Australian Government
Australian Institute of Health and Welfare

Practice Incentives Program Quality Improvement Measures: National report on the first year of data 2020-21

Web report | Last updated: **27 Aug 2021** | Topic: Primary health care | Media release

About

The Practice Incentives Program (PIP) Quality Improvement (QI) is a payment to general practices to encourage participation in quality improvement activities in the delivery of best practice care and patient outcomes. This first annual report from the newly established national PIP Eligible Data Set brings together data collated by Primary Health Networks from over 5,700 general practices across 10 Quality Improvement Measures (QIM) that will empower general practices and primary health organisations in improving patient care, and planning for the health needs across Australia.

Cat. no: PHC 5

- PIPQI measures
- Data

Findings from this report:

- For the first time over 5,700 general practices around Australia contributed to this new data collection on 10 measures
- 49% of 45-74 years old regular clients with no CVD had 4 risk factors recorded in GP record to allow CVD risk assessment
- 73% of regular clients who had type 2 diabetes had a HbA1c result recorded in the previous 12 months in their GP record
- 64% of regular clients aged 65 years+ had a record of influenza vaccination in the previous 15 months in their GP record

Introduction

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- The PIP eligible data set
- Data collection
- Interpreting PIPQI data
- PHN boundaries and residential population

An accessible and high-quality primary care sector is the backbone of Australia's health care system. General practitioners (GPs) are the first point of contact for most Australians seeking health care (Department of Health 2020a), with 83.2% of the population seeing a GP in the previous 12 months (AIHW 2020). General practitioners are the most regularly accessed health professionals in Australia, and they are the frontline in the battle against emerging health conditions such as COVID-19 and have taken on significant responsibilities to ensure the safety and wellbeing of all Australians (RACGP 2020).

In 2018-19, nationally there were 158 million GP attendances, or 6.3 per person up from 5.3 per person (113 million) in 2008-09 (claimed through Medicare) (AIHW 2020). Patient age and gender have an effect on the frequency of presentations, with females visiting their GP more than males, and older people visiting their GP more regularly than younger people (RACGP 2020).

The Practice Incentives Program (PIP) Quality Improvement (QI) Incentive is a payment to general practices for activities that support continuous data driven quality improvement in patient outcomes and the delivery of best practice care. General practices enrolled in the PIPQI Incentive commit to implementing continuous quality improvement activities that support them in their role of managing their patients' health. They also commit to submitting nationally consistent, de-identified general practice data, against ten key Improvement Measures that contribute to local, regional, and national health outcomes (Department of Health 2019b).

Purpose of the report

This is the first annual report on the 10 PIPQI measures. This report aims to provide nationally consistent, comparable data against specified measures that contribute to the assessment of needs, and to the improvement of regional and national health outcomes. The data, shared at the community level, and collected through the PIPQI Incentive, has the potential to inform primary health providers how to improve care and services to clients and within a population. For example, this report may be used to assist the understanding of what proportion of a population within a region may benefit from preventative measures to ensure effective management of a specified chronic disease, such as diabetes. This can help delay progression of the condition, improve quality of life, increase life expectancy, and decrease the need for high cost interventions.

The improvement measures are intended to support a regional and national understanding of chronic disease management in areas of high need, and are not designed to assess individual general practices or general practitioner performance. There are no set targets for the improvement measures.

The PIP Eligible Data Set

The de-identified data collected for the purposes of the PIPQI Incentive commenced on 1 August 2019, with participating general practices appointed as local data custodians, Primary Health Networks (PHNs) as regional data custodians, and the Australian Institute of Health and Welfare (AIHW) as the national data custodian of the PIPQI Eligible Data Set. For the specific roles and responsibilities of the local, regional and national data custodians please refer to the Data Governance Framework (Department of Health 2019a). The Incentive centres on health service events that have taken place against 10 Quality Improvement Measures (QIMs) and is a payment to general practices for activities that support data driven continuous quality improvement in patient outcomes and the delivery of best practice care (Department of Health 2020c).

PHNs enhance and connect primary healthcare within their region to achieve better health outcomes. Through their already established trust and working relationship with general practices, PHNs utilise the PIP Eligible Data Set to:

- work in partnership with local general practices to support quality improvement initiatives through reporting and feedback on managing general practice patient population and
- perform needs assessments and plan service delivery at different levels, including PHN boundaries, local health districts, jurisdictional boundaries and at national level.

Data collection

As local data custodians, general practices participating in the PIPQI Incentive provide data on service counts against each measure to their regional PHN data custodian. Depending on the method of data submission used in the practices, the report is either generated by the practice's clinical information systems or by the extraction of data from electronic medical records using a tool (Department of Health 2020c), and in accordance with the PIPQI Technical Specification v1.2 (Department of Health 2020d). Data from clients who have opted-out

in sharing de-identified data between practices and PHNs, have not been extracted and therefore are not included in this report. A Review found that the data security controls in place during the collection, use and storage are appropriate to protect de-identified data from misuse, interference and loss (Department of Health 2020b).

Each PHN collates and aggregates PIPQI data extracts from general practices in accordance with the definitions of the 10 QIMs and aggregation and disaggregation permissions of the Data Governance Framework (p15, Table 1, Department of Health 2019a). Aggregate data are then submitted to the AIHW on a quarterly basis, using a secure web-based data submission platform.

Upon receipt of the aggregate data, the AIHW applies a series of pre-defined validation rules to the data to identify any data quality issues. In addition, the data are compared with data from the previous period and other variance metrics. If any validation rules are triggered, the PHN is asked to review their data and either amend it, or confirm that it is correct and provide an optional comment. Inconsistencies and caveats are documented in the Technical notes.

After the regional data are validated, the AIHW compiles the data into a national data collection, and generates national estimates based on the supplied numerators and denominators for each cohort by age and sex for each QIM. The proportions for each QIM are supplied in the Practice Incentives Program Quality Improvement Measures - Data Tables for download.

The AIHW obtained Ethics Committee approval for the establishment of this data collection. As of July 2021, over 5,700 general practices across 31 PHNs contributed to the national aggregate PIPQI data.

Regular clients

PIPQI data submitted by PHNs only includes ‘active’ or ‘regular’ clients – an individual who has visited a practice 3 or more times in the 2 years prior to the date of data extraction, when those service events were eligible for a MBS rebate. This is consistent with the RACGP definition of an active patient/client (RACGP 2010). Therefore, clients who visited a GP less than this amount are not included in this report. Note, that those 3 visits could be at any time during the 2 years and do not necessarily mean that attendance at a practice has been recent.

Further, as some clients actively attend more than one practice, including across more than one PHN region, the aggregated totals will report on these individuals more than once. For example, some people may attend one practice near their home or workplace while another near a holiday home. These totals therefore do not represent the total resident population, the total number of individuals who actively attended practices, the prevalence of cohorts or conditions, nor the percentage of total population that attend practices. This may impact some PHN regions more than others due to the high prevalence of holiday homes. Figures in this report should be interpreted with these caveats in mind. Please refer to the Technical notes.

Interpreting PIPQI data

Results included in this report should be interpreted with care, taking into consideration the points raised above. In addition, it should be noted that this report provides information on a specific set of items for PIPQI and does not provide information around the entire care that is provided to a client.

Where data are presented as a time series, the results represent national point-in-time proportions of cohorts with a recorded result at each quarter.

This data should be interpreted in conjunction with other administrative and survey data collections where the data from these client-provider interactions are captured, e.g. Medicare Benefits Schedule (MBS), the Australian Immunisation Register (AIR), the National Diabetes Service Scheme (NDSS) Register, the Australasian Paediatric Endocrine Groups (APEG) state and territory registers, and the National Cancer Screening Register (NCSR), the National Health Survey and State and Territory Health surveys.

For a full list of caveats and footnotes, please refer to the Technical notes.

PHN boundaries and residential population

In 2015, PHNs were established with key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time (Department of Health 2018). Where possible, boundaries of the PHNs align with Local Hospital Networks (LHNs) or equivalents, or cluster of LHNs to facilitate collaborative working relationships and reduce duplication of effort. The analysis of data at a regional level allows for the planning, commissioning, and provision of health services based upon the local needs assessments of the community.

There are 31 PHNs that cover the whole of Australia and in determining boundaries, a number of factors were taken into account, including diverse population size and future projected population growth, LHN alignment, State and Territory borders, patient flows and administrative efficiencies (Department of Health 2018).

PHNs vary considerably in geographical size and residential population at a community level (see further PHN Profiles, Department of Health 2015). For example, in the 2016 Census, PHN population by usual residence varied from 63,719 to 1,707,375 persons. Some residents of PHNs may seek health services provided by other adjacent or non-adjacent PHNs. Across PHNs, the percentage of adults (>15 years age) who saw a GP in the previous 12 months in 2018-19 varied from 78% to 86% (AIHW 2020).

For estimated resident populations of PHNs, please refer to the supplementary data table provided in the Practice Incentives Program Quality Improvement Measures - Data tables for download.

References

AIHW (Australian Institute of Health and Welfare) Web update 2020: Patient experiences in Australia by small geographic areas, 2018–19. Viewed 12 August 2021.

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Department of Health 2019b. PIPQI Incentive guidance. Viewed 12 August 2021.

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PIPQI measures

PIPQI measures

QIM 1: Proportion of regular clients with diabetes with an HbA1c result recorded in their GP record within the previous 12 months

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Patients with Type 1 and 2 diabetes should have their glycosylated haemoglobin (HbA1c) measured at least every 12 months, or more frequently depending on the level of blood glucose control. The early identification and optimal management of diabetes can delay the progression of disease, improve quality of life, increase life expectancy, and decrease the need for high-cost interventions (RACGP 2020).

Capture of results recorded outside of the general practice setting

Some patients may receive care from other practitioners in addition to a GP including an endocrinologist/a specialist physician, and/or other health care providers to safely manage their diabetes (RACGP 2020). Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. However, sometimes an HbA1c result recorded elsewhere (for example, specialist service) is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and a specialist service), meaning that these data will not be captured in the report.

Other sources of relevant data

Data on the prevalence of long-term health conditions like diabetes are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS). There are other administrative data collections where the data from these client-provider interactions are captured, e.g. Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, and the Australasian Paediatric Endocrine Groups (APEG) state and territory registers.
This indicator reports on the proportion of regular clients of all ages who had a recorded diagnosis of Type 1, Type 2, or undefined diabetes, and who had an HbA1c result recorded within the previous 12 months in their GP record.

Regional proportions of regular clients with diabetes and a current HbA1c

Type 1 diabetes

Type 1 diabetes is a lifelong autoimmune disease that usually has its onset in childhood or early adolescence. The exact cause is unknown but it is believed to be the result of an interaction of genetic and environmental factors. The management of an individual with Type 1 diabetes requires a multidisciplinary healthcare network delivering integrated clinical care, using a complex array of health-care tools (APEG and ADS 2011). A person with Type 1 diabetes requires daily insulin replacement to survive, except in cases where a pancreatic transplant occurs. In 2017-18, around 145,000 people had Type 1 diabetes of which 20,700 were children and young adults aged 0–24 years. This equates to 261 per 100,000 population, with a slightly higher rate among males compared with females (266 and 256 per 100,000 population, respectively) (AIHW 2020).
As of July 2021, nationally, 59.0% of regular clients of all ages who had a recorded diagnosis of Type 1 diabetes had an HbA1c result recorded within the previous 12 months in their GP record. This varied from 49.0% to 69.4% across PHNs.

Figure 1: Proportion of regular clients with a recorded diagnosis of Type 1 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2021

Figure 1: Proportion of regular clients with a recorded diagnosis of Type 1 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2021

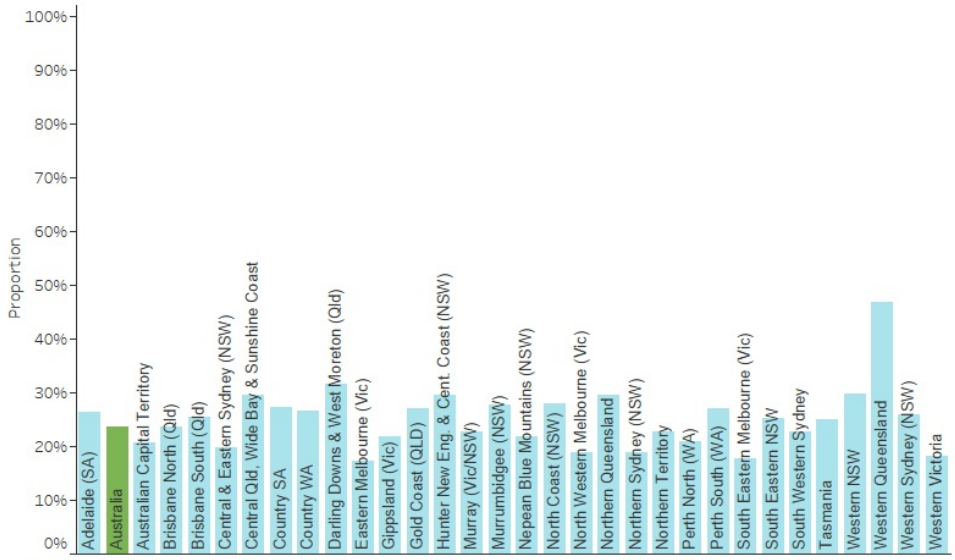


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021

Notes:

See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Type 2 diabetes

Type 2 diabetes is a chronic and progressive medical condition that results from two major metabolic dysfunctions: insulin resistance followed by pancreatic islet cell dysfunction, causing a relative insulin deficiency. These metabolic dysfunctions occur due to modifiable lifestyle-related risk factors interacting with non-modifiable and genetic risk factors. The relative insulin deficiency leads to chronic hyperglycaemia and multiple disturbances in carbohydrate, protein and fat metabolism (RACGP 2020). Type 2 diabetes is the most common form of diabetes, generally having a later onset than Type 1 diabetes, people with Type 2 diabetes produce insulin, but do not produce enough, and/or cannot use it effectively. It involves a genetic component, but is largely preventable and is often associated with lifestyle factors including physical inactivity, poor diet, being overweight or obese, and tobacco smoking. Type 2 diabetes can be managed with changes to diet and exercise, oral glucose-lowering medications, non-insulin injectable glucose-lowering medications, insulin injections, or a combination of these methods (RACGP 2020). Although it has typically been considered a disease of older people, reports show that it is being diagnosed at younger ages than in the past. Almost 1 million Australian adults had Type 2 diabetes in 2017–18 (ABS 2018).

As of July 2021, nationally, 73.4% of regular clients of all ages who had a recorded diagnosis of Type 2 diabetes had an HbA1c result recorded within the previous 12 months in their GP record. This varied from 66.5% to 82.1% across PHNs.

Figure 2: Proportion of regular clients with a recorded diagnosis of Type 2 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2021

Figure 2: Proportion of regular clients with a recorded diagnosis of Type 2 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2021

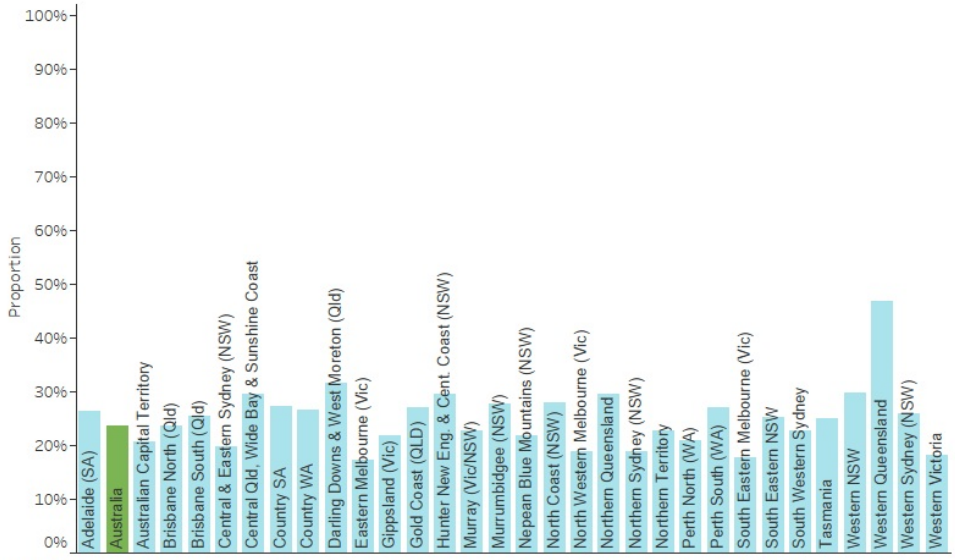


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021

Notes:

See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Undefined diabetes

As of July 2021, nationally, 66.3% of regular clients of all ages who had undefined diabetes recorded had an HbA1c result recorded within the previous 12 months in their GP record. This varied from 58.1% to 76.4% across PHNs.

Figure 3: Proportion of regular clients with undefined diabetes recorded and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2021

Figure 3: Proportion of regular clients with undefined diabetes recorded and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2021

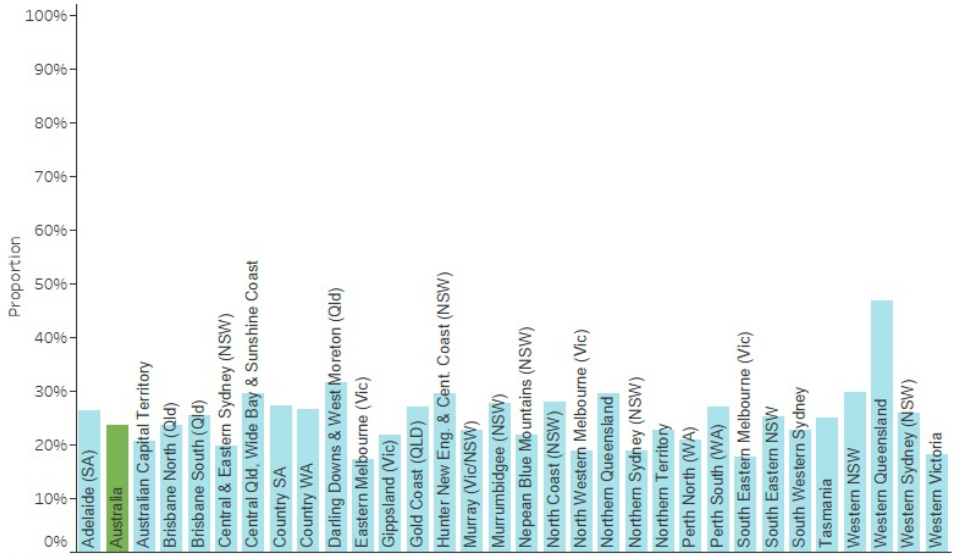


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular clients of all ages who had an HbA1c result recorded within the previous 12 months in their GP record, remained constant:

- at 57.9% and 59.0% for Type 1 diabetes.
- at 72.3% and 73.4% for Type 2 diabetes.
- at 64.7% and 66.3% for undefined diabetes.

Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021

Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021

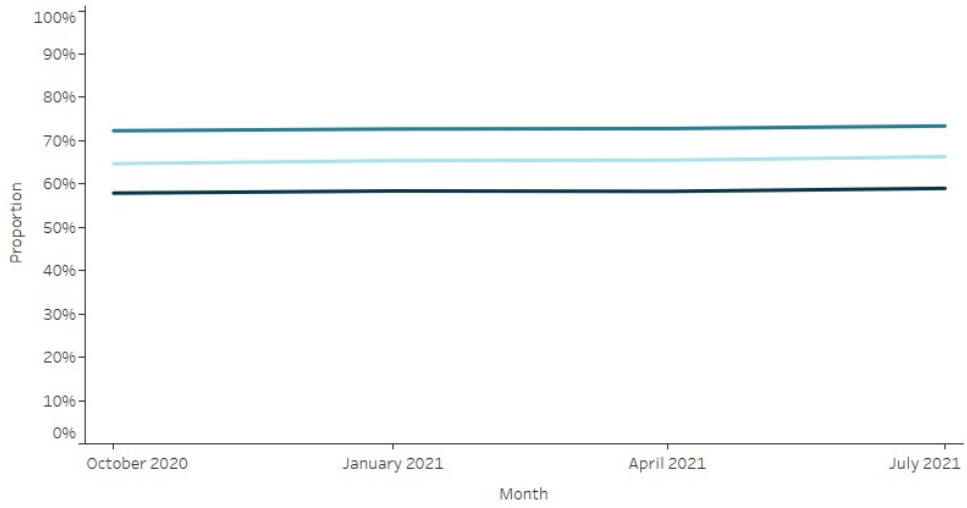


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Type 1 diabetes Type 2 diabetes Undefined

National proportion of regular clients with diabetes and a current HbA1c result by age and sex

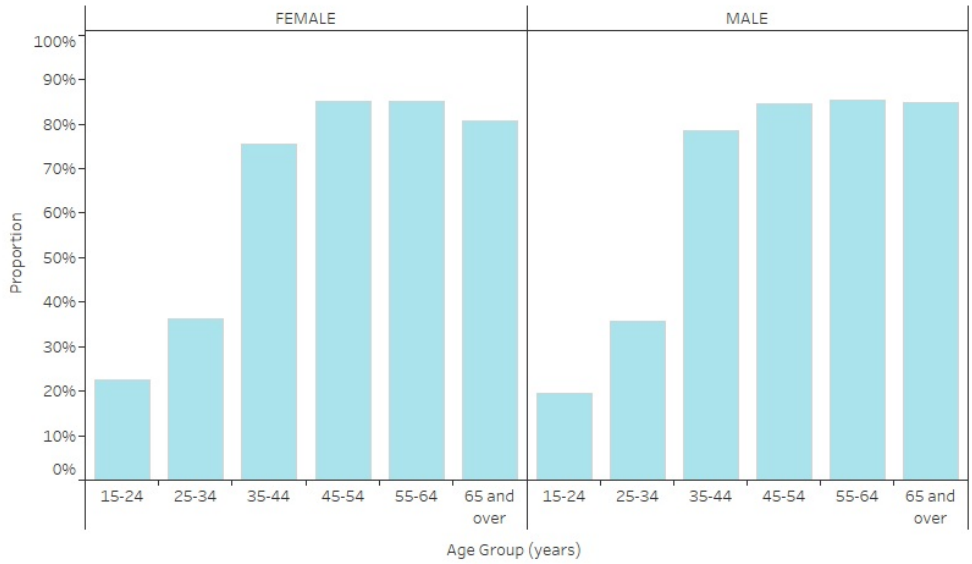
Type 1 diabetes

As of July 2021, nationally, the proportion of regular clients of all ages who had Type 1 diabetes and who had an HbA1c result recorded within the previous 12 months in their GP record, increased with age and was:

- highest in the 65 years and over age group for both females (74.1%) and males (75.2%).
- lowest in the 0–14 years age group for both females (22.4%) and males (20.1%).

Figure 5: Proportion of regular clients with Type 1 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2021

Figure 5: Proportion of regular clients with Type 1 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

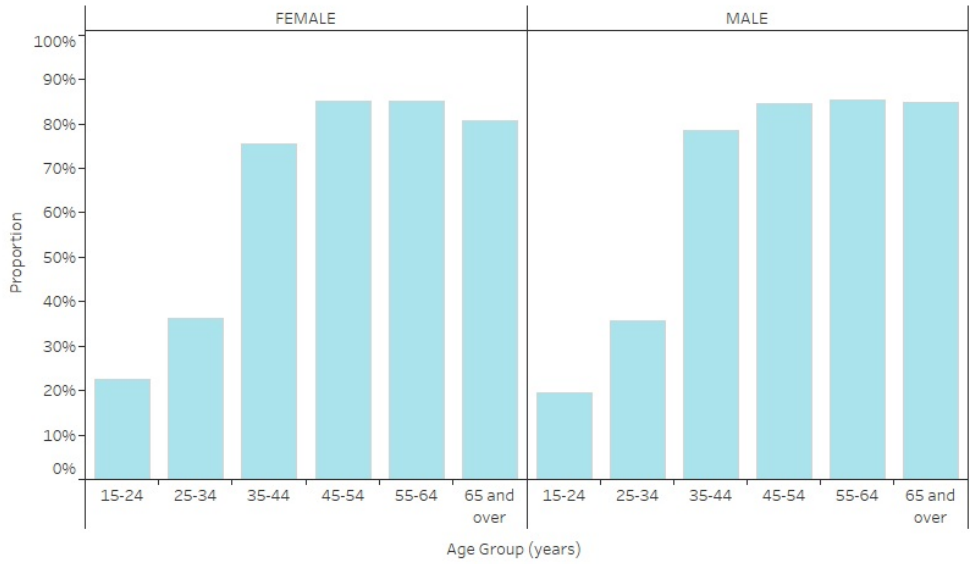
Type 2 diabetes

As of July 2021, nationally, the proportion of regular clients of all ages who had Type 2 diabetes and who had an Hb1Ac result recorded in their GP record within the previous 12 months also increased with age and was:

- highest in the 65 years and over age group for both females (74.6%) and males (76.1%).
- lowest in the 0-14 years age group for both females (14.9%) and males (12.7%).

Figure 6: Proportion of regular clients with Type 2 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2021

Figure 6: Proportion of regular clients with Type 2 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

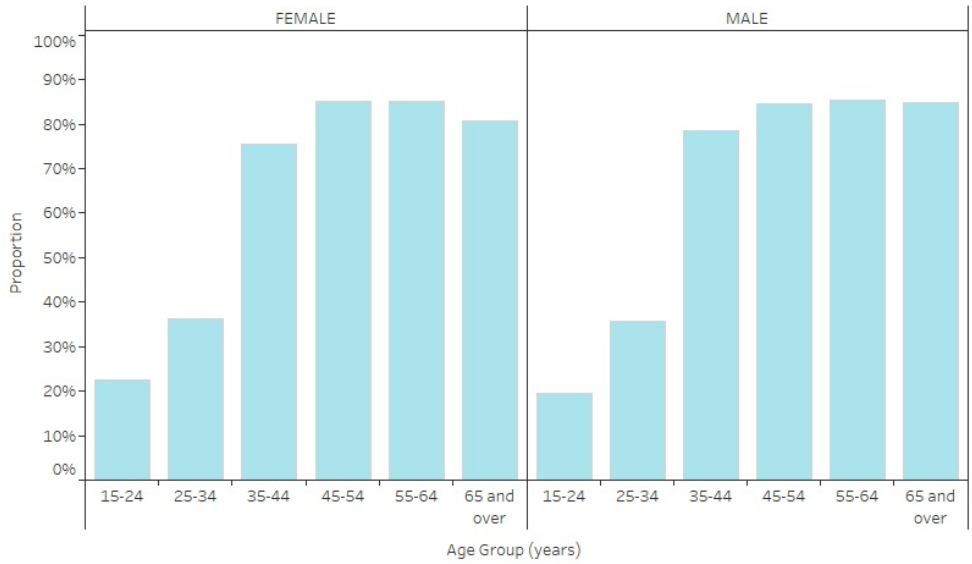
Undefined diabetes

As of July 2021, nationally, the proportion of regular clients of all ages who had undefined diabetes and who had an HbA1c result recorded in their GP record also increased with age and was:

- highest in the 65 years and over age group for both females (68.3%) and males (69.2%).
- lowest in the 0-14 years age group for both females (15.7%) and males (9.5%).

Figure 7: Proportion of regular clients with undefined diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2021

Figure 7: Proportion of regular clients with undefined diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- A client is classified as having diabetes for this measure, if they have Type 1 or Type 2 or undefined diabetes as a diagnosis in their GP record.
- Clinical definitions for diabetes vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
- Any clients who had gestational diabetes but also have Type 1 or 2 diabetes are included in the measure.
- Multidisciplinary care delivered by multiple providers are often required to safely manage patients with diabetes and its complications. For example, younger patients and patients with Type 1 diabetes are more likely to receive shared care from specialist services. Missing information on HbA1c for these patients could relate to the information not being shared electronically between the specialist services and general practices.
- Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.
- Clients are excluded from the measure if they:
  - had secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance,
  - had results from measurements conducted outside of the service which were not available to the service and had not visited the service in the previous 12 months.
- There are other administrative data collections where the data from these client-provider interactions are captured for example, Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, the Australasian Paediatric Endocrine Groups (APEG) state and territory registers.

References

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Department of Health 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care - Data Validation Project Report. Canberra: Department of Health.

RACGP 2020. Management of type 2 diabetes: A handbook for general practice. East Melbourne, Vic: RACGP. Viewed 12 August 2021.

PIPQI measures

QIM 2: Proportion of regular clients with a current smoking status recorded in their GP record

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  - Regional proportions
  - National proportions by age and sex
- Proportion of regular clients with a smoking status result (QIM 2b)
  - Regional proportions
  - National proportions by age and sex

Tobacco smoking is the leading cause of preventable diseases and death in Australia. Smoking was responsible for 9.3% of the total burden of disease in Australia in 2015, making it the leading risk factor contributing to disease burden. Almost three-quarters (73%) of the burden due to smoking was due to premature death (AIHW 2019). Successful public health strategies over many decades have resulted in a significant decline in daily smoking proportions. Despite these positive changes, the harm from tobacco smoking continues to affect current smokers and ex-smokers, as well as non-smokers through their exposure to second-hand smoke (AIHW 2019).

Capture of results recorded outside of the general practice setting

Where a smoking status was recorded elsewhere (for example, smoking rehabilitation centre, community health centre etc.) and the information is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and another service), then these data may not be captured in the report.

Other sources of relevant data

Data on prevalence of health risk factors such as smoking status are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS), the National Drug Strategy Household Survey (NDSHS) conducted by the AIHW and the survey on smoking conducted by the Cancer Council Victoria.
This indicator contains two parts:

- QIM 2a - Proportion of regular clients aged 15 years and over whose smoking status has been recorded in their GP record
  - in the last 12 months for those aged 15-29; and
  - since turning 30 for those aged 30 and over.
- QIM 2b - Proportion of regular clients aged 15 years and over whose smoking status has been recorded in their GP record (in the last 12 months for those aged 15-29 and since turning 30 for those aged 30 and over) as one of the following: current smoker; ex-smoker; or never smoked.

QIM 2a - Proportion of regular clients aged 15 years and over whose smoking status has been recorded

Regional proportions

As of July 2021, nationally, 66.1% of regular clients aged 15 years and over had their smoking status recorded in their GP record (where recorded means in the previous 12 months for those aged 15-29 and since the age of 30 for those aged 30 years and over). This varied from 55.4% to 73.7% across PHNs.

Figure 8: Proportion of regular clients aged 15 years and over with a smoking status recorded, in their GP record, by PHN, July 2021

Figure 8: Proportion of regular clients aged 15 years and over with a smoking status recorded, in their GP record, by PHN, July 2021

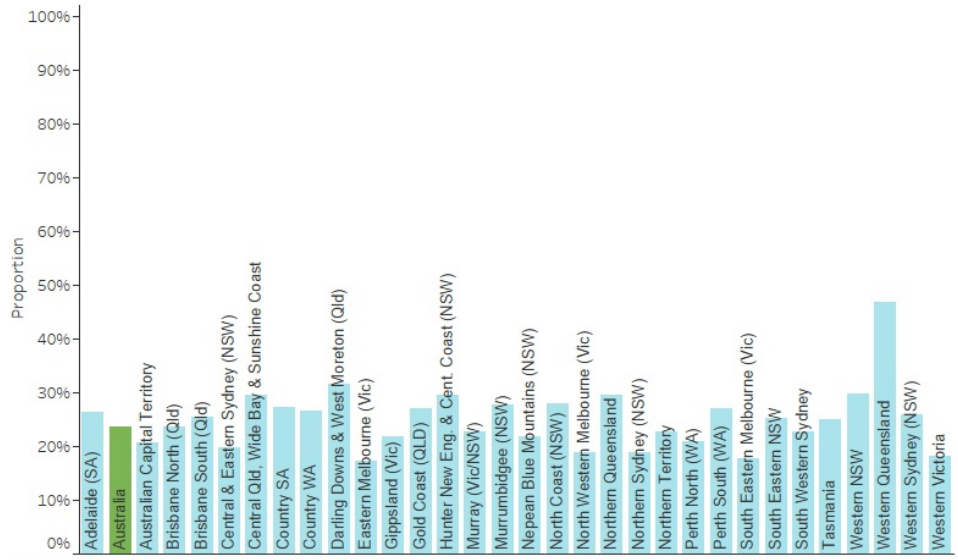


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021

Notes:

See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Nationally between October 2020 and July 2021, the proportion of regular clients with a smoking status recorded in their GP record decreased by 2.3%, from 68.4% and 66.1% respectively.

Figure 9: National proportion of regular clients aged 15 years and over with a smoking status recorded, in their GP record, October 2020 to July 2021

Figure 9: National proportion of regular clients aged 15 years and over with a smoking status recorded, in their GP record, by PHN, July 2021

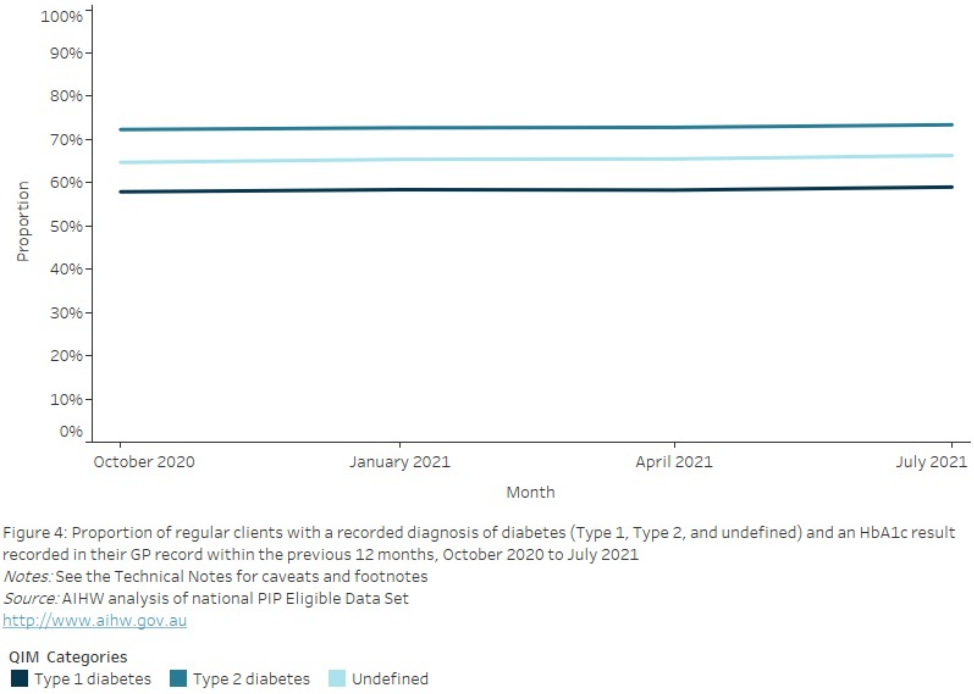


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021

Notes: See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Proportion of regular clients aged 15 years and over whose smoking status has been recorded by age and sex

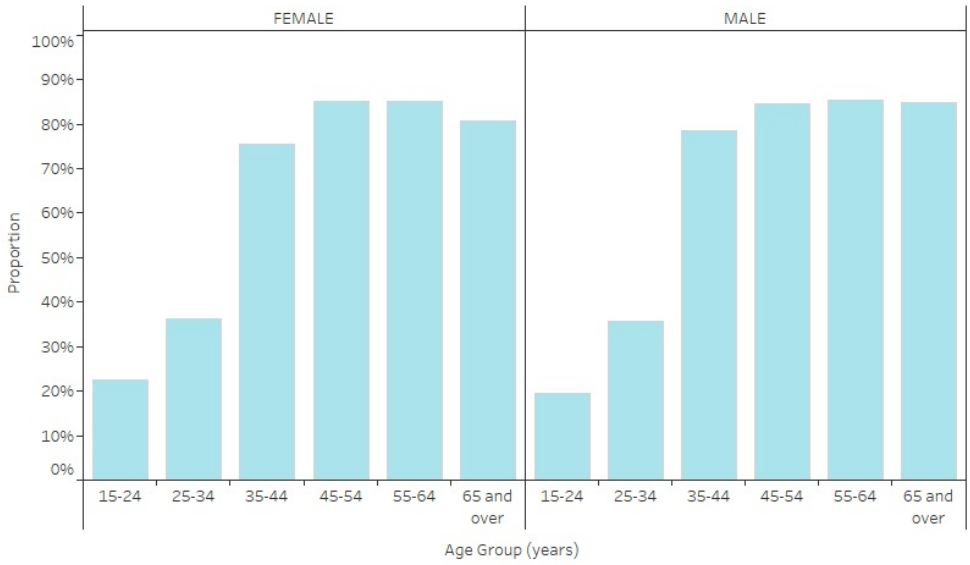
Separate graphs are provided for the 15-34 years and the 35 years and over age groups. It is difficult to compare the results captured in Figures 10a and 10b because the counting rules for whether smoking status is recorded changes from the age of 30 years. The age group most affected by this change, 25-34 years, cannot be separated due to the way the specifications were developed. The AIHW is working with stakeholders to review the counting rules behind these specifications and to align the data capture.

As of July 2021, nationally, the proportion of regular clients who were aged 15 to 34 years, whose most recent smoking status was recorded in their GP was:

- 22.4% and 19.6% respectively for females and males aged 15 to 24 years and
- 36.1% and 35.8% respectively for females and males aged 25 to 34 years.

Figure 10a: Proportion of regular clients aged 15-34 years with a smoking status recorded in their GP record, by age and sex, July 2021

Figure 10a: Proportion of regular clients aged 15-34 years with a smoking status recorded in their GP record, by age and sex, July 2021



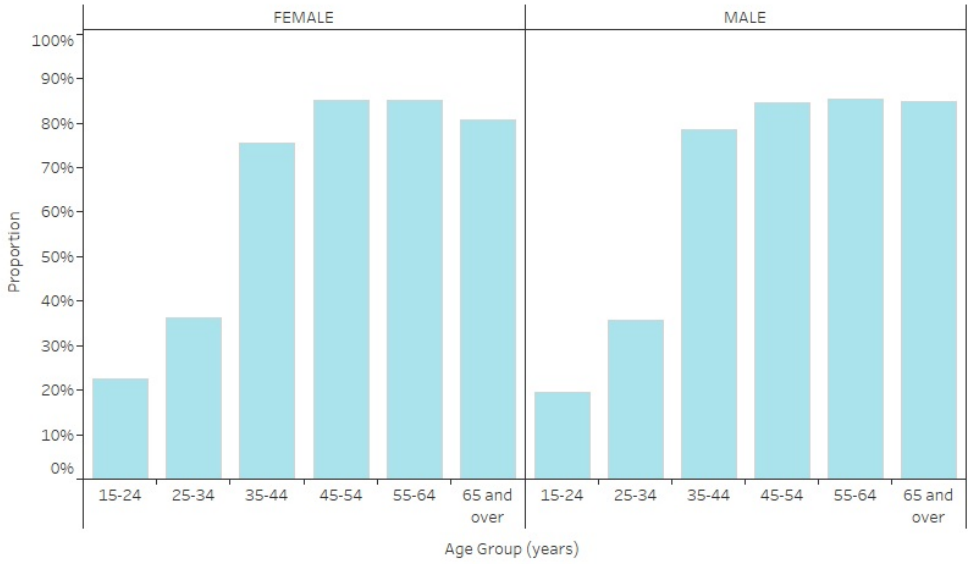
All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, the proportion of regular clients who were aged 35 years and over (whose most recent smoking status was recorded in their GP record since turning 30 years) increased with age and was:

- highest in the 55-64 year age group for both females (85.1%) and males (85.3%).
- lowest in the 35-44 year age group for both females (75.4%) and males (78.6%).

Figure 10b: Proportion of regular clients aged 35 years and over with a smoking status recorded in their GP record, since turning 30 years, by age and sex, July 2021

Figure 10b: Proportion of regular clients aged 35 years and over with a smoking status recorded in their GP record, since turning 30 years, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 2b - Proportion of regular clients aged 15 years and over whose smoking status has been recorded as either current smoker, ex-smoker, or never smoked

Regional Proportion

As of July 2021, nationally, 14.7% of regular clients aged 15 years and over, whose smoking status was recorded in their GP record, were classified as current smokers. This varied from 7.4% to 23.5% across PHNs.

Figure 11: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as a “current smoker”, by PHN, July 2021

Figure 11: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as a “current smoker”, by PHN, July 2021

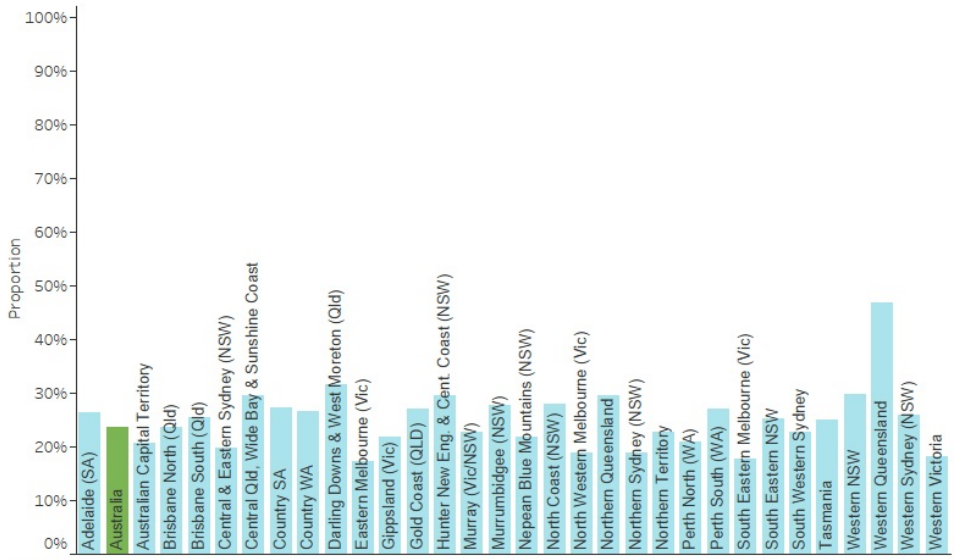


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, 22.4% of regular clients aged 15 years and over whose smoking status was recorded in their GP record were classified as ex-smokers. This varied from 13.9% to 31.8% across PHNs.

Figure 12: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as an “ex-smoker”, by PHN, July 2021

Figure 12: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as an “ex-smoker”, by PHN, July 2021

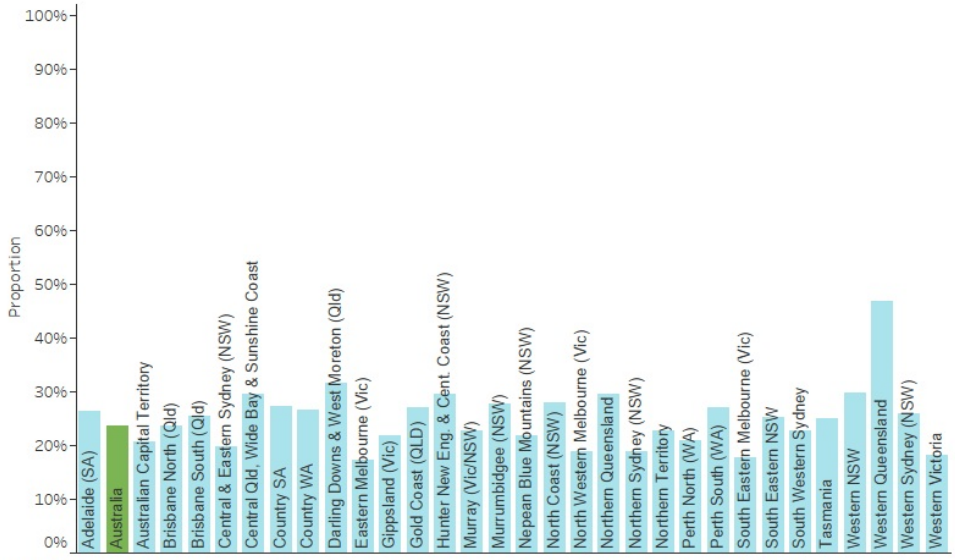


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
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Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, 62.8% of regular clients aged 15 years and over whose smoking status was recorded in their GP record were classified as never having smoked. This varied from 50.8% to 74.9% across PHNs.

Figure 13: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as “never smoked”, by PHN, July 2021

Figure 13: Proportion of regular clients aged 15 years and whose smoking status was recorded in their GP record who were classified as “never smoked”, by PHN, July 2021

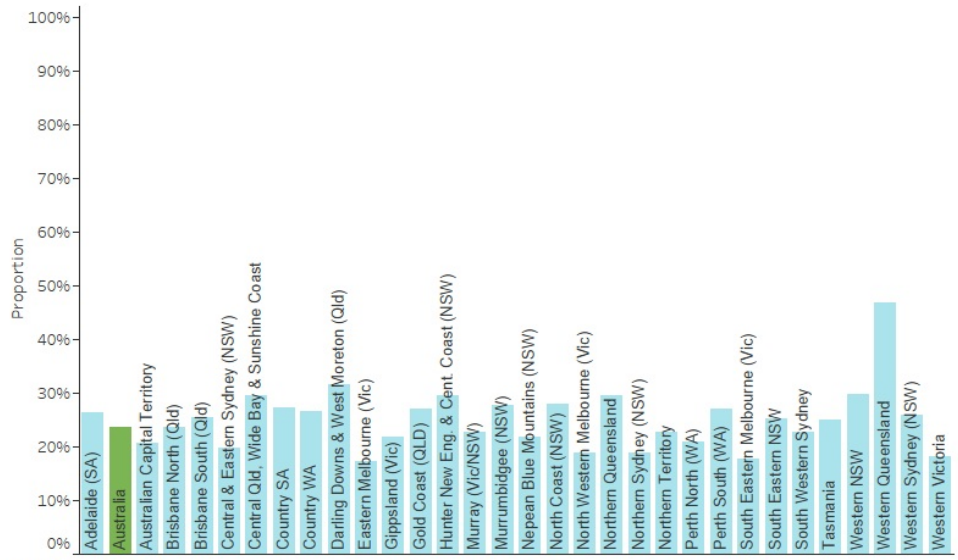


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

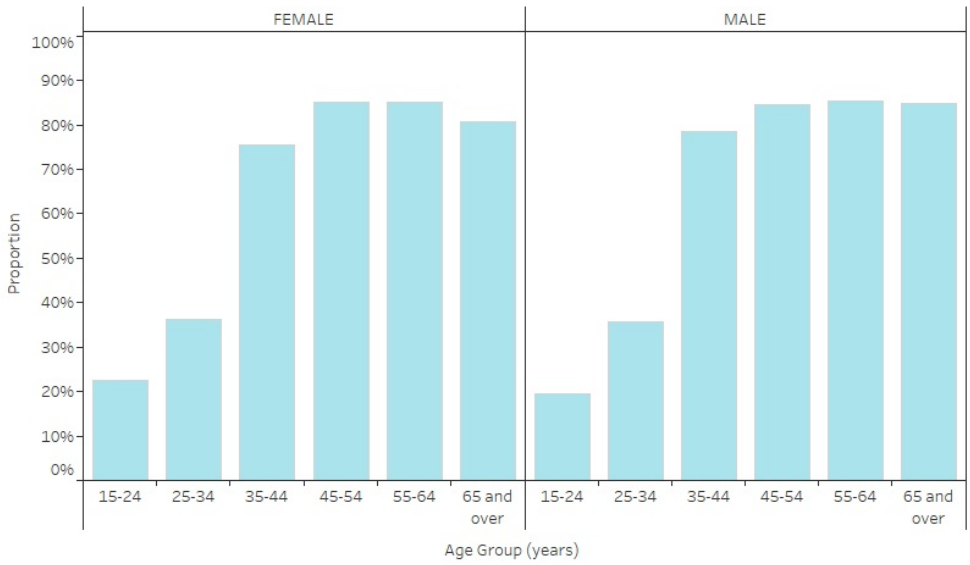
National proportions by age and sex

As of July 2021, nationally, the proportion of regular clients whose smoking status was recorded in their GP record and who were classified as current smokers was:

- highest in the 45-54 year age group for females (16.0%).
- highest in the 25-34 year age group for males (25.1%).
- lowest in the 65 and over year age group for both females (6.4%) and males (8.4%).

Figure 14: Proportion of regular clients aged 15 years and over with a record of smoking status as “current smoker”, in their GP record, by age and sex, July 2021

Figure 14: Proportion of regular clients aged 15 years and over with a record of smoking status as “current smoker”, in their GP record, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

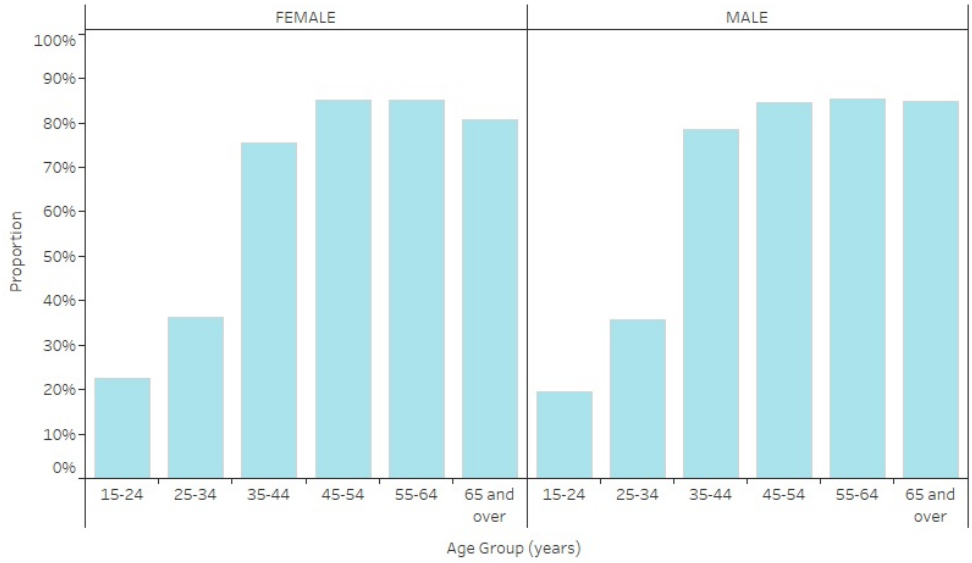
As of July 2021, nationally, the proportion of regular clients whose smoking status was recorded in their GP record and who were classified as ex-smokers was:

- highest in the 65 and over year age group for both females (24.6%) and males (41.2%).

- lowest in the 15-24 year age group for both females (4.1%) and males (4.5%).

Figure 15: Proportion of regular clients aged 15 years and over with a record of smoking status as “ex-smoker”, in their GP record, by age and sex, July 2021

Figure 15: Proportion of regular clients aged 15 years and over with a record of smoking status as “ex-smoker”, in their GP record, by age and sex, July 2021



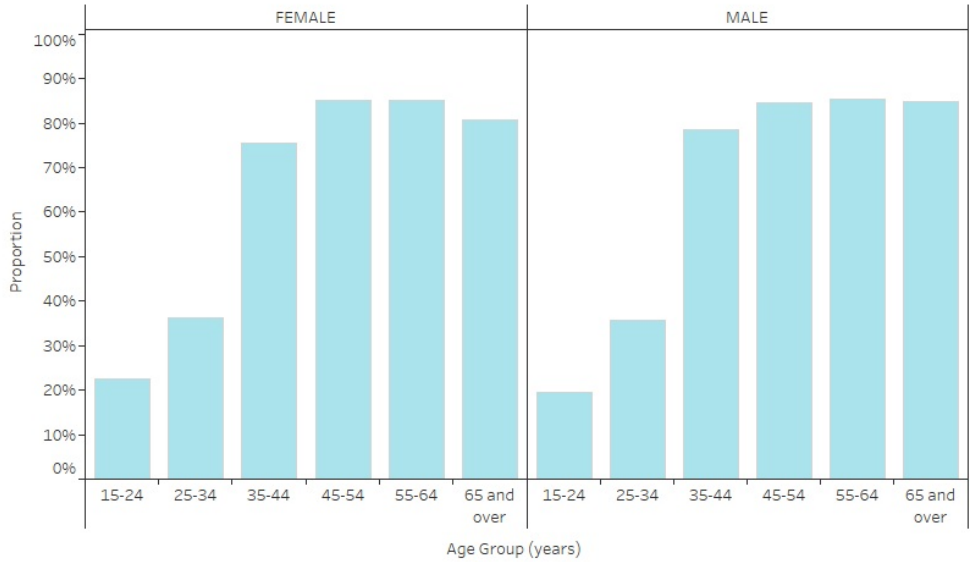
All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, the proportion of regular clients whose smoking status was recorded in their GP record and who were classified as never having smoked was:

- highest in the 15-24 year age group for both females (82.2%) and males (76.1%).
- lowest in the 55–64 and over year age group for females (61.5%).
- lowest in the 65 and over year age group for males (50.4%).

Figure 16: Proportion of regular clients aged 15 years and over with a record of smoking status as “never smoked”, in their GP record, by age and sex, July 2021

Figure 16: Proportion of regular clients aged 15 years and over with a record of smoking status as “never smoked”, in their GP record, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally between October 2020 and July 2021, the proportion of regular clients with:

- a smoking status of “current smoker” decreased by 2.2% from 16.9% to 14.7% respectively.
- a smoking status of “ex-smokers” increased by 0.7% from 21.7% to 22.4% respectively.
- a smoking status of “never smoked” increased by 1.5% from 61.4% to 62.9% respectively.

Figure 17: Proportion of regular clients aged 15 years and over with a record of smoking status, in their GP record, October 2020 to July 2021

Figure 17: Proportion of regular clients aged 15 years and over with a record of smoking status, in their GP record, October 2020 to July 2021

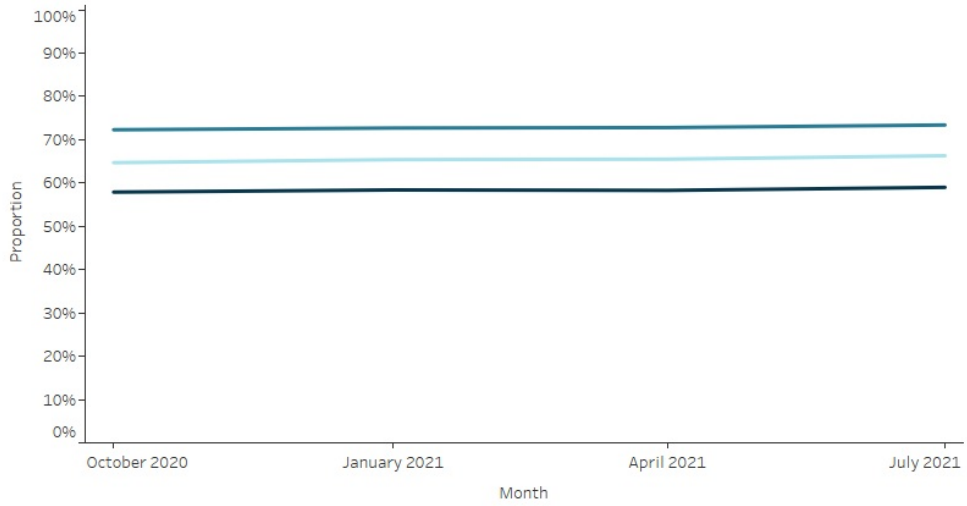


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Type 1 diabetes Type 2 diabetes Undefined

Caveats and footnotes

QIM 2a: smoking status recorded

- Clients aged between 15 and 29 years of age are included if their smoking status has been recorded within the past 12 months.
- Clients aged 30 years and over are included if their smoking status has been recorded since they were 30.
- Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.

QIM 2b: smoking status result

- Includes only those clients with a smoking status recorded as defined in the numerator of QIM 2a.
- The combined categories of Current, Ex and Never Smoked were used to define the total QIM 2b denominator.
- Results of “Daily smoker”, “weekly smoker” and “irregular smoker” are aggregated into “Current smoker”.
- The most recently recorded result is included in the measure, which are
  - Clients aged between 15 and 29 years of age are included if their smoking status has been recorded within the past 12 months.
  - Clients aged 30 years and over are included if their smoking status has been recorded since they were 30.

References

AIHW 2019. Burden of tobacco use in Australia: Australian Burden of Disease Study 2015. Australian Burden of Disease series no. 21. Cat. no. BOD 20. Canberra: AIHW. doi:10.25816/5ebca654fa7de

PIPQI measures

QIM 3: Proportion of regular clients with a current height and weight classification recorded in their GP record and a derived BMI result

On this page

- Overview
- Proportion of regular clients with a weight classification recorded (3a)
  - Regional proportions
  - National proportions by age and sex
- Proportion of regular clients with a weight classification result (3b)
  - Regional proportions
  - National proportions by age and sex

In 2017-18, two thirds (67.0%) of Australian adults aged 18 years and over were overweight or obese (12.5 million people) (ABS 2018). Being overweight, obese or underweight is associated with higher rates of morbidity, and overweight and obesity is a major public health issue in Australia. Overweight and obesity are risk factors for Type 2 diabetes, cardiovascular disease, hypertension, osteoarthritis, some cancers, and gallbladder disease. Being overweight or obese is also associated with certain psychosocial problems, functional limitations, and disabilities. On the other hand, being underweight may cause malnourishment and lead to compromised immune function, respiratory disease, digestive diseases, cancer, and osteoporosis.

Other sources of relevant data

Data on measured height, weight and BMI are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS).
This indicator contains two parts, assessing the proportion of regular clients 15 years of age and older who:

- QIM 3a - had a height and weight measurement recorded in their GP record within the previous 12 months, from which a Body Mass Index (BMI) was derived
- QIM 3b - had their BMI classified as either underweight, healthy, overweight, or obese derived from the current height and weight recorded in their GP record.

QIM 3a – Proportion of regular clients aged 15 years and over whose height and weight have been recorded

Regional proportions

As of July 2021, nationally, 23.6% of regular clients aged 15 years and over had their height and weight measurements recorded in their GP record within the previous 12 months. This varied from 17.2% to 46.9% across PHNs.

Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021

Figure 18: Proportion of regular clients aged 15 years and over with an height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021

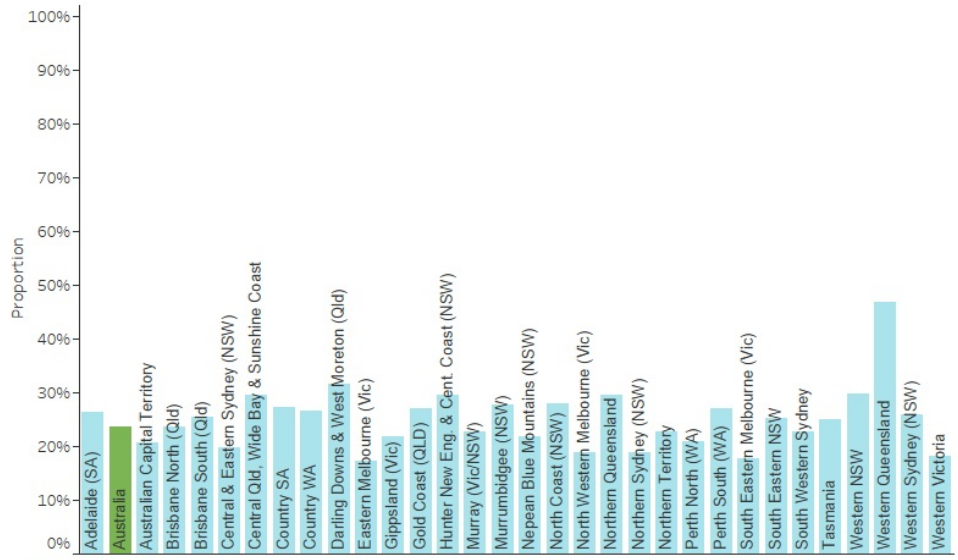


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021

Notes:

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Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

For clients aged 15-24 years, the BMI is included only if both the height and weight measurement have been recorded in their GP record in the previous 12 months. For those aged 25 years and over, the BMI is included in these data if the height measurement has been recorded since the client turned 25 years of age, and if the weight measurement has also been recorded in the GP record within the previous 12 months.

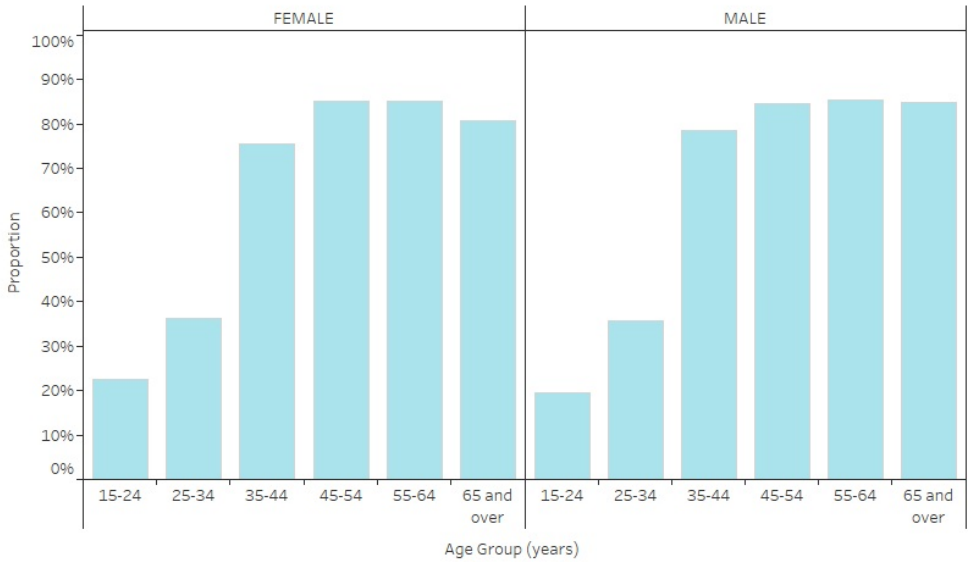
Proportion of regular clients aged 15 years and over whose height and weight have been recorded by age and sex

As of July 2021, nationally, the proportion of regular clients who had their height and weight recorded in their GP record in the previous 12 months, increased with age and was:

- highest in the 65 years and over age group for both females (33.8%) and males (34.5%).
- lowest in the 15–24 years age group for both females (16.1%) and males (10.7%), noting the different requirement for this age group that both height and weight be recorded in the previous 12 months.

Figure 19: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, by age and sex, July 2021

Figure 19: Proportion of regular clients aged 15 years and over with height and weight recorded in their GP record within the previous 12 months, by age and sex, July 2021



All, July 2021

Notes:

All See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Nationally between October 2020 and July 2021, the proportion of regular clients aged 15 years and over with a height and weight recorded in their GP record within the previous 12 months remained constant at 22.6% and 23.6% respectively.

Figure 20: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, October 2020 to July 2021

Figure 20: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, October 2020 to July 2021

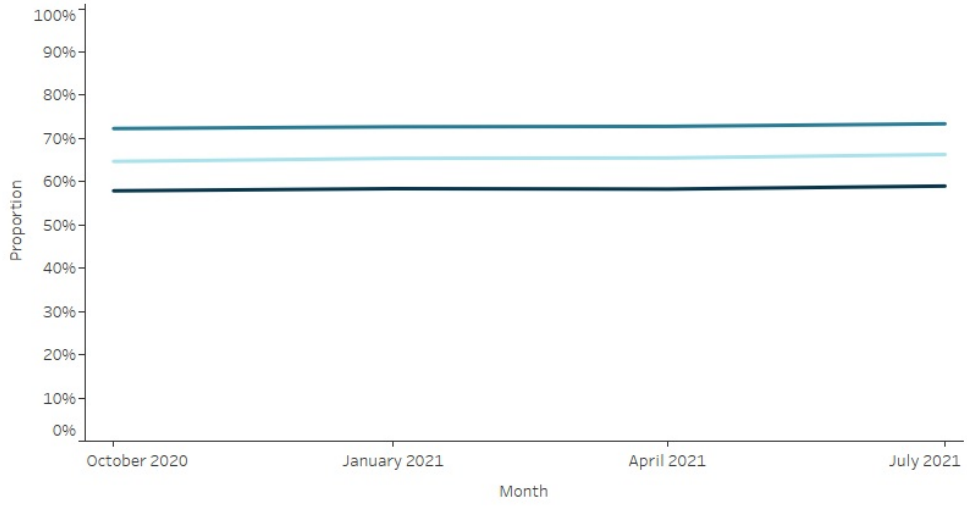


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
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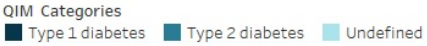

QIM 3b - Proportion of regular clients aged 15 years and over whose BMI status was classified as either underweight, healthy, overweight, or obese

Regional proportions

As of July 2021, nationally, 2.0% of regular clients aged 15 years and over who had their height and weight recorded in their GP record in the previous 12 months, were classified as having a BMI within the underweight range. This varied from 1.4% to 2.7% across PHNs.

Figure 21: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “underweight”, by PHN, July 2021

Figure 21: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “underweight”, by PHN, July 2021

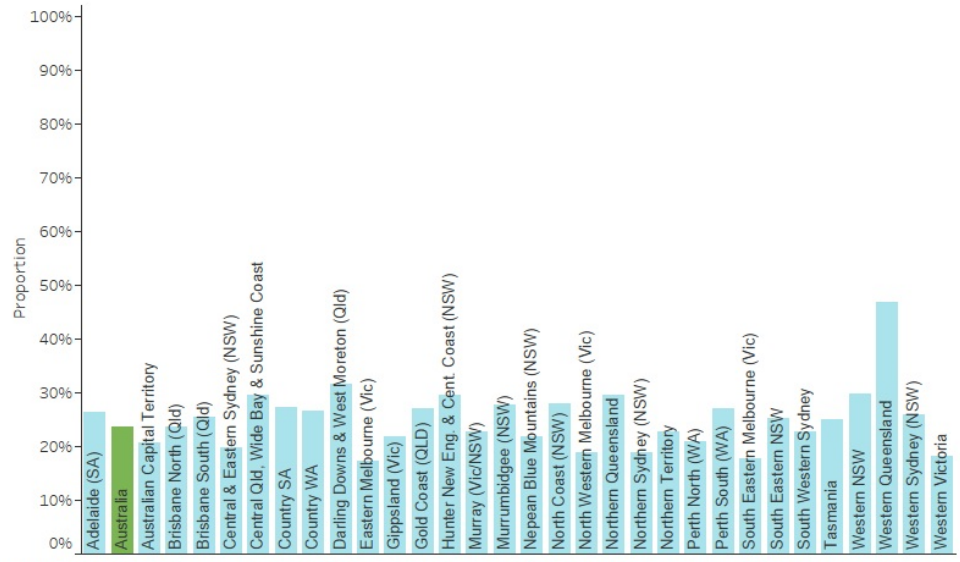

Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, 25.8% of those regular clients aged 15 years and over who had their height and weight recorded in their GP record in the previous 12 months, were classified as having a BMI within the healthy range. This varied from 19.1% to 37.0% across PHNs.

Figure 22: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification of "healthy", by PHN, July 2021

Figure 22: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification of "healthy", by PHN, July 2021

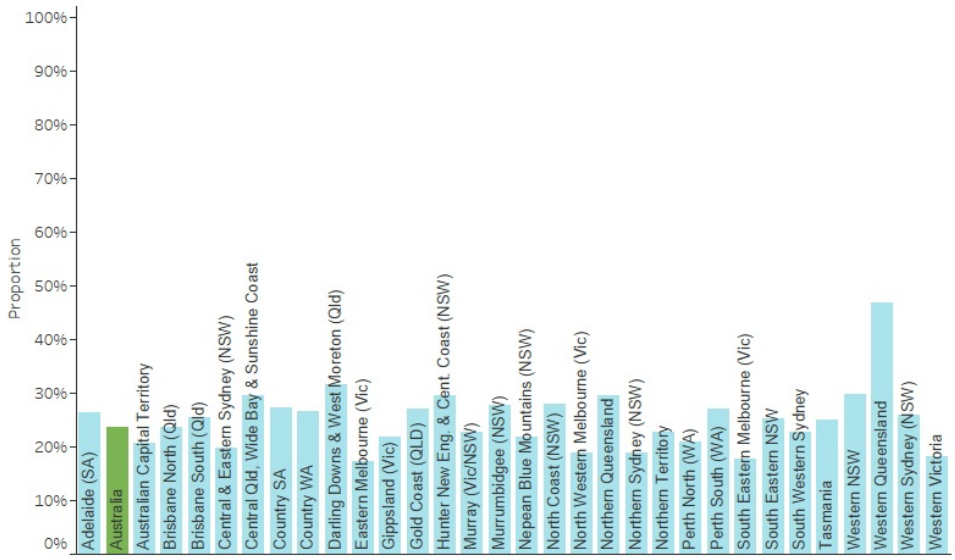

Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
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http://www.aihw.gov.au

As of July 2021, nationally, 32.5% of regular clients aged 15 years and over who had their height and weight recorded in their GP record in the previous 12 months, were classified as having a BMI within the overweight range. This varied from 29.1% to 35.0% across PHNs.

Figure 23: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "overweight", by PHN, July 2021

Figure 23: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "overweight", by PHN, July 2021

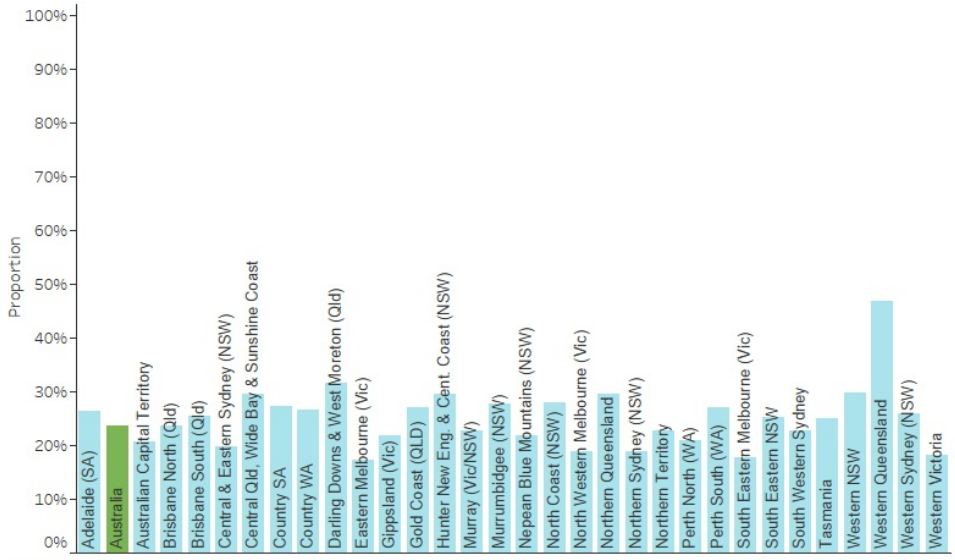

Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
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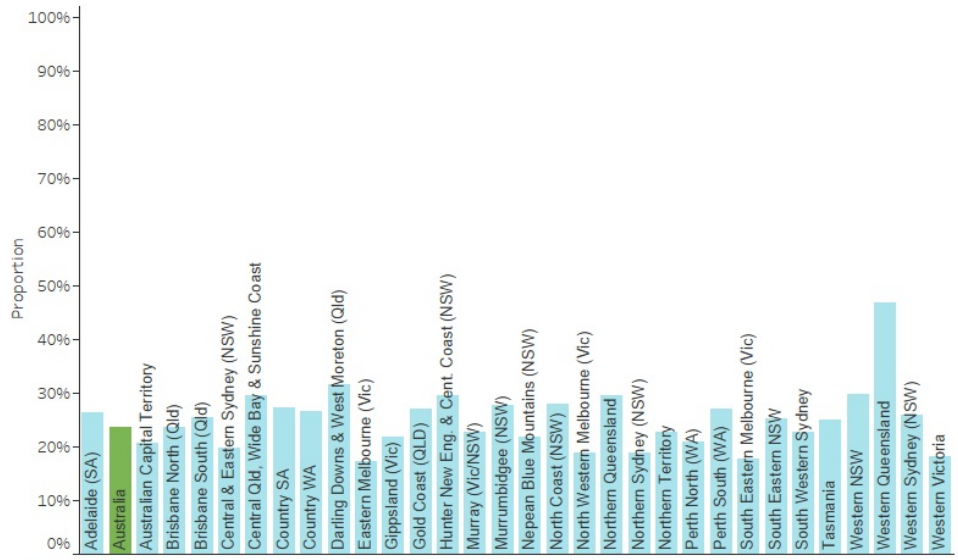
As of July 2021, nationally, 39.8% of regular clients aged 15 years and over who had their height and weight recorded in their GP record in the previous 12 months, were classified as having a BMI within the obese range. This varied from 25.2% to 49.0% across PHNs.

Figure 24: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "obese", by PHN, July 2021

Figure 24: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “obese”, by PHN, July 2021



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Notes:
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Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally between October 2020 and July 2021, of those who had their height and weight recorded in their GP record within the previous 12 months:

- a BMI status of “underweight” remained constant at 2.1% and 2.0% respectively
- a BMI status of “healthy” remained constant at 26.1% and 25.8% respectively.
- a BMI status of “overweight” remained constant at 32.4% and 32.5%.
- a BMI status of “obese” remained constant at 39.4% and 39.8% respectively.

Figure 25: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, by BMI classification, October 2020 to July 2021

Figure 25: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, by BMI classification, October 2020 to July 2021

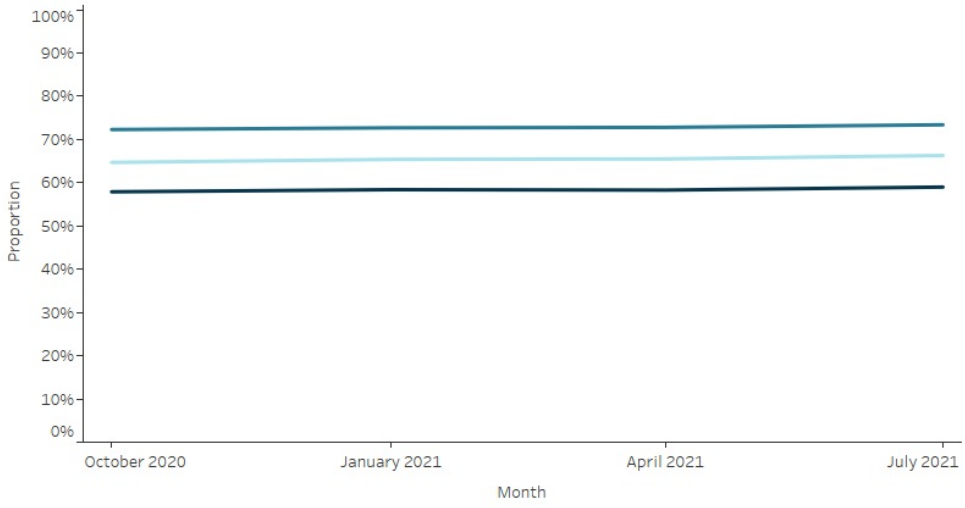

Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
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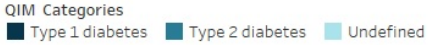


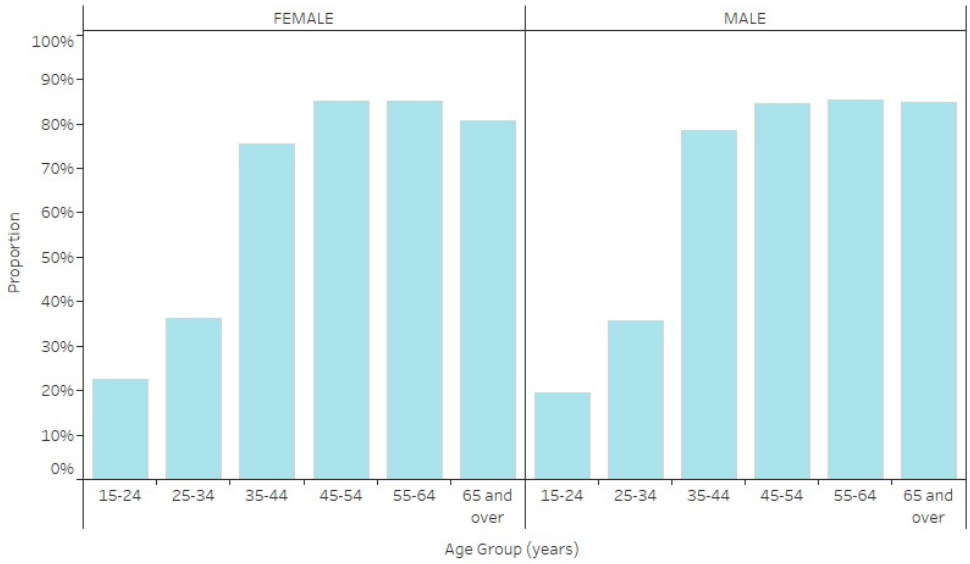
Proportion of regular clients aged 15 years and over whose BMI status was recorded in their GP record and classified as either underweight, healthy, overweight, or obese, by age and sex

As of July 2021, nationally, the proportion of regular clients with their height and weight recorded in their GP record in the previous 12 months, who were classified as having a BMI in the underweight range was:

- highest in the 15–24 years age group for both females (8.7%) and males (7.1%).
- lowest in the 45–54 years age group for females (1.4%).
- lowest in the 35-44 years and 45-54 years age groups for males (0.5%).

Figure 26: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “underweight”, by age and sex, July 2021

Figure 26: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “underweight”, by age and sex, July 2021



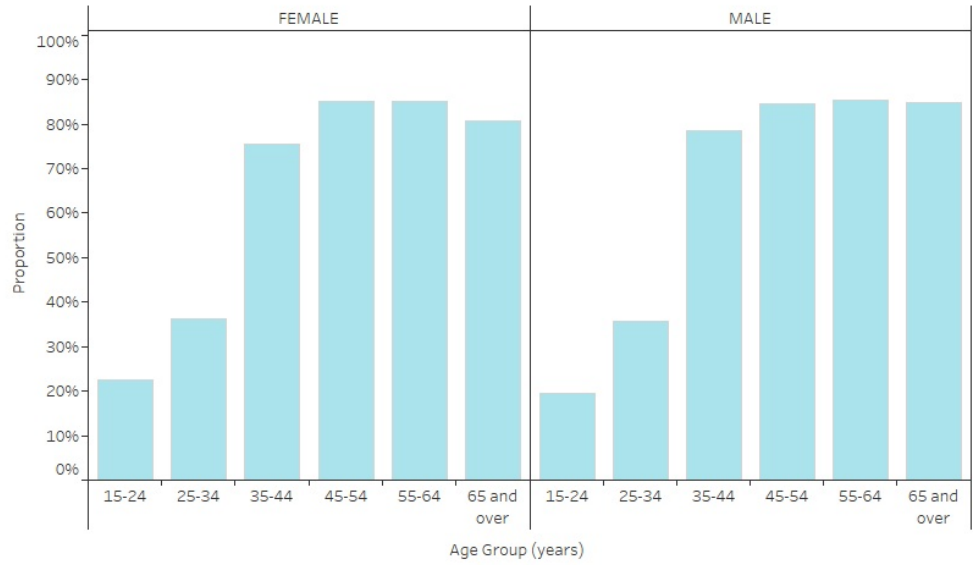
All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, the proportion of regular clients with their height and weight recorded in their GP record in the previous 12 months, who were classified as having a BMI in the healthy range was:

- highest in the 15–24 years age group for both females (46.7%) and males (45.6%)
- lowest in the 55–64 years age group for females (23.7%).
- lowest in the 45–54 years age group for males (15.5%).

Figure 27: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “healthy”, by age and sex, July 2021

Figure 27: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “healthy”, by age and sex, July 2021



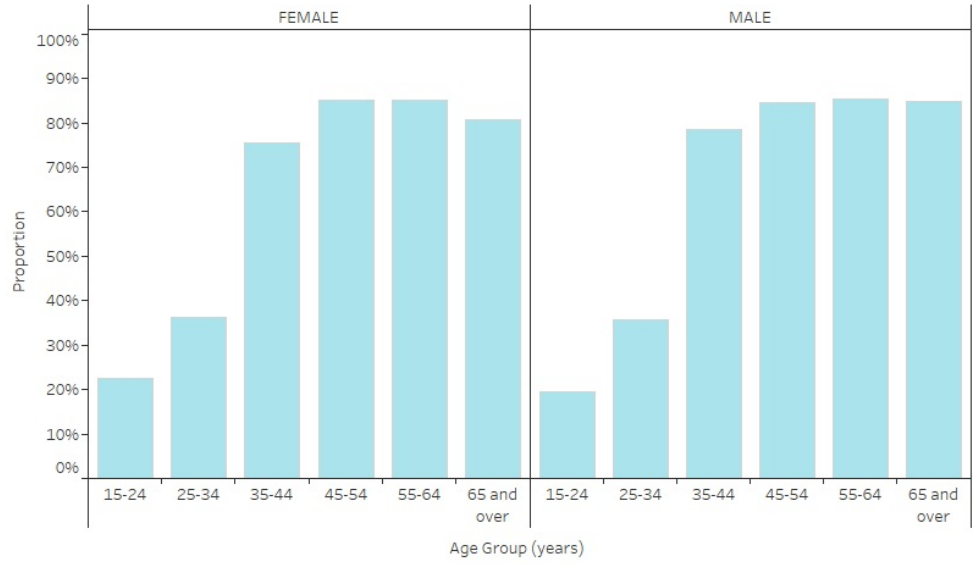
All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, the proportion of regular clients with their height and weight recorded in their GP record in the previous 12 months, who were classified as having a BMI in the overweight range was:

- highest in the 65 years and over age group for both females (32.4%) and males (41.4%).
- lowest in the 15–24 years age group for both females (20.3%) and males (23.3%).

Figure 28: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "overweight", by age and sex, July 2021

Figure 28: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "overweight", by age and sex, July 2021



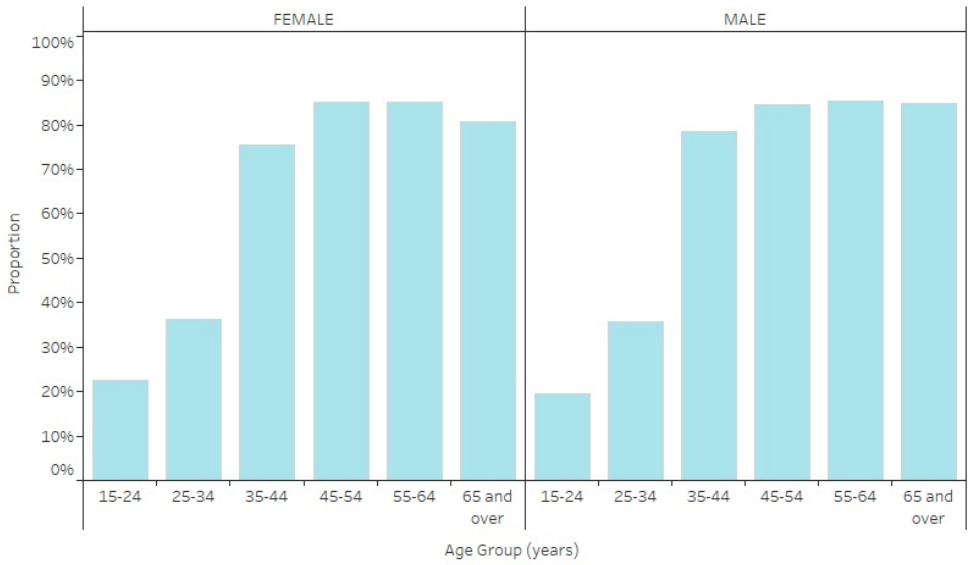
All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2021, nationally, the proportion of regular clients with their height and weight recorded in their GP record in the previous 12 months, who were classified as having a BMI in the obese range was:

- highest in the 45–54 years age group for both females (46.4%) and males (47.5%).
- lowest in the 15–24 years age group for both females (24.4%) and males (24.1%).

Figure 29: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "obese", by age and sex, July 2021

Figure 29: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “obese”, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

QIM 3a: weight classification recorded

- Clients aged between 15 and 24 years are included if both the height and weight measurement have been recorded in the previous 12 months
- Clients aged 25 years and over are included if height has been recorded since the client turned 25 years of age and a weight has been recorded within the previous 12 months.
- Results arising from measurements conducted outside of the service that are known and recorded by the service are included in the measure.

QIM 3b: weight classification result

- Includes only those clients with a record of weight classification derived from a record of height and weight as defined in the numerator of QIM 03a.
- The combined categories of Underweight, Healthy, Overweight, Obese were used to define the total QIM 3b denominator.
- If the client had their BMI recorded more than once within the previous 12 months, only the most recently recorded result is included in this measure.
- Clients are excluded from the measure if they are 18 or older and either shorter than 0.914 or taller than 2.108 metres; or refused measurement.

References

ABS (Australian Bureau of Statistics) 2018. National Health Survey: first results, 2017–18. ABS cat. no. 4324.0.55.001. Canberra: ABS. Viewed 12 August 2021.

PIPQI measures

QIM 4: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months

Influenza is a common disease of the respiratory tract. It affects people of all ages. It is estimated that influenza is likely to be associated with more than 3,000 deaths and 13,500 hospitalisations each year in Australia, just in people aged >50 years (ATAGI 2018).

There are a number of groups who are at a higher risk of influenza and its complications. These groups experience higher illness and death associated with influenza than the rest of the population and adults aged ≥65 years is one of the vulnerable population groups. Therefore, annual influenza vaccination is strongly recommended for those aged ≥65 years (ATAGI 2018). The administration of influenza vaccine to persons at risk of complications of infection is the single most important measure in preventing or attenuating influenza infection and preventing mortality. There is evidence that influenza vaccine reduces hospitalisations from influenza and pneumonia and all-cause mortality in adults aged ≥65 years of age. While best practice guidelines recommend annual immunisation, a 15 month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine (Department of Health 2020).

Capture of results recorded outside of the general practice setting

Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. Where immunisation was provided elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and another service), then these data will not be captured in the report.

Other sources of relevant data

There are other administrative data collections where the data on influenza immunisation are captured, e.g. the Australian Immunisation Register (AIR).
This indicator reports on the proportion of regular clients aged 65 years and over who had an influenza immunisation status recorded in their GP record within the previous 15 months.

As of July 2021, nationally, 64.2% of regular clients aged 65 years and over had an influenza immunisation status recorded in their GP record in the previous 15 months. This varied from 47.3% to 73.5% across PHNs.

Figure 30: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, by PHN, July 2021

Figure 30: Proportion of regular clients aged 65 years and over with an influenza immunisation recorded in their GP record within the previous 15 months, by PHN, July 2021

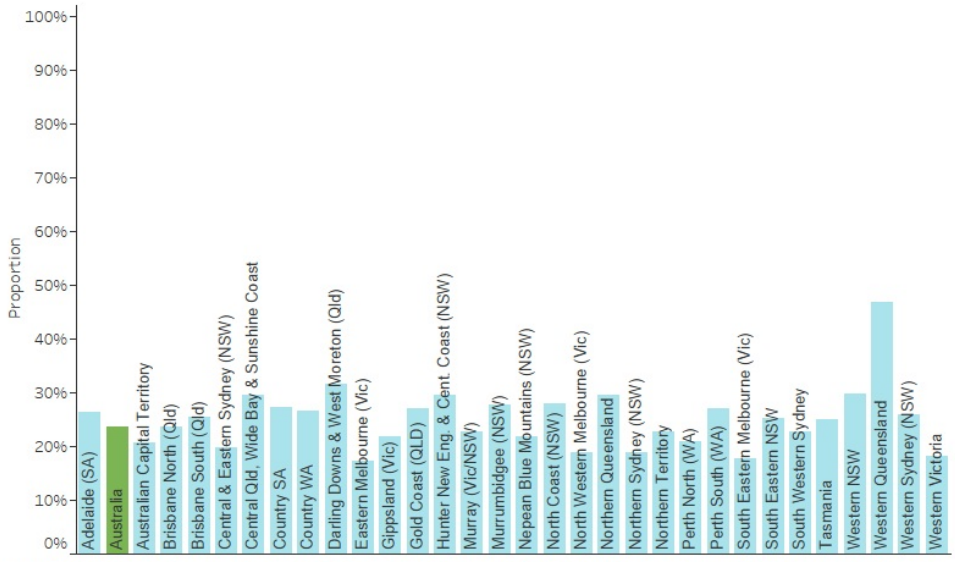


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, there was an increase of 5.7% of regular clients aged 65 years and over who had an influenza immunisation status recorded in their GP record within the previous 15 months, from 58.5% to 64.2%.

Figure 31: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, October 2020 to July 2021

Figure 31: Proportion of regular clients aged 65 years and over with an influenza immunisation recorded in their GP record within the previous 15 months, October 2020 to July 2021

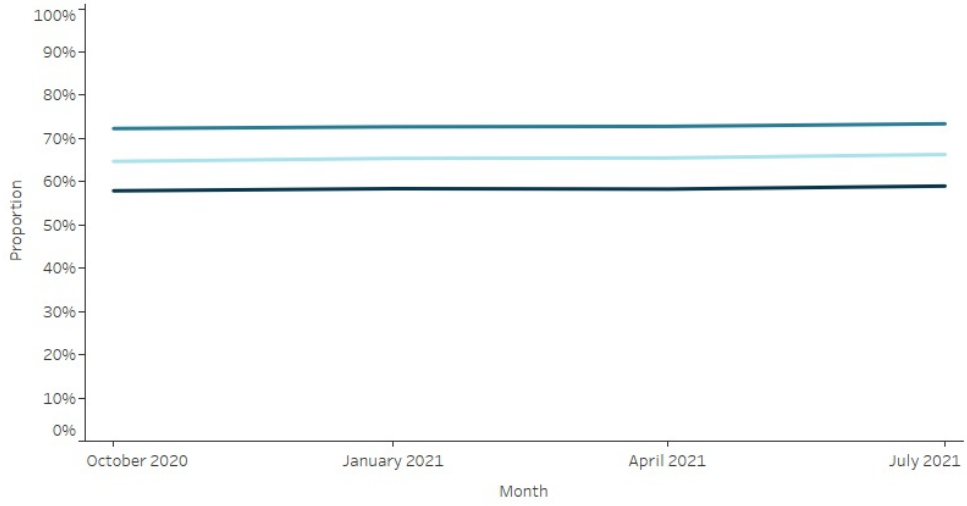
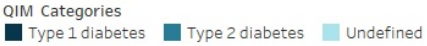


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

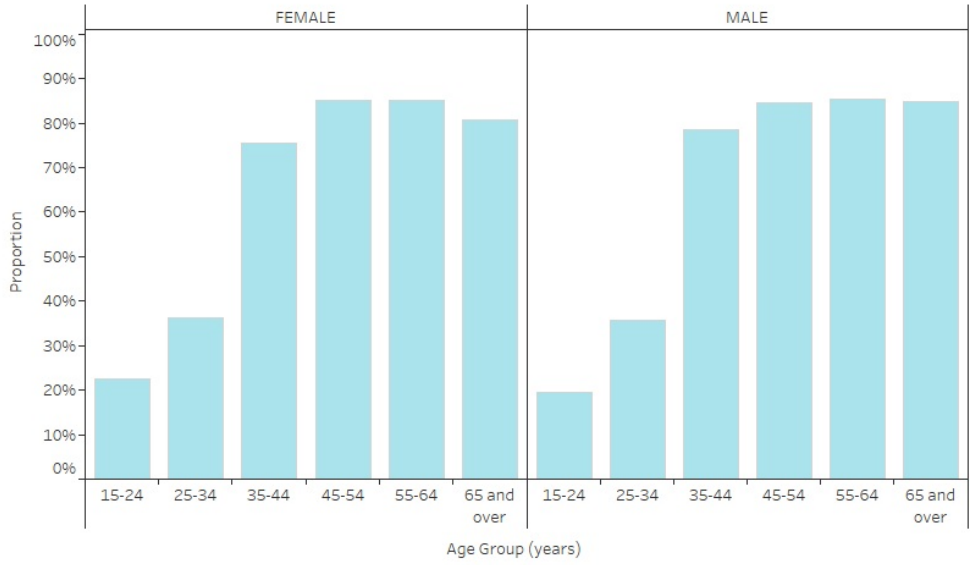


Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months by sex

As of July 2021, nationally, the proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months was 64.9% for females and 63.5% for males.

Figure 32: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, by sex, July 2021

Figure 32: Proportion of regular clients aged 65 years and over with an influenza immunisation recorded in their GP record within the previous 15 months, by sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Data for clients aged 65 and over are included if the client has been immunised against influenza within the previous 15 months.
- Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure. Where immunisation was given elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the electronic record of the client's usual general practice, then this may result in an apparent missing information.
- Clients are excluded from the measure if they:
  - did not have the immunisation due to documented medical reasons (e.g. allergy), system reasons (vaccine not available), or client reasons (e.g. refusal); or
  - had results from measurements conducted outside of the service which were not available to the service.
- There are other administrative data collections where the data on influenza immunisation are captured for example, the Australian Immunisation Register (AIR).

References

Australian Technical Advisory Group on Immunisation (ATAGI) 2018. Australian Immunisation Handbook, Australian Government Department of Health, Canberra. Viewed 12 August 2021.

Department of Health 2020. PIPQI Improvement Measures Technical Specification v1.2 22102020. Viewed 12 August 2021.

PIPQI measures

QIM 5: Proportion of regular clients with diabetes with an influenza immunisation status recorded in their GP record within the previous 15 months

Influenza is a common disease of the respiratory tract. It affects people of all ages. It is estimated that influenza is likely to be associated with more than 3,000 deaths and 13,500 hospitalisations each year in Australia, just in people aged >50 years (ATAGI 2018).

There are a number of groups who are at a higher risk of influenza and its complications. These groups experience higher illness and death associated with influenza than the rest of the population and patients with diabetes is one of the vulnerable population groups. Therefore, annual influenza vaccination is strongly recommended for patients with diabetes (ATAGI 2018).

While best practice guidelines recommend annual immunisation, a 15-month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine (Department of Health 2020).

Capture of results recorded outside of the general practice setting

Some patients may receive care from other practitioners in addition to a GP including an endocrinologist/a specialist physician, and/or other health care providers to safely manage their diabetes (RACGP 2020). Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. Where the immunisation was provided elsewhere (for example, pharmacy, work place etc.) and the information is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and another service), then these data will not be captured in the report.

Other sources of relevant data

Data on the prevalence of long-term health conditions like diabetes are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS). There are other administrative data collections where the data from these client-provider interactions are captured, e.g. Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, and the Australasian Paediatric Endocrine Groups (APEG) state and territory registers. There are other administrative data collections where the data on influenza immunisation are captured, e.g. the Australian Immunisation Register (AIR).
This indicator reports on the proportion of regular clients with Type 1 or Type 2 diabetes, or an undefined diabetes diagnosis, hereafter described as diabetes, who had an influenza immunisation status recoded in their GP record within the previous 15 months.

As of July 2021, nationally, 58.2% of regular clients with diabetes, had an influenza immunisation status recorded in their GP record within the previous 15 months. This varied from 42.0% to 68.7% across PHNs.

Figure 33: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation status recorded in their GP record within the previous 15 months, by PHN, July 2021

Figure 33: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation recorded in their GP record within the previous 15 months, by PHN, July 2021

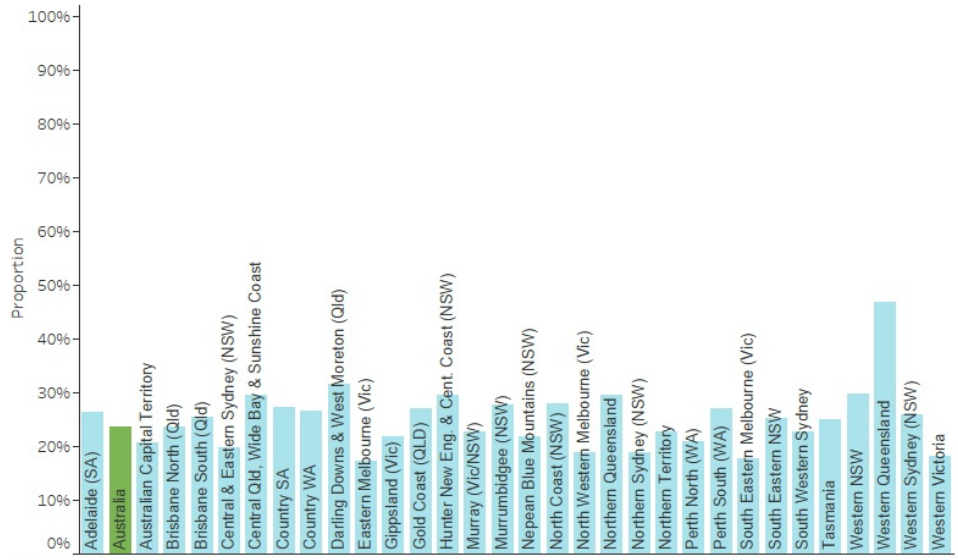


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular clients with Type 1 or Type 2 diabetes, or an undefined diabetes diagnosis who had an influenza immunisation status recorded in their GP record within the previous 15 months, increased by 5.5%, from 52.7% to 58.2%.

Figure 34: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation status recorded in their GP record within the previous 15 months, October 2020 to July 2021

Figure 34: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation recorded in their GP record within the previous 15 months, October 2020 to July 2021

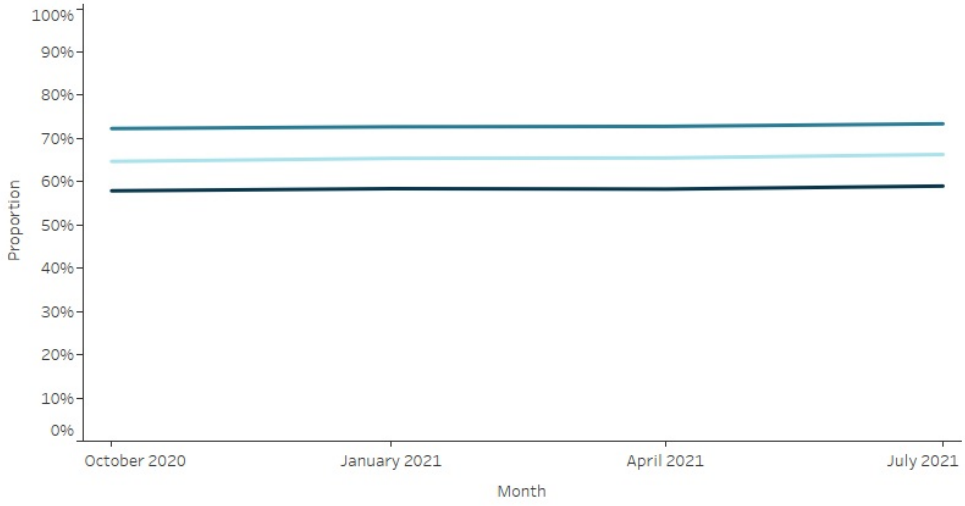
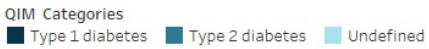


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au



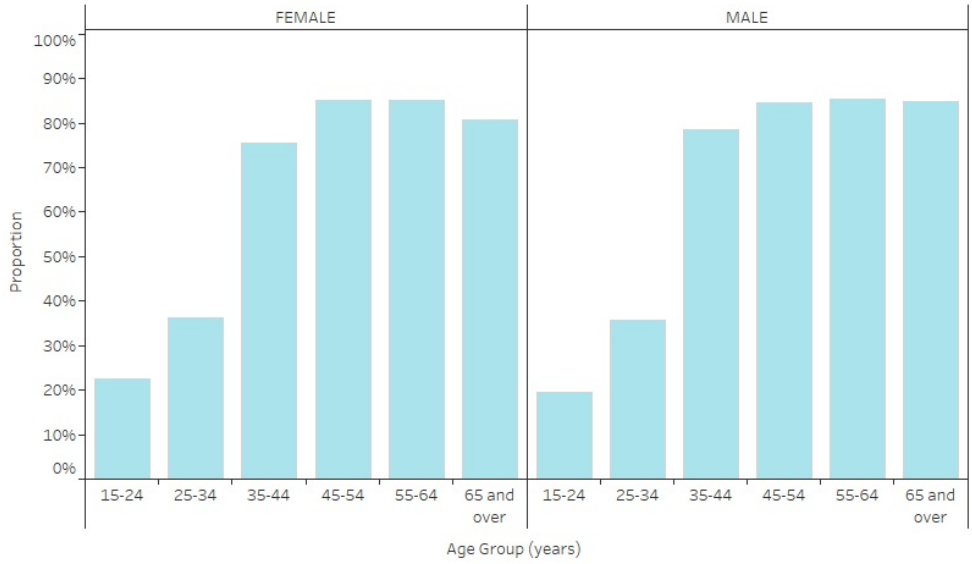
Proportion of regular clients with diabetes with an influenza immunisation status recorded in their GP record within the previous 15 months, by age and sex

As of July 2021, nationally, the proportion of regular clients with Type 1 or Type 2 diabetes, or an undefined diabetes diagnosis who had an influenza immunisation status recorded in their GP record within the previous 15 months was:

- highest in the 65 years and over age group for both females (72.0%) and males (71.6%).
- lowest in the 25–34 years age group for both females (30.6%) and males (24.6%).highest in the 65 years and over age group for both females (72.0%) and males (71.6%).
- lowest in the 25–34 years age group for both females (30.6%) and males (24.6%).

Figure 35: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation status recorded in their GP record within the previous 15 months, by age and sex, July 2021

Figure 35: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation recorded in their GP record within the previous 15 months, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Data for clients with diabetes are included if they have received an influenza vaccine within the previous 15 months.
- Clinical definitions for diabetes vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
- Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure. Where immunisation was given elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the electronic record of the client's usual general practice, then this may result in an apparent missing information.
- A client is classified as having diabetes, if they have Type 1 or Type 2 diabetes, or a diagnosis which indicates diabetes but does not specify between Type 1 or Type 2, listed as a diagnosis in their GP record. If a client had gestational diabetes but **also** has Type 1 or Type 2 diabetes, they are included in the measure.
- Clients are excluded from the measure if they:
  - did not have the immunisation due to documented medical reasons (e.g. allergy), system reasons (vaccine not available) or client reasons (e.g. refusal),
  - had secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance,
  - had results from measurements conducted outside of the service which were not available to the service.
- There are other administrative data collections where the data on influenza immunisation are captured for example, the Australian Immunisation Register (AIR).

References

Australian Technical Advisory Group on Immunisation (ATAGI) 2018. Australian Immunisation Handbook, Australian Government Department of Health, Canberra. Viewed 12 August 2021.

Department of Health 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care - Data Validation Project Report. Canberra: Department of Health.

Department of Health 2020. PIPQI Improvement Measures Technical Specification v1.2 22102020. Viewed 12 August 2021.

RACGP 2020. Management of type 2 diabetes: A handbook for general practice. East Melbourne, Vic: RACGP. Viewed 12 August 2021.

PIPQI measures

QIM 6: Proportion of regular clients with COPD with an influenza immunisation status recorded in their GP record within the previous 15 months

Influenza is a common disease of the respiratory tract. It affects people of all ages. It is estimated that influenza is likely to be associated with more than 3,000 deaths and 13,500 hospitalisations each year in Australia, just in people aged >50 years (ATAGI 2018).

There are a number of groups who are at a higher risk of influenza and its complications. These groups experience higher illness and death associated with influenza than the rest of the population and patients with COPD is one of the vulnerable population groups. Therefore, annual influenza vaccination is strongly recommended for patients with COPD (ATAGI 2018).

People with COPD are considered to be at high risk of complications from influenza. Data from several studies also provide evidence that influenza vaccination has a clinically important protective effect on influenza-related COPD exacerbations, and probably an effect on the total number of exacerbations in COPD patients. The administration of influenza vaccine to persons at risk of complications is the single most important measure in preventing or attenuating influenza infection and preventing mortality. While best practice guidelines recommend annual immunisation, a 15 month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine (Department of Health 2020).

Capture of results recorded outside of the general practice setting

Some patients with COPD may receive care from other practitioners in addition to a GP including a specialist physician, and/or other health care providers to safely manage their COPD (Abramson et al. 2014). Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. Where the immunisation was provided elsewhere (for example, specialist centre, pharmacy, work place etc.) and the information is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and another service), then these data will not be captured in the report.

Other sources of relevant data

Data on prevalence of long-term health conditions like COPD are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS). There are other administrative data collections where the data on influenza immunisation are captured, e.g. the Australian Immunisation Register (AIR).
This indicator reports on the proportion of regular clients aged 15 years and over with a chronic obstructive pulmonary disease (COPD) diagnosis, and who had an influenza immunisation status recorded in their GP record within the previous 15 months.

As of July 2021, nationally, 66.8% of regular clients aged 15 years and over with a COPD diagnosis, and with an influenza immunisation status recoded in their GP record within the previous 15 months. This varied between 52.8% and 75.5% across PHNs.

Figure 36: Proportion of regular clients aged 15 years and over with a COPD diagnosis with an influenza immunisation status recorded in their GP record within the previous 15 months, by PHN, July 2021

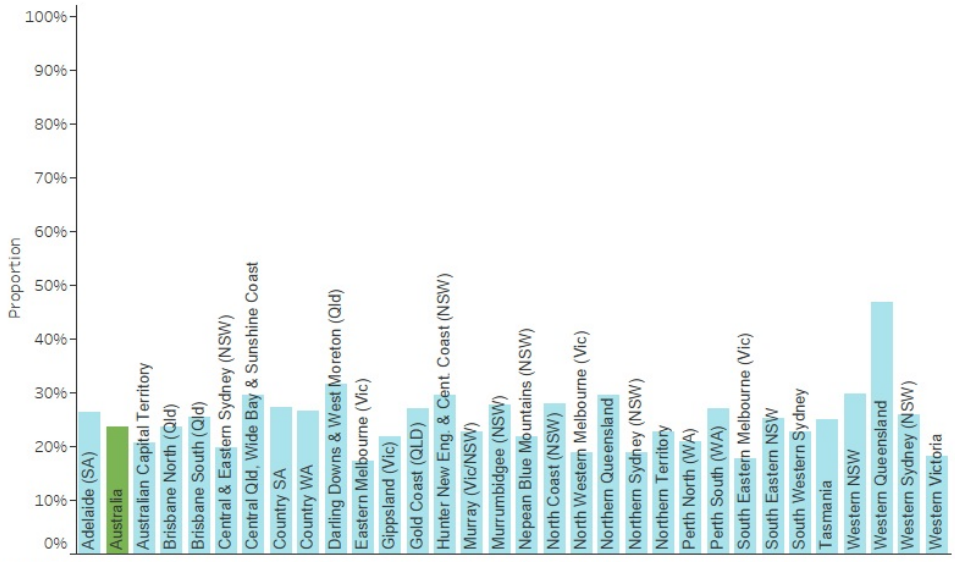


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular clients with a COPD diagnosis who had an influenza immunisation status recorded in their GP record within the previous 15 months, increased by 5.9%, from 60.9% to 66.8%.

Figure 37: Proportion of regular clients aged 15 years and over with a COPD diagnosis with an influenza immunisation status recorded in their GP record within the previous 15 months, October 2020 to July 2021

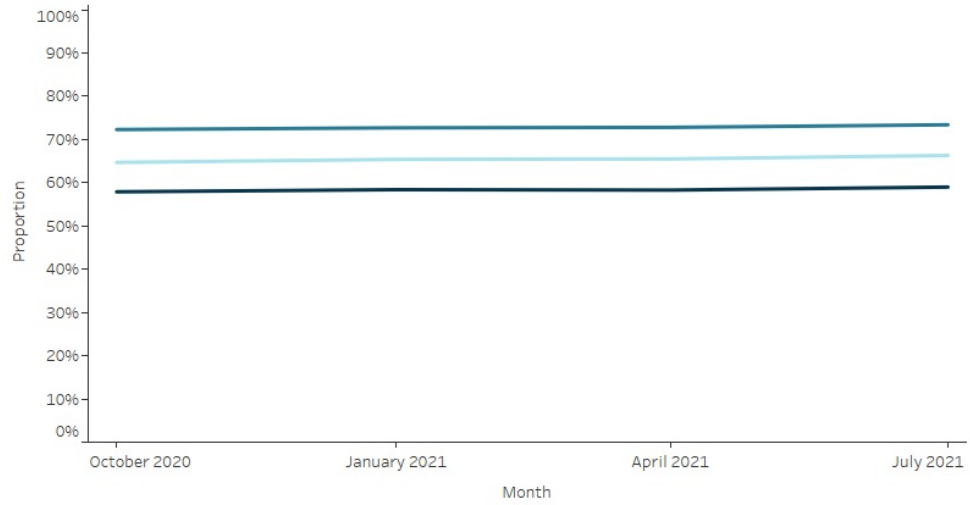
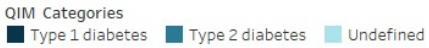


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au



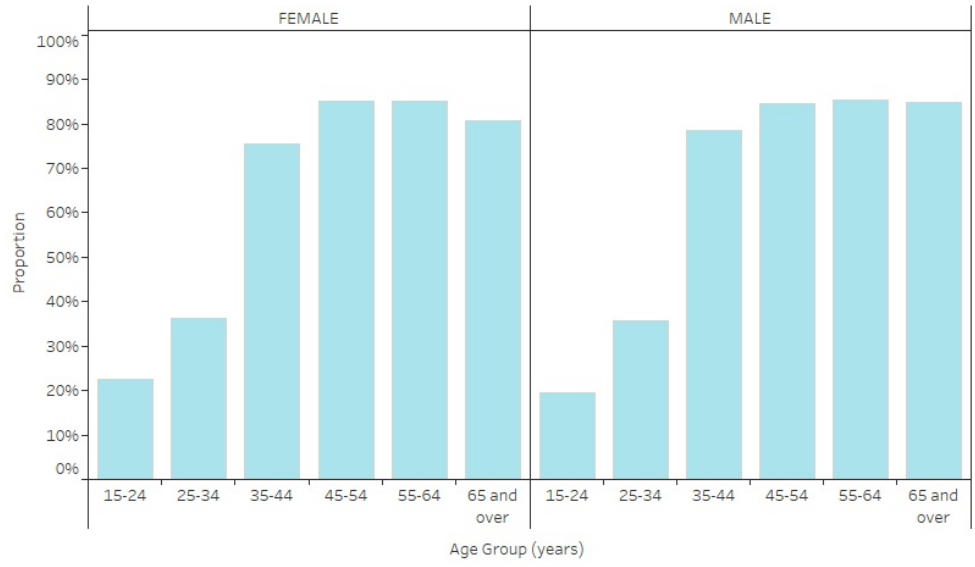
Proportion of regular clients with COPD with an influenza immunisation status recorded in their GP record with the previous 15 months by age and sex

The development of COPD occurs over many years and therefore affects mainly middle aged and older people. While it is occasionally reported in younger age groups, the prevalence of COPD increases with age, mostly occurring in people aged 45 and over (Abramson et al. 2014). In Australia the prevalence of COPD was estimated to be 7.5% for people aged 40 years and over and 30% for people aged 75 and over (AIHW 2020).

As of July 2021, nationally, the proportion of regular clients aged 15 years and over with a COPD diagnosis, who had an influenza immunisation status recorded in their GP record within the previous 15 months, increased with age and was:

- highest in the 65 years and over age group for both females (75.9%) and males (75.5%).
- lowest in the 15-24 years age group for females (23.7%) and in the 25–34 years age group for males (18.8%).

Figure 38: Proportion of regular clients aged 15 years and over with a COPD diagnosis with an influenza immunisation status recorded in their GP record within the previous 15 months, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Chronic Obstructive Pulmonary Disease (COPD) includes any diagnosis of COPD.
- Clinical definitions for COPD vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
- Data for clients are included if they have received an influenza vaccine within the previous 15 months.
- Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure. Where immunisation was given elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the electronic record of the client's usual general practice, then this may result in an apparent missing information.
- Clients are excluded from the measure if they:
  - did not have the immunisation due to documented medical reasons (e.g. allergy), system reasons (vaccine not available) or client reasons (e.g. refusal),
  - had results from measurements conducted outside of the service which were not available to the service.
- There are other administrative data collections where the data on influenza immunisation are captured for example, the Australian Immunisation Register (AIR).

References

Abramson M, Frith P, Yang I, McDonald C, Hancock K, Jenkins S et al. 2014. COPD-X Concise Guide for Primary Care. Brisbane. Lung Foundation Australia. Viewed 12 August 2021.

AIHW 2020. Chronic obstructive pulmonary disease (COPD). Cat. no. ACM 35. Canberra: AIHW.

Australian Technical Advisory Group on Immunisation (ATAGI) 2018. Australian Immunisation Handbook, Australian Government Department of Health, Canberra. Viewed 12 August 2021.

Department of Health 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care - Data Validation Project Report. Canberra: Department of Health.

Department of Health 2020. PIPQI Improvement Measures Technical Specification v1.2 22102020. Viewed 12 August 2021.

PIPQI measures

QIM 7: Proportion of regular clients with an alcohol consumption status recorded in their GP record

In 2017-18, one in six (16.1%) persons aged 18 years and over consumed more than two standard drinks per day on average, exceeding the lifetime risk guideline. More than one in five (23.7%) men and around one in eleven women (8.8%) exceeded the lifetime risk guideline during the same period (ABS 2018). Excessive consumption of alcohol is associated with health and social problems in all populations. It was the fifth-highest risk factor contributing to the total burden of disease and injury (4.5% contribution) based on estimates from the Australian Burden of Disease Study (AIHW 2019). For adolescents and young adults, non-fatal burden was the main contributor to alcohol attributed burden, while for those aged 55 and over fatal burden was the main contributor. The burden from alcohol disorders was higher in males (2.0%) than females, ranking 13th in total male burden and outside the top 20 for females. Alcohol use was the leading risk factor contributing to disease burden for males aged 15–24 (13%) and 25–44 (12%) (AIHW 2020).

Alcohol-induced deaths are defined as those that can be directly attributed to alcohol use, as determined by toxicology and pathology reports. In 2017, the alcohol-induced death rate was 5.1 per 100,000 population (1,366 deaths) and was mentioned as a contributory cause in an additional 2,820 deaths (AIHW 2020).

Capture of results recorded outside of the general practice setting

Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. Where an alcohol consumption status was recorded elsewhere (for example, rehabilitation centre) and the information is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and another service), then these data will not be captured in the report.

Other sources of relevant data

Data on prevalence of health risk factors such as alcohol consumption status of the Australians are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS) and the National Drug Strategy Household Survey (NDSHS) There are other administrative data collections where the relevant data from these client-provider interactions are captured e.g., smoking and drug rehabilitation services, community health centres etc.
This indicator measures the proportion of regular clients aged 15 years and over, who had an alcohol consumption status recorded in their GP record.

As of July 2021, nationally, 56.2% of regular clients aged 15 years and over had their alcohol consumption status recorded in their GP record. This varied from 44.3% to 75.7% across PHNs.

Figure 39: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, by PHN, July 2021

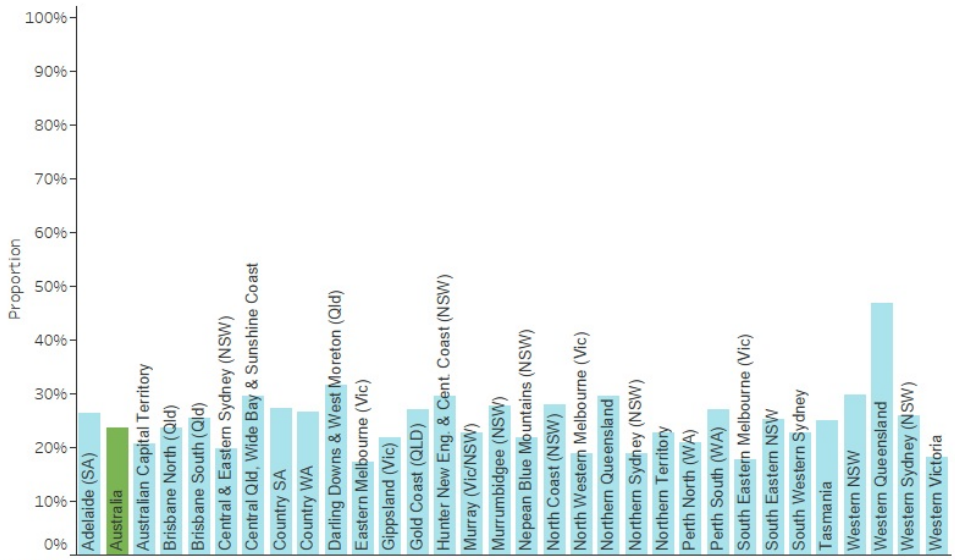


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular clients aged 15 years and over who had an alcohol consumption status recorded in their GP record, increased by 2.3% from 53.9% to 56.2%.

Figure 40: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, October 2020 to July 2021

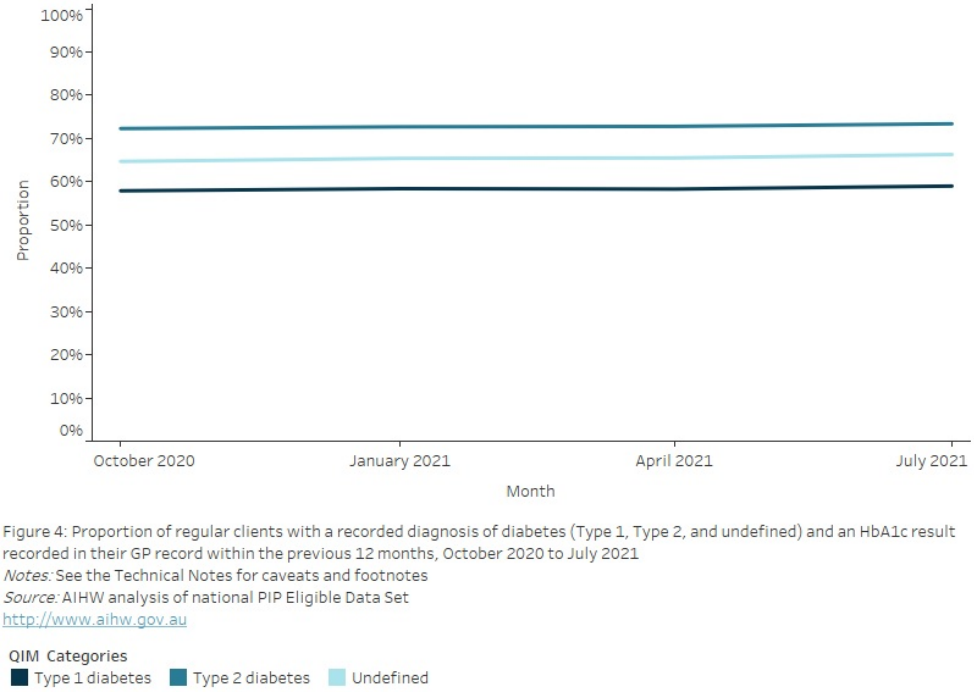


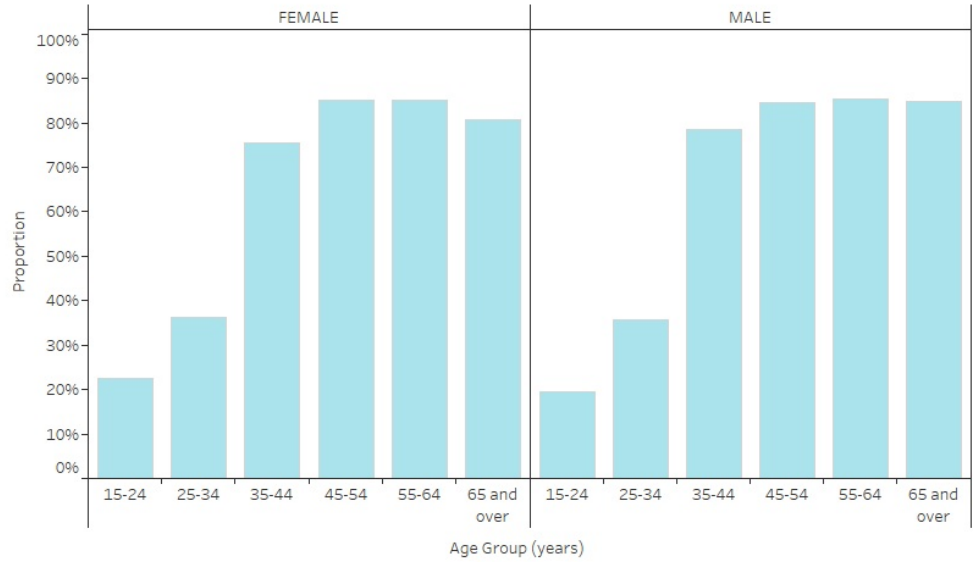
Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Proportion of regular clients with an alcohol consumption status recorded in their GP record, by age and sex

As of July 2021, nationally, the proportion of regular clients with their alcohol consumption status recorded in their GP record was:

- highest in the 65 years and over age group for both females (59.8%) and males (62.0%).
- lowest in the 15–24 years age group for both females (44.2%) and males (39.9%).

Figure 41: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Includes in the numerator only those clients aged 15 years and over with an alcohol consumption status recorded in their GP record.
- Data on alcohol consumption results (frequency and dose) are not captured in this measure.

References

ABS (Australian Bureau of Statistics) 2018. National Health Survey: first results, 2017–18. ABS cat. no. 4324.0.55.001. Canberra: ABS. Viewed 12 August 2021.

AIHW 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015, Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW. doi:10.25816/5ebca2a4fa7dc

AIHW 2020. Australia's health snapshots 2020. Canberra: AIHW.

PIPQI measures

QIM 8: Proportion of eligible regular clients with a record of the necessary risk factors in their GP record for CVD risk assessment

Assessment of absolute CVD risk based on multiple risk factors is more accurate than that based on individual risk factors due to the cumulative nature of risk effects. Absolute CVD risk assessment combines risk factors to calculate the probability that an individual will develop a cardiovascular event or other vascular disease within a specified time frame, usually 5 years (RACGP 2018). The risk assessment is useful for measuring risk in asymptomatic clients without established CVD (i.e. primary prevention). Clients aged 45-74 years with established CVD and/or with several other conditions who are already clinically determined to be at high risk of a cardiovascular event (NVDPA 2012) have been excluded from the measure as outlined in the PIPQI specification.

Capture of results recorded outside of the general practice setting

Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. Where the test results were recorded elsewhere (for example, a specialist service) and the information is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and a specialist service), then these data will not be captured in the report.

Other sources of relevant data

There are other administrative data collections where the relevant data from these client-provider interactions are captured, e.g., Medicare Benefits Schedule (MBS) and the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS).
This indicator reports on the proportion of regular clients aged 45 to 74 years without a CVD diagnosis with 4 risk factors (tobacco smoking status, diabetes type or HbA1c result or fasting glucose tests, blood pressure, lipid levels) recorded in their GP record to enable CVD risk assessment.

As of July 2021, nationally, 48.5% of regular clients aged 45 to 74 years without a CVD diagnosis had the necessary risk factors recorded in their GP record to enable CVD risk assessment. This varied from 36.0% to 67.5% across PHNs.

Figure 42: Proportion of regular clients aged 45 to 74 years with the necessary risk factors recorded in their GP record to enable CVD risk assessment by PHN, July 2021

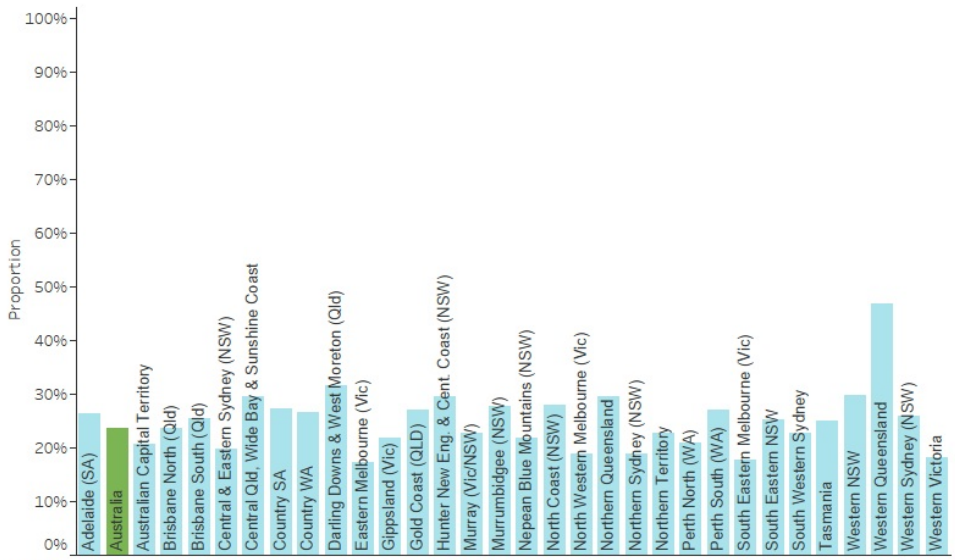


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular clients aged 45 to 74 years without a CVD diagnosis who had the necessary risk factors recorded in their GP record to enable CVD risk assessment, increased by 3.6% from 44.9% to 48.5%.

Figure 43: Proportion of regular clients aged 45 to 74 years with the necessary risk factors recorded in their GP record to enable CVD risk assessment, October 2020 to July 2021

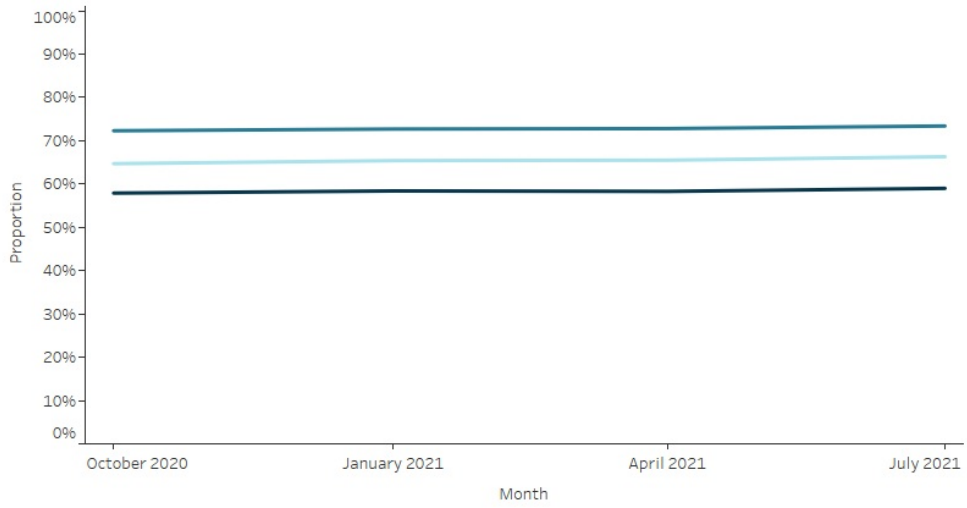


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

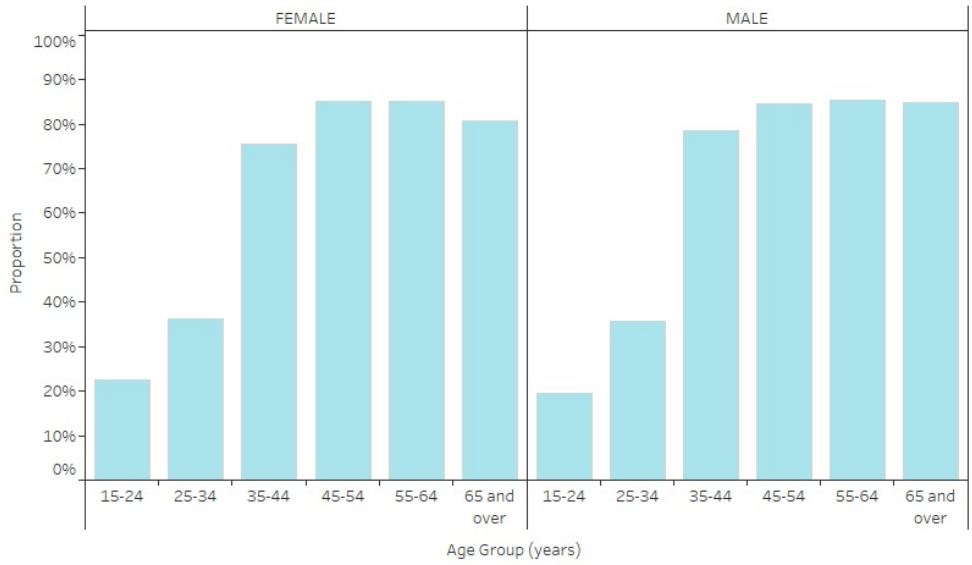
QIM Categories
Type 1 diabetes | Type 2 diabetes | Undefined

Proportion of eligible regular clients aged 45 to 74 years without a CVD diagnosis with a record of the necessary risk factors in their GP record for CVD risk assessment, by age and sex

As of July 2021, nationally, the proportion of regular clients aged 45 to 74 years without a CVD diagnosis with the necessary risk factors recorded in their GP record to enable CVD risk assessment increased with age and was:

- highest in the 65–74 years age group for both females (54.8%) and males (55.9%).
- lowest in the 45-54 years age group for both females (41.8%) and males (42.0%).

Figure 44: Proportion of regular clients aged 45 to 74 years with the necessary risk factors recorded in their GP record to enable CVD risk assessment, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Data for clients are included if they have record of necessary risk factors (age, sex, tobacco smoking status, diabetes type or HbA1c result or fasting glucose tests, blood pressure, lipid levels) to assess CVD risk assessment.
- Clinical definitions for CVD vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).

- Eligible clients who do not have a current diagnosis of a cardiovascular condition and have a record of age, sex, tobacco smoking status, systolic blood pressure, diabetes status/diabetes screening test, total cholesterol and HDL cholesterol levels in their GP record are included in the measure.
- Clients are excluded from the measure if they
  - refused measurement,
  - have a recorded diagnosis of CVD,
  - are regular and without known CVD, but information for ALL risk factors is not recorded.

References

Department of Health 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care - Data Validation Project Report. Canberra: Department of Health.

NVDPA (National Vascular Disease Prevention Alliance) 2012. Guidelines for the management of absolute cardiovascular disease risk. Viewed 12 August 2021.

RACGP 2018. Guidelines for preventive activities in general practice. 9th edition, updated. East Melbourne, Vic: RACGP.

PIPQI measures

QIM 9: Proportion of regular female clients with an up-to-date cervical screening test record in their GP record within the previous 5 years

Cervical cancer develops when abnormal cells in the lining of the cervix begin to multiply out of control and form precancerous lesions. If undetected, these lesions can develop into tumours and spread into the surrounding tissue. Australia commenced an organised program of routine cervical screening of the eligible female population in 1991 and the cervical screening test was introduced in Australia in December 2017 replacing the old Pap test. The Pap test used to look for changes in the cells of the cervix. The new cervical screening test looks for evidence of the human papillomavirus (HPV), which can lead to cell changes in the cervix (AIHW 2019). In Australia, cervical cancer accounts for less than 2% of all female cancers, with a relatively low incidence of 7 new cases per 100,000 women of all ages (AIHW 2019).

Women aged 25 to 74 years become eligible to receive their first cervical screening test 2 years after the last Pap test was done and then the cervical screening test should be conducted every 5 years. A small minority of data from Pap smear tests performed before December 2017 may be included in the report.

Capture of results recorded outside of the general practice setting

Results arising from cervical screening test conducted outside of the service that are known and recorded by the practice are included in the measure. Where the cervical screening test was conducted elsewhere (for example, community health centre, women's health centre, family planning or sexual health clinic etc.) and the information is not recorded in the clinical information system of the client's usual general practice, then then these data will not be captured in the report.

Other sources of relevant data

There are other administrative data collections where the data on cervical screening test are captured, e.g., the National Cancer Screening Register (NCSR).
This indicator reports on the proportion of regular female clients aged 25 to 74 years, who have not had a hysterectomy who had a cervical screening test (for human papillomavirus) recorded in their GP record after 1 December 2017 and within the previous 5 years.

As of July 2021, nationally, 37.4% of regular female clients aged 25 to 74 years had a cervical screening test recorded in their GP record after 1 December 2017 and within the previous 5 years. This varied from 21.8% to 46.0% across PHNs.

Figure 45: Proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record within the previous 5 years, by PHN, July 2021

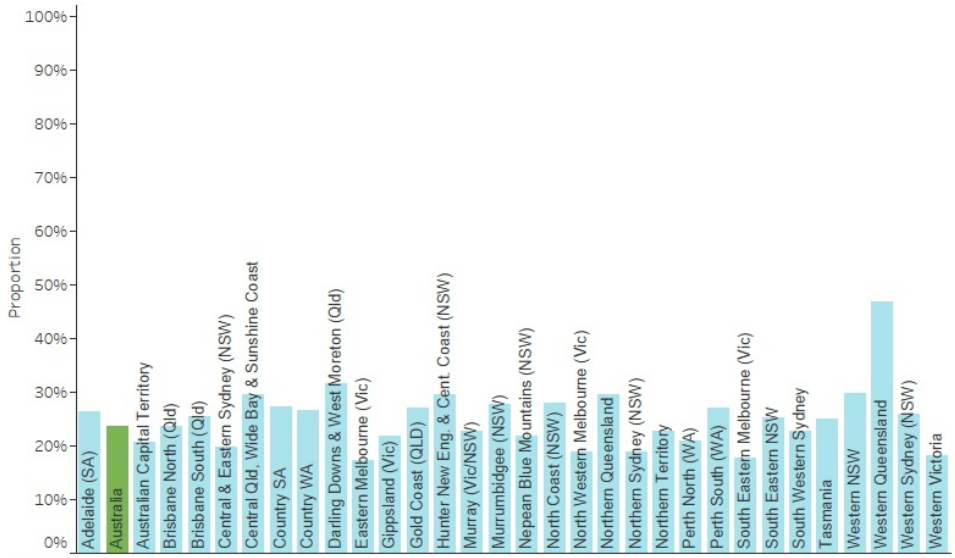


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular female clients who had a cervical screening test recorded in their GP record after 1 December 2017 and within the previous 5 years, increased by 2.6% from 34.8% to 37.4%.

Figure 46: Proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record within the previous 5 years, October 2020 to July 2021

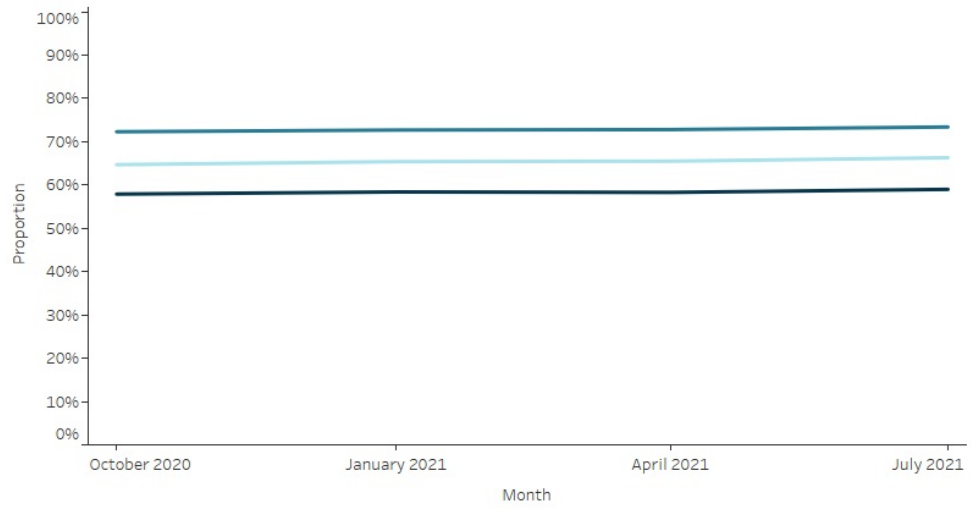
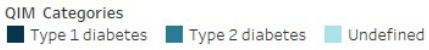


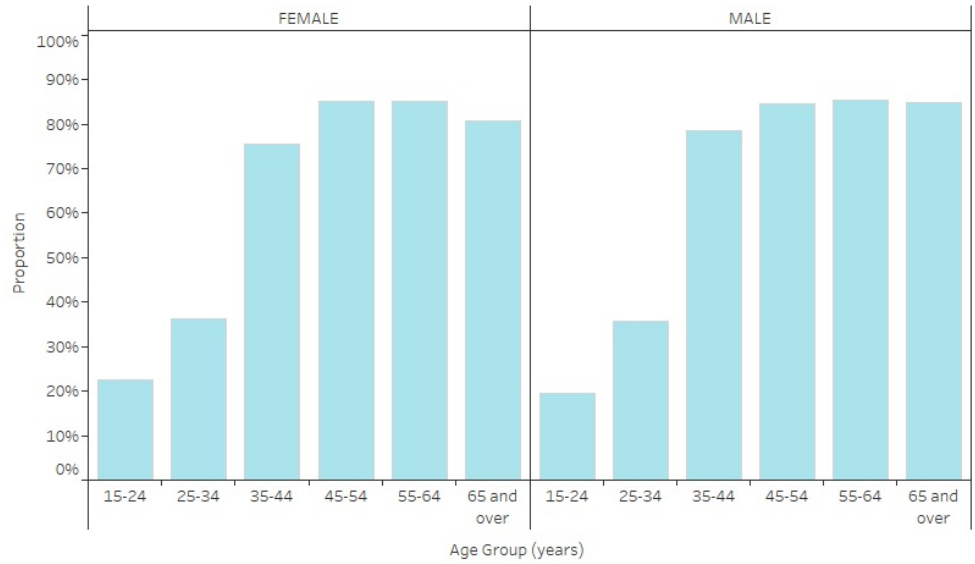
Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au



Proportion of regular female clients with an up-to-date cervical screening test record in their GP record by age

As of July 2021, nationally, the proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record after 1 December 2017 and within the previous 5 years was highest in the 45–54 years age group (42.2%), and lowest in the 70–74 years age group (28.8%).

Figure 47: Proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record within the previous 5 years, by age, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Data are reported quarterly for services delivered in the given period (5 years).
- A small minority of data from Pap smear tests conducted prior to 1 December 2017 may be included in this report.
- Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure.
- Clients who had a sub-total hysterectomy are included in the measure.
- HPV tests where the sample is either collected by a health practitioner or self-collected are included.

- Clients are excluded from the measure if they:
  - had a complete hysterectomy,
  - did not have the test due to documented medical reasons, system reasons (test not available), or client reasons (e.g. refusal),
  - had results from measurements conducted outside of the service which were not available to the service, or
  - no longer require testing.
- There are other administrative data collections where the data on cervical screening test are captured for example, the National Cancer Screening Register (NCSR).

References

AIHW 2019. Cervical screening in Australia 2019. Cancer series no. 123. Cat. no. CAN 124. Canberra: AIHW.

PIPQI measures

QIM 10: Proportion of regular clients with diabetes with blood pressure recorded in their GP record within the previous 6 months

Cardiovascular disease (CVD) is the leading cause of death in people with diabetes, making regular assessment, prevention and management of CVD risk factors such as blood pressure, lipid levels etc. a vital part of diabetes care. For people with Type 1 or Type 2 diabetes, managing blood pressure can help assure appropriate medical care to lower the risk of macro vascular (stroke, heart attack and heart failure) and microvascular (kidney disease, eye disease and peripheral neuropathy) complications (RACGP 2020).

Capture of results recorded outside of the general practice setting

Some patients with diabetes may receive care from other practitioners in addition to a GP including an endocrinologist/a specialist physician, and/or other health care providers to safely manage their diabetes (RACGP 2020). Results arising from clinical intervention conducted outside of the service that are known and recorded by the practice are included in the measure. However, sometimes blood pressure recorded elsewhere (for example, specialist service) is not recorded in the clinical information system of the client's usual general practice (for example, due to incompatible clinical information system between a practice and a specialist service), meaning that these data will not be captured in the report.

Other sources of relevant data

Data on prevalence of long-term health conditions like diabetes are captured in the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS). There are other administrative data collections where the data from these client-provider interactions are captured, e.g. Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, the Australasian Paediatric Endocrine Groups (APEG) state and territory registers etc.
This indicator reports on the proportion of regular clients who have Type 1 or Type 2 diabetes, or an undefined diabetes diagnosis, hereafter described as diabetes who had blood pressure recorded in their GP record within the previous 6 months.

As of July 2021, nationally, 58.7% of regular clients with diabetes who had blood pressure recorded in their GP record within the previous 6 months. This varied from 51.4% to 66.4% across PHNs.

Figure 48: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with blood pressure recorded in their GP record within the previous 6 months, by PHN, July 2021

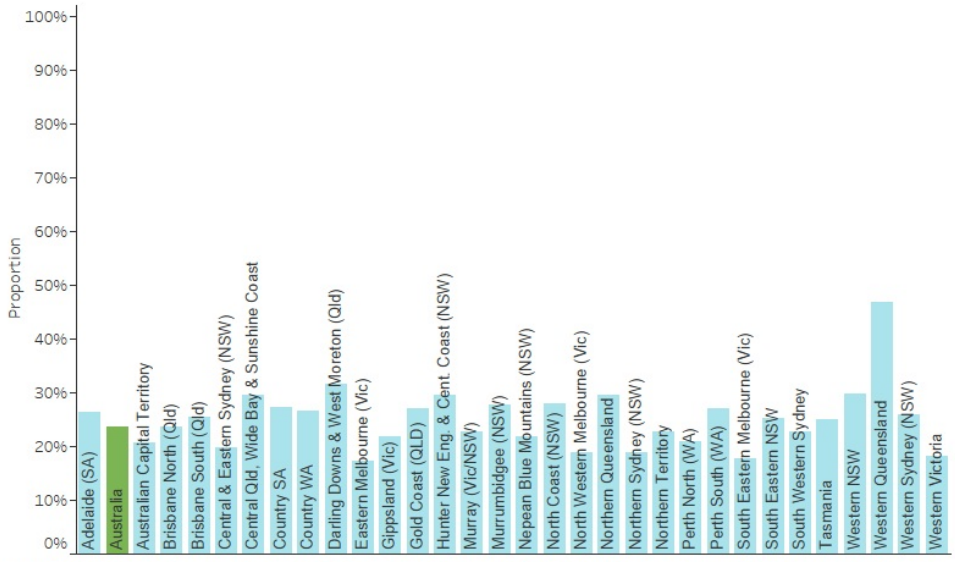


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2021
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Nationally, between October 2020 and July 2021, the proportion of regular clients with diabetes who had blood pressure recorded in their GP record within the previous 6 months, increased by 6.7% from 52.0% to 58.7%.

Figure 49: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with blood pressure recorded in their GP record within the previous 6 months, October 2020 to July 2021

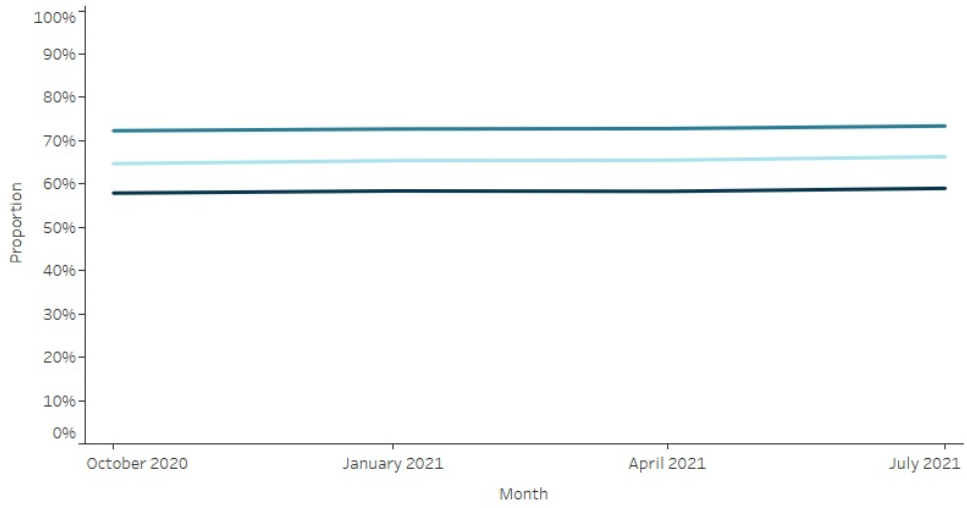


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, October 2020 to July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

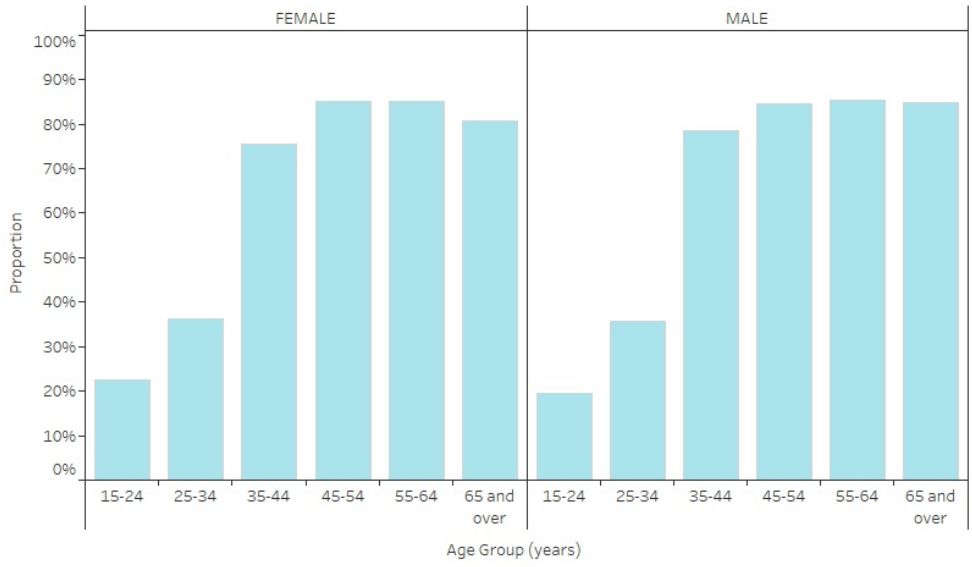
QIM Categories
Type 1 diabetes | Type 2 diabetes | Undefined

Proportion of regular clients with diabetes with blood pressure recorded in their GP record within the previous 6 months, by age and sex

As of July 2021, nationally, the proportion of regular clients with diabetes who had blood pressure recorded in their GP record within the previous 6 months increased with age and was:

- highest in the 65 years and over age group for both females (64.1%) and males (64.3%).
- lowest in the 0–14 years age group for females (7.7%) and males (6.3%).

Figure 50: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with blood pressure recorded in their GP record within the previous 6 months, by age and sex, July 2021



All, July 2021
Notes:
All See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Clinical definitions for diabetes vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
- Results arising from measurements conducted outside of the service that are known and recorded by the service are included in the measure.

- A client is classified as having Type 1 or Type 2 diabetes, or a diagnosis which indicates diabetes but does not specify between Type 1 or Type 2, listed as a diagnosis in their GP record. If a client had gestational diabetes but **also** has Type 1 or Type 2 diabetes, they are included in the measure.
- Clients are excluded from the measure if they had:
  - secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance,
  - results from measurements conducted outside of the service that were not available to the service; and had not visited the service in the previous 6 months.
- There are other administrative data collections where the data from these client-provider interactions are captured for example, Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, the Australasian Paediatric Endocrine Groups (APEG) state and territory registers.

References

RACGP 2020b. Management of type 2 diabetes: A handbook for general practice. East Melbourne, Vic: RACGP. Viewed 12 August 2021.

Department of Health 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care - Data Validation Project Report. Canberra: Department of Health.

Aboriginal and Torres Strait Islander data

Aboriginal and Torres Strait Islander data

The burden of disease among Aboriginal and Torres Strait Islander people is 2.3 times that of non-Indigenous Australians. Mental health and chronic diseases such as cancer, cardiovascular disease, respiratory diseases, diabetes and kidney disease are areas of particular concern (AIHW 2020).

The health system's response to this challenge involves a combination of private and public state and territory primary care providers and Indigenous-specific primary care providers. The establishment of PHNs in 2015 provides an opportunity to build connections across the health system to further improve access for Aboriginal and Torres Strait Islander people to appropriately targeted care that is effective and culturally appropriate (Department of Health 2016).

The 2020 National Agreement on Closing the Gap (DPMC 2020) is based on the partnership of governments and Aboriginal and Torres Strait Islander people working in and sharing decision-making to support better health and wellbeing outcomes for Indigenous Australians (AIHW 2020).

It has been acknowledged that significant numbers of Aboriginal and Torres Strait Islander clients are being treated by mainstream practices and there is a recognised need for improvements in the rates of identification of Aboriginal and Torres Strait Islander clients (RACGP 2011).

Figure 51 shows, as of July 2021, nationally, of the regular clients aged 15 and over:

- 1.9% of clients were recorded in their GP record as either Aboriginal and/or Torres Strait Islander people,
- 75.5% of clients were recorded in their GP record as non-Indigenous people, and
- 22.6% of clients did not have a record of Indigenous status in their GP record.

Aboriginal Community Controlled Health Services (ACCHS) and other organisations funded under the Indigenous Australians' Health Programme (IAHP) do not submit data to this national PIP Eligible Data Set, and therefore are not represented within this report.

Figure 51: Proportion of regular clients with their Indigenous status recorded in their GP record, by PHN, July 2021

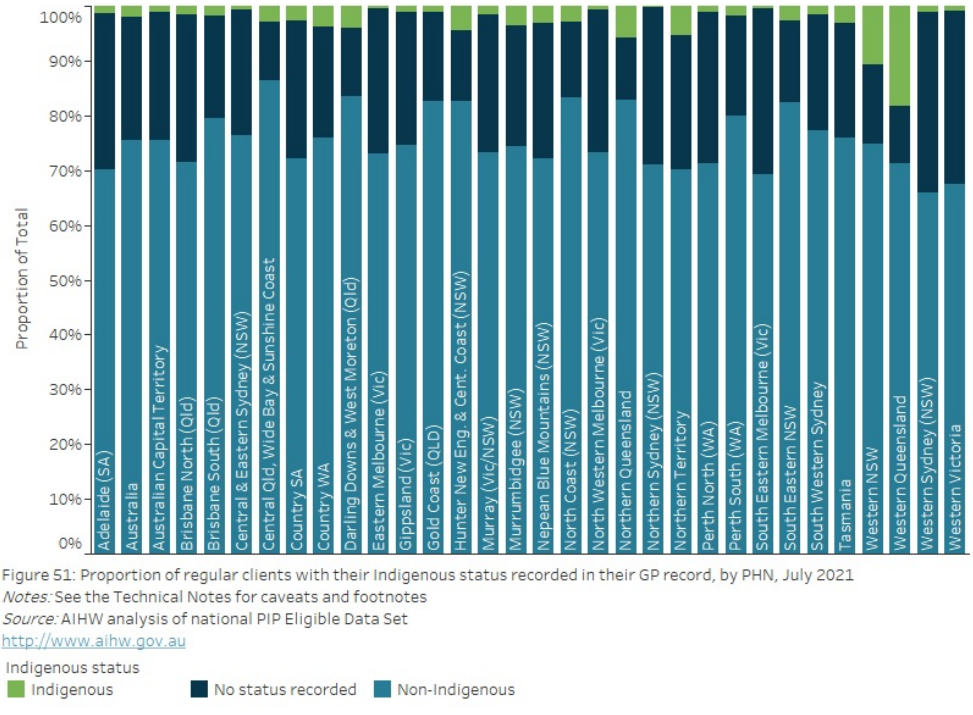


Figure 51: Proportion of regular clients with their Indigenous status recorded in their GP record, by PHN, July 2021
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

References

AIHW 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW.

Department of Health 2016. Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOS) – Guiding Principles. Canberra: Australian Government Department of Health. Viewed 12 August 2021.

Department of Prime Minister and Cabinet 2020. Closing the Gap In Partnership, Viewed 12 August 2021.

RACGP 2011. Identification of Aboriginal and Torres Strait Islander people in Australian general practice. East Melbourne, Vic: RACGP. Viewed 12 August 2021.

Technical notes

General caveats and footnotes

1. The PIP Eligible Data Set is based upon the RACGP definition of a regular/active client who has visited a practice three or more times in the two years prior to the date of data extraction.

   Note, that a regular client does not necessarily mean that the client's attendance at a practice has been recent. There may be a clustering of client visits to practices based around health service events. As some clients actively attend more than one practice, or the same practice more than once, including across more than one PHN region, these aggregated health service events may represent clients more than once.

   Each QIM is only indicative of a cross section of regular clients that meet the inclusion criteria for each measure. It does not represent the total resident population, the total number of individuals who actively attended practices, the prevalence of cohorts or conditions, or the percentage of total population that attend practices.
2. As outlined in the Practice Incentives Program Quality Improvement Incentive Quality Improvement Measures User Guide for General Practices (Department of Health 2020a), for calculating each Quality Improvement Measure, visits are only considered if they are eligible for an MBS rebate including clients visiting one or more providers in that practice. If more than one visit occurs on the same day, these are counted towards the three visits.

   Non-clinical events, such as administration and client notification activities are not counted as visits in this report. Clients who are deceased are excluded from the report.

   A known limitation of some clinical information systems is the inability to distinguish clinical and non-clinical visits (such as notes made in the client record) for the purposes of this report.

   The capture of some data may be affected by the manual coding of diagnoses from free text data fields, and the sensitivity and specificity of the capture may vary with the accuracy of the manual input into a clinical information system.
3. Aggregate data for the 10 Improvement Measures are supplied on a quarterly basis from PHNs to the AIHW as outlined in the PIPQI Improvement Measures – Technical Specification (Department of Health 2020b).
4. Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.

The combined categories of Underweight, Healthy, Overweight, Obese were used to define the total QIM 3b denominator

Quality Improvement Measure specific caveats and footnotes

QIM	Caveats and footnotes

QIM 1
 	
Proportion of regular clients with diabetes with an HbA1c result recorded in their GP record within the previous 12 months
	• A client is classified as having diabetes for this measure, if they have Type 1 or Type 2 or undefined diabetes as a diagnosis in their GP record.
	• Clinical definitions for diabetes vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
	• Any clients who had gestational diabetes but also have Type 1 or 2 diabetes are included in the measure.
	• Multidisciplinary care delivered by multiple providers are often required to safely manage patients with diabetes and its complications. For example, younger patients and patients with Type 1 diabetes are more likely to receive shared care from specialist services. Missing information on HbA1c for these patients could relate to the information not being shared electronically between the specialist services and general practices.
	• Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.
	• Clients are excluded from the measure if they:
	  ◦ had secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance,
	  ◦ had results from measurements conducted outside of the service which were not available to the service and had not visited the service in the previous 12 months.
	• There are other administrative data collections where the data from these client-provider interactions are captured for example, Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, the Australasian Paediatric Endocrine Groups (APEG) state and territory registers.

QIM 2a **Proportion of regular clients aged 15 years and over whose smoking status has been recorded**	• Clients aged between 15 and 29 years of age are included if their smoking status has been recorded within the past 12 months. • Clients aged 30 years and over are included if their smoking status has been recorded since they were 30. • Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.

QIM 2b
 	
Proportion of regular clients aged 15 years and over whose smoking status has been recorded as either current smoker, ex-smoker, or never smoked
	• Includes only those clients with a smoking status recorded as defined in the numerator of QIM 2a.
	• The combined categories of Current, Ex and Never Smoked were used to define the total QIM 2b denominator.
	• Results of "Daily smoker", "weekly smoker" and "irregular smoker" are aggregated into "Current smoker".
	• The most recently recorded result is included in the measure, which are
	  ◦ Clients aged between 15 and 29 years of age are included if their smoking status has been recorded within the past 12 months.
	  ◦ Clients aged 30 years and over are included if their smoking status has been recorded since they were 30.

QIM 3a **Proportion of regular clients aged 15 years and over whose height and weight have been recorded**	• Clients aged between 15 and 24 years are included if both the height and weight measurement have been recorded in the previous 12 months • Clients aged 25 years and over are included if height has been recorded since the client turned 25 years of age and a weight has been recorded within the previous 12 months. • Results arising from measurements conducted outside of the service that are known and recorded by the service are included in the measure.
QIM 3b **Proportion of regular clients aged 15 years and over whose BMI status was classified as either underweight, healthy, overweight, or obese**	• Includes only those clients with a record of weight classification derived from a record of height and weight as defined in the numerator of QIM 3a. • The combined categories of Underweight, Healthy, Overweight, Obese were used to define the total QIM 3b denominator. • If the client had their BMI recorded more than once within the previous 12 months, only the most recently recorded result is included in this measure. • Clients are excluded from the measure if they are 18 or older and either shorter than 0.914 or taller than 2.108 metres; or refused measurement.

QIM 4
 	
Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months
	• Data for clients aged 65 and over are included if the client has been immunised against influenza within the previous 15 months.
	• Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure. Where immunisation was given elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the electronic record of the client's usual general practice, then this may result in an apparent missing information.
	  ◦ Clients are excluded from the measure if they:
	  ▪ did not have the immunisation due to documented medical reasons (e.g. allergy), system reasons (vaccine not available), or client reasons (e.g. refusal); or
	  ▪ had results from measurements conducted outside of the service which were not available to the service.
	• There are other administrative data collections where the data on influenza immunisation are captured for example, the Australian Immunisation Register (AIR).

QIM 5 **Proportion of regular clients with diabetes with an influenza immunisation status recorded in their GP record within the previous 15 months**	• Data for clients with diabetes are included if they have received an influenza vaccine within the previous 15 months. • Clinical definitions for diabetes vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017). • Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure. Where immunisation was given elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the electronic record of the client's usual general practice, then this may result in an apparent missing information. • A client is classified as having diabetes, if they have Type 1 or Type 2 diabetes, or a diagnosis which indicates diabetes but does not specify between Type 1 or Type 2, listed as a diagnosis in their GP record. If a client had gestational diabetes but **also** has Type 1 or Type 2 diabetes, they are included in the measure. • Clients are excluded from the measure if they: ◦ did not have the immunisation due to documented medical reasons (e.g. allergy), system reasons (vaccine not available) or client reasons (e.g. refusal), ◦ had secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance, ◦ had results from measurements conducted outside of the service which were not available to the service. • There are other administrative data collections where the data on influenza immunisation are captured for example, the Australian Immunisation Register (AIR).
QIM 6 **Proportion of regular clients with COPD with an influenza immunisation status recorded in their GP record within the previous 15 months**	• Chronic Obstructive Pulmonary Disease (COPD) includes any diagnosis of COPD. • Clinical definitions for COPD vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017). • Data for clients are included if they have received an influenza vaccine within the previous 15 months. • Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure. Where immunisation was given elsewhere (for example, workplace, pharmacy etc.) and the information is not recorded in the electronic record of the client's usual general practice, then this may result in an apparent missing information. • Clients are excluded from the measure if they: ◦ did not have the immunisation due to documented medical reasons (e.g. allergy), system reasons (vaccine not available) or client reasons (e.g. refusal), ◦ had results from measurements conducted outside of the service which were not available to the service. • There are other administrative data collections where the data on influenza immunisation are captured for example, the Australian Immunisation Register (AIR).
QIM 7 **Proportion of regular clients with an alcohol consumption status recorded in their GP record**	• Includes in the numerator only those clients aged 15 years and over with an alcohol consumption status recorded in their GP record. • Data on alcohol consumption results (frequency and dose) are not captured in this measure.

QIM 8
 	
Proportion of eligible regular clients with a record of the necessary risk factors in their GP record for CVD risk assessment
	• Data for clients are included if they have record of necessary risk factors (age, sex, tobacco smoking status, diabetes type or HbA1c result or fasting glucose tests, blood pressure, lipid levels) to assess CVD risk assessment.
	• Clinical definitions for CVD vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
	• Eligible clients who do not have a current diagnosis of a cardiovascular condition and have a record of age, sex, tobacco smoking status, systolic blood pressure, diabetes status/diabetes screening test, total cholesterol and HDL cholesterol levels in their GP record are included in the measure.
	• Clients are excluded from the measure if they
	  ◦ refused measurement,
	  ◦ have a recorded diagnosis of CVD,
	  ◦ are regular and without known CVD, but information for ALL risk factors is not recorded.

QIM 9
 	
Proportion of regular female clients with an up-to-date cervical screening test record in their GP record within the previous 5 years
	• Data are reported quarterly for services delivered in the given period (5 years).
	• A small minority of data from Pap smear tests conducted prior to 1 December 2017 may be included in this report.
	• Results arising from clinical intervention conducted outside of the service that are known and recorded by the service are included in the measure.
	• Clients who had a sub-total hysterectomy are included in the measure.
	• HPV tests where the sample is either collected by a health practitioner or self-collected are included.
	• Clients are excluded from the measure if they:
	  ◦ had a complete hysterectomy,
	  ◦ did not have the test due to documented medical reasons, system reasons (test not available), or client reasons (e.g. refusal),
	  ◦ had results from measurements conducted outside of the service which were not available to the service, or
	  ◦ no longer require testing.
	• There are other administrative data collections where the data on cervical screening test are captured for example, the National Cancer Screening Register (NCSR).

QIM 10
 	
Proportion of regular clients with diabetes with blood pressure recorded in their GP record within the previous 6 months
	• Clinical definitions for diabetes vary across clinical information systems, as different coding schemes are used. This may lead to some variation in the number of clients who will be picked up by different systems (Department of Health 2017).
	• Results arising from measurements conducted outside of the service that are known and recorded by the service are included in the measure.
	• A client is classified as having Type 1 or Type 2 diabetes, or a diagnosis which indicates diabetes but does not specify between Type 1 or Type 2, listed as a diagnosis in their GP record. If a client had gestational diabetes but **also** has Type 1 or Type 2 diabetes, they are included in the measure.
	• Clients are excluded from the measure if they had:
	  ◦ secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance,
	  ◦ results from measurements conducted outside of the service that were not available to the service; and had not visited the service in the previous 6 months.
	• There are other administrative data collections where the data from these client-provider interactions are captured for example, Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, the Australasian Paediatric Endocrine Groups (APEG) state and territory registers.

References

Department of Health 2017. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care - Data Validation Project Report. Canberra: Department of Health.

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Data

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