

Australian Health Performance Framework, 2024

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Identifying and definitional attributes

Metadata item type: Indicator Set

Indicator set type: COAG IGA

METEOR identifier: 788568

Registration status: [Health](#), Qualified 21/02/2024

Description: The [Australian Health Performance Framework](#) (AHPF) was endorsed by the Australian Health Ministers' Advisory Council in September 2017. It brings together the previous National Health Performance Framework and the Performance and Accountability Framework to provide a single vehicle for presenting information about the performance of Australia's health system and is intended to have primacy over other performance frameworks for the health sector.

The overarching objective of the AHPF is to facilitate improved health outcomes for all Australians and ensure the sustainability of the Australian health system.

The AHPF builds upon Australian and international experience of performance and outcomes schemes in recent years. It provides for both the effective categorisation of health system components, their inter-relationships and scope, and for the dynamic measurement of performance across the system. It comprises a Health System Conceptual Framework and a Health System Performance Logic Model.

The Conceptual Framework for the AHPF comprises 5 key domains: Determinants of health and wellbeing, Health system, Health status, Health system context and Equity.

Determinants of health and wellbeing

This domain takes into account factors that influence the health status and health care needs of Australians. Factors within this domain may be external to the traditional view of the health system. Reporting of health determinants in relation to the performance of the health system will highlight the need for services within the health system and also the need for multi-sectoral approaches, where appropriate, to improve health outcomes. These determinants include:

- socioeconomic factors
- health behaviours
- personal biomedical
- environmental factors.

Health system

This domain captures the activities and qualities of the health care system. It can be applied across all sectors, settings and organisational levels, as needed. The dimensions identified within this domain highlight the need for health care delivery to be safe, accessible, and of high quality. Measures within this domain can be viewed from both patient and provider perspectives and capture both activity levels (where relevant), outputs and the outcomes of care. These activities and qualities will include issues of:

- effectiveness
- safety
- appropriateness
- continuity of care
- accessibility
- efficiency
- sustainability.

Health status

The health status domain represents the outcomes of all the factors that shape our health, and includes impairments, disabilities and handicaps that are a consequence of disease, as well as the incidence and prevalence of conditions across the community. It reflects the status of individuals, cohorts and populations in

terms of:

- health condition
- human function
- wellbeing
- death.

Health system context

This domain reflects the importance of broad contextual issues of demographics, community and social capital, governance and structure, financing, workforce and infrastructure. It also includes issues of information, research and evidence to influence decisions and actions at all levels and across all sectors. These issues provide essential context for current decisions at all levels and are key issues for the planning of a sustainable health system.

Equity

As the objective of the health system is to improve health outcomes for all Australians, equity is a domain that influences all elements of the framework: determinants of health, health status, the health system and its context. The AHPF accordingly explicitly recognises the need for monitoring equity across the determinants of health, the health system and health status for different populations and sub-groups. This will be achieved through appropriate disaggregation of performance measure data, which could include Aboriginal and Torres Strait Islander people, people living in different geographic areas, different socioeconomic groups and other population groups relevant to the measure.

Within the AHPF, equity is regarded as the minimisation of avoidable differences between groups or individuals. In applying the concept of equity to the framework, consideration will need to be given to how the concept of equity should apply to the specific indicator. While for some indicators it would be desirable to see equity across population groups (i.e. equal treatment for individuals/groups in the same circumstances), for other indicators it would be desirable to individuals/groups being treated differently according to their level of need.

Relational attributes

Related metadata references:

Supersedes [Australian Health Performance Framework, 2021 Health](#), Standard 11/07/2023

**Indicators linked to this
Indicator set:**

[Australian Health Performance Framework: PI 1.2.6–Sharing of used
needles/syringes, 2024](#)

[Health](#), Standard 02/02/2024

[Australian Health Performance Framework: PI 2.1.3a–Cancer screening rates,
National Bowel Cancer Screening Program participation rate, 2024](#)

[Health](#), Recorded 28/02/2024

[Australian Health Performance Framework: PI 2.1.3b–Cancer screening rates,
BreastScreen Australia participation rate, 2024](#)

[Health](#), Recorded 28/02/2024

[Australian Health Performance Framework: PI 2.1.3c–Cancer screening rates,
National Cervical Screening Program participation rate, 2024](#)

[Health](#), Recorded 28/02/2024

[Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths,
2024](#)

[Health](#), Standard 02/02/2024

[Australian Health Performance Framework: PI 3.1.3–Incidence of sexually
transmissible infections and blood-borne viruses, 2024](#)

[Health](#), Qualified 21/02/2024

[Australian Health Performance Framework: PI 3.4.1–Infant and young child
mortality rate, 2024](#)

[Health](#), Standard 02/02/2024

[Australian Health Performance Framework: PI 3.4.3–Major causes of death, 2024](#)

[Health](#), Standard 02/02/2024

[Australian Health Performance Framework: PI 3.4.4–Mortality due to suicide, 2024](#)

[Health](#), Standard 02/02/2024

Collection and usage attributes

**National reporting
arrangement:**

The initial (29 July 2019) release of performance measures reported by the Australian Institute of Health and Welfare under the AHPF will include national or state/territory trends for a limited number of indicators within the Determinants of health, Health system and Health status domains.

Determinants of health

- Socioeconomic factors
 - Proportion of people with low income
 - Educational attainment for selected school years and adults
- Health behaviours
 - Prevalence of smoking
 - Children exposed to tobacco smoke in the home
 - Proportion of adults at risk of long-term harm from alcohol
 - Fruit and vegetable intake
 - Physical activity
 - Unsafe sharing of needles
- Personal biomedical factors
 - Prevalence of overweight and obesity
- Environmental factors
 - *No indicators for initial AHPF release.*

Health system

- Effectiveness
 - Immunisation rates for vaccines in the national schedule
 - Women with an antenatal visit in the first trimester of pregnancy
 - Cancer screening rates
 - Selected potentially avoidable hospitalisations
 - Survival of people diagnosed with cancer
 - Potentially avoidable deaths
- Safety
 - Adverse events treated in hospital
 - Healthcare associated *Staphylococcus aureus* bloodstream infections
 - Sentinel events
 - Rate of seclusion

- Appropriateness
 - *No indicators for initial AHPF release*
- Continuity of care
 - Unplanned hospital readmission rate
- Accessibility
 - Bulk-billing for non-referred (GP) attendance
 - Waiting times for elective surgery in days
 - Elective surgery patient waiting times by urgency category
 - Waiting times for elective surgery: proportion seen on time
 - Waiting times for emergency department: proportion seen on time
 - Emergency department waiting times by urgency category
 - Waiting times for emergency department care: proportion of patients whose length of emergency department stay is less than or equal to 4 hours
 - Percentage of emergency department patients transferred to a ward or discharged within 4 hours, by triage category
- Efficiency and sustainability
 - Cost per weighted separation and total case weighted separations
 - Net growth in health workforce.

Health status

- Health conditions
 - Incidence of heart attacks
 - Incidence of selected cancers
 - Incidence of sexually-transmissible infections and blood-borne viruses
 - Incidence of end-stage kidney disease
 - Hospitalisation for injury and poisoning
 - Proportion of babies born with low birthweight
 - Prevalence of Type 2 diabetes
 - Notification of selected childhood diseases
- Human function
 - Severe or profound core activity limitation
- Wellbeing
 - Proportion of adults with psychological distress
 - Self-assessed health status
- Deaths
 - Infant and young child mortality rate
 - Life expectancy
 - Major causes of death
 - Mortality due to suicide.

Implementation start date: 29/07/2017

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: [Australian Institute of Health and Welfare](#)

Reference documents: National Health Information and Performance Principal Committee, 2017. The Australian Health Performance Framework, 7 September 2017. Viewed 9 April 2019, https://www.coaghealthcouncil.gov.au/Portals/0/OOS318_Attachment%201.pdf