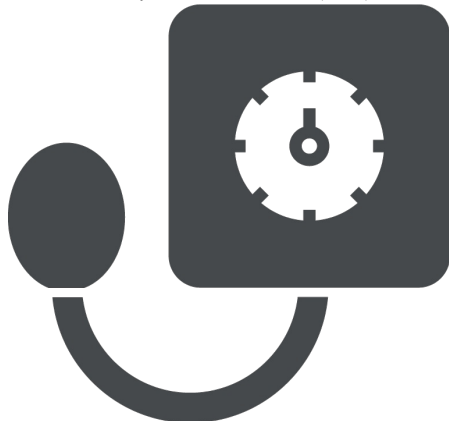Team Care Arrangement (item 723)

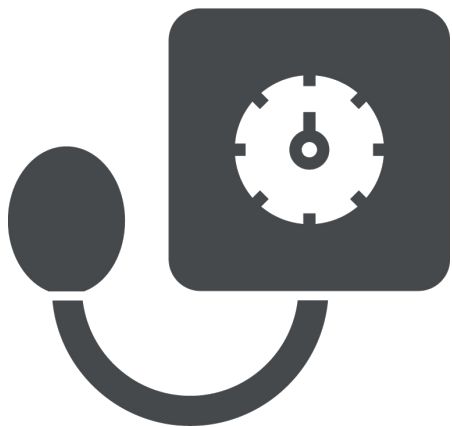Influenza immunisation for clients with chronic disease

Kidney function recorded
Kidney function results (eGFR)
Kidney function results (ACR)

Blood pressure recorded

Blood pressure results

Chronic disease management indicators

This indicator reports on the proportion of regular clients with type 2 diabetes with an HbA1c measurement result recorded within the previous 6 months and similarly within the previous 12 months. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients with type 2 diabetes with an HbA1c measurement result recorded within the previous 6 months or within the previous 12 months, whose HbA1c measurement result was categorised as one of the following (mmol/mol):

- less than or equal to 53
- between 53 and 64
- between 64 and 96
- greater than or equal to 86

Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients with a chronic disease for whom a General Practitioner Management Plan (MBS item 721) was claimed within the previous 24 months. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients with a chronic disease for whom a Team Care Arrangement (MBS item 723) was claimed within the previous 24 months. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients, aged 15–49 with type 2 diabetes or chronic obstructive pulmonary disease who had an influenza immunisation within the previous 12 months. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 49 years

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients, aged 15 and over who are recorded as having type 2 diabetes and have had an estimated glomerular filtration rate (eGFR) recorded and/or an albumin/creatinine ratio (ACR) or other micro albumin test result recorded within the previous 12 months. It also reports on the proportion of regular clients who are recorded as having cardiovascular disease (CVD) and have had an eGFR recorded within the previous 12 months. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients, aged 15 and over, who are recorded as having type 2 diabetes or CVD and who have had an eGFR recorded within the previous 12 months with a result of (mL/min/1.73 m²):

- greater than or equal to 90
- greater than or equal to 60 but less than 90
- greater than or equal to 45 but less than 60
- greater than or equal to 30 but less than 45
- greater than or equal to 15 but less than 30
- less than 15.

Please note that for the purpose of this report, results for PI19 have been split up in order to display results for eGFR tests (shown here) and ACR tests.

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients who are male, Indigenous and aged 15 and over, who are recorded as having type 2 diabetes and who have had an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol):

- less than 2.5
- greater than or equal to 2.5 but less than or equal to 25
- greater than 25

OR the proportion of regular clients who are female, Indigenous and aged 15 and over, who are recorded as having type 2 diabetes and who have had an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol):

- less than 3.5
- greater than or equal to 3.5 but less than or equal to 35
- greater than 35

Please note that for the purpose of this report, results for PI19 have been split up in order to display results for ACR tests (shown here) and eGFR tests.

<div align="center">Visualisation not available for printing</div>

Chronic disease management indicators

This indicator reports on the proportion of regular clients with type 2 diabetes who have had a blood pressure measurement result recorded within the previous 6 months. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Chronic disease management indicators

This indicator reports on the proportion of regular clients with type 2 diabetes whose blood pressure result, recorded within the previous 6 months, was less than or equal to 130/80mmHg. Results are shown for males and females by the following age groups:

- 35 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years and over

Visualisation not available for printing

Considerations for interpreting nKPI data

The nKPIs, like performance indicator systems generally, are useful but imperfect measures of system characteristics that are agreed to be important. To maximise their usefulness, data users need to understand where and how nKPI data may depart from the reality that the indicators are trying to measure. The following issues should be considered when interpreting the data presented:

General considerations

- Information on data quality can be found on the AIHW's Metadata Online Registry (METeOR).
- The number of organisations that provided valid data are different for different indicators. This means that the analysis of results for each indicator may not be based on the same number of organisations.
- Due to the small number of nKPI reporting organisations, data for Tasmania are combined with that for Victoria and data for the Australian Capital Territory are combined with that for New South Wales.
- There might be double-counting of the same client at multiple organisations due to a high level of mobility among Indigenous Australians. Nationally, the extent of this is unknown and difficult to quantify.
- Where an organisation has a small denominator—that is, fewer than 20 Indigenous regular clients—small changes in the numerator can have a large impact on the overall proportion for that organisation.
- For the most recent data, June 2018, the proportion of organisations with a denominator of fewer than 20 Indigenous regular clients exceeded 10% of all contributing organisations for 12 of the 24 indicators. One indicator measure, PI15: Immunised against influenza— clients with COPD, had 78% of organisations with a denominator of fewer than 20 Indigenous regular clients. This was higher than for all other measures.
- Due to the way in which data have been extracted for organisations funded by the Northern Territory Government since December 2015 (the exclusion of measurements or tests conducted outside an individual organisation), results might be underestimated for:
  - PI03: MBS health assessment—aged 0–4
  - PI05: Glycated haemoglobin (HbA1c) result recorded
  - PI07: General Practitioner Management Plan
  - PI08: Team Care Arrangement
  - PI09: Smoking status recorded
  - PI14: Immunised against influenza—aged 50 and over
  - PI15: Immunised against influenza—clients with type 2 diabetes or COPD
  - PI16: Alcohol consumption status recorded
  - PI22: Cervical screening
  - PI23: Blood pressure result recorded—clients with type 2 diabetes.
- Starting with the June 2017 collection, changes were made to the electronic data extraction method for most organisations. AIHW analysis identified time-series anomalies that indicated that the change in extraction method constitutes a break in series. This means that the June 2017 collection represents a new baseline for the collection moving forward, as data from earlier collections are not comparable with data from June 2017 onwards.
- Until June 2016, the nKPI data were extracted from health organisations' clinical software systems, largely by a single tool, PenCAT. This tool was compatible with Medical Director, Best Practice, PractiX, Communicare and a version of Medinet. Some organisations also submitted manually. Organisations using MMEx transmitted data directly.
- For the June 2017 nKPI data collection, the Department of Health introduced a new direct load reporting process, which allowed Communicare, Medical Director and PCIS clinical software systems to generate nKPI data within their clinical system and transmit it directly. Best Practice organisations were provided with the Telstra Health tool, Elicio, to extract, transform and send their data. Some Best Practice organisations used a Structured Query Language script developed by the Improvement Foundation in conjunction with the manual submission form. Some changes were made to the MMEx extraction process as a result of the Data Validation Project.

Regular clients

A regular client is defined as a person who has attended the primary health care organisation at least 3 times in the previous 2 years. Starting from the June 2018 collection, the definition of a regular client excludes deceased patients. All of the indicators, except the two birthweight indicators, use the regular client definition. The following points should be noted when interpreting results:

- The concept of a visit varies within CISs, and might be captured differently for services, clinical items, diagnoses, clinical procedures, episodes of care, client contact, and other variables used in CIS data (DMA 2017). Vendors have been addressing these issues but any subsequent residual impact on results has not been quantified.
- During the June 2018 collection, updates to the clinical software Medical Director Insights and the Communicare Launchbar were released. These updates meant that deceased patients were excluded from the regular client count. However, 10 organisations submitted nKPI data using an older version of MD Insights and 22 organisations submitted nKPI data using an older version of the Communicare Launchbar. Deceased clients may have been included in data for these organisations. At the national level, this may lead to an overrepresentation of the number of regular clients and a lower proportion of people receiving appropriate health care.

- There are various scenarios where a client would or would not be considered a regular client, which should be considered when interpreting the data. These might include the following:
  - Some clients might attend an organisation 3 times in 2 years, but have another primary health care organisation as their primary place of care. At the organisational level, this provides an invalid measure of the extent to which a person is receiving appropriate care from the provider they visit 3 or more times, but which is not their main provider. Examples include where a patient declines a particular service, having recently received it at their usual health organisation, or a clinician being able to see results due to a linked CIS or shared electronic health records. At the national level, this will lead to double-counting of that person and underestimate the national proportion of people who are receiving appropriate health care.
  - Some clients might be transient and stay in a community only temporarily. Organisations with a large proportion of transient clients who are counted as regular clients might appear to have poorer results than other organisations, as they have less capacity to follow up on patients, including those with chronic diseases. These organisations might also choose to allow a client's usual primary health care organisation to provide some MBS item services, including health checks, General Practitioner Management Plans (GPMPs), and Team Care Arrangements (TCAs). This would underestimate the national proportion of people who are receiving appropriate health care. Analysis of data in 2016 found that the nKPI definition leads to a higher count of regular clients for many indicators compared with a definition that restricts the denominator to the usual clients of a health care organisation. The impact of this was that out of a possible 24 measures, 21 measures had better results when the definition was restricted (see AIHW 2017).
  - Clients might access different health care organisations in the same general location, and might not use the same organisation consistently. They might use various organisations for different purposes; for example, favouring one when they want increased privacy and another because it bulk bills (Bailie et al. 2013). This behaviour might be more common in regions with more health care options, and less frequent in areas where local health care options are more limited (for example, *Very remote* areas). This could result in variations in the make-up of regular clients between regions.
- Organisations operating out of regional centres in a given remoteness area (for example, Alice Springs, which is classified as a *Remote* area) might have higher levels of regular clients who are not their usual clients than other *Remote* organisations. This is because they might be regional centres used in transit, and because they provide a wider array of health care options.

Maternal and child health indicators

- **Babies' records** (rather than mothers' records) are the specified source of data for indicators on birthweight recorded and results. But data from organisations using MMEx source this information from the mothers' records (DMA 2017). The impact of this on results has not been quantified. The standard nKPI Indigenous regular client definition does not apply to these indicators—the baby is considered a client and counted in the nKPIs even if they attended only once, and their parents are not regular clients of the organisation. This might lead to the inclusion of babies who visited the organisation purely for acute care, and whose carers might not have been able to confirm birthweight.
- **Multiple births** should not be included in birthweight results, as babies born as part of multiple births are more likely to have a lower birthweight. But Medical Director and Communicare do not exclude multiple births, as this information is not captured in the baby's record. Nor do Medical Director and Communicare exclude babies with 'unknown gestational age' from the low birthweight indicator (DMA 2017). Although this finding was not expected to significantly affect the nKPIs, it is possible it might inflate the proportion of low birthweight babies recorded in the data.
- **Babies' birthweight and antenatal visits** data may be underestimated, as results for Northern Territory Government organisations were provided by the Northern Territory Government Midwifery Group Practice, but not entered as having occurred at the client's usual health centre. This was rectified for some Northern Territory Government organisations in December 2017 but may affect some data included in this report.
- **Antenatal visits** data for organisations using Communicare and Medical Director may have been affected by data extraction issues related to the recording of the categories 'No visit recorded' and 'Timing of visit not recorded'. The issue was identified in data for June 2017, December 2017 and June 2018. Further information is provided in Chapter 2 of the AIHW (2018) report National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results for 2017.
- **MBS items** are not claimed by all organisations, either because they do not have a general practitioner (GP) present, they are not eligible to claim them, or clients are seen by other clinicians. As a result, the indicators based on MBS items might not reflect all related health care activities carried out in an organisation. These indicators include MBS health assessment (item 715) for children aged 0–4. In the case of child health checks, children may receive comprehensive health checks provided within a model of care that does not suit or allow for the check to be claimed as an MBS item. MBS health checks are counted in Communicare at a point in the process before its submission. Only claims explicitly discarded after a rejection are subsequently excluded (DMA 2017). The impact of this has not been quantified.
- **GP availability** might be limited in some areas, and have an impact on the results reported by organisations. For example, limited GP availability might affect an organisation being able to claim MBS items (child and adult health checks, GPMPs, and TCAs).
- **Shared care arrangements** between hospitals and primary health care organisations, between primary health care organisations, or between primary health care organisations and other providers of similar care are not consistently supported by automatic data sharing. This could lead to lower rates of data recording for some indicators, such as birthweight results and antenatal care. Similarly, it will be difficult for organisations to obtain information on their regular clients who may choose to receive cervical screening elsewhere.
- **Smoking status categories** are not yet fully agreed. For example, there is not yet universally accepted guidance on how long a person needs to have quit smoking to be considered an ex-smoker rather than a smoker. An increased number of types of ex-smokers might improve data quality, and lead to more frequent updating of clients' records.
- **Smoking status of women who gave birth in the previous 12 months** records smoking status during pregnancy retrospectively, and the information is updated only when women's smoking status category is changed. Therefore, this indicator is a proxy for smoking during pregnancy.

- **Data extraction** for Northern Territory Government organisations excludes measurements or tests conducted outside an individual organisation since December 2015, so results might be an underestimate for PI03: MBS health assessment—aged 0-4. This may also occur for other organisations, though the extent of this is not clear.
- **Child immunisation** data for the nKPI collection indicates that primary health care records are capturing far fewer cases of fully immunised Indigenous children than Australian Immunisation Register (AIR) data. nKPI data may therefore be an underestimate.
- **Small denominators** can cause fluctuations in data over time, therefore results should be interpreted with caution. For maternal and child health indicators, 9%–54% of organisations contributing to these indicators in June 2018 had denominators of fewer than 20 clients.

Preventative health indicators

- **MBS items** are not claimed by all organisations, either because they do not have a general practitioner (GP) present, they are not eligible to claim them, or clients are seen by other clinicians. As a result, the indicators based on MBS items might not reflect all related health-care activities carried out in an organisation. These indicators include MBS health assessment (item 715) for adults aged 25 and over. In addition, the business rule in Communicare is that an item 715 claim is counted at a point in the process before its submission. Only claims explicitly discarded after a rejection are subsequently excluded (DMA 2017). The impact of this has not been quantified.
- **Influenza vaccination** does not include clients who are offered a vaccination, but refuse. Also, organisations might not have records of immunisations that occurred at other places, such as workplaces.
- **GP availability** might be limited in some areas, and have an impact on the results reported by organisations. For example, limited GP availability might affect an organisation's ability to claim MBS items (child and adult health checks, GPMPs, and TCAs).
- **Shared care arrangements** between hospitals and primary health organisations, between primary care organisations, or between primary health care organisations and other providers of similar care are not consistently supported by automatic data sharing. This could lead to lower rates of data recording for some indicators. It may be difficult for organisations to obtain information on their regular clients who may choose to receive cervical screening elsewhere.
- **Smoking status categories** are not yet fully agreed upon. For example, there is not yet universally accepted guidance on how long a person needs to have quit smoking to be considered an ex-smoker rather than a smoker. An increased number of types of ex-smokers may enhance data quality, and lead to more frequent updating of clients' records.
- **Time-stamped records** normally ensure that a record or activity is fairly recent. A number of indicators (smoking status recorded, smoking status result, and alcohol consumption) are based on the most recent record for the client (that is, treated as having been updated in the previous 2 years), regardless of how old that record is. As a result, the indicator might not reflect the current smoking or alcohol consumption status of the Indigenous regular client population, unless the data have been collected recently for all or most clients.
- **Differential BMI testing** might occur in some organisations where BMI might be more likely to be measured in clients who look underweight, overweight, or obese. This would result in the proportion of overweight or obese Indigenous regular clients being higher than it actually is.
- **Recording of alcohol consumption status** (PI16) is not restricted to a particular test or format for this indicator. Organisations can use tests such as AUDIT or AUDIT-C, or simply record whether or not the client consumes alcohol. However, for the indicator on AUDIT-C results (PI17), only AUDIT-C results are included. This means that, for some organisations, test results in PI17 are a subset of the tests reporting in PI16.
- **Risk factors to enable a CVD risk assessment** require information on diabetes status. For the June 2017 collection, MMEx restricted the count of clients with all the necessary risk factor information (that is, the numerator) to clients with a type 2 diabetes diagnosis, leading to an under-count for this indicator. MMEx results for June 2017 are excluded from results presented.
- **Absolute cardiovascular risk assessments** can be calculated using the NVDPA or the CARPA method. As the CARPA method applies an extra 5% loading for Indigenous Australians, nKPI data should have the 5% loading removed to make the data comparable with NVDPA data. As the PCIS system is unable to deduct the 5% because the data are captured as categorical scores (low, medium, high), organisations using PCIS (predominantly the Northern Territory Government) are not included in the results presented. Additionally, data do not capture clients without known CVD whose risk factors mean they are categorised as 'high risk' and therefore do not require a risk assessment.
- **Data extraction** for Northern Territory Government organisations excludes measurements or tests conducted outside an individual organisation. This means results might be underestimated for PI09: Smoking status recorded, PI16: Alcohol consumption status recorded, and PI22: Cervical screening. This may also occur for other organisations, though the extent of this is not clear.
- **Cervical screenings** are conducted for female regular clients who are Indigenous, aged 20–74. In June 2018, this indicator was revised to align with the new National Cervical Screening Program (NCSP) where the previous Pap test is replaced by a HPV test from 1 December 2017. The key changes were that:
  - data are to be collected on clients who had either a Papanicolaou smear (Pap test) conducted prior to 1 December 2017 or a human papillomavirus (HPV test) conducted from 1 December 2017
  - the HPV test can be based on a sample collected by a health practitioner or on a self-collected sample
  - the age range for this nKPI indicator has been revised to 20–74 for a transitional period. This is to accommodate the former reporting age range (20–69) and the new age range (25–74).

An update for Medical Director Insights that incorporated the indicator changes was released during the July 2018 submission period. Where organisations were identified as using an older version of this CIS, and therefore submitting data that did not align with the PI22 changes, data were excluded from the results. As a result, the number of cervical screenings may be underrepresented in the results presented. In addition, some data mapping issues related to the pathology codes used were identified for organisations using MMEX. This issues was addressed in August 2018 and some organisations were able to amend data values. The impact of this issue has not been quantified.

- **Small denominators** can cause fluctuations in the data over time, therefore results should be interpreted with caution. For preventative health indicators, 0%–32% of organisations contributing to these indicators in June 2018 had denominators of fewer than 20 clients.

Chronic disease management indicators

- **MBS items** are not claimed by all organisations, either because they do not have a general practitioner (GP) present, they are not eligible to claim them, or clients are seen by other clinicians. As a result, the indicators based on MBS items might not reflect all related health-care activities carried out in an organisation. These indicators include GPMPs and TCAs for clients with type 2 diabetes.
- **Influenza vaccination** does not include clients who are offered a vaccination, but refuse. Also, organisations might not have records of immunisations that occurred at other places, such as workplaces.
- **Pathology results** held at an organisation might not reflect all pathology tests that have occurred for its Indigenous regular clients. Organisations without systems in place might not have recorded the information, or results might not have been picked up accurately.
- **GP availability** might be limited in some areas, and have an impact on the results reported by organisations. For example, limited GP availability might affect an organisation's ability to claim MBS items (child and adult health checks, GPMPs, and TCAs).
- **Access to allied health providers** might be limited in some areas, in which case TCAs might not be practical. This is often the case in remote regions.
- **Clinical definitions** for type 2 diabetes, CVD and COPD vary across CISs, as different coding schemes are used. Medical Director uses doctor command language (DOCLE) codes, Communicare uses International Classification of Primary Care 2nd edition (ICPC2), and MMEx uses Systematized Nomenclature of Medicine (SNOMED). This leads to some variation in the patients who will be picked up by different CISs (DMA 2017).
- **Data extraction** for Northern Territory Government organisations excludes measurements or tests conducted outside an individual organisation since December 2015. This means results might be underestimated for PI05: HbA1c result recorded, PI07: GPMP, PI08: TCA, PI14: Immunised against influenza—aged 50 and over, PI15: Immunised against influenza—clients with type 2 diabetes or COPD, PI23: Blood pressure result recorded—clients with type 2 diabetes. This may also occur for other organisations, though the extent of this is not clear.
- **Kidney function test recorded and result (type 2 diabetes and CVD)** data were excluded from June 2018 national reporting for organisations using Medical Director Insights v1.5. Kidney function test recorded (type 2 diabetes) has had ongoing data quality issues since June 2017. Because of this, results for this indicator are not presented for June 2017. In December 2017, results from organisations using Best Practice and Medical Director were excluded.
- **Small denominators** can cause fluctuations in the data over time, therefore results should be interpreted with caution. For chronic disease management indicators 8%–78% of organisations contributing to these indicators in June 2018 had denominators of fewer than 20 Indigenous regular clients.

References

AIHW (Australian Institute of Health and Welfare) 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from June 2016. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no 4. Cat. no. IHW 177. Canberra: AIHW.

AIHW (2018). National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results for 2017. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no. 5. Cat. no. IHW 200. Canberra: AIHW.

Ballie RS, Griffin J, Kelaher M, McNeair T, Percival N, Laycock A et al. 2013. Sentinel sites evaluation: final report. Report prepared by Menzies School of Health Research for the Department of Health. Canberra: DoH.

DMA (Doll Martin Associates) 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: Data Validation Project report. Canberra: DoH.

Glossary

Aboriginal: A person of Aboriginal descent who identifies as being Aboriginal, and is accepted as such by the community in which he or she lives.

albumin/creatinine ratio (ACR): A measure of renal function that assesses albumin in the urine. A healthy result was considered as less than 2.5 for males and less than 3.5 for females.

AUDIT-C: An Alcohol Use Disorders Identification Test screening tool, which is sensitive to the early detection of risky and high-risk (or hazardous and harmful) drinking.

birth: Birth of a viable fetus, which is defined as a birth occurring after 20 weeks of pregnancy or the fetus weighing more than 400 grams at birth (live, still, singleton, multiple).

birthweight: Birthweight is defined as low (birthweight of less than 2,500 grams), normal (birthweight of 2,500–4,499 grams), or high (birthweight of 4,500 grams and over).

body mass index (BMI): A measure of an adult's weight (body mass) relative to height, used to assess the extent of weight deficit or excess, where height and weight have been measured. BMI is the weight in kilograms divided by the square of the height in metres.

cardiovascular disease (CVD): Any disease of the circulatory system, namely the heart (cardio) or blood vessels (vascular).

cervical screening: A procedure involving a Pap test or HPV test, which is used to detect cancer and pre-cancerous abnormalities of the cervix.

clinical information system (CIS): A computer system used to manage client records

chronic obstructive pulmonary disease (COPD): Serious, progressive and disabling long-term lung disease where damage to the lungs—usually because of both emphysema and chronic bronchitis—obstructs oxygen intake, and causes increasing shortness of breath.

estimated glomerular filtration rate (eGFR): A measure of how well the kidneys filter waste from the blood. The eGFR is the best measure of kidney function. A result of 60mL/min/1.73m^2 or over was considered as normal or close to normal.

first antenatal visit: The contact at which the initial antenatal check-ups are done—for example, to confirm pregnancy, establish history, and conduct blood tests.

fully immunised: Describes children who have received all immunisations according to the AIR.

- Children aged 12–<24 months are required to have received all immunisations that are due at 6 months:
    - 3 doses of diphtheria, tetanus, and whooping cough
    - 3 doses of polio
    - 2 or 3 doses of haemophilus influenzae type B
    - 2 or 3 doses of hepatitis B.
- Children aged 24–<36 months are required to have received all immunisations that are due at 12 months:
    - 3 doses of diphtheria, tetanus, and whooping cough
    - 3 doses of polio
    - 3 or 4 doses of haemophilus influenzae type B
    - 3 doses of hepatitis B,
    - 1 dose of measles, mumps, and rubella.
- Children aged 60–<72 months are required to have received all immunisations that are due at age 4
    - 4 doses of diphtheria, tetanus, and whooping cough
    - 4 doses of polio
    - 2 doses of measles, mumps, and rubella.

General Practitioner Management Plan (GPMP): Chronic disease management plan carried out according to the MBS Schedule (item 721).

haemoglobin A1c (HbA1c or glycated haemoglobin): A measurement that acts as an indicator of time-averaged blood glucose levels (over the previous 2–3 months). It is used as the best marker of long-term diabetes control (Jones et al. 2011).

indicator: See definition for national Key Performance Indicators.

influenza: An acute contagious viral respiratory infection marked by fever, muscle aches, headache, cough, and sore throat.

MBS health assessment: Health assessment for those aged 0–4 and 25 and over, which are done according to the MBS Schedule (item 715).

national Key Performance Indicators (nKPIs): A set of indicators that monitor the major health issues of the regular client population of Indigenous-specific primary health care organisations.

primary health care organisations: Organisations that receive funding from DoH to provide primary health care services. While some primary health care organisations constitute an individual health care clinic, others have multiple clinics, and provide combined data for all their clinics. Other nKPI reporting organisations are intermediaries (for example, Primary Health Networks), which might also combine the data for the clinics where they subcontract services.

regular client: A client who has visited a particular primary health care provider 3 or more times in the previous 2 years.

remoteness area: A measure in the Australian Statistical Geography Standard used to classify areas across Australia based on their distance from different services. The main categories are Major cities, Inner regional, Outer regional, Remote, and Very remote.

smoking status: Current smoker includes those who smoke daily, weekly, or less often than weekly; ex-smoker refers to a person who does not smoke at all now, but has smoked at least 100 cigarettes, or a similar amount of other tobacco product, in his/her lifetime; never smoked refers to a person who does not smoke now, and has smoked fewer than 100 cigarettes, or a similar amount of other tobacco product, in his/her lifetime.

Team Care Arrangement (TCA): Chronic disease management plan carried out according to the MBS Schedule (item 723).

type 2 diabetes: The most common form of diabetes, occurring mostly in people aged 40 or over, and marked by reduced or less effective insulin.

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