nKPI and OSR Roadmap Recommendations

#	CLINICAL RECOMMENDATIONS: Please contact the Department of Health for the most current status updates and decision outcomes on each of the recommendations via the HS DAG Secretariat at: hs.data.advisory.group@health.gov.au
C.1	HS DAG to refer to the working group a program of work which involves a systematic review of all nKPI indicators in accordance with the framework for indicator selection, management and maintenance.
C.2	Review the recording and usage of birth data for reporting PI02.
C.3	Review the requirements for CVD Risk assessment (PI20), specifically what constitutes "Diabetes Type II information" within the clinical record.
C.4	PI01: Birth weight recorded and PI02: Birth weight result – Remove redundant PI02 exclusion logic and twin status exclusion. – Monitor CIS capacity for linking files by relationship with view to implementing original denominator – babies of regular clients.
C.5	PI03: MBS health assessment (item 715) – Respecify to include all age groups. – Consider aligning timing to 12 months for both adults and children. – Ensure indicator remains relevant on release of MBS review recommendations. – Analyse and report relationship to OSR data on GP FTE and vacancies.
C.6	PI05: HbA1c result recorded—clients with type 2 diabetes and PI06: HbA1c result – Clients with type 2 diabetes. – Consider removing 12 month period from both indicators to simplify and align with clinical guidelines. – Monitor progress of Medicare review and PIP changes and consider use of Diabetes Annual Cycle of Care as a more holistic measure of quality diabetes care.
C.7	PI07: General Practitioner Management Plan—clients with type 2 diabetes and PI08: Team Care Arrangement—clients with type 2 diabetes – Consider removal of PI08. – Monitor progress of Medicare review and PIP changes and consider use of Diabetes Annual Cycle of Care as a more holistic measure of quality diabetes care. – Pending successful completion of the Clinical Coding Working Group's task of aligning chronic disease term sets, consider expanding to other currently specified conditions.
C.8	PI09: Smoking status recorded, PI10: Smoking status result and PI11: Smoking status of females who gave birth within the previous 12 months – Consider modifying age range and age groups to match clinical guidelines. – Review and determine if follow-up/brief intervention activities can be captured. – Review and determine if refusal to answer can be captured. – Review and determine if changes in smoking behaviour can be captured.
C.9	PI12: Body mass index classified as overweight or obese – Do not use PI12 to calculate population prevalence rates of overweight and obesity. – Consider altering specification to be the proportion of regular clients with height and weight recorded for all age groups and waist circumference for those >18 years.
C.10	PI13: First antenatal visit – Review and modify indicator to capture data on gestation at first ANC visit and total number of visits. – Investigate the possibility of capturing data on first ANC visit in first trimester from NPDC and reporting at small Indigenous geographies. – Consider making an optional indicator for AMSs not acting as primary antenatal provider in region.
C.11	PI14: Immunised against influenza—Indigenous regular clients aged 50 and over and PI15: Immunised against influenza—clients with type 2 diabetes/COPD – Consider combining into a single indicator to include all recommended age groups, e.g. 6 months – 5 years and 15 and over and capture Pnuemovax for relevant age group (50 years and over) or, – Consider adding other clinically relevant conditions.

C. 12	PI16: Alcohol consumption recorded and PI17: AUDIT-C result – Exempt AMSs from reporting on PI17 if the CIS used does not support the tool or another tool/method of risk stratification is indicated in local protocols.
C.13	PI18: Kidney function test recorded—clients with type 2 diabetes/cardiovascular disease and PI19: Kidney function test result—clients with type 2 diabetes/cardiovascular disease – clarify specification to acknowledge groups being missed. – ensure future reporting clarifies best practice screening targets. – consider extending the indicator to include population aged over 30 who have had full renal screening (eGFR and ACR) with screening every two years.
C.14	PI20: Risk factors assessed to enable cardiovascular disease (CVD) risk assessment and PI21: Cardiovascular disease risk assessment result – develop better material describing how this indicator should be populated and clarify the specification – reference to use of the risk tool in the context of a comprehensive CVD assessment per guidelines including consideration of 'Non-Framingham Risk Equation factors' and 'Clinically high-risk conditions' (RACGP, 2018). – Consider practicality of excluding those with previous 'high-risk' status. – Work is underway at present to develop new guidelines around screening age. Once finalised, these indicators should be reviewed and align with the guidelines.
C.15	PI22: Cervical screening – provide clear communication around transitional arrangement for the new test. – monitor value of NCSP register data to PHC services as transition to new program continues.
C.16	PI23: Blood pressure result recorded—clients with type 2 diabetes and PI24: Blood pressure result—clients with type 2 diabetes – amend cut-off to 140/90mmHg in line with national recommendations (RACGP, 2016).
#	ADMINISTRATIVE RECOMMENDATONS
A.1	Establish a mechanism to monitor progress implementing this Roadmap.
A.2	Seek endorsement of a new governance model for the nKPI collection, including delegation of decision making power from AHMAC to the Department for minor changes to the nKPI collection, in order to support timely, efficient and responsive governance of the data set.
A.3	Establish a single working group with clinical and technical expertise to support regular expert advice to HS DAG to ensure the relevance and currency of the data set. The working group should include a core membership with clinical and technical expertise, representation from the sector and additional subject matter expertise to be brought on where required.
A.4	Develop a framework for indicator selection, management and maintenance. At a minimum, this framework should demonstrate the need and utility of any changes and should include collaboration with stakeholders to ensure any changes are fit for purpose.
A.5	Review existing procedures for communicating changes to the OSR and nKPI collection which require CIS or service-level change in practice.
A.6	To improve transparency, the membership of HS DAG and the working groups are to be published, and a Communique will be issued following each HS DAG meeting with the agenda and outcomes of meetings. Allow all stakeholders to make submissions to the HS DAG through the HS DAG Secretariat, to improve the quality, currency and strategic alignment of any aspect of the data set.
A.7	Revise and refine the relevant sections of the specification document and align it to the new nKPI change management and governance arrangements.

A.8	Manage, maintain and make accessible to the sector the OSR/nKPI supporting documentation (such as CIS mapping documents, vendor specification document and user guides).
A.9	Assess whether the existing nKPI trajectories require amendment to ensure they remain appropriate and achievable, are based on data which is of a sufficient quality, and the benchmarks have a rigorous and transparent methodology.
A.10	Establish a mechanism to coordinate commonly required changes across CIS vendor/s in order to help increase sector influence and potentially increase sector buying power.
A.11	Establish a mechanism for identifying and sharing leadership approaches and challenges to evidence based practice within the sector. Support this through producing user manuals and training materials (e.g. webinars) to specifically address the reporting processes for the sector and articulate the impacts of customisation.
A.12	Within the HDP allow services to look at their performance against both the nKPI trajectories as well as their self-selected comparison groups.
A.13	Ensure services are able to extract their own data from the HDP, in a useable format, in order to support multiple reporting requirements.
#	TECHNICAL RECOMMENDATIONS
T.1	Create and maintain a centralised knowledge point on the Department's HDP for AMSs to access definitions, specification documents and other relevant documentation.
T.2	Continue efforts to minimise reporting burden on AMSs through identifying data that can be pre-populated or automated.
T.3	Commission where required (up to twice per year) independent data validation assessment of CIS vendor nKPI and OSR reporting, and publish a comparative performance report available on the Department's website to stakeholders.
T.4	Include two client definitions.
T.5	Consider making some nKPIs core/compulsory and others optional.
#	POLICY RECOMMENDATIONS
P.1	To support CQI among AMS providers and to support policy and service planning at the national and state/territory level: - Redefine and rename the OSR collection; and - Review and re-state the purpose of the nKPI collection.
P.2	Work with the HDP development team and the CIS vendors to further streamline and automate the reporting process, to reduce reporting burden on health services and increase value back to health services.