

Indigenous primary health care key performance indicators (June 2021)

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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.
- Unlike in previous periods, reporting for the June 2020, December 2020 and June 2021 periods was voluntary.
- Changes to some indicators were made in June 2018, December 2020 and June 2021.

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.
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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.

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

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 2021 period, the census date was 30 June 2021 and covered, depending on the indicator, either:

- 6 months up to the census date, that is, from 1 January 2021 to 30 June 2021, or
- 12 months up to the census date, that is, from 1 July 2020 to 30 June 2021, or
- 24 months up to the census date, that is, from 1 July 2019 to 30 June 2021, or
- 5 years up to the census date (for cervical screening only).

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 2021 collection, data submission started 1 July and data were finalised 20 September 2021.

Data from the national reporting dataset were released to submitting organisations (via organisation specific reports generated by the Department of Health) 27 September 2021.

Data from the national reporting dataset were released via the AIHW website 4 February 2022.

Accessibility:

Data from June 2021 are published in [Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections](#).

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).

Interpretability:

Metadata relating to the nKPI collection is available in the METeOR [indicator set](#) and [NBEDS](#) for the collection.

Information is also available via the [Technical appendix](#) and [supplementary data tables](#) of the associated report.

Relevance:

The scope of the nKPI collection is organisations receiving funding under the Indigenous Australians' Health Programme (IAHP).

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). MCH organisations are only required to report on a subset of indicators and this varies over time. The June 2021 collection included 23 MCH organisations. Overall, these organisations provided valid data for PI01, PI02, PI03 (child and adult), PI11 and PI13, although not all organisations provided valid data for each indicator. Nineteen MCH organisations reported against child and maternal health indicators only.

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 who attended the organisation more than once (as many babies will not have visited a health service organisation 3 times in the last 2 years).

The census date for the June 2021 collection is 30 June 2021 and data cover various periods from 6 months to 5 years prior to the census date, depending on the indicator (see also Timeliness).

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.

Accuracy:

Not all organisations who are required to report to the collection do so. For June 2021, 92.7% (215) of the organisations that were in-scope to report submitted data. Similar to the June 2020 and December 2020 collections, reporting for the June 2021 collection was voluntary (in acknowledgement of the additional pressures on organisations because of COVID-19).

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 2021 collection, the AIHW returned data to 47 out of the 215 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 2021 collection, 3 (1.4%) 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 2021 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 2021 collection, data for 22 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; in June 2017, 2 indicators were added; in December 2020, 1 indicator was retired; and in June 2021, 1 indicator was retired.

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.

From December 2020, changes were made to four indicators (PI03, PI07, PI14 and PI22) and one was retired (PI08). For more detail see the [Indigenous primary](#)

From June 2021, changes were made to seven indicators (PI01, PI02, PI09, PI10, PI11, PI13 and PI24) and one was retired (PI04). These changes are:

- PI01 Birthweight recorded and PI02 Birthweight result: from June 2021, the definition for these indicators was adjusted to capture Indigenous babies born in the previous 12 months who had more than one visit (it previously captured all Indigenous babies born in the previous 12 months). From June 2021, multiple births were included in PI02 (previously these were only included in PI01).
- PI04 Child immunisation: this indicator has been retired and is no longer collected.
- PI09 Smoking status recorded and PI10 Smoking status result: from June 2021, the age range captured by these indicators was expanded to include ages 11–14.
- PI11 Smoking status of women who gave birth within the previous 12 months: from June 2021, the definition of this indicator was adjusted to include only the latest smoking status recorded prior to the completion of the latest pregnancy (previously smoking status result was as recorded within the previous 12 months); and the lower age captured was expanded (age groupings changed to 'less than 20', '20–34' and '35 and older' from '15–19', '20–24', '25–34', and '35 and older').
- PI13 First antenatal visit: from June 2021, grouping of gestational age at first visit changed to 'before 11 weeks', '11–13 weeks', '14–19 weeks', '20 weeks or later', 'did not have gestational age recorded', and 'did not attend an antenatal care visit' (previously 'less than 13 weeks', '13–less than 20 weeks', '20 weeks or later', 'no result recorded', and 'did not attend an antenatal care visit').
- PI24 Blood pressure result: from June 2021, the target blood pressure value was changed to 'less than or equal to 140/90mmHg' (it was previously 'less than or equal to 130/80 mmHg').

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).

Reporting for the June 2021 collection was voluntary; however, the majority of organisations reported.

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 quality issues affected the comparability of indicators PI18—Kidney function test recorded and PI19—Kidney function tests in June 2017 to June 2019. For more details see the [Indigenous primary health care key performance indicators \(June 2019\) DQS](#).
- From June 2018, the definition of a regular client excludes deceased patients.

- From the December 2018 collection onwards organisations submitted data via the HDP. For more information see the [Indigenous primary health care key performance indicators \(December 2018\) DQS](#).
- From the June 2019 collection, organisations were not required to provide data for indicators relating to a service they were not funded to provide or if they did not have data. For more information see the [Indigenous primary health care key performance indicators \(June 2019\) DQS](#).
- CVD risk calculators embedded in some CISs do not capture all the data needed to apply the full NVDPA risk assessment algorithm. Data from organisations using CISs that do not capture all the necessary data may underestimate the number of clients at high CVD risk. Therefore, data for PI21 for all affected organisations are excluded from AIHW national reporting in all periods.
- AIHW were advised that data from 1 CIS had issues for PI09, PI10, PI11, PI16 and PI17 prior to December 2019. For more information see the [Indigenous primary health care key performance indicators \(December 2019\) DQS](#).
- Variations between periods prior to and during the coronavirus disease 2019 (COVID-19) pandemic (the pandemic) likely reflect a combination of factors, including:
 - the temporary change from mandatory to voluntary reporting for June 2020, December 2020 and June 2021 (and the associated decrease in the number of reporting organisations)
 - changes in organisation or client behaviour as a result of the pandemic (such as reluctance of clients to attend or use telehealth, or restrictions on travel for clients and staff)
 - general changes in the types or characteristics of reporting organisations (for example, the organisations reporting to the collection vary each period, an organisation may close or open a site, or an organisation may change their internal data recording processes).
- In December 2020, for some CIS there may be double-counting of 'In-person' and 'Telehealth' attendance for PI03 and PI07 for organisations that submitted before these issues were resolved. The impact of this on the data is unknown.
- The PI09 smoking status recorded and PI10 smoking status result indicators specify that if a record does not have an assessment date assigned within the CIS, the record should be treated as current (that is, as having been updated within the previous 24 months). There are variations between CIS and whether they capture all results or only those results updated within the previous 24 months. In particular, in June 2021, some CIS modified the inclusions for these indicators. The impact of this has not been quantified.

Data products

Implementation start date: 01/01/2021

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Indigenous primary health care key performance indicators \(December 2020\)](#)

[AIHW Data Quality Statements](#), Superseded 04/02/2022

Has been superseded by [Indigenous primary health care key performance indicators \(December 2021\)](#)

[AIHW Data Quality Statements](#), Superseded 17/01/2023