Indigenous primary health care: PI07a-Number of regular clients with a chronic disease who have



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Indigenous primary health care: Pl07a-Number of regular clients with a chronic disease who have received a GP Management Plan (MBS Item 721), 2013

Identifying and definitional attributes

Metadata item type: Indicator

Indicator type: Output measure

Short name: Pl07a-Number of regular clients with a chronic disease who have received a GP

Management Plan (MBS Item 721), 2013

METEOR identifier: 468102

Registration status: Health, Superseded 21/11/2013

Indigenous, Superseded 21/11/2013

Description: Number of regular clients who are Indigenous, have a chronic disease and who

have received a GP Management Plan (MBS Item 721) within the previous 24

months.

Rationale: Effective management of chronic disease can delay the progression of disease,

decrease the need for high-cost interventions, improve quality of life, and increase life expectancy. The development of a GP Management Plan is one way in which the client and primary health care provider can ensure appropriate care is

coordinated.

Indigenous primary health care key performance indicators (2013)

<u>Health</u>, Superseded 21/11/2013 <u>Indigenous</u>, Superseded 21/11/2013

Collection and usage attributes

Computation description:

Count of regular clients who are Indigenous, have a chronic disease and who have received a GP Management Plan (MBS Item 721) within the previous 24 months.

'Regular client' refers to a client of an OATSIH-funded primary health care service (that is required to report against the Indigenous primary health care key performance indicators) who has an active medical record; that is, a client who has attended the OATSIH-funded primary health care service at least 3 times in 2 years.

GP Management Plan (MBS Item 721): The Chronic Disease Management (CDM) Medicare items on the Medicare Benefits Schedule (MBS) enable GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions (Department of Health and Ageing 2011). GP Management Plans, for the purpose of this indicator, are defined in the MBS (Item 721).

Presented as a number.

Calculated separately for each chronic disease type:

A) Type II diabetes

Exclude Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance.

- B) Cardiovascular disease
- C) Chronic obstructive pulmonary disease
- D) Chronic kidney disease

At this stage, this indicator is only calculated for **Type II diabetes** as currently this is the only relevant chronic disease type with an agreed national definition.

Computation:

Numerator only

Numerator:

Calculation A: Number of regular clients who are Indigenous, have Type II diabetes and who have received a GP Management Plan (MBS Item 721) within the previous 24 months.

Numerator data elements:

Data Element / Data Set

Person—diabetes mellitus status, code NN

Data Source

Indigenous primary health care data collection

NMDS / DSS

Indigenous primary health care DSS 2012-14

Guide for use

Type II diabetes only.

Data Element / Data Set

Person-Indigenous status, code N

Data Source

Indigenous primary health care data collection

NMDS / DSS

Indigenous primary health care DSS 2012-14

Data Element / Data Set

Person—regular client indicator, yes/no code N

Data Source

Indigenous primary health care data collection

NMDS / DSS

Indigenous primary health care DSS 2012-14

Data Element / Data Set-

Person—GP Management Plan (MBS Item 721) indicator, yes/no code N

Data Source

Indigenous primary health care data collection

NMDS / DSS

Indigenous primary health care DSS 2012-14

Disaggregation:

- 1. Sex:
- a) Male
- b) Female
- 2. Age:
- a) 0-4 years
- b) 5-14 years
- c) 15-24 years
- d) 25-34 years
- e) 35-44 years
- f) 45-54 years
- g) 55-64 years
- h) 65 years and over

Disaggregation data elements:

Data Element / Data Set

Person-sex. code N

Data Source

Indigenous primary health care data collection

NMDS / DSS

Indigenous primary health care DSS 2012-14

Data Element / Data Set

Person—age, total years N[NN]

Data Source

Indigenous primary health care data collection

NMDS / DSS

Indigenous primary health care DSS 2012-14

Representational attributes

Representation class: Count Data type: Real Unit of measure: Person

Indicator conceptual framework

Framework and dimensions:

Continuous

Data source attributes

Data sources: **Data Source**

Indigenous primary health care data collection

Frequency

6 monthly

Data custodian

Australian Institute of Health and Welfare.

Accountability attributes

collection required:

Further data development / Further work is required to reach agreement on national definitions for other chronic diseases including cardiovascular disease, chronic obstructive pulmonary disease

and chronic kidney disease.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare (AIHW)

Department of Health and Ageing (DoHA)

Origin: Department of Health and Ageing 2011. Department of Health and Ageing,

Canberra. Viewed 27 May 2011,

http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-

chronicdiseasemanagement>

Relational attributes

Related metadata references:

Supersedes Indigenous primary health care: PI07a-Number of regular clients with a chronic disease who have received a GP Management Plan (MBS Item 721), 2012 Health, Superseded 23/02/2012

Has been superseded by <u>Indigenous primary health care: PI07a-Number of regular clients with a chronic disease for whom a GP Management Plan (MBS Item 721) was claimed, 2014</u>

<u>Health</u>, Superseded 13/03/2015 <u>Indigenous</u>, Superseded 13/03/2015

See also Indigenous primary health care: PI07b-Proportion of regular clients with a chronic disease who have received a GP Management Plan (MBS Item 721), 2013

<u>Health</u>, Superseded 21/11/2013 <u>Indigenous</u>, Superseded 21/11/2013