Australian Government
Australian Institute of Health and Welfare

Practice Incentives Program Quality Improvement Measures: data update 2021-22

Web report | Last updated: **20 Sep 2022** | Topic: Primary health care

About

This data update from 2021-22 will include the latest findings from the 2nd year of the national Practice Incentives Program Quality Improvement (PIPQI) Eligible Data Set, which contain the recording status of clients' primary health care data in clinical information systems that general practices use against 10 defined measures, which are not to be interpreted as prevalence measures. The de-identified aggregate data are sourced from over 5,600 general practices. This report expands on the findings of the first national PIPQI report, representing the recording status of lifestyle behaviours and the areas of significant burden on the health of the clients that attended general practices. It is anticipated that the findings will be used by general practices and primary health care organisations to help improve patient care and planning for the health needs across Australia.

Cat. no: PHC 8

- PIPQI measures
- Data

Findings from this report:

- As of July 2022, over 5,600 general practices around Australia contributed to the aggregate PIPQI data on 10 measures
- Regular clients who had type 2 diabetes and a HbA1c result recorded in the previous 12 months decreased 2.3% from 2021
- Regular clients aged 65 years+ with an influenza vaccination recorded in their GP record decreased 4.0% from 2021
- Eligible client % with 4 tests recorded for assessing CVD risk varied as 2 data extractors used differing counting rules

Introduction

On this page:

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 (RACGP 2020a), with 85% of the population seeing a GP in 2020–21 (AIHW 2022a). 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 Coronavirus disease 2019 (COVID-19) (RACGP 2021).

In 2020-21, nationally, there were 171 million GP attendances claimed through Medicare, with a Level B consultation (lasting less than 20 minutes) the most common type of attendance (AIHW 2021a). The number of GP Medicare-subsidised services per person increased with age and was highest for those aged 80 and over (17.8 services per person). A lower proportion of those living in metropolitan Primary Health Network (PHN) areas had a Medicare-subsidised GP attendance (84%), compared with regional PHN areas (87%) (AIHW 2021a). Nearly half (45%) of Australians who needed to see a GP reported that they visited a GP four or more times during the year. 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 2021).

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 10 key Improvement Measures that contribute to local, regional and national health outcomes (Department of Health 2019).

Purpose of the report

This is a data update 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 on 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, 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 2021). The Incentive focuses 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 2020b).

PHNs enhance and connect primary health care within their region to achieve better health outcomes. Through their already established trust and working relationships with general practices, PHNs use 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

The AIHW obtained Ethics Committee approval for the establishment of this data collection. As of July 2022, over 5,600 general practices across 31 PHNs contributed to the national aggregate PIPQI data.

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 2020b), and in accordance with the PIPQI Technical Specification v1.2 (Department of Health 2020c).

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 commissioned by the Department of Health 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 2020a).

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 2021). Some PHNs may choose to exclude an extract if it is not compatible with the PHN's system or does not conform to the specifications. 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 applied a series of data validation rules to identify any data quality issues which were shared with relevant software vendors in March 2022. The data were compared with data from the previous period and other variance metrics. If the data did not meet any of the validation rules, the PHN was asked to either review their data and/or resupply and/or exclude some data. In this reporting period, 231 data extracts of poor quality from several vendors were excluded by almost all PHNs and AIHW from the reportable dataset. Inconsistencies and caveats are documented in the Technical notes.

After the regional data were validated, the AIHW compiled the data into a national data collection, and generated national estimates based on the supplied numerators and denominators for each cohort by age and sex (male and female) for each QIM. The proportions for each QIM are supplied in the Practice Incentives Program Quality Improvement Measures – Data Tables for download.

An annual survey sent by AIHW and completed by 31 PHNs, revealed that the primary clinical information systems used by practices to extract these data were Best Practice (61%), Medical Director (33%) and other (6%). It is important to note that due to the data supply from multiple different clinical information systems and extraction tools, there have been various interpretations of the technical specifications and coding of QIMs by individual vendors. AIHW observed differences in the aggregate data affecting multiple QIMs. For further description of general and QIM specific data quality and subsequent AIHW actions, please refer to the Technical notes.

Regular clients

PIPQI data submitted by PHNs only include '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 and whose service events were eligible for an 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.

Telehealth played a very important role in maintaining GP care during the COVID-19 pandemic (AIHW 2022b). Temporary telehealth MBS item numbers were made available from 13 March 2020 in response to the COVID-19 pandemic (Department of Health 2022). In 2020, 22% of GP visits were conducted via telehealth, and 20% in 2021 (AIHW 2022b). However, these temporary MBS items were not included in the scope of MBS items used to calculate the Standardised Whole Patient Equivalent (SWPE) for the purposes of payment calculations under the Practice Incentives program (PIP), including the payments for the PIP Quality Improvement Incentive, until January 2022 (Department of Health 2022).

This means that telehealth consultations received during this period were not counted towards the RACGP definition of a regular client (patient) who visited a particular primary health care provider three or more times in the last two years. Therefore, the actual aggregate QIM specific regular client cohort and proportions may be under-represented both nationally and in a PHN for that duration.

A range of public health interventions were put in place to help contain the spread of the virus that causes COVID-19. These included border controls; closure of non-essential businesses; work-from-home orders; school closures; density limits within businesses and workplaces; stay-at-home orders; mandated mask use; and test, trace, isolation and quarantine measures (AIHW 2022b). As many GPs and their patients used telehealth consults over face-to-face visits during the COVID-19 pandemic, there would have been fewer opportunities to take physical measures such as blood pressure, weight and height, and pathology testing thus impacting the overall regular client numbers for the related PIPQI measures. It is difficult to quantify the impacts of COVID-19 on the clients visiting general practices due to several factors including lockdowns, client health seeking behaviour, redistribution of practice resources, introduction and recalibration of telehealth consultations, service re-orientation to focus on provision of vaccination only and others (AIHW 2022b). A Digital Health Cooperative Research Centre and Macquarie University report from 800 general practices in select Victorian and NSW PHNs covering nearly 30% of the Australian population identified an increased uptake of telehealth services throughout the pandemic, which may reflect varied public health responses to the COVID-19 pandemic in those jurisdictions (Hardie et al. 2021). Readers of this report should take these factors into consideration when interpreting the findings.

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 do not represent the total resident population, or the total number of individuals who actively attend practices,

or the prevalence of cohorts or conditions, or the percentage of the total population that attends practices. This may impact some PHN regions more than others due to the high prevalence of holiday homes.

There are differences in the types of visits that are counted towards the definition of a regular client across clinical software vendors and extraction tools which may impact the proportions reported for each QIM. The AIHW is collaborating with data extractors and software vendors to align the interpretation of the QIMs with the technical specifications.

Figures in this report should be interpreted with these caveats in mind. For further detail, please refer to the QIM specific caveats and footnotes within 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, for example, 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 the 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 provisioning of health services based on 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 Department of Health 2021). In 2020, PHN population by usual residence varied from 61,572 to 1,928,927 people (ABS 2021). Some residents of PHNs may seek health services provided by other adjacent or non-adjacent PHNs. Across PHNs, the percentage of adults (>15 years of age) who saw a GP in the previous 12 months in 2019–20 varied from 78.6% to 87.1% (AIHW 2021b).

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

References

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RACGP (The Royal Australian College of General Practitioners) (2010) Standards for general practices, 4th edition, RACGP, East Melbourne, Victoria, accessed 12 August 2022.

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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

On this page:

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 2020b).

Capture of result 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 2020b). 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 is not captured in the report. For example, this might be a result from a specialist service that is not recorded in the clinical information system of the client's usual general practice due to an incompatible clinical information system between a practice and a specialist service.

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, for example, Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register and the Australasian Paediatric Endocrine Groups (APEG) state and territory registers.

Regional proportions of regular clients with diabetes and a current HbA1c

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.

QIM 1: Regional proportions

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 2020b).
As of July 2022, nationally, 56.9% 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 46.4% to 69.5% 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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of Type 1 diabetes and an HbA1c result recorded in their GP record, by PHN for July 2022.

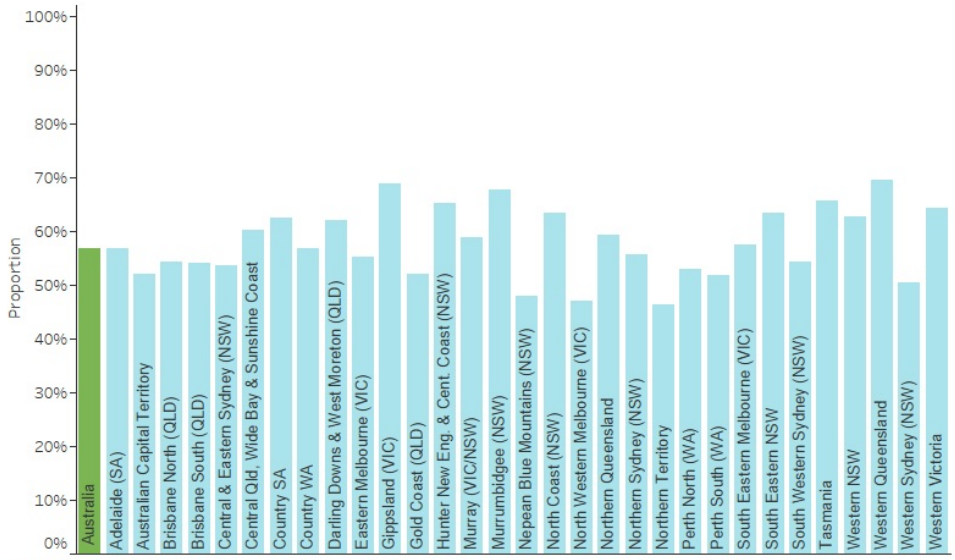


Figure 1: Proportion of regular clients with a recorded diagnosis of Type 1 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2022

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 2 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 2020b). 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 2020b). 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 2021).
As of July 2022, nationally, 71.0% 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 63.3% to 80.1% 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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of Type 2 diabetes and an HbA1c result recorded in their GP record, by PHN for July 2022.

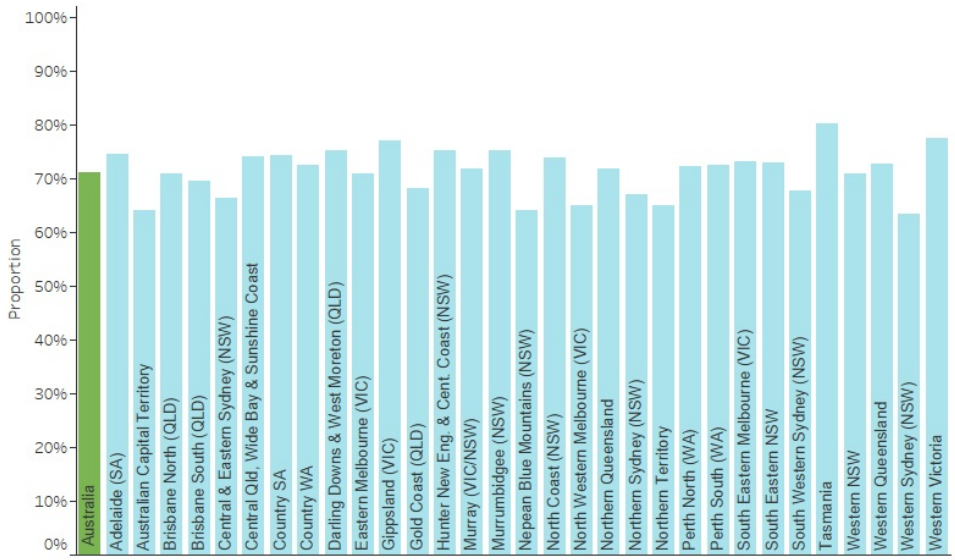


Figure 2: Proportion of regular clients with a recorded diagnosis of Type 2 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2022

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 2022, nationally, 63.2% 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 52.7% to 74.4% 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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of undefined diabetes and an HbA1c result recorded in their GP record, by PHN for July 2022.

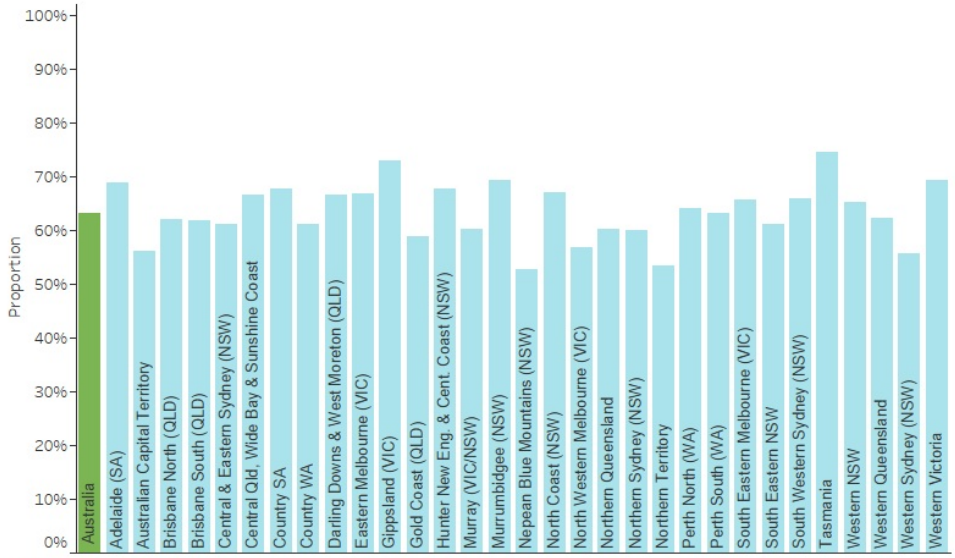


Figure 3: Proportion of regular clients with undefined diabetes recorded and an HbA1c result recorded in their GP record within the previous 12 months, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 1: National proportions over time

Nationally, between July 2021 and July 2022, the proportion of regular clients of all ages who had an HbA1c result recorded within the previous 12 months in their GP record with:

- Type 1 diabetes decreased by 2.0% from 58.9% to 56.9%
- Type 2 diabetes decreased by 2.3% from 73.3% to 71.0%
- Undefined diabetes decreased by 2.5% from 65.7% to 63.2%.

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, July 2021 to July 2022

This line chart shows the 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, from July 2021 to July 2022.

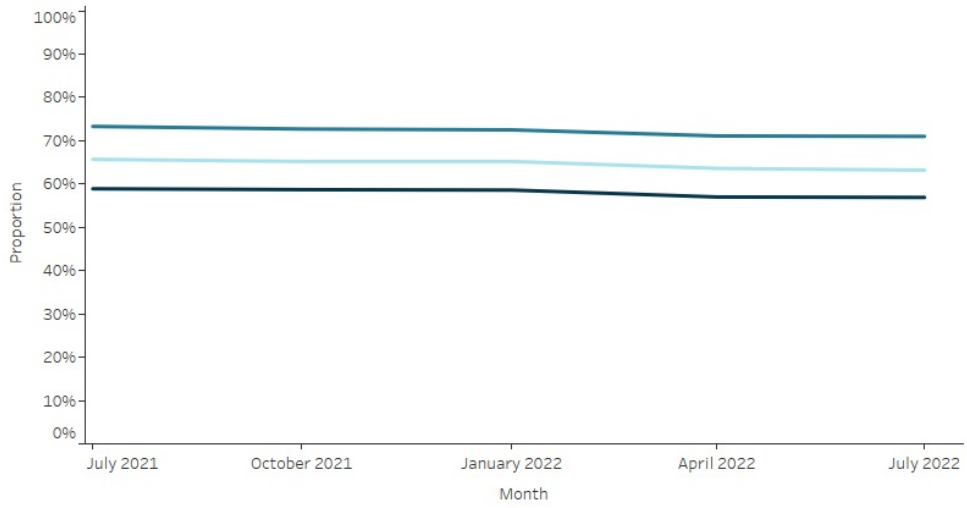
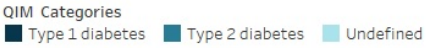


Figure 4: Proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2, and undefined) and an HbA1c result recorded in their GP record within the previous 12 months, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au



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

QIM 1: National proportions by age and sex

Type 1 diabetes

As of July 2022, 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 (72.1%) and males (72.1%)
- lowest in the 0–14 years age group for both females (19.1%) and males (18.0%).

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 2022

This bar chart shows the proportion of regular clients with Type 1 diabetes and an HbA1c result recorded in their GP record, by age and sex for July 2022

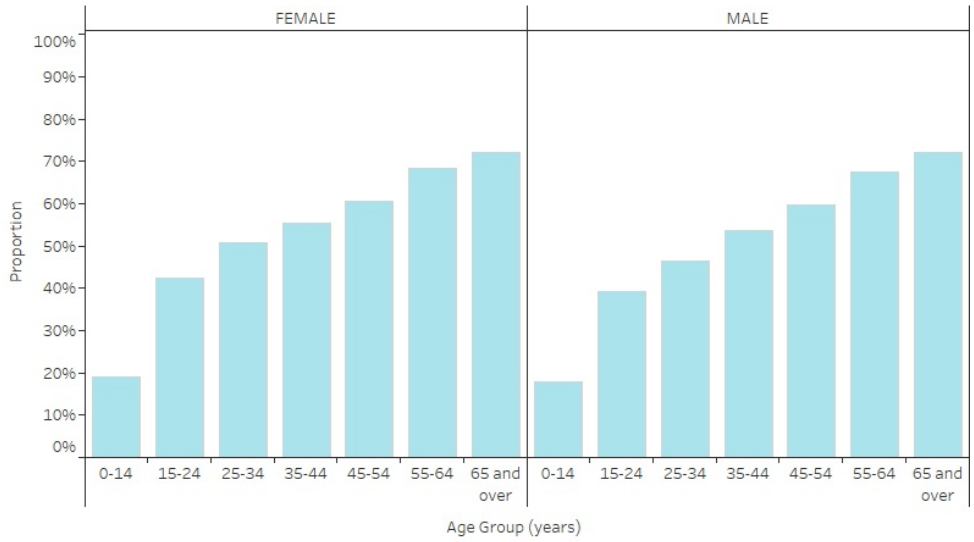


Figure 5: Proportion of regular clients with Type 1 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Type 2 diabetes

As of July 2022, nationally, the proportion of regular clients of all ages who had Type 2 diabetes and who had an HbA1c 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 (72.4%) and males (73.8%)
- lowest in the 0–14 years age group for both females (15.0%) and males (15.9%).

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 2022

This bar chart shows the proportion of regular clients with Type 2 diabetes and an HbA1c result recorded in their GP record, by age and sex for July 2022

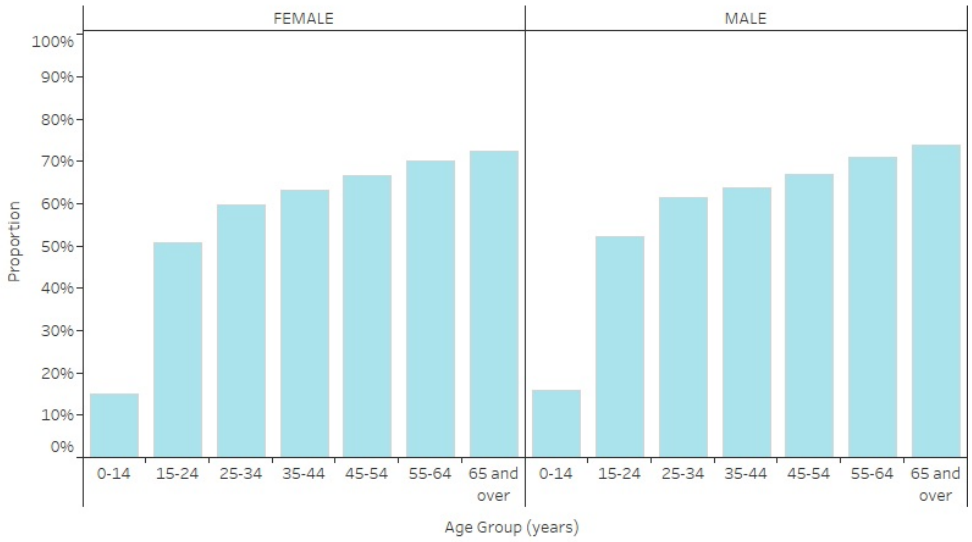


Figure 6: Proportion of regular clients with Type 2 diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Undefined diabetes

As of July 2022, 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 (64.7%) and males (66.1%)
- lowest in the 0–14 years age group for both females (17.0%) and males (11.1%).

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 2022

This bar chart shows the proportion of regular clients with undefined diabetes and an HbA1c result recorded in their GP record, by age and sex for July 2022.

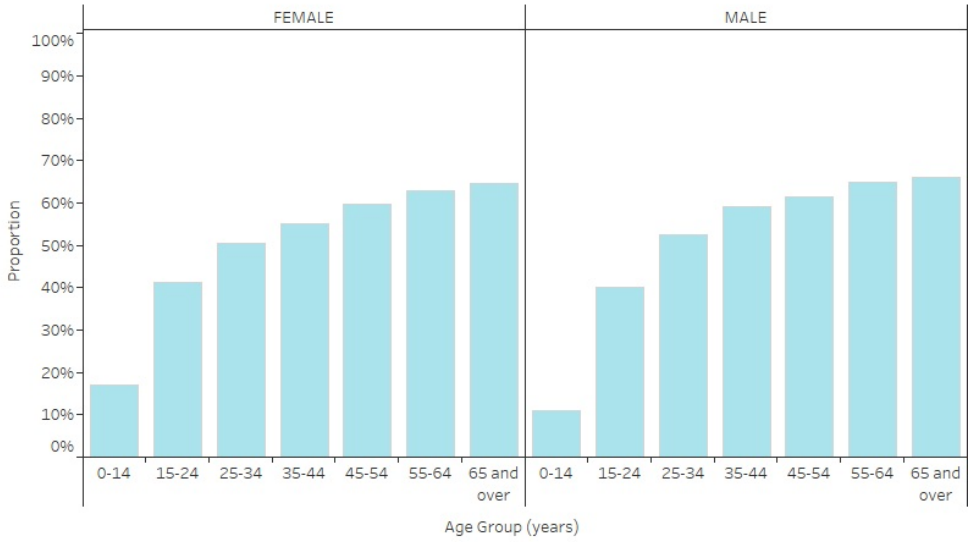


Figure 7: Proportion of regular clients with undefined diabetes and an HbA1c result recorded in their GP record within the previous 12 months, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

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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PIPQI measures

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

On this page:

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 from smoking was due to premature death (AIHW 2019a). 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 2019a).

Capture of results recorded outside of the general practices

Where a smoking status was recorded elsewhere and the information is not recorded in the clinical information system of the client's usual general practice then these data may not be captured in the report. For example, this might be a result from a smoking rehabilitation centre or community health centre where the information systems may not be compatible with the clinical information system of the client's usual general practice.

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 2 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
  - at least once 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 at least once since turning 30 for those aged 30 and over) as one of the following: current smoker, ex-smoker or never smoked.

Proportion of regular clients with a smoking status recorded (QIM 2a)

QIM2a: Regional Proportions

As of July 2022, nationally, 64.2% 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 58.7% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a smoking status recorded in their GP record, by PHN for July 2022.

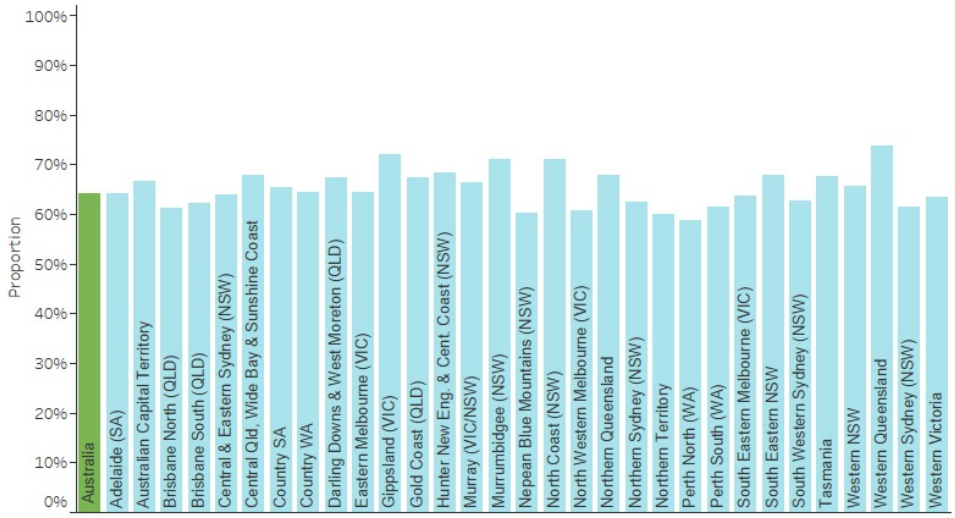


Figure 8: Proportion of regular clients aged 15 years and over with a smoking status recorded, in their GP record, by PHN, July 2022

Notes:

1. The status is recorded within the last 12 months for those aged 15-29 years and ever recorded since turning 30 years for those aged 30-34 years.
2. See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

QIM 2a: National proportions over time

Nationally, between July 2021 and July 2022, the proportion of regular clients with a smoking status recorded in their GP record decreased by 2.4%, from 66.6% to 64.2%.

Figure 9: National proportion of regular clients aged 15 years and over with a smoking status recorded in their GP record, July 2021 to July 2022

This line chart shows the proportion of regular clients with a smoking status recorded in their GP record, from July 2021 to July 2022.

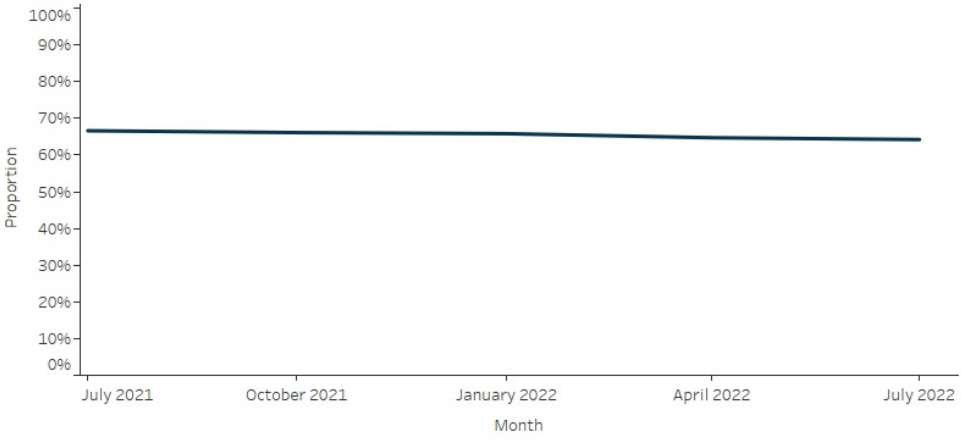


Figure 9: National proportion of regular clients aged 15 years and over with a smoking status recorded, in their GP record, July 2021 to July 2022

Notes:

1. The status is recorded within the last 12 months for those aged 15-29 years and ever recorded since turning 30 years for those aged 30-34 years.
2. See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

QIM Categories

Recorded

QIM 2a: National proportions 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 2022, nationally, the proportion of regular clients aged 15 to 34 years whose most recent smoking status was recorded in their GP record was:

- 16.8% and 14.9% respectively for females and males aged 15 to 24 years
- 29.4% and 29.9% 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 2022

This bar chart shows the proportion of regular clients aged 15 to 34 years with a smoking status recorded in their GP record, by age and sex for July 2022.

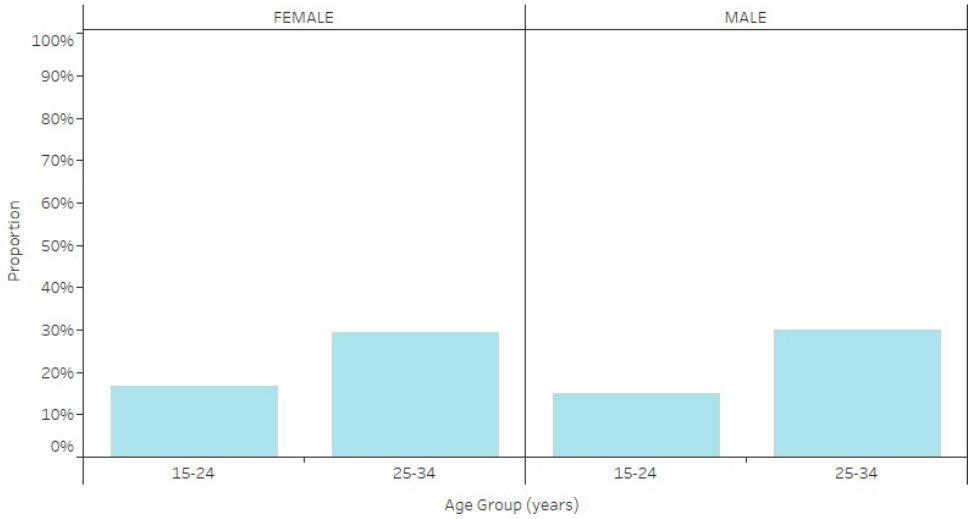


Figure 10a: Proportion of regular clients aged 15-34 years with a smoking status recorded in their GP record, by age and sex, July 2022
Notes:
1. The status is recorded within the last 12 months for those aged 15-29 years and ever recorded since turning 30 years for those aged 30-34 years. See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

As of July 2022, nationally, the proportion of regular clients 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 (83.6%) and males (83.7%)
- lowest in the 35–44 year age group for both females (77.2%) and males (76.0%).

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 2022

This bar chart shows the proportion of regular clients aged 35 years and over with a smoking status recorded in their GP record, by age and sex for July 2022.

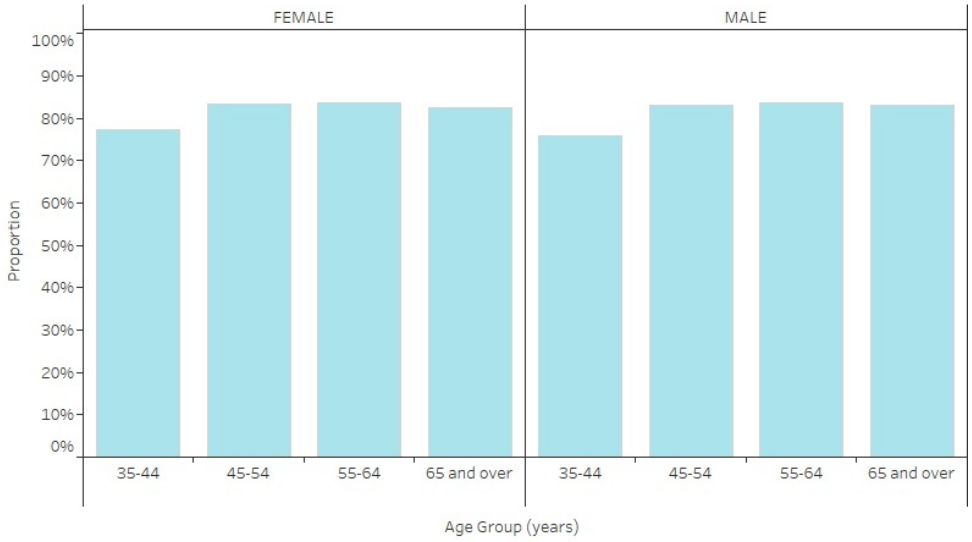


Figure 10b: Proportion of regular clients aged 35 years and over with a smoking status recorded in their GP record, since turning 30 years, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Proportions of regular clients with a smoking status result (QIM 2b)

QIM 2b: Regional proportions

Current smokers

As of July 2022, nationally, 14.2% 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 7.1% to 23.7% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a smoking status recorded as “current smoker” in their GP record, by PHN for July 2022.

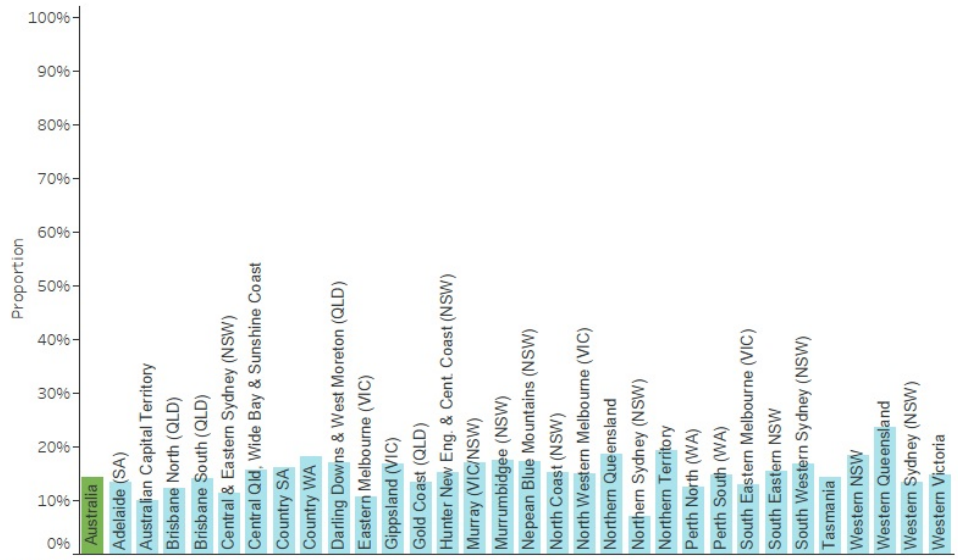


Figure 11: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as a “current smoker”, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Ex smokers

As of July 2022, 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 13.5% to 31.6% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a smoking status recorded as “ex smoker” in their GP record, by PHN for July 2022.

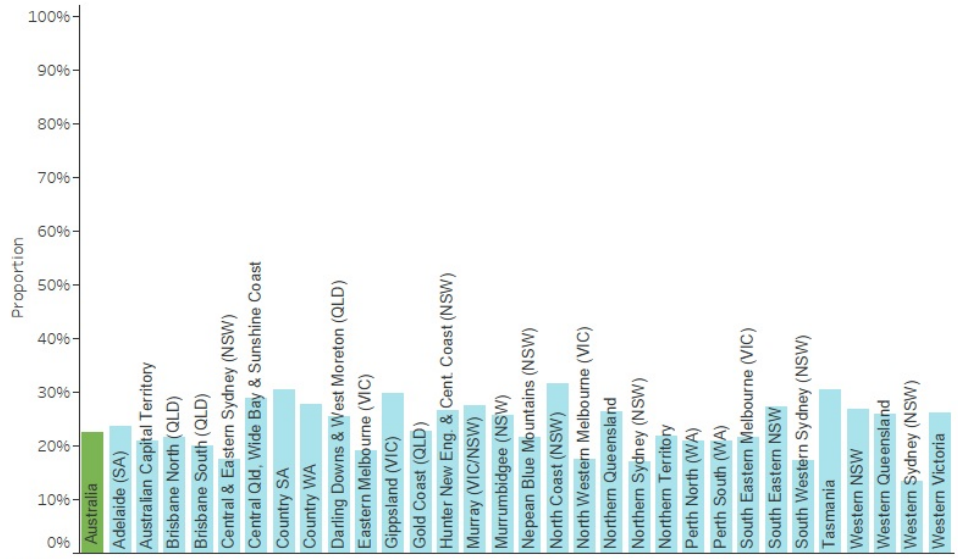


Figure 12: Proportion of regular clients aged 15 years and over whose smoking status was recorded in their GP record who were classified as an “ex-smoker”, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Never smoked

As of July 2022, nationally, 63.4% 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 50.4% to 75.8% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a smoking status recorded as “never smoked” in their GP record, by PHN for July 2022.

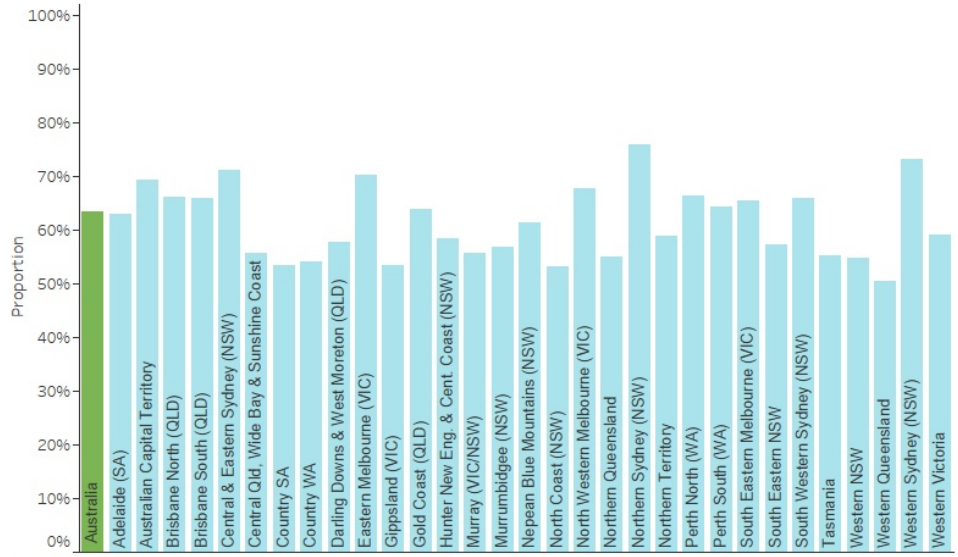


Figure 13: Proportion of regular clients aged 15 years and whose smoking status was recorded in their GP record who were classified as “never smoked”, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 2b: National proportions over time

Nationally, between July 2021 and July 2022, the proportion of regular clients remained constant:

- at 14.7% and 14.2% respectively for “current smokers”
- at 22.5% and 22.4% respectively for “ex-smokers”
- at 62.8% and 63.4% respectively for “never smoked”.

Figure 14: Proportion of regular clients aged 15 years and over with a record of smoking status in their GP record, July 2021 to July 2022

This line chart shows the proportion of regular clients with a smoking status recorded (“Current”, “Ex”, “Never”) in their GP record, from July 2021 to July 2022.

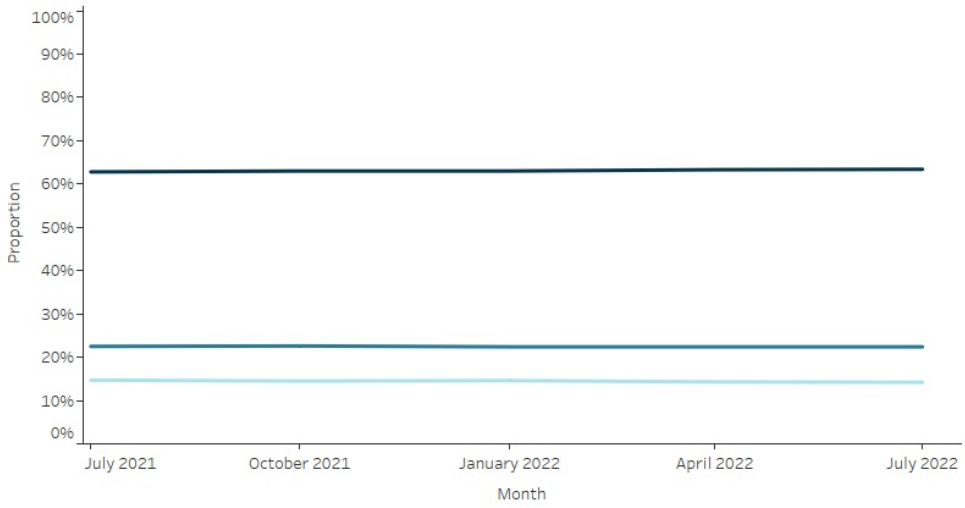


Figure 14: Proportion of regular clients aged 15 years and over with a record of smoking status, in their GP record, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 2b: National proportions by age and sex

Current smokers

As of July 2022, 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 (15.3%)
- highest in the 25–34 year age group for males (23.4%)
- lowest in the 65 years and over age group for both females (6.5%) and males (8.5%).

Figure 15: 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over, with a smoking status recorded as “current smoker” in their GP record, by age and sex for July 2022.

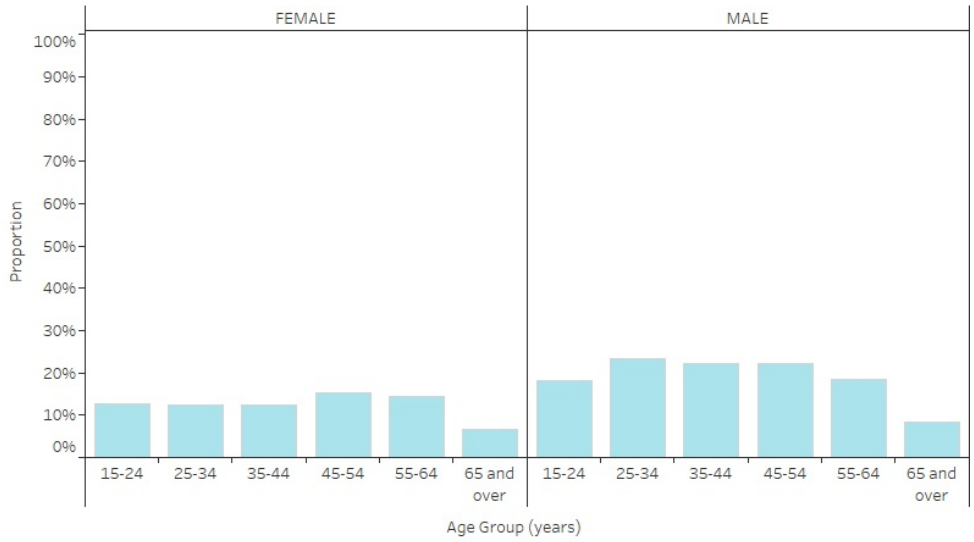


Figure 15: Proportion of regular clients aged 15 years and over with a record of smoking status as “current smoker”, in their GP record, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Ex-smokers

As of July 2022, 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 years and over age group for both females (24.3%) and males (40.2%)
- lowest in the 15–24 year age group for both females (4.4%) and males (4.6%).

Figure 16: 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a smoking status recorded as “ex smoker” in their GP record, by age and sex for July 2022.

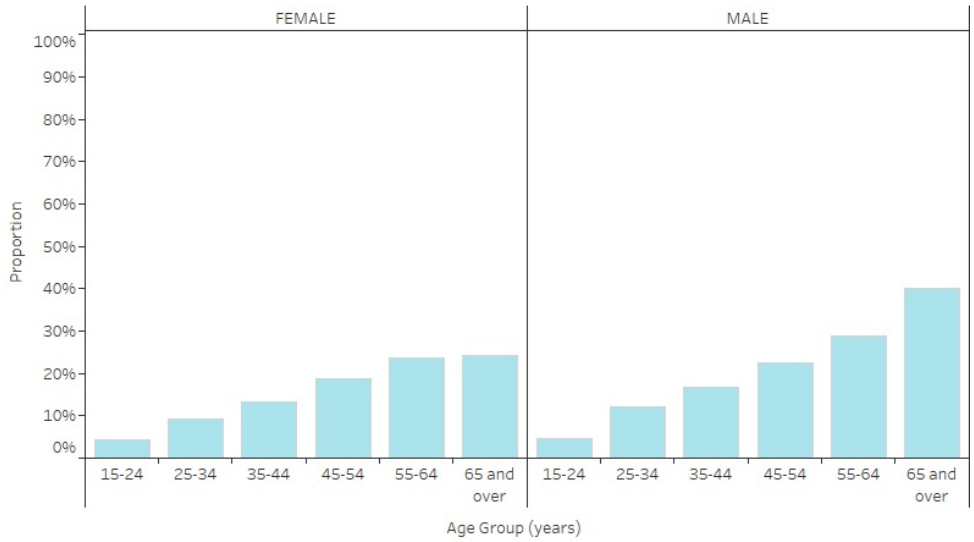


Figure 16: Proportion of regular clients aged 15 years and over with a record of smoking status as "ex-smoker", in their GP record, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Never smoked

As of July 2022, 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 (82.8%) and males (77.3%)
- lowest in the 55–64 years and over age group for females (62.0%)
- lowest in the 65 years and over age group for males (51.3%).

Figure 17: 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a smoking status recorded as "never smoked" in their GP record, by age and sex for July 2022.

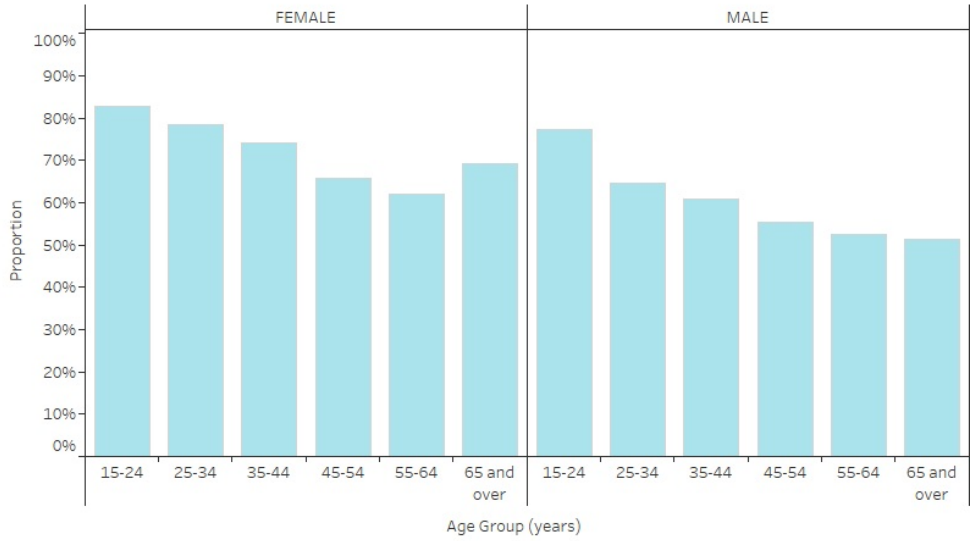


Figure 17: Proportion of regular clients aged 15 years and over with a record of smoking status as "never smoked", in their GP record, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

QIM 02a: Proportion of regular clients whose smoking status has been recorded

- Clients aged between 15 and 29.999 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 at least once since turning 30.
- Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.

QIM 02b: Proportion of regular clients with a smoking status result

- Includes only those clients with a smoking status recorded as defined in the numerator of QIM 02a.
- 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 29.999 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 at least once since turning 30.

References

AIHW (Australian Institute of Health and Welfare) (2019a). Burden of tobacco use in Australia: Australian Burden of Disease Study 2015, Australian Burden of Disease series no. 21. Cat. no. BOD 20, AIHW, Canberra, 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:

In 2017–18, two-thirds (67.0%) of Australian adults aged 18 years and over were overweight or obese (12.5 million people) (ABS 2021). 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 2 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.

Proportion of regular clients with a weight classification recorded (QIM 3a)

QIM 3a: Regional proportions

As of July 2022, nationally, 21.1% 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 14.8 to 43.8% across PHNs.

Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurements recorded in their GP record within the previous 12 months, by PHN, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with height and weight recorded in their GP record, by PHN for July 2022.

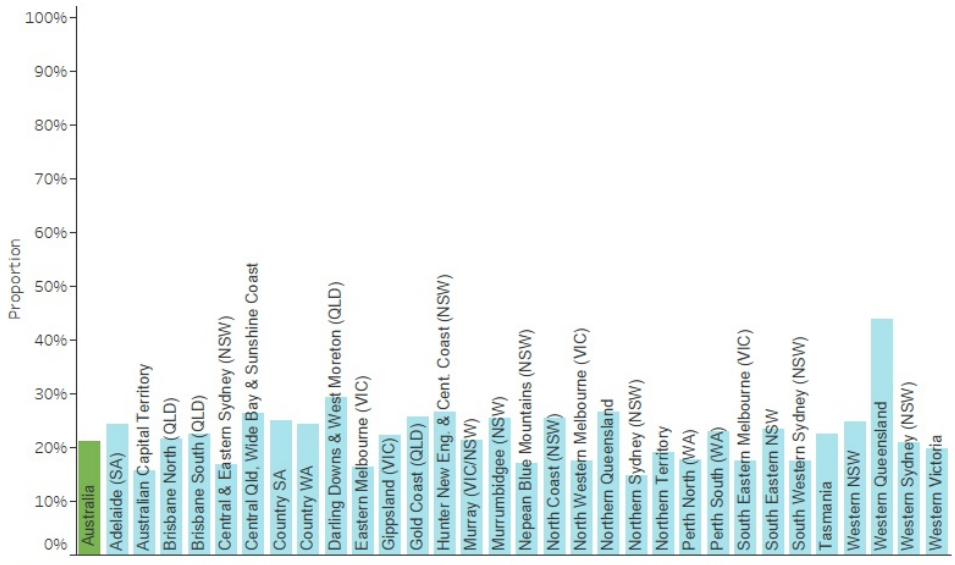


Figure 18: Proportion of regular clients aged 15 years and over who had their height and weight measurement recorded in their GP record within the previous 12 months, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

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.

QIM 3a: National proportions over time

Nationally, between July 2021 and July 2022, 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 decreased by 2.5% from 23.6% to 21.1%.

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, July 2021 to July 2022

This line chart shows the proportion of regular clients aged 15 years and over with height and weight recorded in their GP record, from July 2021 to July 2022.

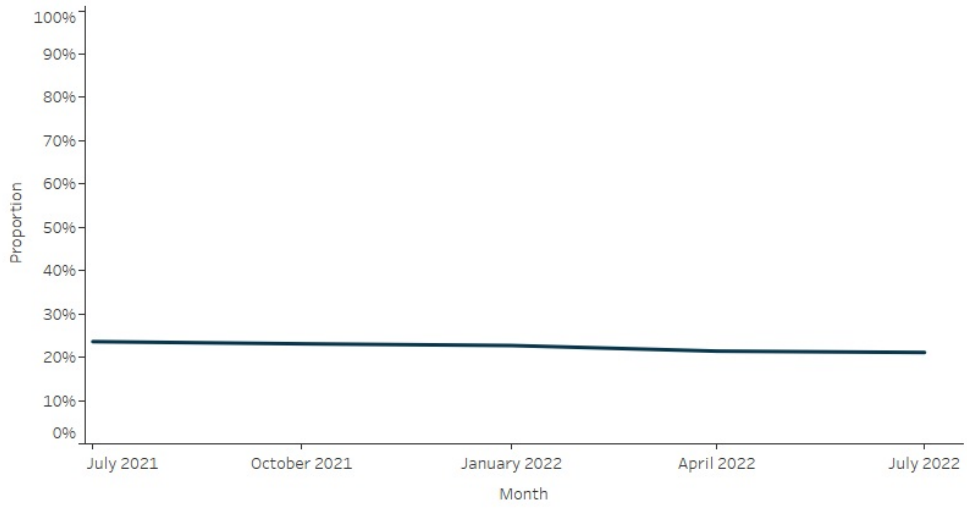


Figure 19: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Recorded

QIM 3a: National proportions by age and sex

As of July 2022, 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 (30.4%) and males (30.7%)
- lowest in the 15–24 years age group for both females (14.0%) and males (9.2%), noting the different requirement for this age group that both height and weight be recorded in the previous 12 months.

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, by age and sex, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with height and weight recorded in their GP record, by age and sex for July 2022.

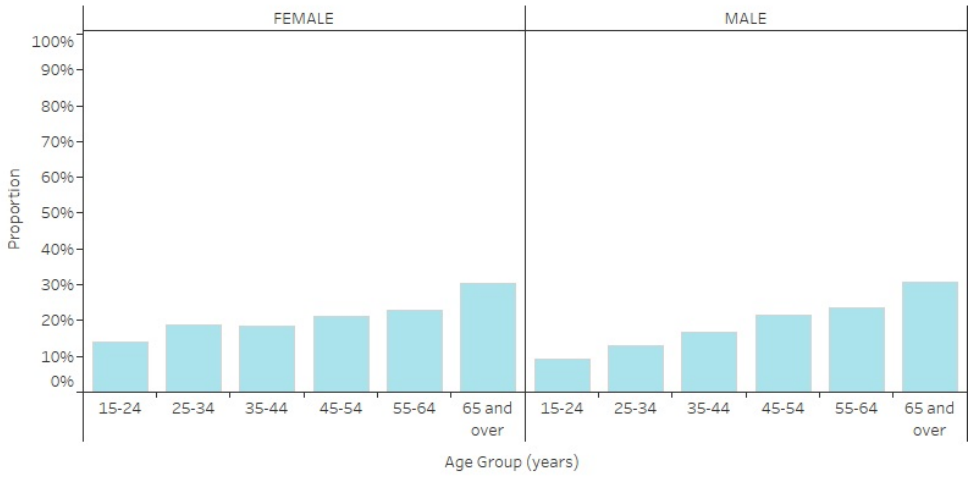


Figure 20: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, by age and sex, July 2022
Notes:
1. For those aged 15-24 years height and weight are counted if these are recorded within the last 12 months. For those aged 25 years and over, height is counted if it was ever recorded since the client turned 25 years and weight was recorded within the previous 12 months.
2. 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 a weight classification result (QIM 3b)

QIM 3b: Regional Proportions

Underweight BMI

As of July 2022, nationally, 2.1% 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 2.9% 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 of "underweight", by PHN, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of “underweight”, by PHN for July 2022.

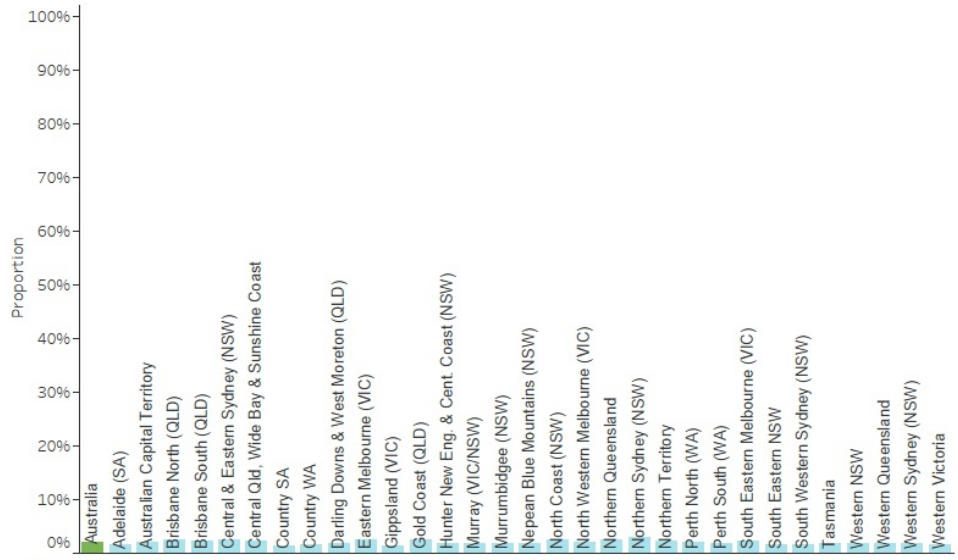


Figure 21: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “underweight”, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Healthy BMI

As of July 2022, nationally, 25.3% 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 18.9% to 35.4% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of “healthy”, by PHN for July 2022.

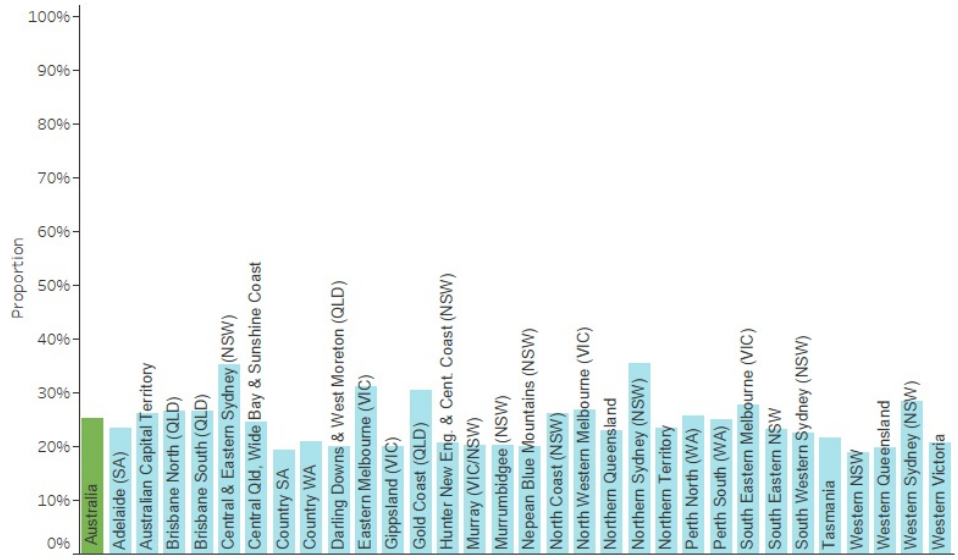


Figure 22: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification of "healthy", by PHN, July 2022

Notes:

See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Overweight BMI

As of July 2022, nationally, 32.2% 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 29.0% to 34.9% across PHNs.

Figure 23: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record in the previous 12 months, with a BMI classification of "overweight", by PHN, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of "overweight", by PHN for July 2022.

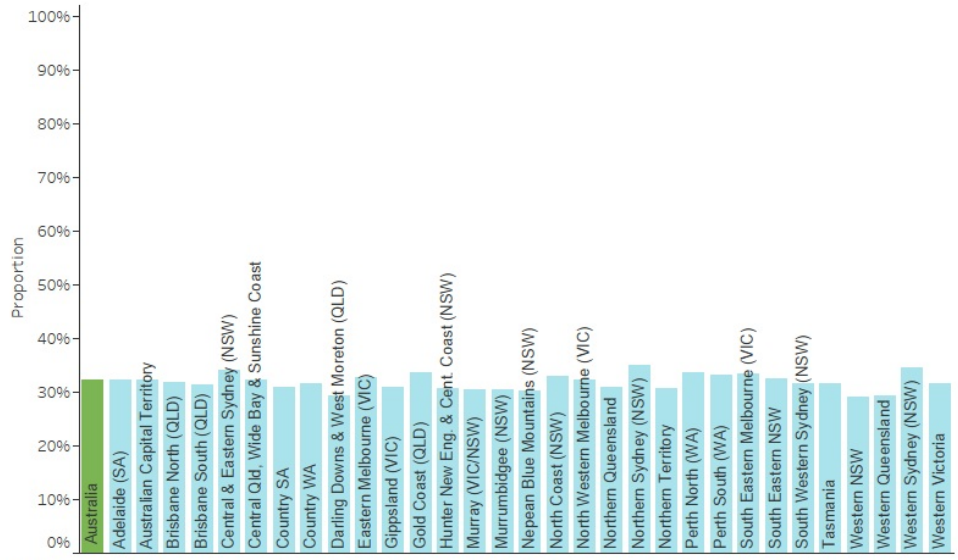


Figure 23: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "overweight", by PHN, July 2022

Notes:

See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

Obese BMI

As of July 2022, nationally, 40.4% 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 26.8% to 50.3% 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 of "obese", by PHN, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of "obese", by PHN for July 2022.

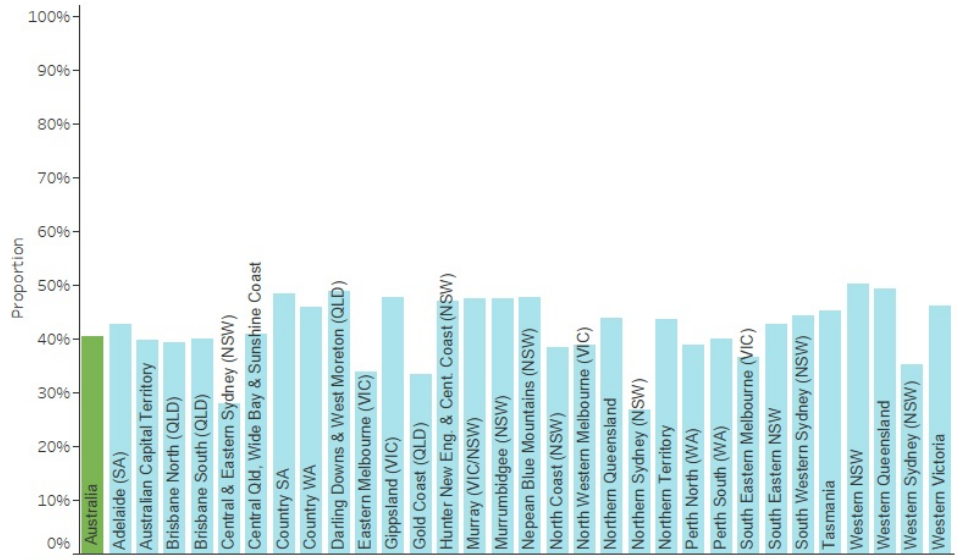


Figure 24: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "obese", by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 3b: National proportions over time

Nationally, between July 2021 and July 2022, 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 2.0% and 2.1% respectively
- a BMI status of "healthy" remained constant at 25.7% and 25.3% respectively
- a BMI status of "overweight" remained constant at 32.5% and 32.2% respectively
- a BMI status of "obese" remained constant at 39.8% and 40.4% 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, July 2021 to July 2022

This line chart shows the proportion of regular clients aged 15 years and over with a BMI classification ("underweight", "healthy", "overweight", "obese"), from July 2021 to July 2022.

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, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 3b: National proportions by age and sex

Underweight BMI

As of July 2022, 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 (9.1%) and males (7.8%)
- 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 of "underweight", by age and sex, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of “underweight”, by age and sex for July 2022.

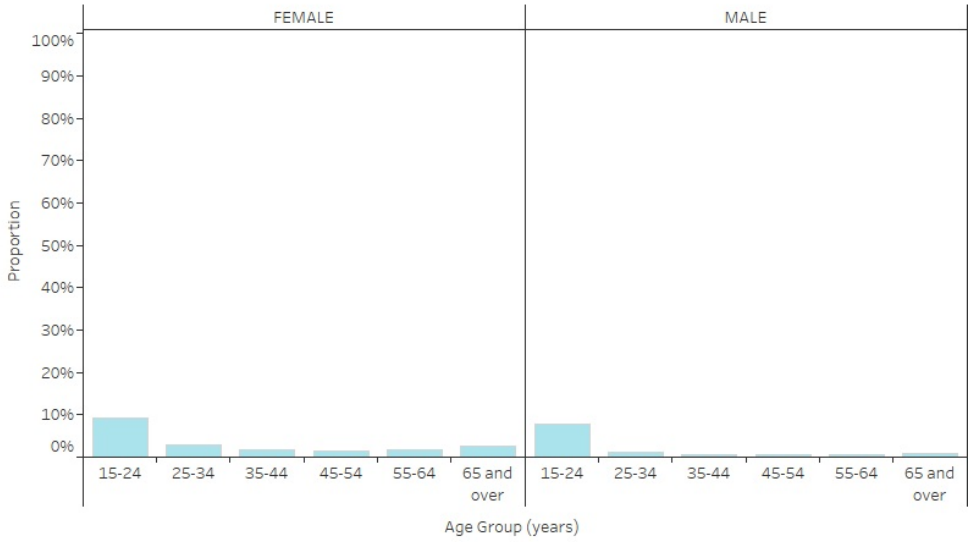


Figure 26: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “underweight”, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Healthy BMI

As of July 2022, 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 (46.4%) and males (46.2%)
- lowest in the 45–54 years age group for both females (23.0%) and males (15.3%).

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 of "healthy", by age and sex, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of “healthy”, by age and sex for July 2022.

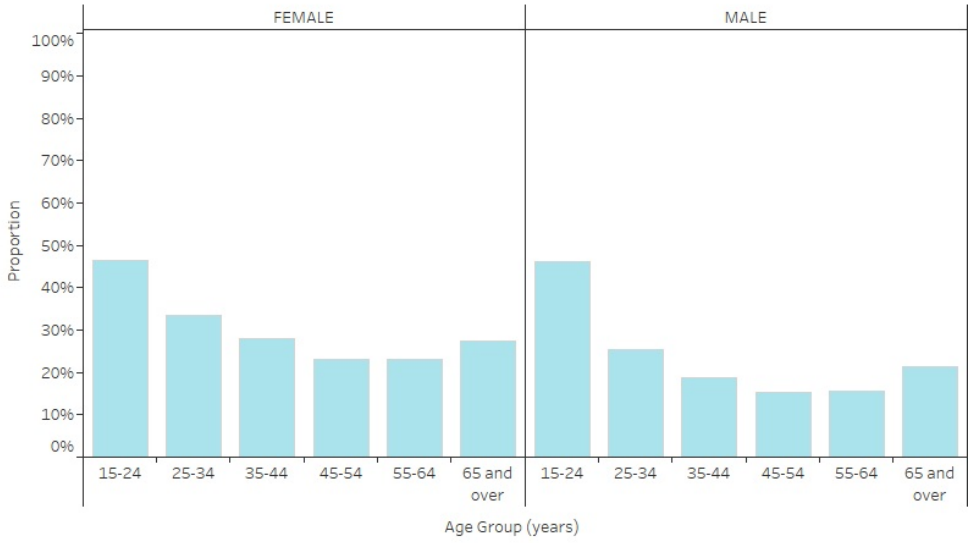


Figure 27: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “healthy”, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Overweight BMI

As of July 2022, 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 (32.3%) and males (41.1%)
- lowest in the 15–24 years age group for both females (19.9%) and males (22.4%).

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 of "overweight", by age and sex, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of “overweight”, by age and sex for July 2022.

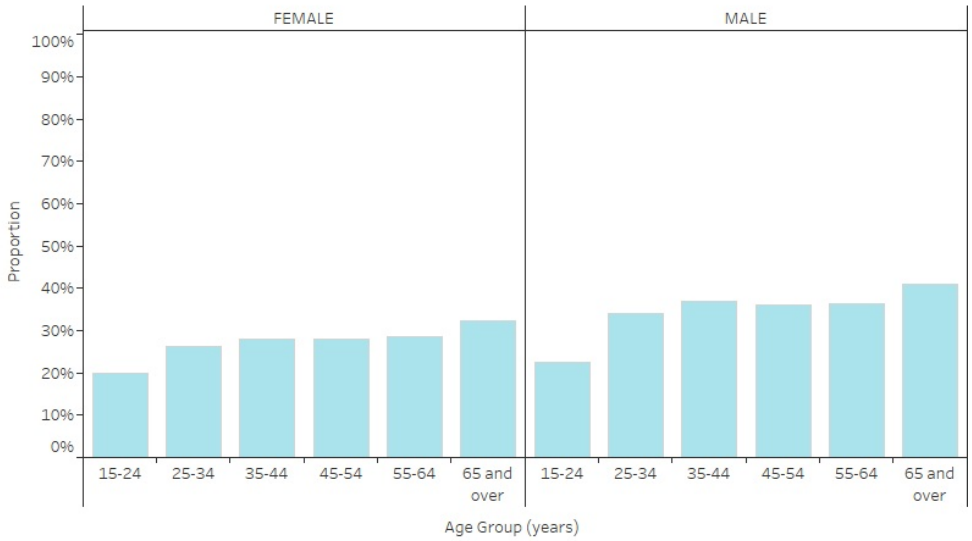


Figure 28: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as “overweight”, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Obese BMI

As of July 2022, 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 (47.7%) and males (48.1%)
- lowest in the 15–24 years age group for both females (24.6%) and males (23.7%).

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 of "obese", by age and sex, July 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a BMI classification of “obese”, by age and sex for July 2022.

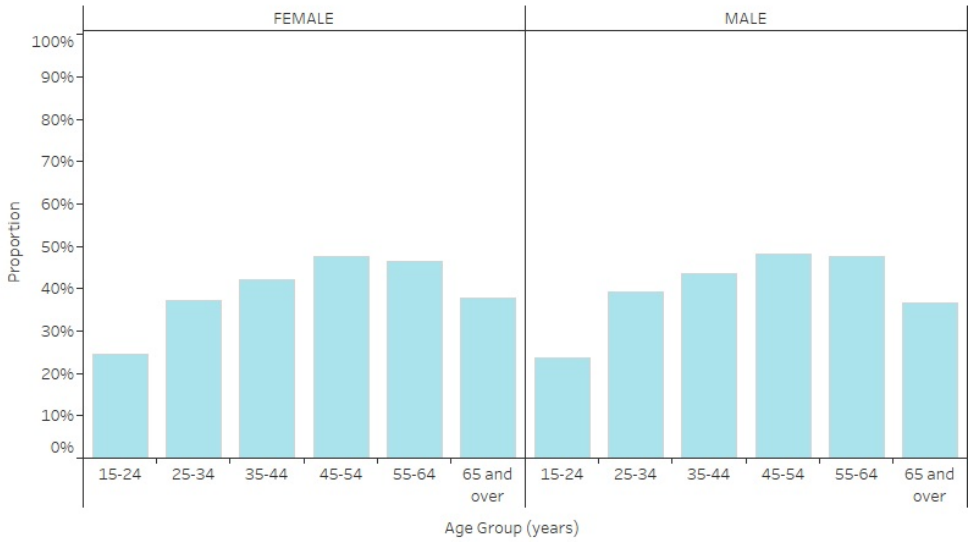


Figure 29: Proportion of regular clients aged 15 years and over who had their height and weight recorded in their GP record within the previous 12 months, with a BMI classification as "obese", by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

QIM 03a: Proportion of regular client with a height and weight measurement record

- Clients aged between 15 and 24.999 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 03b: Proportion of regular clients with a derived BMI 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.
- 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.
- AIHW has been working with all vendors towards a consistent approach to the data specification interpretation, ensuring all interpretations are consistent. Due to the uneven exclusion criteria across QIM 03a and QIM 03b, not all extraction vendors excluded very tall or very short people from QIM 03b in line with the technical specifications.
- From January 2022 onwards, 27 PHNs using CAT4 re-submitted data which resolved these data inconsistencies with QIM 03.

References

ABS (Australian Bureau of Statistics) (2021). National Health Survey: first results, 2020-21, ABS cat. no. 4364.0.00.001, ABS, Canberra, accessed 15 August 2022.

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).

A number of groups are at a higher risk of influenza and its complications. These groups experience higher rates of 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 the influenza vaccine to people 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 (for example, from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine (Department of Health 2020b).

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 but is not known to the practice, this is not captured in the report. For example, this might be where the vaccination providers' information systems may not be compatible with the clinical information system of the client's usual general practice.

Other sources of relevant data

There are other administrative data collections where the data on influenza immunisation are captured, for example, 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.

QIM 4: Regional proportions

As of July 2022, nationally, 59.9% 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 43.1% to 70.5% 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 2022

This bar chart shows the proportion of regular clients aged 65 years and over with influenza immunisation status recorded in their GP record, by PHN for July 2022.

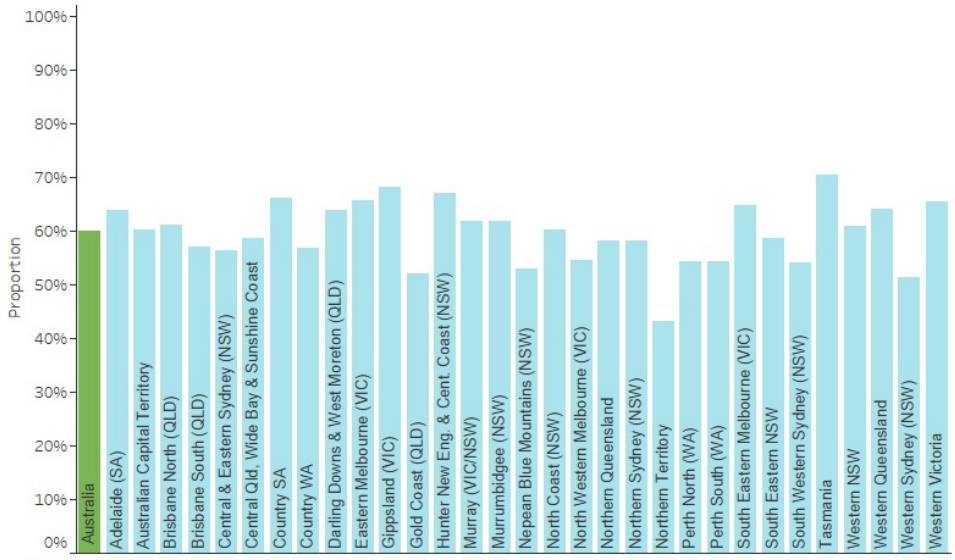


Figure 30: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 4: National proportions over time

Nationally, between July 2021 and July 2022, there was a decrease of 4.0% 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 63.9% to 59.9%.

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, July 2021 to July 2022

This line chart shows the proportion of regular clients aged 65 years and over with influenza immunisation status recorded in their GP record, from July 2021 to July 2022.

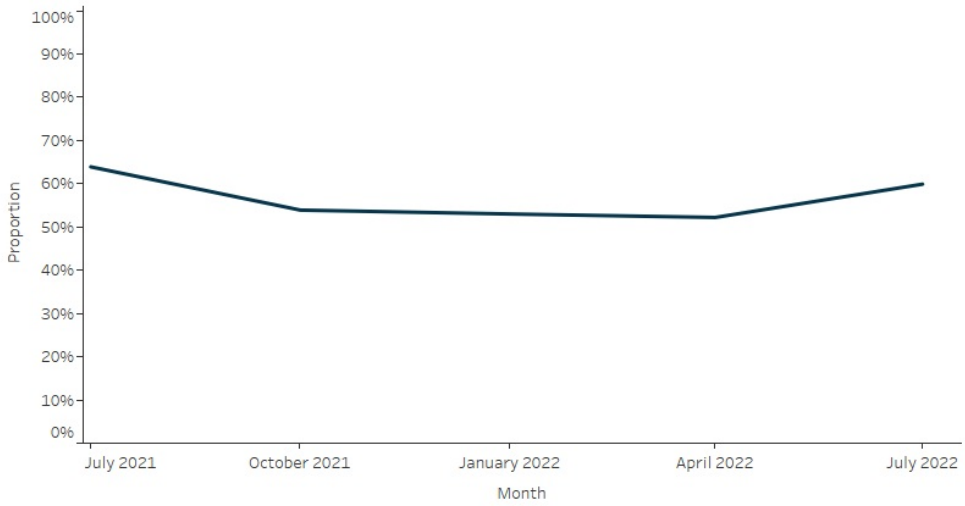


Figure 31: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Immunisation recorded

QIM 4: National proportions by sex

As of July 2022, 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 60.8% for females and 58.8% 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 2022

This bar chart shows the proportion of regular clients aged 65 years and over with influenza immunisation status recorded in their GP record, by sex for July 2022.

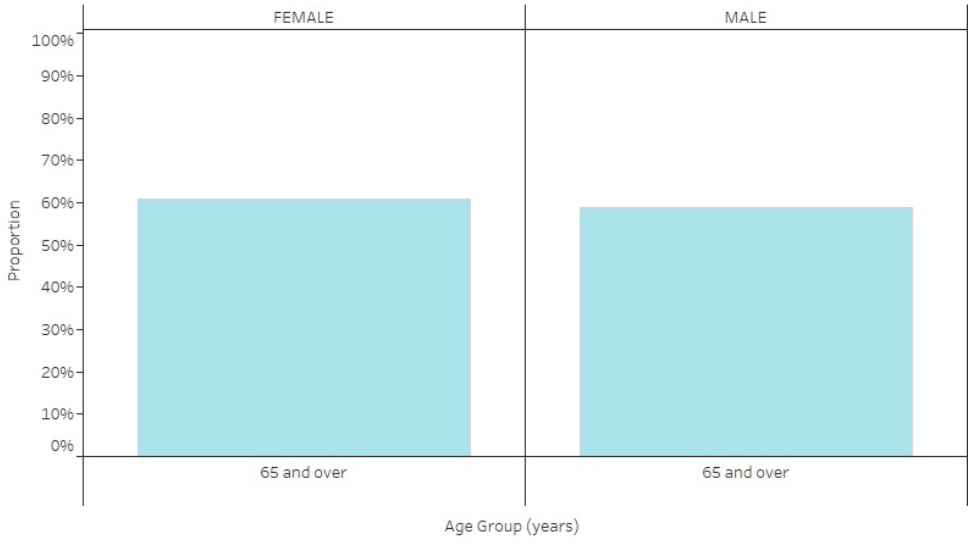


Figure 32: Proportion of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, by sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

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 or pharmacy) 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).
- There was a change in the recording of influenza immunisations identified in January 2022 that resulted in an undercount of the number of regular clients receiving influenza immunisations and a lower proportion reported for this QIM (Pen CS 2022). This change impacted the January 2022 and April 2022 data submissions for selected practices in 27 of the 31 PHNs.

References

ATAGI (Australian Technical Advisory Group on Immunisation) (2018) Australian Immunisation Handbook, Australian Government Department of Health, Canberra, accessed 15 August 2022.

Department of Health (2020b) Practice Incentives Program Quality Improvement Measures User Guide for General Practices, Department of Health, Canberra, accessed 12 August 2022.

Pen CS (2022) CAT4 Release Notes v4.39 January 2022, accessed 15 August 2022.

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 (for example, from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine (Department of Health 2020b).

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 2020b). 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 but is not known to the practice, this is not captured in the report. For example, this might be where the vaccination providers' information systems may not be compatible with the clinical information system of the client's usual general practice.

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, for example, 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 data on influenza immunisation are captured, for example, 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 recorded in their GP record within the previous 15 months.

QIM 5: Regional proportions

As of July 2022, nationally, 54.0% of regular clients with diabetes had an influenza immunisation status recorded in their GP record within the previous 15 months. This varied from 37.8% to 65.4% 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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2 and undefined) and an influenza immunisation status recorded in their GP record, by PHN for July 2022.

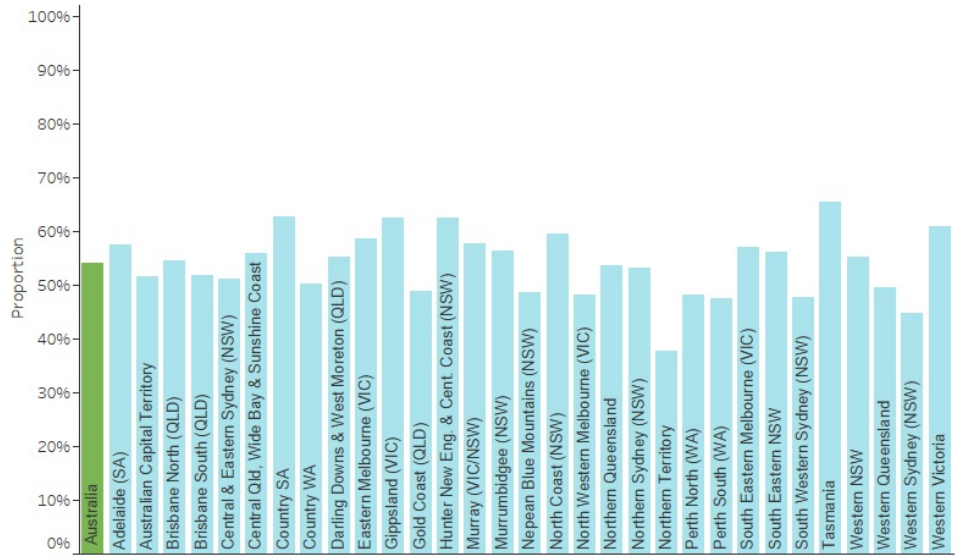


Figure 33: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation status recorded in their GP record within the previous 15 months, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 5: National proportions over time

Nationally, between July 2021 and July 2022, 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 decreased by 3.6%, from 57.6% to 54.0%.

Figure 34: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an immunisation status recorded in their GP record within the previous 15 months, July 2021 to July 2022

This line chart shows the proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2 and undefined) and an influenza immunisation status recorded in their GP record, from July 2021 to July 2022.

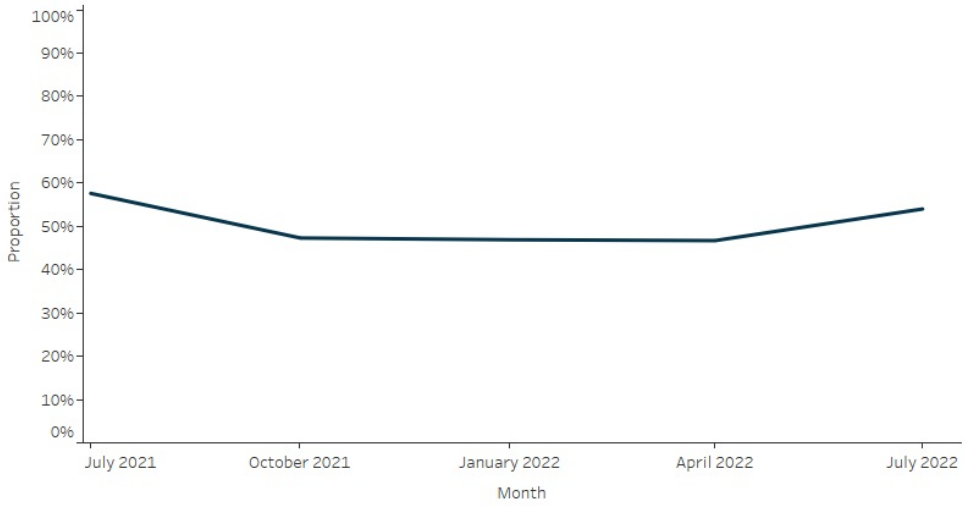


Figure 34: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation status recorded in their GP record within the previous 15 months, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Immunisation recorded

QIM 5: National proportions by age and sex

As of July 2022, 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 (69.3%) and males (68.6%)
- lowest in the 25–34 years age group for both females (24.4%) and males (18.0%).

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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2 and undefined) and an influenza immunisation status recorded in their GP record, by age and sex for July 2022.

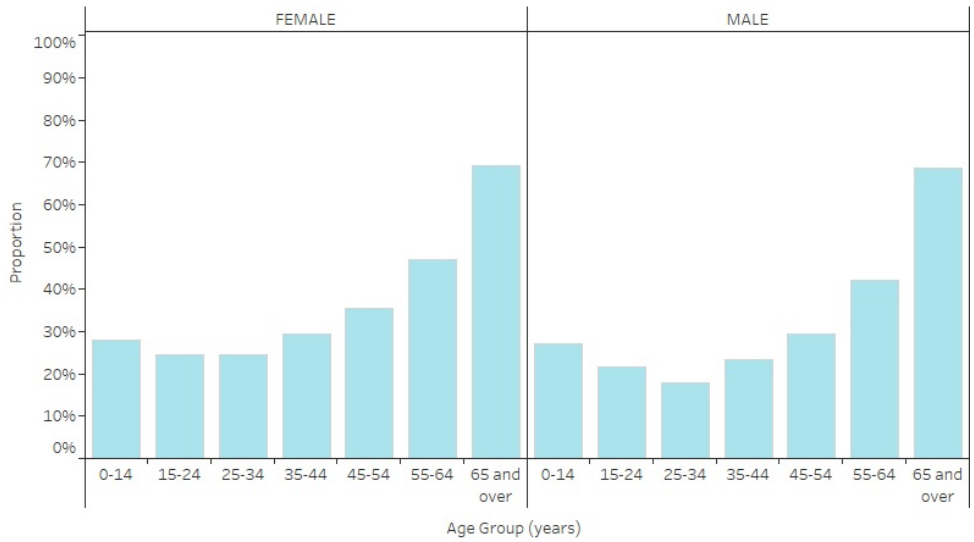


Figure 35: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with an influenza immunisation status recorded in their GP record within the previous 15 months, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP 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 or pharmacy) 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).
- There was a change in the recording of influenza immunisations identified in January 2022 that resulted in an undercount of the number of regular clients receiving influenza immunisations and a lower proportion reported for this QIM (Pen CS 2022). This change impacted the January 2022 and April 2022 data submissions for selected practices in 27 of the 31 PHNs.

References

ATAGI (Australian Technical Advisory Group on Immunisation) (2018). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, accessed 15 August 2022.

Department of Health (2020b). Practice Incentives Program Quality Improvement Measures User Guide for General Practices, Department of Health, Canberra, accessed 12 August 2022.

Department of Health (2017) National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care, Department of Health, Canberra, accessed 12 August 2022.

Pen CS (2022) CAT4 Release Notes v4.39 January 2022, accessed 15 August 2022.

RACGP (2020b). Management of type 2 diabetes: A handbook for general practice, RACGP, East Melbourne, Victoria, accessed 12 August 2022.

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 chronic obstructive pulmonary disease (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 the influenza vaccine to people 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 (for example, from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine (Department of Health 2020b).

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 immunisation was provided elsewhere but is not known to the practice, this is not captured in the report. For example, this might be where the vaccination providers' information systems may not be compatible with the clinical information system of the client's usual general practice.

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 data on influenza immunisation are captured, for example, the Australian Immunisation Register (AIR).
This indicator reports on the proportion of regular clients aged 15 years and over with a COPD diagnosis, and who had an influenza immunisation status recorded in their GP record within the previous 15 months.

QIM 6: Regional proportions

As of July 2022, nationally, 63.8% of regular clients aged 15 years and over with a COPD diagnosis had an influenza immunisation status recorded in their GP record within the previous 15 months. This varied between 48.5% and 73.0% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a recorded diagnosis of COPD and an influenza immunisation status recorded in their GP record, by PHN for July 2022.

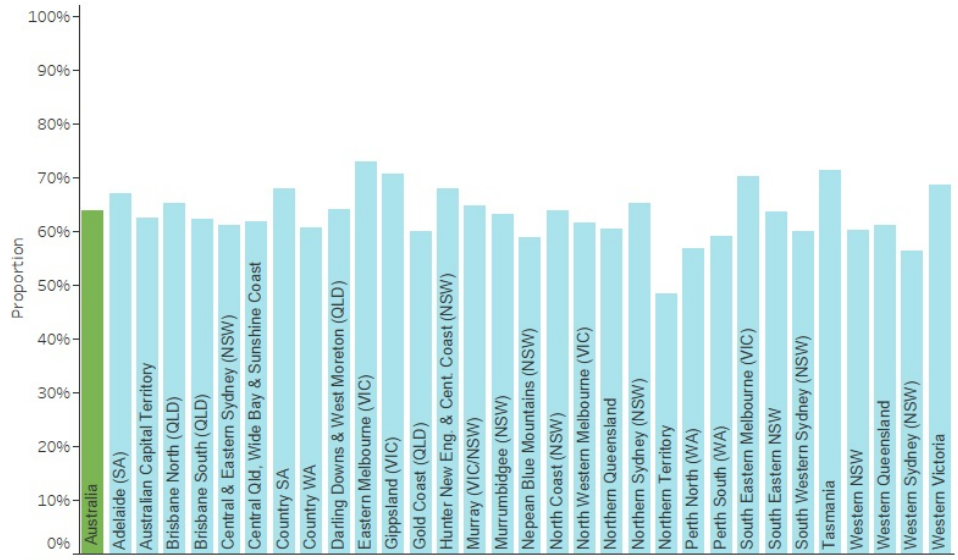


Figure 36: Proportion of regular clients aged 15 years and over with a COPD diagnosis with an influenza immunisation status recorded in their GP record within the previous 15 months, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 6: National proportions over time

Nationally, between July 2021 and July 2022, 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 decreased by 2.8%, from 66.6% to 63.8%.

Figure 37: Proportions 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, July 2021 to July 2022

This line chart shows the proportion of regular clients aged 15 years and over with a recorded diagnosis of COPD and an influenza immunisation status recorded in their GP record, from July 2021 to July 2022.

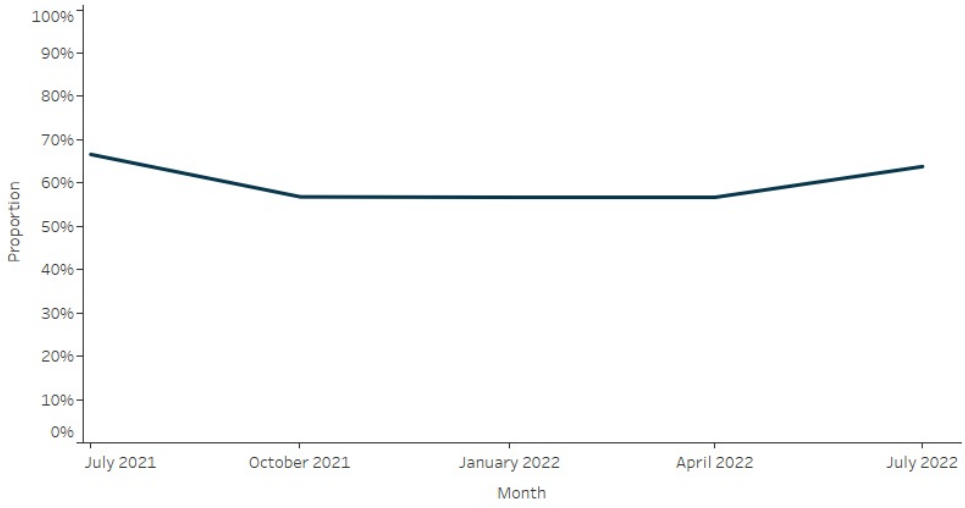


Figure 37: Proportion of regular clients aged 15 years and over with a COPD diagnosis with an influenza immunisation status recorded in their GP record within the previous 15 months, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Immunisation recorded

QIM 6: National proportions 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 2020a).

As of July 2022, 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 (73.9%) and males (73.1%)

- lowest in the 15–24 years age group for females (16.7%) and in the 25–34 years age group for males (13.0%).

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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with a recorded diagnosis of COPD and an influenza immunisation status recorded in their GP record, by age and sex for July 2022.

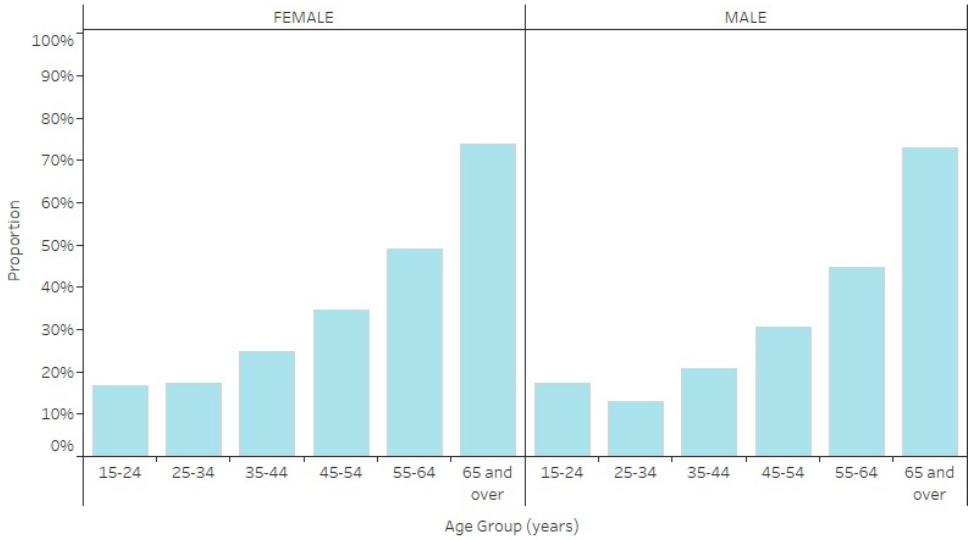


Figure 38: Proportion of regular clients aged 15 years and over with a COPD diagnosis with an influenza immunisation status recorded in their GP record within the previous 15 months, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP 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 or pharmacy) 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).
- There was a change in the recording of influenza immunisations identified in January 2022 that resulted in an undercount of the number of regular clients receiving influenza immunisations and a lower proportion reported for this QIM (Pen CS 2022). This change impacted the January 2022 and April 2022 data submissions for selected practices in 27 of the 31 PHNs.

References

Abramson M, Frith P, Yang I, McDonald C, Hancock K, Jenkins S, McDonald V, Zwar N, Maguire G, Halcomb E and Scowcroft P (2014) COPD-X Concise Guide for Primary Care, Lung Foundation Australia, Brisbane, accessed 15 August 2022.

AIHW (2020a) Chronic obstructive pulmonary disease (COPD), Cat. no. ACM 35, AIHW, Canberra, accessed 12 August 2022

ATAGI (Australian Technical Advisory Group on Immunisation) (2018) Australian Immunisation Handbook, Australian Government Department of Health, Canberra, accessed 15 August 2022.

Department of Health (2017) National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care, Department of Health, Canberra, accessed 12 August 2022.

Department of Health (2020b) Practice Incentives Program Quality Improvement Measures User Guide for General Practices, Department of Health, Canberra, accessed 12 August 2022.

Pen CS (2022) CAT4 Release Notes v4.39 January 2022, accessed 15 August 2022.

PIPQI measures

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

In 2020-21, one in 4 (25.8%) people aged 18 years and over consumed more than 2 standard drinks per day on average, exceeding the lifetime risk guideline (ABS 2021). Men were more likely to exceed the guideline than women (33.6% compared to 18.5%) (ABS 2021). 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 2019b). 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 2019b).

Alcohol-induced deaths are defined as those that can be directly attributed to alcohol use (i.e. where an alcohol-related condition is recorded as the underlying cause of death), as determined by toxicology and pathology reports (AIHW 2022c). The number of alcohol-induced deaths continues to rise, with 1,452 deaths reported in 2020, an 8% increase from 1,344 alcohol-induced deaths in 2019 which was an increase from 4.8 per 100,000 population in 2019 to 5.2 per 100,000 population in 2020 (AIHW 2022c). Alcohol-related deaths include deaths directly attributable to alcohol use (as defined above) and deaths where alcohol was listed as an associated cause of death (e.g. a motor vehicle accident where a person recorded a high blood alcohol concentration) (AIHW 2022c). There were 4,516 alcohol-related deaths in 2020. This has increased from 2,746 alcohol-related deaths in 2011, an increase from 11.6 per 100,000 population to 16.4 per 100,000 (AIHW 2022c).

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 alcohol consumption was recorded elsewhere but is not known to the practice, this is not captured in the report. For example, this might be where the rehabilitation centre's information systems may not be compatible with the clinical information system of the client's usual general practice.

Other sources of relevant data

Data on prevalence of health risk factors such as alcohol consumption status of 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, for example, smoking and drug rehabilitation services, and community health centres.
This indicator measures the proportion of regular clients aged 15 years and over who had an alcohol consumption status recorded in their GP record.

QIM 7: Regional proportions

As of July 2022, nationally, 57.1% of regular clients aged 15 years and over had their alcohol consumption status recorded in their GP record. This varied from 46.1% to 80.8% 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with an alcohol consumption status recorded in their GP record, by PHN for July 2022.

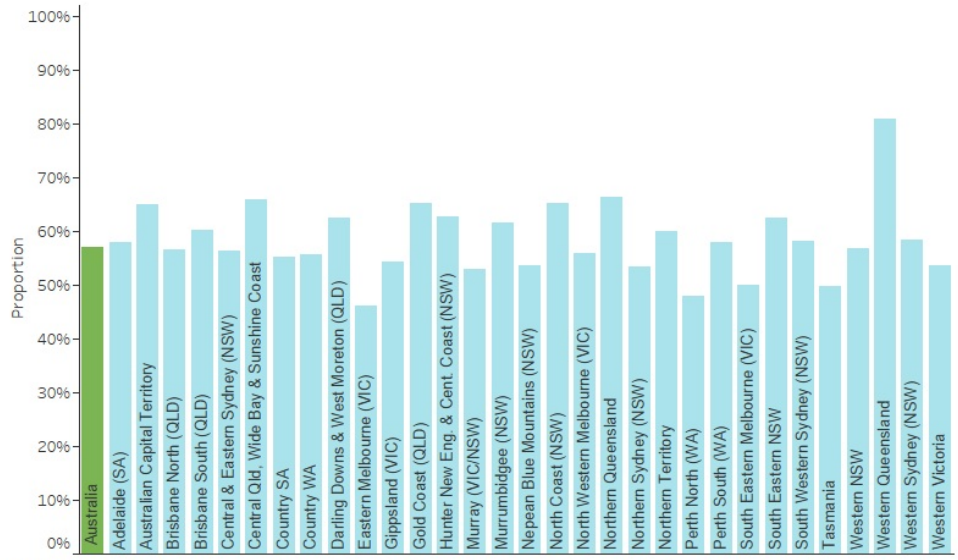


Figure 39: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, by PHN, July 2022

Notes:

See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

QIM 7: National proportions over time

Nationally, between July 2021 and July 2022, the proportion of regular clients aged 15 years and over who had an alcohol consumption status recorded in their GP record remained constant at 56.3% and 57.1% respectively.

Figure 40: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, July 2021 to July 2022

This line chart shows the proportion of regular clients aged 15 years and over with an alcohol consumption status recorded in their GP record, from July 2021 to July 2022.

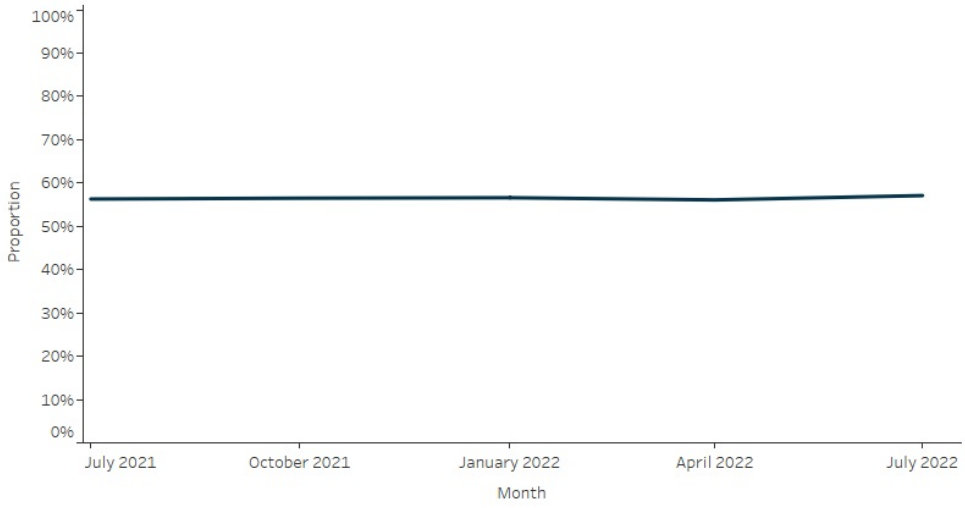


Figure 40: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, July 2021 to July 2022

Notes: See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

QIM 7: National proportions by age and sex

As of July 2022, 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 (60.6%) and males (62.5%)
- lowest in the 15–24 years age group for both females (44.4%) 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 2022

This bar chart shows the proportion of regular clients aged 15 years and over with an alcohol consumption status recorded in their GP record, by age and sex for July 2022.

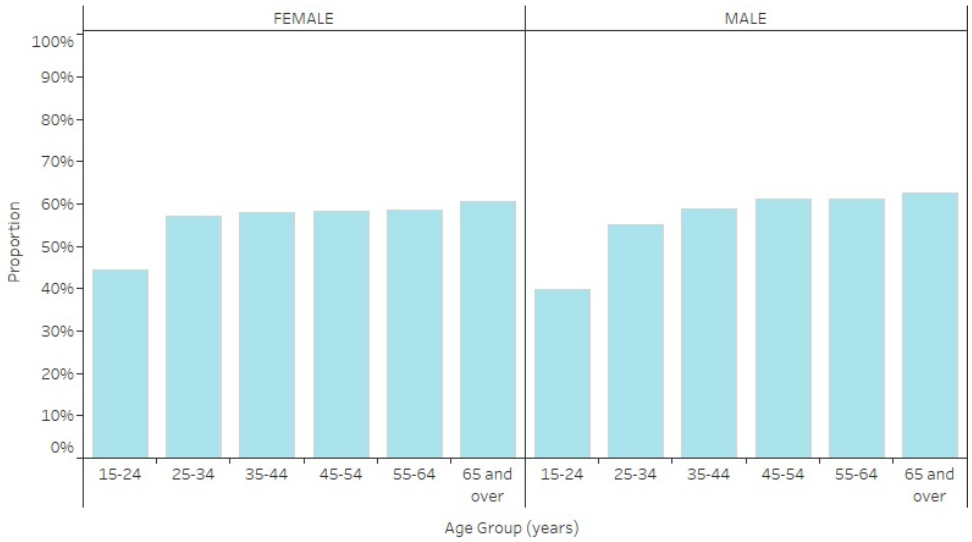


Figure 41: Proportion of regular clients aged 15 years and over with a record of alcohol consumption status in their GP record, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Caveats and footnotes

- Includes in the numerator only those clients aged 15 years and over with an alcohol consumption status ever recorded in their GP record. There is currently no reference period of recording the client status applied for this QIM within the technical specification documents.
- Data on alcohol consumption results (frequency and dose) are not captured in this measure.

References

ABS (Australian Bureau of Statistics) (2021) National Health Survey: first results, 2020-21, ABS cat. no. 4364.0.00.001, ABS, Canberra, accessed 15 August 2022.

AIHW (2019b) 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, AIHW, Canberra, doi:10.25816/5ebca2a4fa7dc.

AIHW (2022c) Alcohol, tobacco & other drugs in Australia, AIHW, Australian Government, accessed 15 August 2022.

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. for primary prevention). Clients aged 45–74 years with established CVD and/or 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. However, sometimes test results recorded elsewhere may not be captured in this report. For example, this might be a result from a specialist service that is not recorded in the clinical information system of the client's usual general practice due to an incompatible clinical information system between a practice and a specialist service.

Other sources of relevant information

There are other administrative data collections where the relevant data from these client-provider interactions are captured, for example, 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.

During this reporting period, the AIHW became aware of at least 2 different counting rules being applied by extraction tools in the enumeration of regular clients for this indicator.

The POLAR extraction tool used by 5 PHNs applied reference period cut-off dates of 24 months for recording systolic blood pressure and 5 years for recording cholesterol/HDL levels, in line with the RACGP Red Book (RACGP 2018).

In contrast, the CAT4 extraction tool used by 27 PHNs did not apply any reference period cut-off dates for diabetes screening, systolic blood pressure, cholesterol/HDL levels.

As shown in figures 42 to 44, these different methods lead to lower recording results with time restrictions applied, and a higher recording result with no time restrictions applied. These results should be interpreted with caution when comparing results between extraction tools.

QIM 8: Regional proportions

As of July 2022, nationally, 49.8% 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 34.2% to 71.3% 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, by predominant extraction tool vendors, July 2022

This bar chart shows the proportion of regular clients aged 45 to 74 years with the necessary CVD risk factors recorded in their GP record, by PHN and predominant extraction tool vendors for July 2022.

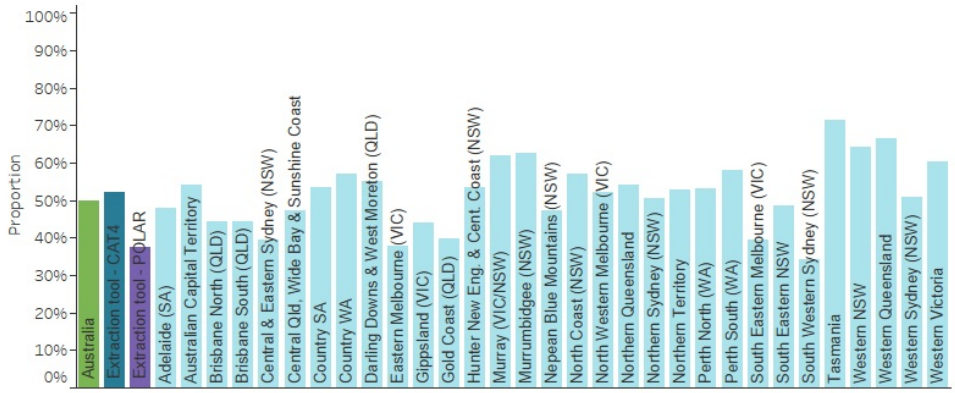


Figure 42: Proportion of regular clients aged 45 to 74 years with the necessary risk factors recorded in their GP record to enable CVD risk assessment, by PHN, by predominant extraction tool vendors, July 2022

Notes:

1. The CAT4 extraction tool used by 27 PHNs did not apply a reference period cut-off date for recording diabetes screening, systolic blood pressure, cholesterol/HDL.
2. The POLAR extraction tool applied a reference period cut-off date of 24 months for recording systolic blood pressure and 5 years for recording of cholesterol/HDL, in line with the Red Book (RACGP 2018) for 5 PHNs (Central and Eastern Sydney, Eastern Melbourne, Gippsland, South Eastern Melbourne, South Western Sydney).
3. Central and Eastern Sydney PHN used both extraction tools and appear in both extraction tool categories.
4. CAT4 was the predominant extraction tool in use in Gold Coast PHN (99%), with the other 1% use coming from the emerging Primary Sense extraction tool.
5. See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au

QIM 8: National proportions over time

Nationally, by predominant extraction tool pathways, between July 2021 and July 2022, 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 within:

- CAT4 remained constant at 51.4% and 52.0%
- POLAR decreased by 2.3% from 39.8% to 37.5%.

These results should be interpreted with caution when comparing results between extraction tools.

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, by predominant extraction tool vendors, July 2021 to July 2022

This line chart shows the proportion of regular clients aged 45 to 74 years with the necessary CVD risk factors recorded in their GP record, by predominant extraction tool vendors, from July 2021 to July 2022.

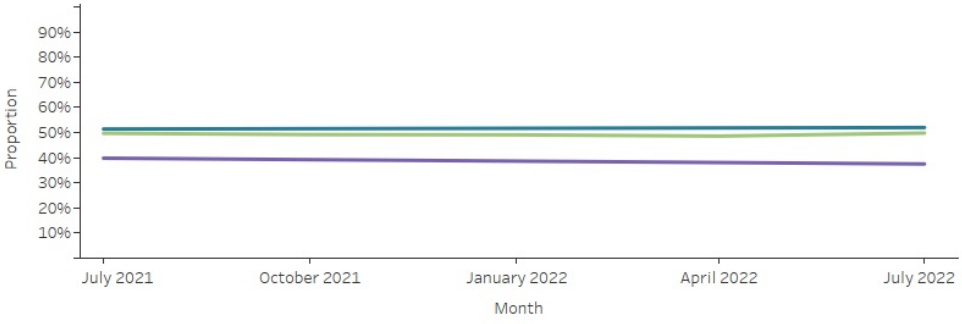


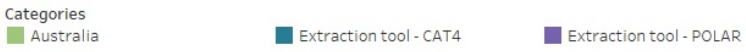
Figure 43: Proportion of regular clients aged 45 to 74 years with the necessary risk factors recorded in their GP record to enable CVD risk assessment, by predominant extraction tool vendors, July 2021 to July 2022

Notes:

1. The CAT4 extraction tool used by 27 PHNs did not apply a reference period cut-off date for recording diabetes screening, systolic blood pressure, cholesterol/HDL.
2. The POLAR extraction tool applied a reference period cut-off date of 24 months for recording systolic blood pressure and 5 years for recording of cholesterol/HDL in line with the Red Book (RACGP 2018) for 5 PHNs (Central and Eastern Sydney, Eastern Melbourne, Gippsland, South Eastern Melbourne, South Western Sydney).
3. Central and Eastern Sydney PHN used both extraction tools and appear in both extraction tool categories.
4. CAT4 was the predominant extraction tool in use in Gold Coast PHN (99%), with the other 1% use coming from the emerging Primary Sense extraction tool.
5. See the Technical Notes for caveats and footnotes

Source: AIHW analysis of national PIP Eligible Data Set

http://www.aihw.gov.au



QIM 8: National proportions by age and sex

As of July 2022, nationally for all extraction tools combined, 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 (55.3%) and males (55.5%)
- lowest in the 45–54 years age group for both females (44.6%) and males (43.8%).

These results should be interpreted with caution when comparing results between extraction tools.

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, by predominant extraction tool vendors, July 2022

This bar chart shows the proportion of regular clients aged 45 to 74 years with the necessary CVD risk factors recorded in their GP record, by age, sex, and predominant extraction tool vendors for July 2022.

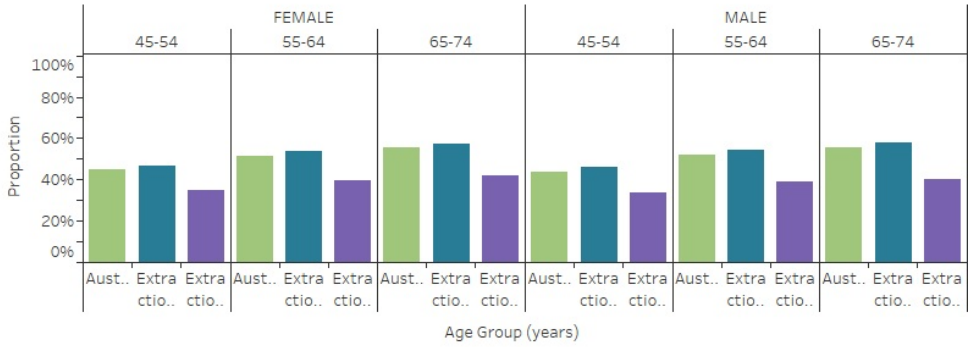


Figure 44: Proportion of regular clients aged 45 to 74 years with the necessary risk factors recorded in their GP record to enable CVD risk assessment, by age and sex, by predominant extraction tool vendors, July 2022
Notes:
1. The CAT4 extraction tool used by 27 PHNs did not apply a reference period cut-off date for recording diabetes screening, systolic blood pressure, cholesterol/HDL.
2. The POLAR extraction tool applied a reference period cut-off date of 24 months for recording systolic blood pressure and 5 years for recording of cholesterol/HDL in line with the Red Book (RACGP 2018) for 5 PHNs (Central and Eastern Sydney, Eastern Melbourne, Gippsland, South Eastern Melbourne, South Western Sydney).
3. Central and Eastern Sydney PHN used both extraction tools and appear in both extraction tool categories.
4. CAT4 was the predominant extraction tool in use in Gold Coast PHN (99%), with the other 1% use coming from the emerging Primary Sense extraction tool.
5. See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

Categories
Australia
Extraction tool - CAT4
Extraction tool - POLAR

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).
- The reference periods for recording the risk factors of this QIM have been interpreted and coded differently by extraction tool vendors. The POLAR extraction tool used by 5 PHNs, applied reference period cut-off dates of 24 months for recording systolic blood pressure and 5 years for recording cholesterol/HDL levels, in line with the RACGP Red Book (RACGP 2018). In contrast, the CAT4 extraction tool used by 27 PHNs, did not apply any reference period cut-off dates for diabetes screening, systolic blood pressure, cholesterol/HDL levels. For this reason these results should be interpreted with caution when comparing results between extraction tools.
- 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, Department of Health, Canberra, accessed 12 August 2022.

NVDPA (National Vascular Disease Prevention Alliance) (2012) Guidelines for the management of absolute cardiovascular disease risk, accessed 12 August 2022.

RACGP (2018) Guidelines for preventive activities in general practice, 9th edition, updated, RACGP, East Melbourne, Victoria, accessed 10 August 2022.

PIPQI measures

QIM 9: Proportion of regular female clients with an up-to-date cervical screening test recorded 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 smear test. The Pap smear 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 2019c). 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 2019c).

Women aged 25 to 74 years become eligible to receive their first cervical screening test 2 years after the last Pap smear 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 tests conducted outside of the service that are known and recorded by the practice are included in the measure. However, sometimes cervical screening test results recorded elsewhere are not captured in this report. For example, this might be a result from a community health centre, women's health centre, family planning or sexual health clinic that is not recorded in the clinical information system of the client's usual general practice due to an incompatible clinical information system between a practice and a specialist service.

Other sources of relevant data

There are other administrative data collections where the data on cervical screening tests are captured, for example, 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.

QIM 9: Regional proportions

As of July 2022, nationally, 38.2% 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 21.9% to 51.3% across PHNs.

Figure 45: Proportion of regular female clients aged 25 to 74 with a cervical screening test recorded in their GP record within the previous 5 years, by PHN, July 2022

This bar chart shows the proportion of female regular clients aged 25 to 74 years with a cervical screening test recorded in their GP record, by PHN for July 2022.

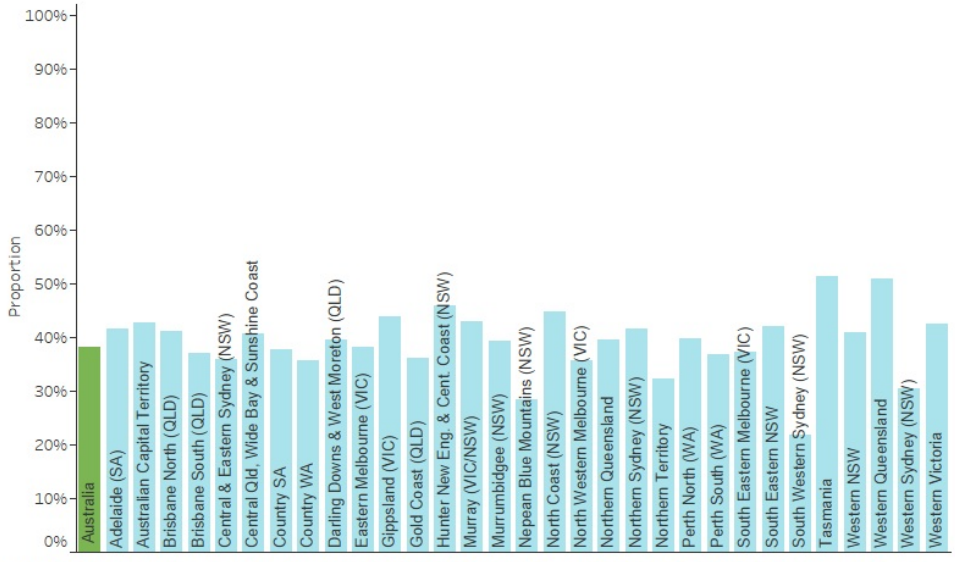


Figure 45: Proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record within the previous 5 years, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 9: National proportions over time

Nationally, between July 2021 and July 2022, 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 remained constant at 37.7% and 38.2% respectively.

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, July 2021 to July 2022

This line chart shows the proportion of female regular clients aged 25 to 74 years with a cervical screening test recorded in their GP record, from July 2021 to July 2022.

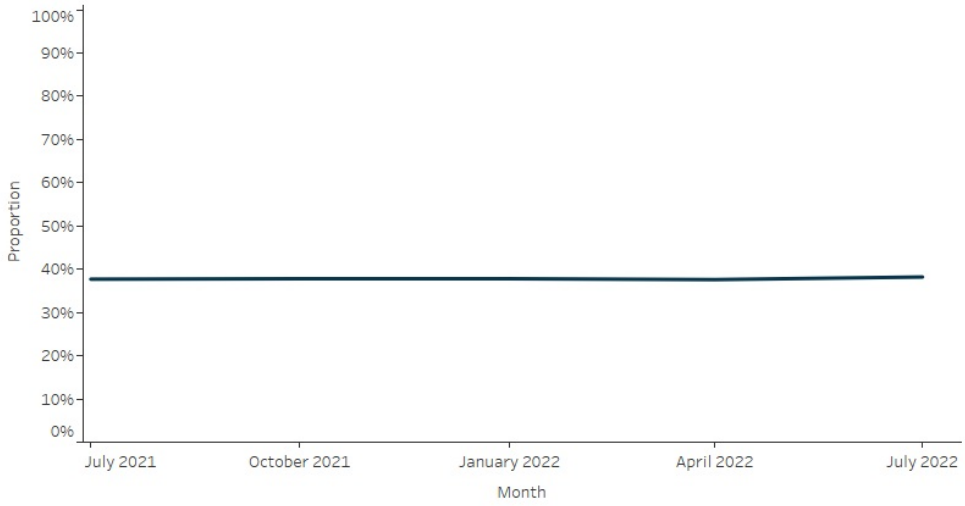


Figure 46: Proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record within the previous 5 years, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Screening test recorded

QIM 9: National proportions by age

As of July 2022, 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 (43.0%) and lowest in the 70–74 years age group (32.2%).

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 2022

This bar chart shows the proportion of female regular clients aged 25 to 74 years with a cervical screening test recorded in their GP record, by age for July 2022.

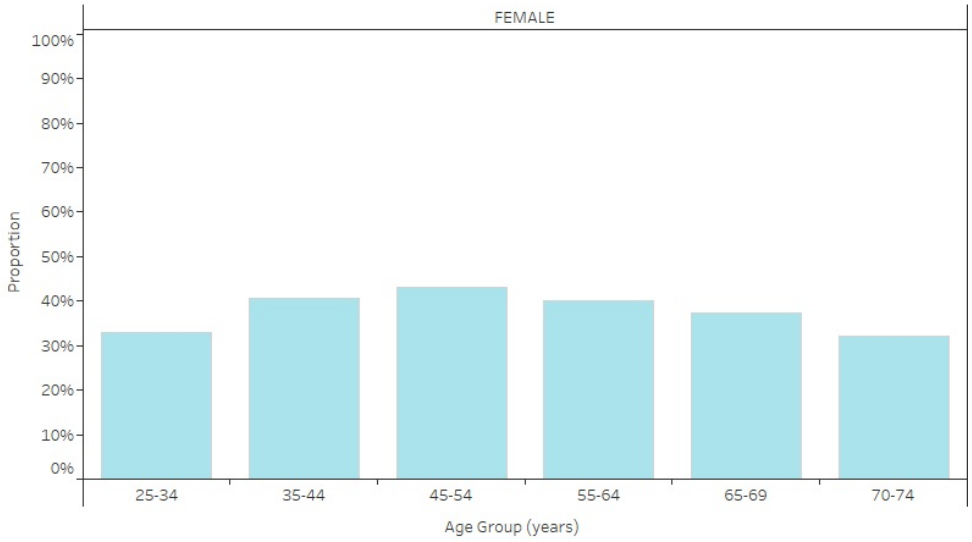


Figure 47: Proportion of regular female clients aged 25 to 74 years with a cervical screening test recorded in their GP record within the previous 5 years, by age, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

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 (2019c) Cervical screening in Australia 2019, Cancer series no. 123. Cat. no. CAN 124, AIHW, Canberra, accessed 12 August 2021.

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 and lipid levels, a vital part of diabetes care. For people with Type 1 or Type 2 diabetes, managing blood pressure can help ensure appropriate medical care to lower the risk of macrovascular (stroke, heart attack and heart failure) and microvascular (kidney disease, eye disease and peripheral neuropathy) complications (RACGP 2020b).

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 2020b). 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 is not captured in this report. For example, this might be a result from a specialist service that is not recorded in the clinical information system of the client's usual general practice due to an incompatible clinical information system between a practice and a specialist service.

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, for example, Medicare Benefits Schedule (MBS), the National Diabetes Service Scheme (NDSS) register, the Australasian Paediatric Endocrine Groups (APEG), and state and territory registers.
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.

QIM 10: Regional proportions

As of July 2022, nationally, 54.7% of regular clients with diabetes had blood pressure recorded in their GP record within the previous 6 months. This varied from 44.5% to 63.4% 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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2 and undefined) and blood pressure recorded in their GP record, by PHN for July 2022.

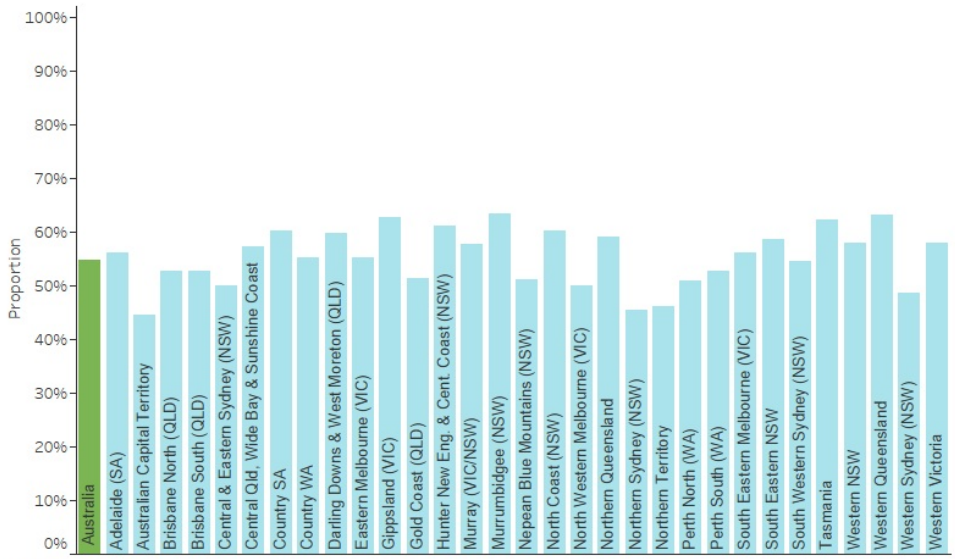


Figure 48: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with blood pressure recorded in their GP record within the previous 6 months, by PHN, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM 10: National proportions over time

Nationally, between July 2021 and July 2022, the proportion of regular clients with diabetes who had blood pressure recorded in their GP record within the previous 6 months decreased by 3.9%, from 58.6% to 54.7%.

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, July 2021 to July 2022

This line chart shows the proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2 and undefined) and blood pressure recorded in their GP record, from July 2021 to July 2022.

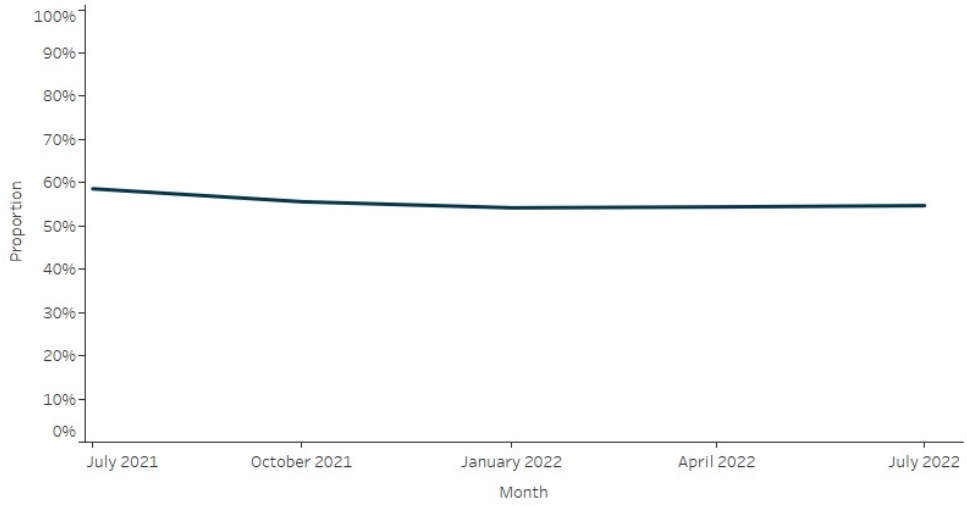


Figure 49: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with blood pressure recorded in their GP record within the previous 6 months, July 2021 to July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

QIM Categories
Recorded

QIM 10: National proportions by age and sex

As of July 2022, 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 (60.6%) and males (60.9%)
- lowest in the 0–14 years age group for females (7.2%) 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 2022

This bar chart shows the proportion of regular clients with a recorded diagnosis of diabetes (Type 1, Type 2 and undefined) and blood pressure recorded in their GP record, by age and sex for July 2022.

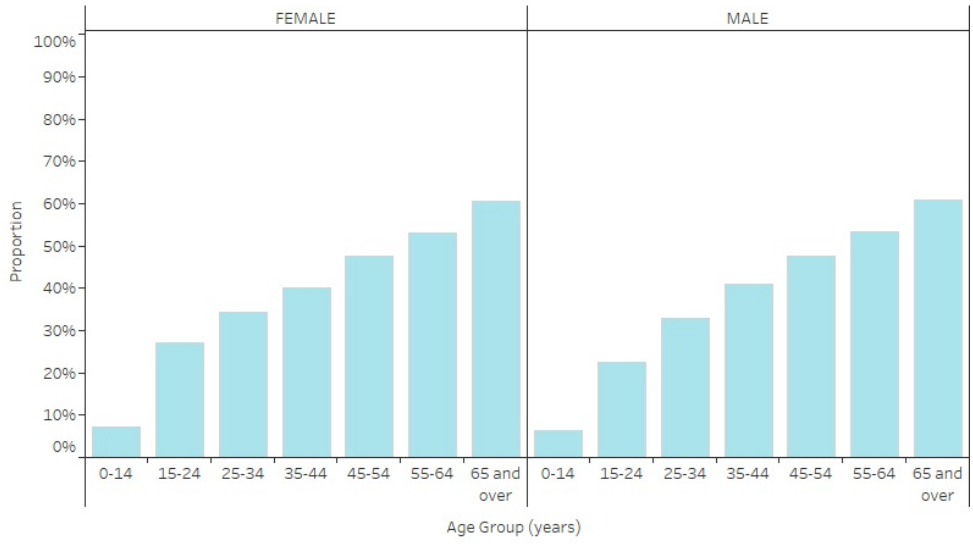


Figure 50: Proportion of regular clients with diabetes (Type 1, Type 2, undefined) with blood pressure recorded in their GP record within the previous 6 months, by age and sex, July 2022
Notes:
See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

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

Department of Health (2017) National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care, Department of Health, Canberra, accessed 12 August 2022.

RACGP (2020b) Management of type 2 diabetes: A handbook for general practice, RACGP, East Melbourne, Victoria, accessed 12 August 2022.

Aboriginal and Torres Strait Islander data

The prevalence 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 2020c).

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 provided 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 2020c).

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 2022, nationally, of the regular clients aged 15 years and over:

- 1.9% of clients were recorded in their GP record as Aboriginal and/or Torres Strait Islander people
- 75.0% of clients were recorded in their GP record as non-Indigenous people
- 23.1% 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 2022

This stacked bar chart shows the proportion of regular clients with their Indigenous status recorded in their GP record, by PHN for July 2022.

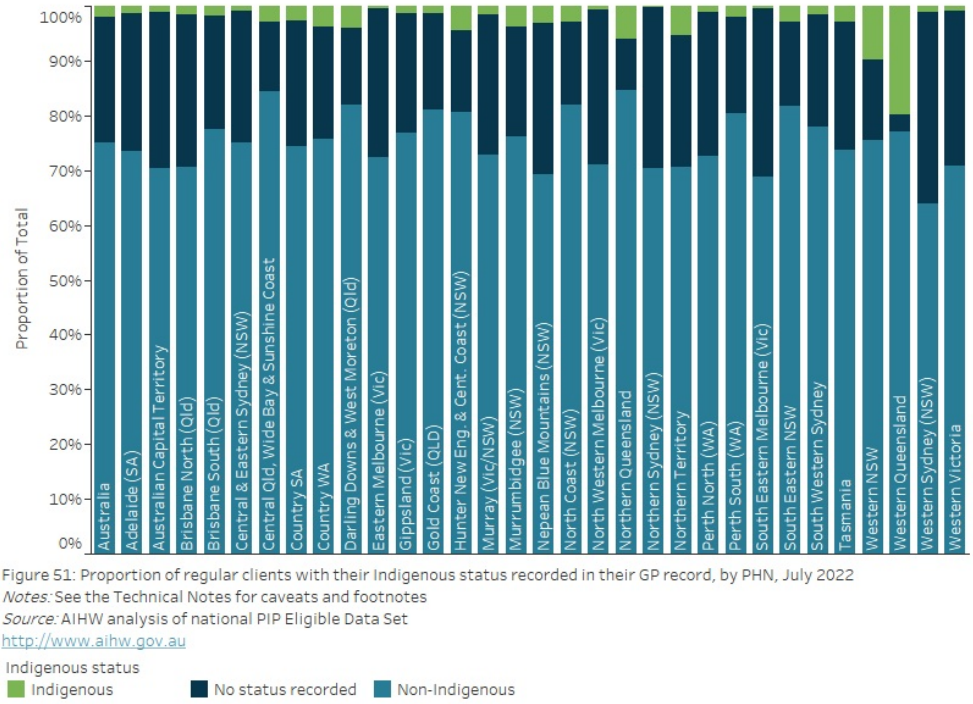


Figure 51: Proportion of regular clients with their Indigenous status recorded in their GP record, by PHN, July 2022
Notes: See the Technical Notes for caveats and footnotes
Source: AIHW analysis of national PIP Eligible Data Set
http://www.aihw.gov.au

References

AIHW (2020c) Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report, Cat. no. IHPF 2, AIHW, Canberra, accessed 12 August 2022.

Department of Health (2016) Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations guiding principles, Department of Health, Canberra, accessed 12 August 2022.

DPMC (Department of Prime Minister and Cabinet) (2020) Closing the Gap In Partnership, Department of Prime Minister and Cabinet, Canberra, accessed 12 August 2022.

RACGP (2011) Identification of Aboriginal and Torres Strait Islander people in Australian general practice, RACGP, East Melbourne, Victoria, accessed 12 August 2022.

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 3 or more times in the 2 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 2020b), 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 3 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. Temporary telehealth MBS item numbers were made available from 13 March 2020 in response to the COVID-19 pandemic. These temporary MBS items were not included in the scope of MBS items used to calculate the SWPE for the purposes of payment calculations under the Practice Incentives Program (PIP) until January 2022. This includes payments for the PIP Quality Improvement Incentive (Department of Health 2022).

   This means that telehealth consultations received during this period were not counted towards the RACGP definition of a regular client (patient) who visited a particular primary health care provider 3 or more times in the last 2 years. Therefore, the actual aggregate QIM specific regular client cohort and proportions may be under-represented both nationally and in a PHN for that duration.

   PHNs that used the POLAR extraction tool resupplied data from January 2022 that included recalibration of telehealth MBS item numbers into the count of RACGP regular clients.
   As many GPs and their patients preferred telehealth consults over face-to-face visits during the COVID-19 pandemic, there would have been fewer opportunities to take physical measures such as blood pressure, weight and height thus impacting the overall regular client numbers for the related PIPQI measures. Readers of this report should take these factors into consideration when interpreting the findings.
4. 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 2020c).
5. For instances where the PHN observes data quality issues with practice submissions, or the practice is not compatible with the PHN system, the PHN will exclude these practice submissions from the aggregate PIPQI file that is shared with the AIHW.
6. The capture of some data may be reflected differently across PHNs due to the operation of different extraction tool and CIS vendors in use. In turn this has resulted in different interpretations of the QIMs and the associated coding.
7. Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.
8. The AIHW is continuously working with extraction and CIS vendors to improve the quality of the PIPQI data. Therefore, at various points in time, there may be resupplies of the data and this may not be reflected in the historical reports.

Quality Improvement Measure specific caveats and footnotes

QIM	Caveats and footnotes

QIM 1
 	
Diabetes: Proportion of regular clients with diabetes with an HbA1c result
	• 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 02a **Smoking: Proportion of regular clients whose smoking status has been recorded**	• Clients aged between 15 and 29.999 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 at least once since turning 30. • Results arising from measurements conducted outside of the service that are known and recorded in the GP record are included.

QIM 02b
 	
Smoking: Proportion of regular clients with a smoking status result
	• Includes only those clients with a smoking status recorded as defined in the numerator of QIM 02a.
	• 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 29.999 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 at least once since turning 30.

QIM 03a **BMI: Proportion of regular clients with a height and weight measurement record**	• Clients aged between 15 and 24.999 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 03b **BMI: Proportion of regular clients with a derived BMI 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. • 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. • AIHW has been working with all vendors towards a consistent approach to the data specification interpretation, ensuring all interpretations are consistent. Due to the uneven exclusion criteria across QIM 03a and QIM 03b, not all extraction vendors excluded very tall or very short people from QIM 03b in line with the technical specifications. • From January 2022 onwards, 27 PHNs using CAT4 re-submitted data which resolved these data inconsistencies with QIM 03.

QIM 04
 	
Influenza 65 years: Proportion of regular clients aged 65 and over who were immunised against influenza
	• 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 or pharmacy) 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).
	• There was change in the recording of influenza immunisations identified in January 2022 that resulted in an undercount of the number of regular clients receiving influenza immunisations and a lower proportion reported for this QIM (Pen CS, 2022). This change impacted the January 2022 and April 2022 data submissions for selected practices in 27 of the 31 PHNs.

QIM 05
 	
Influenza Diabetes: Proportion of regular clients with diabetes who were immunised against influenza
	• 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 or pharmacy) 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).
	• There was change in the recording of influenza immunisations identified in January 2022 that resulted in an undercount of the number of regular clients receiving influenza immunisations and a lower proportion reported for this QIM (Pen CS, 2022). This change impacted the January 2022 and April 2022 data submissions for selected practices in 27 of the 31 PHNs.

QIM 06
 	
Influenza COPD: Proportion of regular clients with COPD who were immunised against influenza
	• 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 or pharmacy) 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).
	• There was change in the recording of influenza immunisations identified in January 2022 that resulted in an undercount of the number of regular clients receiving influenza immunisations and a lower proportion reported for this QIM (Pen CS, 2022). This change impacted the January 2022 and April 2022 data submissions for selected practices in 27 of the 31 PHNs.

QIM 07 **Alcohol: Proportion of regular clients with an alcohol consumption status record**	• Includes in the numerator only those clients aged 15 years and over with an alcohol consumption status ever recorded in their GP record. There is currently no reference period of recording the client status applied for this QIM within the technical specification documents. • Data on alcohol consumption results (frequency and dose) are not captured in this measure.

QIM 08
 	
CVD: Proportion of regular clients with the necessary risk factors recorded to enable 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).
	• The reference periods for recording the risk factors of this QIM have been interpreted and coded differently by different extraction tool vendors. The POLAR extraction tool used by 5 PHNs, applied reference period cut-off dates of 24 months for recording systolic blood pressure and 5 years for recording cholesterol/HDL levels, in line with the RACGP Red Book (RACGP 2018). In contrast, the CAT4 extraction tool used by 27 PHNs, did not apply any reference period cut-off dates for diabetes screening, systolic blood pressure, cholesterol/HDL levels. For this reason these results should be interpreted with caution when comparing results between extraction tools.
	• 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 09
 	
Cervical: Proportion of regular female clients with an up-to-date cervical screening test record
	• 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
 	
Diabetes Blood Pressure: Proportion of regular clients with diabetes with blood pressure recorded
	• 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, Department of Health, Canberra, accessed 12 August 2022.

Department of Health (2020b) Practice Incentives Program Quality Improvement Measures User Guide for General Practices, Department of Health, Canberra, accessed 12 August 2022.

Department of Health (2020c) PIPQI Improvement Measures Technical Specification v1.2 22102020, AIHW, Canberra, accessed 12 August 2022.

Department of Health (2022) COVID-19 Temporary MBS Telehealth Services: Factsheets on the use of the temporary MBS telehealth and phone consultation item numbers , Department of Health, Canberra, accessed 12 August 2022.

Pen CS (2022) CAT4 Release Notes v4.39 January 2022, accessed 15 August 2022.

RACGP (2018) Guidelines for preventive activities in general practice, 9th edition, updated, RACGP, East Melbourne, Victoria, accessed 10 August 2022.

Data

Report editions

This release

Practice Incentives Program Quality Improvement Measures: data update 2021-22 | 20 Sep 2022

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