

Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	CVD risk assessment result recorded indicator
Synonymous names:	Absolute CVD risk assessment recorded indicator
METEOR identifier:	699031
Registration status:	Health , Standard 06/09/2018 Indigenous , Standard 22/10/2018
Definition:	An indicator of whether a person has had an absolute cardiovascular disease (CVD) risk assessment recorded, as represented by a code.
Data Element Concept:	Person—absolute cardiovascular disease risk assessment recorded indicator
Value Domain:	Yes/no code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Boolean	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Yes
	2	No

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
---------------------------------	--

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1 Yes

A person has had CVD risk assessment recorded.

CODE 2 No

A person has not had CVD risk assessment recorded.

The formula and colour-coded charts used for CVD risk assessment in Australia have been developed by the National Vascular Disease Prevention Alliance (NVDPA) and endorsed by the Royal Australian College of General Practitioners and the National Health and Medical Research Council.

Based on evidence and clinical consensus, it has been suggested that calculation of absolute CVD risk is not necessary for certain population groups who are known to be at increased risk (NVDPA 2012). These groups are:

- persons with diabetes and >60 years old;
- persons with diabetes with microalbuminuria (i.e. >20 mcg/min for all persons, or UACR >2.5 mg/mmol for males, >3.5 mg/mmol for females);
- persons with moderate or severe chronic kidney disease (i.e. persistent proteinuria or eGFR < 45 mL/min/1.73m²);
- persons with a previous diagnosis of familial hypercholesterolaemia;
- persons with a systolic blood pressure result of ≥180 mmHg or a diastolic blood pressure result of ≥110 mmHg;
- persons with serum total cholesterol >7.5 mmol/L; or
- persons aged 75 and over.

People known to be in one of groups should be counted as having had CVD risk assessment recorded.

Details of the formula can be found in:

National Vascular Disease Prevention Alliance 2012. Guidelines for the management of absolute cardiovascular disease risk. Melbourne: National Stroke Foundation.

Collection methods:

Input information for CVD risk assessment is collected by general practitioners and other health care providers.

Comments:

Absolute CVD risk assessment is the probability, expressed as percentage, that a person may experience a cardiovascular event within a specified period. For example, the 5-year absolute risk of 15% means 'a 15% chance that the individual will experience a cardiovascular event within the next 5 years'. The calculation estimates a person's overall risk of CVD based on multiple risk factors as opposed to the traditional approaches using individual risk factors such as high cholesterol or high blood pressure.

Assessment of CVD risk based on multiple risk factors is more accurate due to the cumulative effect of CVD risk factors. In view of this additive predictive power, it is reasonable to expect that any prevention or management decisions based on this risk assessment tool should help improve CVD outcomes.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare

Origin:

National Vascular Disease Prevention Alliance, 2012. Guidelines for the management of absolute cardiovascular disease risk. Melbourne: National Stroke Foundation. Viewed 28 August 2018, <https://informme.org.au/en/Guidelines/Guidelines-for-the-assessment-and-management-of-absolute-CVD-risk>

Relational attributes

Related metadata references:

Supersedes [Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)
[Health](#), Superseded 06/09/2018
[Indigenous](#), Superseded 22/10/2018

Implementation in Data Set [Aboriginal and Torres Strait Islander specific primary health care NBEDS](#)

Specifications:[December 2023](#)[Indigenous](#), Standard 25/02/2024**Implementation start date:** 01/07/2023**Implementation end date:** 31/12/2023**Conditional obligation:**

Reporting against this data element is conditional on:

- [Person—age, total years N\[NN\]](#) being ≥ 34 years and < 75 years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ATSISPHC NBEDS only aggregated data with 'CODE 1 No' are provided to the AIHW.

[Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024](#)[Indigenous](#), Qualified 17/04/2024**Implementation start date:** 01/01/2024**Implementation end date:** 30/06/2024**Conditional obligation:**

Reporting against this data element is conditional on:

- [Person—age, total years N\[NN\]](#) being ≥ 34 years and < 75 years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ATSISPHC NBEDS only aggregated data with 'CODE 1 No' are provided to the AIHW.

[Indigenous primary health care NBEDS 2018–19](#)[Health](#), Superseded 12/12/2018[Indigenous](#), Superseded 02/04/2019**Implementation start date:** 01/07/2018**Implementation end date:** 30/06/2019[Indigenous primary health care NBEDS 2019–20](#)[Health](#), Superseded 16/01/2020[Indigenous](#), Superseded 14/07/2021**Implementation start date:** 01/07/2019**Implementation end date:** 30/06/2020[Indigenous primary health care NBEDS 2020–21](#)[Health](#), Retired 13/10/2021**Implementation start date:** 01/07/2020**Implementation end date:** 30/06/2021[Indigenous-specific primary health care NBEDS December 2020](#)[Indigenous](#), Superseded 03/07/2022**Implementation start date:** 01/07/2020

Implementation end date: 31/12/2020

Conditional obligation:

Reporting against this data element is conditional on a person being aged ≥ 34 years and < 75 years at the census date, and on a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS December 2021](#)

[Indigenous](#), Superseded 12/06/2023

Implementation start date: 01/07/2021

Implementation end date: 31/12/2021

Conditional obligation:

Reporting against this data element is conditional on a person being aged ≥ 34 years and < 75 years at the census date, and on a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS December 2022](#)

[Indigenous](#), Superseded 18/12/2023

Implementation start date: 01/07/2022

Implementation end date: 31/12/2022

Conditional obligation:

Reporting against this data element is conditional on a person being aged ≥ 34 years and < 75 years at the census date, and on a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS June 2021](#)

[Indigenous](#), Superseded 06/11/2022

Implementation start date: 01/01/2021

Implementation end date: 30/06/2021

Conditional obligation:

Reporting against this data element is conditional on a person being aged ≥ 34

years and < 75 years at the census date, and on a 'CODE 2 No' response to ['Person—cardiovascular disease recorded indicator, yes/no code N'](#)

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS June 2022](#)

[Indigenous](#), Superseded 27/08/2023

Implementation start date: 01/01/2022

Implementation end date: 30/06/2022

Conditional obligation:

Reporting against this data element is conditional on a person being aged ≥ 34 years and < 75 years at the census date, and on a 'CODE 2 No' response to ['Person—cardiovascular disease recorded indicator, yes/no code N'](#).

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS June 2023](#)

[Indigenous](#), Superseded 25/02/2024

Implementation start date: 01/01/2023

Implementation end date: 30/06/2023

Conditional obligation:

Reporting against this data element is conditional on a person being aged ≥ 34 years and < 75 years at the census date, and on a 'CODE 2 No' response to ['Person—cardiovascular disease recorded indicator, yes/no code N'](#).

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

DSS specific information:

In the ISPHC NBEDS only aggregated data with 'CODE 1 No' are provided to the AIHW.

Implementation in Indicators:

Used as Numerator

[First Nations-specific primary health care: PI21a-Number of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2023](#)

[Indigenous](#), Standard 25/02/2024

[First Nations-specific primary health care: PI21a-Number of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2024](#)

[Indigenous](#), Qualified 17/04/2024

[First Nations-specific primary health care: PI21b-Proportion of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2023](#)

[Indigenous](#), Standard 25/02/2024

[First Nations-specific primary health care: PI21b-Proportion of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2024](#)

[Indigenous](#), Qualified 17/04/2024

[Indigenous primary health care: PI21a-Number of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21a-Number of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21b-Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21b-Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2021](#)

[Indigenous](#), Superseded 12/06/2023

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2023](#)

[Indigenous](#), Superseded 25/02/2024

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within specified levels, December 2020](#)

[Indigenous](#), Superseded 03/07/2022

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2021](#)

[Indigenous](#), Superseded 12/06/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular](#)

[clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2023](#)

[Indigenous](#), Superseded 25/02/2024

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within specified levels, December 2020](#)

[Indigenous](#), Superseded 03/07/2022

Used as Denominator

[First Nations-specific primary health care: PI21b-Proportion of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2023](#)

[Indigenous](#), Standard 25/02/2024

[First Nations-specific primary health care: PI21b-Proportion of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2024](#)

[Indigenous](#), Qualified 17/04/2024

[Indigenous primary health care: PI21b-Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21b-Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2021](#)

[Indigenous](#), Superseded 12/06/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2023](#)

[Indigenous](#), Superseded 25/02/2024

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within specified levels, December 2020](#)

[Indigenous](#), Superseded 03/07/2022