Indigenous primary health care key performance indicators (December 2022)

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	777213
Registration status:	[AIHW Data Quality Statements](), Superseded 30/01/2024

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 other 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, June 2021, December 2021, June 2022 and December 2022.

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 [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 our role and strategic goals ([https://www.aihw.gov.au/about-us/what-we-do]()).

The nKPIs are submitted via the Department of Health and Aged Care'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 and Aged Care'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 December 2022 period, the census date was 31 December 2022 and covered, depending on the indicator, either: |

- 6 months up to the census date, that is, from 1 July 2022 to 31 December 2022, or
- 12 months up to the census date, that is, from 1 January 2022 to 31 December 2022, or
- 24 months up to the census date, that is, from 1 January 2021 to 31 December 2022, or
- 5 years up to the census date (for cervical screening only).

The national reporting dataset cannot be compiled until the Department of Health and Aged Care 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 December 2022 collection, data submission started 1 January and data were finalised 22 March 2023.

Data from the national reporting dataset were released to submitting organisations (via organisation specific reports generated by the Department of Health and Aged Care) 22 March 2023.

Data from the national reporting dataset were released via the AIHW website 6 June 2023.

Accessibility: Data from December 2022 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 December 2022 collection included 21 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. Seventeen 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 exceptions 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 December 2022 collection is 31 December 2022 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:	Reporting for the December 2022 collection was mandatory and all 233 organisations that were in-scope to report submitted data.

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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 and Aged Care. For the December 2022 collection, the AIHW returned data to 24 of the 233 organisations who reported that period. Where unresolved data quality issues are identified, the AIHW excludes these data from the national reporting dataset. For the December 2022 collection, 6 (2.6%) of the organisations had unresolved internal validation issues at the close of the reporting cycle.

Data are not provided by organisations that do not provide the service for which the indicator collects information. Other major reasons for data not being provided or organisations having data quality problems include:

- lack of complete records of data held by the organisation
- insufficient data management resources at organisations to support the data collection
- 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). 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 CIS
  - determining whether a client would or would not be considered a regular client can be difficult, 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.
- Issues were identified with a particular CIS, such as where data cannot be extracted from the CIS according to the indicator specifications. For example, CVD risk calculators embedded in some CIS do not capture all the data needed to apply the full NVDPA risk assessment algorithm. Data from organisations using CIS 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.

Coherence:

This section includes information from the December 2022 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 December 2022 collection, data for 21 indicators were collected. The number of indicators included in the collection has changed over time and modifications have been made to some indicators:

- June 2012 – collection started with 11 indicators.

- June 2013 – an additional 8 indicators were added (PI02, PI04, PI10, PI13, PI14, PI15, PI18 and PI22).
- December 2014 – 2 indicators were added (PI11 and PI19).
- December 2015 – one indicator was added (PI20).
- June 2017 – 2 indicators were added (PI17 and PI21).
- June 2018 – transitional changes were made to one indicator (PI22) to align with revised requirements under the National Cervical Screening Program (NCSP). For more details see the [Indigenous primary health care key performance indicators (June 2020) DQS](#).
- December 2020 – changes were made to 4 indicators (PI03, PI07, PI14 and PI22) and one indicator was retired (PI08). For more details see the [Indigenous primary health care key performance indicators (December 2020) DQS](#).
- June 2021 – changes were made to 7 indicators (PI01, PI02, PI09, PI10, PI11, PI13 and PI24) and one was retired (PI04). For more details see the [Indigenous primary health care key performance indicators (June 2021) DQS](#).
- December 2021 – changes were made to one indicator (PI12), one was retired (PI15), one indicator was not collected while modifications were made (PI19) and one indicator was modified but not reported while further modifications were made (PI18). For more details see the [Indigenous primary health care key performance indicators (December 2021) DQS](#).
- June 2022 – modified versions of the 2 indicators that were not collected and not reported in December 2021 were re-introduced (PI18 and PI19) and one indicator was added as a pilot but not reported (PI25). For more details see the [Indigenous primary health care key performance indicators (June 2022) DQS](#).
- December 2022 – one indicator was retired (PI17).

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).

Unlike in other periods, reporting for the June 2020–June 2021 periods was voluntary.

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:

- 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](#).
- From June 2018, the definition of a regular client excludes deceased patients.
- 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](#).
- AIHW were advised that data from one CIS had issues for PI09, PI10, PI11, PI16 and PI17 prior to December 2019. The affected data were excluded. For more information see the [Indigenous primary health care key performance indicators (December 2019) DQS](#).
- There were variations in the data as a result of the COVID-19 pandemic. In particular, there was a temporary change from mandatory to voluntary reporting for June 2020, December 2020 and June 2021 and an associated decrease in the number of reporting organisations. For more information on the impact of COVID-19 on the data, see [Aboriginal and Torres Strait](#)

[Islander specific primary health care: results from the nKPI and OSR collections](#).
- 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.
- The condition coding framework was introduced in December 2021 to align the codes used to define chronic diseases by the different CIS. Some CISs may have made changes to the condition codes for type 2 diabetes or CVD to bring their definition in line with the framework. This may have altered the number of clients included in PI05, PI06, PI07, PI18, PI19, PI20, PI21, PI23 and PI24.

Effect of COVID-19 – Some impact from the COVID-19 pandemic can be seen in the results from some nKPI measures. However, variation between periods cannot be tied completely to the effects of the pandemic, and a combination of other factors as listed previously in this section also affects results over time. See [Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections](#) for more information.

Data products

Implementation start date: 01/07/2022

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 (June 2022)](#)
    [AIHW Data Quality Statements](#), Superseded 09/06/2023

Has been superseded by [Aboriginal and Torres Strait Islander specific primary health care key performance indicators (June 2023); Quality Statement](#)
    [AIHW Data Quality Statements](#), Standard 30/01/2024