

Aboriginal and Torres Strait Islander Health Services Data Advisory Group Communique #3

February 2021

The Aboriginal and Torres Strait Islander Health Services Data Advisory Group (HS DAG) communique keeps Aboriginal and Torres Strait Islander primary health care services up to date about outcomes regarding the National Key Performance Indicator (nKPI) and Online Services Report (OSR) data collections. This Communique is also to provide information about the work of the group more broadly regarding Indigenous health data. This is the third HS DAG Communique. The previous Communiques can be found [here](#).

On 11 December 2020, the HS DAG met via teleconference as non-essential travel is discouraged during the COVID-19 pandemic.

The next HS DAG meeting is scheduled for 23 March 2021.

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. All submissions will be reviewed for inclusion by the co-chairs for appropriateness.

Outcomes of 11 December 2020 meeting

Practice Incentives Program (PIP) Quality Improvement (QI) data

An update on the PIP QI incentive was provided to the Group. In late 2019, the Department of Health engaged Doll Martin Associates to perform a Privacy and Security Review which identified that despite differences in the way data is collected from general practice by Primary Health Networks (PHNs), data security controls to protect de-identified data from misuse, interference and loss were appropriate. A summary and the 14 recommendations from the Doll Martin [Practice Incentive Program Quality Improvement Incentive Data Privacy and Security Review](#) are available on the Department of Health (the Department) website.

In addition, Doll Martin Associates also developed detailed Technical Specifications and User Guides for the PIP QI Dataset to assist clinical information systems providers, data extraction providers, and PHNs in extracting and submitting this data. [These materials](#) were released in September 2020 and are also available on the Department's website.

The PIP QI Eligible Dataset is covered by the *Privacy Act 1988*. Patients do not need to provide consent to have their data included as the Department has implemented an opt-out arrangement for this data collection.

Australian Immunisation Register

An update on recent enhancements to the Australian Immunisation Register (AIR) was provided to the Group, including upcoming changes. The Department is working with Services Australia to deliver the program of AIR enhancements.

Recent system changes, introduced in December 2020, will allow clinical information systems to link to the AIR. These changes are to improve functionality for vaccination providers and make it easier for people to stay up to date with their immunisations. Availability of the enhanced functionality requires software vendors to make the updates available to their customers and requires vaccination providers to upgrade their software.

To help identify Aboriginal and Torres Strait Islander people who may be eligible for additional vaccines, vaccination providers will be able to record Indigenous status directly onto the AIR, which will not be over-ridden by their status recorded by Medicare. AIR Indigenous status will not be recorded on any other government database and it does not need to be the same as Medicare. Recording an Indigenous status on the AIR helps vaccination providers to identify and give the clinically correct vaccination schedule.

The Australian Immunisation Register Amendment (Reporting) Bill 2020 was introduced on 3 December 2020. Mandatory reporting for influenza vaccinations and any COVID-19 vaccine will commence from 1 March 2021, and for all National Immunisation Program vaccinations from 1 July 2021.

New national Key Performance Indicators (nKPIs)

The February 2020 AIHW review of the nKPI and OSR collections [review of the nKPI and OSR collections](#) recommended that consideration be given to developing new indicators for eye health, sexual health, ear and hearing health and mental health. Initial discussions were had at the 11 December 2020 HS DAG meeting for three potential new indicators: for eye health; sexual health; and ear health. Discussion centred on the challenges in point of care testing, data collection, and ensuring alignment with existing initiatives.

Further discussions and engagement between the AIHW and clinical experts will be arranged, as well as cross jurisdiction consultations. The outcomes of these will be taken to HS DAG meetings in 2021.

HS DAG Working Group

The working group is actioning recommendations from the AIHW's February 2020 [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 nine working group sessions had been held up until the 11 December 2020 meeting and all 24 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 October 2020:

PI09 – smoking status recorded (include 11 – 14 year olds)

PI10 – smoking status result (include 11 – 14 year olds)

PI11 – smoking status of woman who gave birth (include ages less than 15 and include only the latest smoking status recorded prior to completion of the latest pregnancy)

PI13 – first antenatal care visit (modify disaggregation of gestation age at first visit to 'before 11 weeks gestation', '11 to 13 weeks', '14 to 19 weeks' and '20 weeks or later')

PI24 – type 2 diabetes clients whose blood pressure measurement result was less than or equal to 130/80mmHg (change the target blood pressure value to less than or equal to 140/90 mmHg)

It is anticipated that these modifications will be implemented in the Health Data Portal in time for the 1 July 2021 nKPI reporting period.

Modifications endorsed at the 11 December 2020 HS DAG meeting:

PI15 –immunised against influenza – clients with Type II diabetes or COPD (retire the indicator)

PI18 –kidney function test recorded (change the age range to include all patients, change eGFR and ACR reporting to ‘both tests, ‘one test, or ‘neither test’, and add an ‘any of the above’ category)

PI19 –eGFR result (part A) and ACR result (part B) (discontinue reporting this indicator in two parts and report as a single measure; align age groups and inclusions as per the changes to PI18; and rename the indicator to ‘Proportion of regular clients with a selected chronic disease whose kidney function tests in the past 12 months indicate normal, low, moderate or high risk’)

PI20 - information required to calculate CVD risk (expand the age range to 18-74 years, and add eGFR, ACR and diabetes assessment to the risk factors included)

It is anticipated that these modifications will be ready for the nKPI reporting round that opens on 1 January 2022. Details on all of these changes and implications for reporting organisations will be included in upcoming editions of the [Health Data Portal e-Newsletter](#).

OSR Stage 3 Update

An update was provided to the HS DAG on additional questions that are planned for inclusion in OSR stage 3, for collection through the Health Data Portal from 1 July 2021.

Additional questions and functions will include:

- updates to the Organisation profile tab to include questions relating to accreditation, incorporation status, not for profit status, number of board members, board member training, and board members skills;
- pre-population of sites tab with information provided in the 2019-20 OSR;
- disaggregation of client numbers by age (five year age groups) and gender ;
- workforce excel spreadsheet uploadable to automatically populate current collection period workforce data.