

# Aboriginal and Torres Strait Islander Health Services Data Advisory Group Communique

The Aboriginal and Torres Strait Islander Health Services Data Advisory Group (HS DAG) communique is to ensure that Aboriginal and Torres Strait Islander primary health care services are kept informed of outcomes with regard to the National Key Performance Indicator (nKPI) and Online Services Report (OSR) data collections, as well as the work of the group more broadly across the Indigenous health data space. This is the second communique of the HS DAG. The first communique can be found [here](#).

On 14 September 2020, the HS DAG met via teleconference as COVID-19 restrictions are still in place.

## Data Quality Assessment and Support Project

An update on the Project was provided to the HS DAG. Stakeholder consultations for the Data Quality Assessment and Support Project Implementation Roadmap are currently on hold due to the COVID-19 pandemic. The Department of Health is planning to take a coordinated approach to manage recommencing the consultations that have been hold when it is appropriate to do so.

## nKPI and OSR Implementation Roadmap

An update on the nKPI and OSR Roadmap was provided. The HS DAG and the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC) have endorsed a revised governance structure for the nKPI data which delegates decision making from the Australian Health Ministers' Advisory Group (AHMAC) (currently under review) to the Department for minor modifications and updates to the indicator set. Endorsement from AHMAC is yet to be provided as AHMAC is not currently meeting.

## HS DAG Working Group

As part of the revised governance structure for the nKPI data, HS DAG has established a clinical and technical working group. The working group is focused on actioning recommendations from the AIHW review of the nKPI and OSR collections, which found that 22 of the 24 existing nKPIs require minor modification to align with best practice clinical guidelines. A total of five working group sessions had been held up until the 14 September 2020 HS DAG meeting, and 16 indicators had been reviewed.

The HS DAG has endorsed modifications to the following indicators as recommended by the working group.

Modifications endorsed out of session in July 2020:

PI03 - Health assessment MBS item 715 (include, and disaggregate by, telehealth items);

PI07 - GP Management Plan MBS item 721 (include, and disaggregate by, telehealth items);

PI14 - Immunised against influenza – clients aged 50 and over (include ages from six months onwards);

PI22 – Cervical screening (align with HPV test); and

PI08 - Team Care Arrangement MBS item 723 (final endorsement of the removal of this indicator was obtained out of session in September 2020).

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Modifications endorsed at the HS DAG meeting on 14 September:

PI01 – Birth weight recorded (babies born in the previous 12 months who have had more than once visit);

PI02 – Birth weight result (as per PI01 and multiple births no longer excluded);

PI04 – Child immunisation (retire the indicator until such time as the Australian Immunisation Register is able to directly update information in clinical information systems).

The agreed modifications to the first group of indicators are expected to be completed in time for the reporting period that opens on 1 January 2021. The second group of modifications will be ready for the reporting period that opens on 1 July 2021. The HS DAG will consider modifications to a third group of indicators out-of-session. Details on these changes and implications for reporting organisations will be included in upcoming editions of the [Aboriginal and Torres Strait Islander Health Data and Information eNewsletter](#).

## nKPI target setting

The HS DAG also discussed the inclusion of self-nominated service level nKPI targets in the Activity Work Plan document circulated in July 2020. The introduction of trajectory reporting, with a suggested 5% increase to reach national nKPI targets, was intended to be an aspirational target to assist organisations with continuous quality improvement. The nKPIs with trajectories are all process of care indicators and are therefore largely within the control of health services. The Department acknowledged the concerns of the sector and has rephrased these to be self-determined targets to improve outcomes against the nKPIs instead of a 5% increase target.

The HS DAG discussed duplication of effort required for reporting, accreditation and planning. The Department is keen to work with the sector to alleviate concerns and reduce reporting burden where possible.

## OSR stage 3 development

### *NACCHO Core Services and Outcomes Framework*

The timeline for delivery of the Core Services and Outcomes Framework has been extended to June 2021 due to COVID-19.

### *Service gaps and challenges*

The role of the OSR in identifying service gaps and challenges was discussed. Further work will be undertaken to develop a appropriate questions for the OSR by October 2020 to ensure that this data can be built as part of the next stage of OSR development.

### *Clinical services provided by site*

The HS DAG discussed the need to include types of clinical services provided by site in the next stage of OSR development.

Further work will be undertaken to ensure the completeness of the list of clinical services and that the terminology is consistent with other areas of the OSR, including the proposed question on service gaps and challenges.

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## Quality use of medicine measures

The HS DAG discussed the appropriateness and feasibility of collecting medicine supply data from the Remote Area Aboriginal Health Services program through the Online Services Report (OSR). It was agreed that this is not feasible at this time.

The next HS DAG meeting is scheduled for 11 December 2020.

HS DAG welcomes contributions from all health services and stakeholders, including clinical information system (CIS) software vendors, through a submission process. If you would like to submit an item for consideration by the HS DAG, please send your submission using a [submission template](#) to the HS DAG Secretariat at: [hs.data.advisory.group@health.gov.au](mailto:hs.data.advisory.group@health.gov.au). All submissions will be reviewed for inclusion by the co-chairs for appropriateness.