

Indigenous primary health care key performance indicators (June 2019)

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Data quality statement summary:

Description

Since June 2012, the National Key Performance Indicators (nKPIs) have been collected biannually from organisations funded by the Australian Government to provide health services to Aboriginal and Torres Strait Islander people (Indigenous Australians). The collection consists of a set of aggregate health-outcome and process-of-care measures across the domains of maternal and child health, preventative health and chronic disease management.

Summary of key issues

- The number of organisations in-scope to report varies by period.
- Not all organisations in-scope to report to the collection do so. This varies by period.
- Data are excluded if data quality issues have not been resolved by the close of the submission period. This varies by period.
- Changes were made to the electronic data extraction method for most organisations in June 2017 that resulted in a break in series.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the [Australian Institute of Health and Welfare Act 1987 \(AIHW Act\)](#), governed by a management Board and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the [Privacy Act 1988](#), (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website www.aihw.gov.au/about-us, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals).

The nKPIs are submitted via the Department of Health's Health Data Portal (HDP). Cleaned and finalised data from organisations are transferred from the HDP to a data storage facility, the Department of Health's Enterprise Data Warehouse (EDW). The AIHW has access to the data in order to investigate and improve data quality; compile a national reporting dataset; and to manage third party data requests.

Timeliness:	<p>Data are supplied by each organisation twice a year, with census dates in June and December. The period of data covered varies by indicator. For the June 2019 period, the census date was 30 June 2019 and covered, depending on the indicator, either:</p> <ul style="list-style-type: none"> • 6 months up to the census date, that is, from 1 January 2019 to 30 June 2019, or • 12 months up to the census date, that is, from 1 July 2018 to 30 June 2019, or • 24 months up to the census date, that is, from 1 July 2017 to 30 June 2019, or • 2, 3 or 5 years up to the census date (for cervical screening only). <p>The national reporting dataset cannot be compiled until the Department of Health closes off data submission and submitted data are cleaned and finalised. Up to that date, the AIHW works with organisations to resolve errors or, if unresolved data quality issues remained, to flag the data for exclusion from the national reporting dataset. For the June 2019 collection, data submission started 1 July and data were finalised 23 September 2019.</p> <p>Data from the national reporting dataset were released to submitting organisations (via organisation specific reports) 12 November 2019.</p> <p>Data from the national reporting dataset were released via the AIHW website 30 June 2020.</p>
Accessibility:	<p>Data from June 2019 are published in Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections.</p> <p>Users can request data not available online or in reports via email to dataquality@aihw.gov.au or via the AIHW data request system (noting the release of data are subject to restrictions and requests that take longer than half an hour to compile are charged for on a cost-recovery basis).</p>
Interpretability:	<p>Metadata relating to the nKPI collection is available in the METeOR indicator set and NBEDS for the collection.</p> <p>Information is also available via the Technical appendix and supplementary data tables of the associated report.</p>
Relevance:	<p>The scope of the nKPI collection is organisations receiving funding under the Indigenous Australians' Health Programme (IAHP).</p> <p>Most organisations are Indigenous-specific primary health care organisations, however, a small number of organisations that receive funding only for maternal and child health services are also included in the collection (termed MCH organisations). In previous periods, MCH organisations generally only provided valid data for some indicators and from June 2019 they are only required to report on a subset of indicators. The June 2019 collection included 21 MCH organisations. Overall, these organisations provided valid data for all indicators except PI21, although not all organisations provided valid data for each indicator. Fifteen MCH organisations reported against child and maternal health indicators only.</p> <p>For almost all indicators, data relate to Indigenous regular clients of that organisation. A regular client is defined as someone who has visited a particular organisation 3 or more times in the last 2 years. The exception are the 2 indicators relating to birthweight of Indigenous babies (PI01 and PI02) which relate to all Indigenous babies with a record at the organisation (as many babies will not have visited a health service organisation 3 times in the last 2 years).</p> <p>The census date for the June 2019 collection is 30 June 2019 and data cover various periods from 6 months to 5 years prior to the census date, depending on the indicator (see also Timeliness).</p> <p>Data are available at the national, state/territory and remoteness area levels. Geographic information is recorded based on the physical address of the main site of the organisation. This is used for analysis at jurisdictional and remoteness level.</p>

Accuracy:

Not all organisations who are required to report to the collection do so. For June 2019, 97.5% (234) of the organisations that were required to report submitted data.

The main clinical information systems (CIS) are able to generate nKPI data within their clinical system and transmit it directly to the HDP. Organisations using other CIS manually enter data into a web-based form in the HDP.

The HDP applies a series of validation rules to the data to identify any data quality issues and organisations can correct these issues before submitting their data. In addition, the AIHW checks the quality of the data supplied by each organisation. Where the AIHW identifies possible errors or inconsistencies, organisations are provided with a description of the issue and invited to resubmit data. Data may be resubmitted until the collection period is closed off by the Department of Health. For the June 2019 collection, the AIHW returned data to 114 out of the 234 organisations who reported that period. Where unresolved data quality issues are identified, the AIHW excludes these data from the national reporting dataset. For the June 2019 collection, none of the organisations had unresolved internal validation issues at the close of the reporting cycle.

Major reasons for data not being provided or organisations having data quality problems include a lack of complete records of data held by the organisation, insufficient data management resources at organisations to support the data collection, organisations not providing the service for which the indicator collects information and problems with the electronic transfer of data from organisations' CIS to the AIHW.

In addition to unresolved internal validation issues, some indicators are excluded from analysis because the organisation's data do not meet the regular client definition (for example, because they were a new organisation or they had changed to a new CIS) or issues were identified with particular CISs.

It is difficult to develop a definition of a regular client that is appropriate for all organisations because organisations vary in their location, proximity to other service providers and the context in which they operate. Issues that have been identified with the regular client definition include:

- the concept of a visit varies within CISs
- there are various scenarios where a client would or would not be considered a regular client, for example:
 - some clients might have another primary health care organisation as their primary place of care
 - some clients might be transient and stay in a community only temporarily
 - clients might access different health care organisations in the same general location, and might not use the same organisation consistently.

Coherence:

This section includes information from the June 2019 collection as well as selected issues from previous collections that have substantial impact on coherence. Users comparing data between periods are advised to also refer to data quality statements for all intervening collections.

Indicators collected—for the June 2019 collection, data for 24 indicators were collected. The number of indicators included in the collection has changed over time. In June 2012, the collection began with 11 indicators; in June 2013, an additional 8 were added; in December 2014, 2 indicators were added; in December 2015, 1 indicator was added; and in June 2017, 2 indicators were added.

PI22 (cervical screening) was modified in June 2018 to align with the revised guidelines under the National Cervical Screening Program. The indicator was revised to include clients who had either a Pap test conducted prior to 1 December 2017 or an HPV test conducted from 1 December 2019. The age range was also revised.

Organisations reporting to the collection—while for the most part it is the same organisations reporting to the collection each period, as a result of changes in funding, auspicing or reporting arrangements at the local level:

- the organisations that are funded to provide services vary between periods
- the funded organisations that report data each period vary (for example, an organisation may be given an exemption from reporting for a specific period).

Data quality and exclusions—the quality of data, and the exclusions applied to data items, vary by period as does the number of organisations submitting valid data, on the whole or for a particular data item. For example, some organisations may be unable to report accurate data in particular periods or for particular data items (for example, because of changes in their clinical information systems or record-keeping practices) and these data are excluded from national reporting.

Other issues:

- Up to December 2015, the Northern Territory Government organisations did not use the agreed nKPI definition of an Indigenous regular client. From December 2015, the NT Government adopted a consistent definition. As such, data from December 2015 onwards are not comparable with previous periods. For more detail see the [Indigenous primary health care key performance indicators \(June 2016\) DQS](#).
- For the June 2017 nKPI data collection, changes were made to the data extraction process leading to a break in series at the national level. As such, data from June 2017 onwards are not strictly comparable with previous periods. For more detail see the [Indigenous primary health care key performance indicators \(December 2017\) DQS](#).
- Data for June 2017, December 2017, June 2018, December 2018 and June 2019 are comparable except for indicators PI18—Kidney function test recorded and PI19—Kidney function tests. June 2017 national data for these indicators are not reported due to data quality issues. In December 2017 data from 2 CIS were excluded because of these issues. In June 2018, December 2018 and June 2019 data from 1 CIS were excluded where the issue was still apparent.
- From June 2018, the definition of a regular client excludes deceased patients.
- The December 2018 collection was the first collection in which organisations submitted data via the HDP. Previously organisations submitted data via OCHREStreams which did not have data validation checks and organisations submitting data from the main CIS were not able to modify their data before submitting it to the AIHW.
- From the June 2019 collection, organisations were advised by the Department of Health that they were not required to provide data for indicators relating to a service they were not funded to provide. MCH organisations were only required to report on PI01, PI02, PI03 (child), PI04, PI11 and PI13. Organisations were also advised that if they do not have the data for an indicator (for example because of a CIS issue) to leave it blank.

Implementation start date: 01/01/2019

Source and reference attributes

Submitting organisation: AIHW

Relational attributes

Related metadata references:

Supersedes [Indigenous primary health care key performance indicators \(December 2018\)](#)

[AIHW Data Quality Statements](#), Superseded 02/06/2021

Has been superseded by [Indigenous primary health care key performance indicators \(December 2019\)](#)

[AIHW Data Quality Statements](#), Superseded 02/06/2021