# First Nations-specific primary health care: Pl07a-Number of First Nations regular clients with a chronic disease who have a Chronic Disease Management Plan prepared, June 2024



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# First Nations-specific primary health care: Pl07a-Number of First Nations regular clients with a chronic disease who have a Chronic Disease Management Plan prepared, June 2024

# Identifying and definitional attributes

Metadata item type: Indicator

Indicator type: Output measure

Short name: Pl07a-Number of First Nations regular clients with a chronic disease who have a

Chronic Disease Management Plan prepared, June 2024

**METEOR** identifier: 789183

Registration status: Indigenous, Standard 27/04/2024

**Description:** Number of First Nations regular clients who have a chronic disease and for

whom a Chronic Disease Management Plan was prepared within the previous 24

months.

Rationale: Preventable chronic diseases are responsible for a significant burden of disease

> for First Nations people and if poorly controlled increase hospitalisations, complications and the cost of health care. Care plans are the foundation for

providing appropriate long-term care.

Indicator set: Aboriginal and Torres Strait Islander specific primary health care national key

performance indicators June 2024 Indigenous, Standard 27/04/2024

# Collection and usage attributes

Computation description: Count of First Nations regular clients who have a chronic disease (type 2 diabetes)

and for whom a Chronic Disease Management Plan was prepared within the

previous 24 months.

Count is of people, not plans.

Consider only the most recent plan.

Presented as a number.

Chronic Disease Management Plan: The Chronic Disease Management (CDM) Medicare items on the Medicare Benefits Schedule (MBS) enable GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions. It includes MBS-rebated Chronic Disease Management Plans (MBS items: 721;

229; 92024; or 92055).

Computation: Numerator only.

**Numerator:** Calculation A: Number of First Nations regular clients who have type 2 diabetes

and for whom an in-person MBS-rebated Chronic Disease Management Plan

(MBS items: 721 or 229) was prepared within the previous 24 months.

Calculation B: Number of First Nations regular clients who have type 2 diabetes and for whom a Telehealth MBS-rebated Chronic Disease Management Plan (MBS items: 92024 or 92055) was prepared within the previous 24 months.

Numerator data elements: Data Element / Data Set-

Person—diabetes mellitus status, code NN

**Data Source** 

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

#### NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

#### Guide for use

Type 2 diabetes only.

#### Data Element / Data Set

Person-Indigenous status, code N

## **Data Source**

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

#### NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

#### Guide for use

First Nations only.

#### Data Element / Data Set

Person—regular client indicator, yes/no code N

#### **Data Source**

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

## NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

## Guide for use

Regular clients only.

## Data Element / Data Set

Person—chronic disease management plan type, code N

### **Data Source**

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

## NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

## Guide for use

In-person and telehealth MBS-rebated Chronic Disease Management Plans only.

## Disaggregation:

- 1. Sex:
- a) Male
- b) Female.
- 2. Age group:
- a) 0-4 years
- b) 5-14 years
- c) 15-24 years
- d) 25–34 years e) 35–44 years
- f) 45-54 years
- g) 55-64 years
- h) 65 years and over.
- 3. Type of Chronic Disease Management Plan:
- a) In-person MBS-rebated Chronic Disease Management Plan
- b) Telehealth MBS-rebated Chronic Disease Management Plan.

# Disaggregation data elements:

## Data Element / Data Set-

Person—age, total years N[NN]

## **Data Source**

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

#### NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

#### Data Element / Data Set-

Person—sex, code X

## Data Source

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

## NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

## Guide for use

Male and female only.

## Data Element / Data Set

Person—chronic disease management plan type, code N

## **Data Source**

Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

# NMDS / DSS

Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024

## Guide for use

In-person and telehealth MBS-rebated Chronic Disease Management Plans only.

## Comments:

Census date for reporting is 30 June 2024.

# Representational attributes

Representation class: Count Data type: Real Unit of measure: Person Format: N[N(6)]

# Indicator conceptual framework

Framework and dimensions:

**Continuous** 

# **Data source attributes**

Data sources: **Data Source** 

> Aboriginal and Torres Strait Islander specific primary health care national Key Performance Indicators (nKPI) data collection

Frequency

6 monthly

Data custodian

Australian Institute of Health and Welfare.

# Accountability attributes

Reporting requirements: Funding agreements between the Department of Health and Aged Care and the

organisations funded under the Indigenous Australians' Health Programme (IAHP).

Organisation responsible for providing data:

First Nations-specific primary health care organisations or maternal and child health programs/services funded by the Department of Health and Aged Care

under its IAHP, referred to as funded organisations.

**Accountability:** Australian Institute of Health and Welfare/Department of Health and Aged Care

collection required:

Further data development / Further work is required to reach agreement on national definitions for other chronic diseases including cardiovascular disease, chronic obstructive pulmonary disease

and chronic kidney disease.

# Source and reference attributes

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

Origin: Department of Health and Aged Care (2014) Chronic Disease Management

Patient Information, Department of Health and Aged Care website, accessed 5

September 2023.

# Relational attributes

Related metadata references:

Supersedes First Nations-specific primary health care: Pl07a-Number of First Nations regular clients with a chronic disease who have a Chronic Disease

Management Plan prepared, December 2023 Indigenous, Superseded 27/04/2024

See also First Nations-specific primary health care: Pl07b-Proportion of First Nations regular clients with a chronic disease who have a Chronic Disease

Management Plan prepared, June 2024 Indigenous, Standard 27/04/2024