AIHW national Key Performance Indicators database

User guide reporting period ending 30 June 2017

Contents

1   National Key Performance Indicators (nKPIs)

The National Key Performance Indicators (nKPIs) measure the health of Aboriginal and Torres Strait Islander people from across Australia. The nKPIs focus on the major health issues that are often seen in Indigenous-specific primary health-care services.

Chapter 3 describes these nKPIs and what data they require.

Your organisation submits nKPI data every 6 months. We give back a report summarising:

- your results
- the results of other organisations in your state and remoteness area
- the results from across Australia.

These nKPI reports are useful to you because they help you to see changes from one reporting period to the next in your local area. They also help you compare your organisation to other organisations in your state and remoteness area.

The nKPIs were developed as part of the National Indigenous Reform Agreement (NIRA), which aims to improve the health of Aboriginal and Torres Strait Islander people. They also help meet targets under the Council of Australian Governments (COAG) Closing the Gap initative—in particular, the targets for life expectancy and child mortality—by assisting organisations with their continuous quality improvement, and will also support policy and planning at the national and state/territory levels by monitoring progress and highlighting areas for improvement.

In June 2016, a total of 241 health organisations reported data for 22 nKPIs.

You can find out more about the nKPIs and why they are important at <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

Key contacts

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1.1   When are nKPI submissions due?

Your nKPI data reports are submitted twice a year, on the census dates of:

- 30 June (reports are due 1 month later, by 31 July)
- 31 December (reports are due 1 month later, by 31 January).

The nKPIs can include client attendances and health data for Indigenous regular clients for the previous 6 months, 12 months, 2 years, 3 years and 5 years up to the census date. Some nKPIs use data from more than one time period for example, cervical screening at 2, 3 and 5 years.

1.2   What do we do with your data?

We will extract your data from your nKPI submission through OCHREStreams. While we cannot see individual client records, we do see your overall nKPI results for the relevant client groups in your organisation.

We then check your data to make sure your data submission is complete and correct. Sometimes, organisations do not enter the right data in the right place in their patient information system, and that generates an error. We will ask you to correct the error and resubmit your data. If for some reason, you cannot correct your data, you will need to tell us why so we can exclude your information from national statistics.

Finally, when we have everyone's data and they have passed our quality checks, we will create a national data set that combines all the data from all primary health-care organisations that send in nKPI submissions. This data set is used for national analyses.

1.3   How do we keep your nKPI data secure?

Your nKPI data are stored on a secure server under the privacy conditions of section 29 of the Australian Institute of Health and Welfare Act 1987 (AIHW Act) and the Privacy Act 1988 (Privacy Act). For more information, see <http://www.aihw.gov.au/privacy-of-data/>.

The Australian Institute of Health and Welfare (AIHW) stores the nKPI data. The AIHW and the Department of Health use the results of your nKPI submissions for public health policy and planning.

Your nKPI data are secure. The AIHW receives and keeps data that are:

- aggregated (data pulled together with all clients' names removed and data pulled together so that we cannot see client records at all)
- changed into comma-separated values (CSV) format (like a spreadsheet).

2 How to prepare your nKPI data

Twice a year, your organisation extracts data from your client records system to prepare an nKPI submission.

The best nKPI submissions have no errors. For this, be sure the right data are in the right place in your patient information recall system (PIRS) and that any strange results are explained in the comments so we know you have not made a mistake.

If we identify possible issues with your data, we'll send you an Exception Report. You will then have to track down the problem and send in another nKPI submission. You can avoid this with a few simple checks of your data before the first submission.

To help you through this process, we've given you a number of tips below. More information about each nKPI is also given in Chapter 3.

2.1 Set up your record system for best results

The way you collect and store your data determines the quality of your nKPI data. Organisations may be able to refer to a user guide produced by their personal information management system for more detailed information on where to enter data.

Does your record system help you:

❑ collect information for all your clients

❑ collect and record the data you need for your nKPI submission

❑ record the time and date whenever clients' records are updated

❑ train your staff so they can enter the right data in the right place

❑ record any changes in how you collect your data

❑ record any issues, such as a computer crash, a fire, loss of key staff and so forth

❑ back up your records regularly to avoid losing any data?

2.2   Before you submit your data

Check your extract to be sure that you have:

- ❑ included only Indigenous clients who have attended at least 3 times during the previous 2 years (these clients are referred to as 'regular clients' for the nKPIs)

- ❑ included all babies with records at your organisation

- ❑ entered data into the right file for the right client

- ❑ used the right units of measurement

- ❑ been consistent in how you've recorded data for each nKPI

- ❑ not kept nKPI data in clinical notes

- ❑ checked that your numbers add up

- ❑ included a comment to let us know if you need an Exception Report because your data are on more than one record system and you cannot combine these.

What's OCHREStreams?

It's a web-based system for providing data. Only organisations that provide primary health-care and other services to Aboriginal and Torres Strait Islander Australians can use it.

Check your data

Getting your data ready for the nKPI submission is just the first step. Before your Chief Executive Officer (CEO) signs off your nKPI submission, you should check for the following things in your report:

- ❑ Check your data for accuracy and consistency. Note any errors in the comments section of your submission. Check for data that look unusual, or anything you cannot fix.

- ❑ Add comments to explain any inconsistent or unlikely results.

- ❑ Add comments to explain any increases or decreases in your data from previous periods.

It's much easier to find any problems as you go rather than waiting for an Exception Report later and trying to track down what happened. The checklists in this chapter include some of the more common issues.

Check the indicator definitions

Even if you have been preparing these nKPI submissions for some time, it's always worth checking that your data are exactly what we ask for. It helps you avoid making a mistake just because something changed in your records system or someone enters the data slightly differently.

The most common mistake we see comes from the definition of 'regular client'.

> **Who is a 'regular client'?**
> Someone who has visited your organisation 3 or more times in the past 2 years is a regular client for the nKPIs.

The nKPI is a national report, so we all need to use the same definition in nKPI submissions.

Go with your gut feeling

Sometimes the numbers do not look right. They do not match your impression of what has been happening in your organisation.

It can help to ask yourself these questions:

❑ Do the regular client numbers seem accurate?

❑ Do the percentages seem accurate? For example, does the nKPI result have the same percentage of diabetic men that you would expect from the care your organisation provides?

❑ If you compare related nKPIs, are the values what you would expect?

❑ Have the values changed much from those in your last nKPI submission? If so, can you explain why?

❑ Do you have the same percentages of males and females, young and old, in your reports as they are on your organisation's books and in the community?

❑ What do other staff say? Do they think the values are reasonable, or do they know why there might be problems? Clinical staff and administrative staff can all help here.

Check your client counts

❑ Each client counts as 1 person
  – Your clients are real people: you cannot have fewer than 0 (zero) clients in any nKPI.
  – You can have only whole clients: you cannot have half a client. This means all the client counts should be whole numbers and greater than zero (this is called non-negative). For example, a count of –3.5 clients is not possible.
  – If you do not provide a service, note this in the comments. If you are submitting manually, insert a zero in the numerator and provide denominator data if they are available (see Chapter 3 for an explanation of numerators and denominators).

- ❑ Count regular clients carefully
  - – You cannot have more regular clients than the total number of clients on your books. Usually, there would be some people who have not attended for over 2 years, even though they are in your record system: these people are not regular clients.
  - – It's not just the overall numbers. You also cannot have more regular clients in any category than the total number of clients. So, if you have 32 male clients aged 75 in total, you can have only 32 of them as regular clients. It's more likely that fewer than 32 of them will be regular clients, as the definition of regular client is someone who has visited your organisation 3 or more times in the past 2 years.

- ❑ Check that your counts add up
  - – If you add the numbers of clients together in an nKPI, you cannot end up with more than the total number of regular clients who've attended during the reporting period.

Look out for extreme values

- ❑ Do you have more than 100% anywhere? There has to be a mistake. The numerator cannot be more than the denominator.

- ❑ Do you have exactly 100% anywhere? Check that you didn't accidentally use the same numbers for the numerator and denominator.

- ❑ Do you have any values of 0 (zero) in either the numerator or the denominator? It would mean that none of your clients are in that category. Make sure that the value really is zero and not a missing value that someone forgot to enter.

Check for 'unexpected' results

So you've checked your data, but something still doesn't look right, or maybe it looks very different from the last nKPI submission. Either way, the results just aren't what you would normally expect.

These things can help you work out what has happened:

- ❑ Changes in the accuracy of your data—for example, have you replaced old equipment since the last census date? Did you go through your record system and clean up the records to be more accurate and consistent? Do you have a new record system or a new way of recording data?

- ❑ Environmental factors—for example, was there a disease epidemic or unusual weather?

- ❑ Community changes—for example, did many people move to or from the area, did people come to the area for a big community event?

- ❑ Clinical factors—for example, did you have any changes in policy or practice, changes to staffing or their training, a sudden change in workload, any new health and education programs (or old programs stopping) or changes in funding?

- ❑ Your clients' wishes—did a client refuse a test or instruct you to not include their details?

- Relevance of the nKPI to your organisation—for example, a baby health clinic would not have data for elderly clients.

- Chance—this is most likely when there are few patients included in an nKPI.
  For example, did you have 2 low birthweight babies in the last reporting period and 4 in this one? It's a doubling of low birthweight babies, but it could just be chance because the numbers are so low. On the other hand, a doubling from 50 to 100 probably wouldn't be chance: you would need to try to find out why.

If any of these have affected your data, tell us about it in the comments field under the relevant nKPI when you send in your submission on OCHREStreams.

What can go into the comments?

The comments field is your chance to tell us where something is not as straightforward as expected.

The types of things you should include in the comments are:

- Problems with the data that you cannot fix.

- The denominator for an indicator is zero—OCHREStreams needs a comment to explain the absence of data and to accept your submission.

- Any reasons for important changes in your data since previous nKPI submissions.

- An explanation for any problems or changes in data quality and accuracy.

- The reasons for any 'unexpected' results.

- The reason you provided only total aggregated data, but not disaggregated data (for example, by age group and sex).

- The indicator is not relevant. The comment should be something like:
  'This service is not provided because not funded to provide this service'.

- You cannot provide data because your organisation doesn't collect the data or cannot extract the data from your record system. The comment should be something like:
  'We cannot provide these data because …'

2.3   What happens if you make an error?

If you make an error we will send you an Exception Report. The report will tell you where the mistake is, and from this you can:

- look at your client records
- correct the data manually in the Exception Report in the OCHREStreams portal
- finalise the Exception Report and submit to the CEO for approval
- submit CEO-approved corrected data to the AIHW.

We'll check your data again. If there are still problems with your submission, we'll send another Exception Report.

Use the checklists in this chapter and the information in Chapter 4 to help you work out the reasons for these mistakes.

3   The nKPI technical specifications

Are only Indigenous people counted?

Yes. Only Indigenous people are counted in nKPI submissions.

What is a regular client?

A regular client is someone who has visited your organisation 3 or more times in the past 2 years. This definition is used in all of the indicators except for two: PI01 Birthweight recorded and PI02 Birthweight result.

What are the census dates?

The census dates are:

- 30 June (reports are due 1 month later, by 31 July

- 31 December (reports are due 1 month later, by 31 January).

Your nKPI data are reported against those dates.

For example, the 6 months up to the census date of 30 June 2017 would include data from 1 January 2017 to 30 June 2017.

What is a numerator and a denominator in the nKPIs?

The numerator is the top number. The denominator is the bottom number.

For example, for PI01 (Birthweight recorded), we've shown these as follows:

How many Indigenous babies had their birthweight recorded?	Numerator
How many Indigenous babies were born and are on your records?	Denominator

In this case, the numerator is *How many Indigenous babies had their birthweight recorded?*

The denominator is *How many Indigenous babies were born and are on your records?*

Should results be reported separately for different age groups and sexes?

Yes. Some nKPIs ask for results for more than one age group, or they ask you to report males and females separately. You will have to enter your nKPI data for each age group and sex separately in these cases.

For example, if an indicator is grouped by male and female clients, and clients aged 0–4 and 5–14 years, then 4 indicator values could be calculated, that is:

- females aged 0–4
- males aged 0–4
- females aged 5–14
- males aged 5–14.

nKPIs that ask for information like this have a table showing which age and sex groups are included.

Can you use results from outside your organisation?

Yes. If your regular Indigenous clients had tests somewhere else, but you have the results in their client records, you should count them in your nKPI submission.

For example, if a baby's birthweight was measured at a hospital, which then gave your organisation the results that you recorded in the baby's medical record held at your organisation, you should count that in your nKPI data.

How is age measured?

Age for regular clients and babies is measured as at the census date.

PI01 Birthweight recorded

Proportion of Indigenous babies born within the previous 12 months whose birthweight has been recorded at your primary health-care organisation.

> **Does a baby need to be a regular client?**
> No, a baby does not need to be a regular client to be counted in this indicator, as long as it has a file at your health organisation.

What does this mean?

For Indigenous babies born in the 12 months up to the census date, tell us:

$$1 \qquad \frac{\text{How many had their \textbf{birthweight recorded?}}}{\text{How many Indigenous babies were born?}} \qquad \frac{\text{Numerator}}{\text{Denominator}}$$

Do include

- Only live births.
- In the numerator, all babies born in the previous 12 months who have a file at your health organisation, and who have their birthweight recorded in their file.
- In the numerator, birthweight recorded in the baby's medical record at your health organisation, received from sharing client data with other services, such as a hospital.
- In the denominator, all babies with a record at your health organisation who were born in the previous 12 months.
- In the denominator, babies born in the previous 12 months who visited your organisation just for acute care, even if their carers could not (or did not) provide the baby's birthweight.
- All babies born in the previous 12 months with a file, regardless of whether or not they are multiple births.

Do not include

- Babies who were stillborn.
- Babies without a medical record of their own at your organisation, even if their information is recorded in their mother's record.

Check

- The baby is considered Indigenous if one or both parents identify as Indigenous.
- You cannot have more babies with birthweight recorded (numerator) than there are babies with a medical record (denominator).
- If there is a large difference between the number of babies born and the number of mothers (in PI13), explore the possible reasons and tell us why.

Information on the importance of this and all of the other indicators can be found in the nKPI national report <http://www.aihw.gov.au/indigenous-primary-health-care-nkpi/reports/>.

For more information

- For the METeOR data specifications for this indicator, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663903>.
- For the full set of METeOR data elements underlying the nKPIs, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI02 Birthweight result

Proportion of Indigenous babies born within the previous 12 months whose birthweight results were categorised as one of the following:

- low (less than 2,500 grams)
- normal (2,500 grams to less than 4,500 grams)
- high (4,500 grams and over).

> **What is birthweight?**
> A baby's birthweight is how much the baby weighs the first time it's ever weighed (usually soon after it's born).

What does this mean?

For Indigenous babies with a birthweight record who were born in the 12 months up to the census date, tell us:

1

How many Indigenous babies had a **low** birthweight?	Numerator
How many Indigenous babies have a birthweight recorded?	Denominator

2

How many Indigenous babies had a **normal** birthweight?	Numerator
How many Indigenous babies have a birthweight recorded?	Denominator

3

How many Indigenous babies had a **high** birthweight?	Numerator
How many Indigenous babies have a birthweight recorded?	Denominator

Do include

- Only live births.
- Only births that are at least 20 weeks gestation or at least 400 grams birthweight.
- In the denominator, all babies born within the previous 12 months who have a medical record at your organisation and who have their birthweight recorded in their medical record. Include all babies with a file, regardless of whether they are regular clients.

Do not include

- Multiple births (including twins). Babies born as part of multiple births are more likely to have a lower birthweight.

- Babies with unknown birthweight.

- Babies who were stillborn.

- Babies without a medical record of their own, even if their information is recorded in their mother's record.

Check

- The baby is considered Indigenous if one or both parents identify as Indigenous.

- Total number of Indigenous babies born with birthweight recorded = low birthweight + normal birthweight + high birthweight babies.

- The denominator is the same for 1, 2 and 3.

- The denominator is equal to or less than the numerator in PI01 (that is, you cannot have more birthweight results than number of babies with birthweights recorded).

For more information

- For the METeOR data specifications for this indicator, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663907>.

- For the full set of METeOR data elements underlying the nKPIs, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI03 Health assessment (MBS Item 715)

Proportion of regular clients who are Indigenous, aged 0–4 for whom a Medicare Benefitis Schedule (MBS) Health Assessment for Aboriginal and Torres Strait Islander People has been claimed within the previous 12 months **AND** proportion of regular clients who are Indigenous, aged 25 and over for whom an MBS Health Assessment for Aboriginal and Torres Strait Islander People has been claimed within the previous 24 months.

What does this mean?

For regular clients who are Indigenous and have had an MBS Health Assessment for Aboriginal and Torres Strait Islander People (claimed under MBS Item 715), tell us:

1

How many **0–4 year olds** had this MBS assessment (claimed under MBS Item 715) in the **12 months up to the census date**? — Numerator

How many of your regular Indigenous clients were aged 0–4? — Denominator

2

How many male and female regular Indigenous clients aged 25 and over in each age group had this MBS assessment (claimed under MBS Item 715) in the **24 months up to the census date**? — Numerator

How many of your regular Indigenous clients were there in each age and gender group? — Denominator

Age groups

The data should include separate results for males and females for each of the following age groups (you can combine the results for children aged 0–4 into 1 group):

	Age (years)		Age (years)				
	0–4		**25–34**	**35–44**	**45–54**	**55–64**	**65+**
Sexes combined	✓	**Male**	✓	✓	✓	✓	✓
		Female	✓	✓	✓	✓	✓

Do include

- A note in the submission comments if your organisation does not claim this MBS item but provides an equivalent level of care, such as a comprehensive health check that cannot be claimed through the MBS.

- Include in the numerator only those clients whose MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS 715) was claimed by your organisation. See DOH (2014b) for more information.

Check

- For each age and gender group, you cannot have more clients for whom an MBS Item 715 was claimed than there are regular clients.

For more information

- For the METeOR data specifications for this indicator, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663913>.
- For the full set of METeOR data elements underlying the nKPIs, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI04 Fully immunised children

Proportion of Indigenous children who are regular clients, aged:

- 12 months to less than 24 months

- 24 months to less than 36 months

- 60 months to less than 72 months

and who were 'fully immunised'.

What does this mean?

For Indigenous children who are regular clients at your organisation, tell us:

1

How many were fully immunised and
aged 12 months to less than 24 months? — Numerator

How many of your regular clients were aged
12 months to less than 24 months? — Denominator

2

How many were fully immunised and
aged 24 months to less than 36 months? — Numerator

How many of your regular clients were aged
24 months to less than 36 months? — Denominator

3

How many were fully immunised and
aged 60 months to less than 72 months? — Numerator

How many of your regular clients were aged
60 months to less than 72 months? — Denominator

What does fully immunised mean?

A child is considered 'fully immunised' if they have received the relevant vaccinations
as per the National Immunisation Program Schedule by the specified age milestones.
Currently these vaccinations include:

- DTPa (diphtheria, tetanus, pertussis)

- Polio

- HiB (haemophilus influenzae type B)

- Hep B (hepatitis B)

- MMR (measles, mumps, rubella).

The age milestones are as follows:

- at 12 months: 3 doses of DTPa; 3 doses Polio; 2 or 3 doses HiB; 2 or 3 doses Hep B
- at 24 months: 3 doses DTPa; 3 doses Polio; 3 or 4 doses HiB; 3 doses Hep B; 1 dose MMR
- at 60 months: 4 doses DTPa; 4 doses Polio; 2 doses MMR.

Check

For each age group, you cannot have more immunised children than the total number of Indigenous children who were your regular clients.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663921>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI05 HbA1c recorded (type 2 diabetes clients)

Proportion of regular clients who are Indigenous, have type 2 diabetes and who have had an HbA1c (glycosylated haemoglobin) measurement result recorded at your primary health-care organisation within the previous 6 months **AND** proportion of regular clients who are Indigenous, have type 2 diabetes and who have had an HbA1c measurement result recorded at your primary health-care organisation within the previous 12 months.

> **What is HbA1c?**
> Haemoglobin A1c (HbA1c or glycated haemoglobin) measures blood glucose levels over time. It is used as the best marker of long-term diabetes control.

What does this mean?

This indicator is for regular Indigenous clients who have type 2 diabetes. For males and females in each age group, tell us:

1

How many have had an HbA1c measurement result in the **6 months up to the census date**?	Numerator
How many have type 2 diabetes?	Denominator

2

How many have had an HbA1c measurement result in the **12 months up to the census date**?	Numerator
How many have type 2 diabetes?	Denominator

Age groups

Separate the results for males and females into the following age groups:

Age (years)

	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

Do include

- Results from all relevant pathology tests. If your organisation doesn't have a good system for adding pathology results to client records, you will need to make sure they have been included for all clients in this nKPI.

- A note in the submission comments if the equipment you used to test for diabetes has not been working properly during the reporting period. Also tell us how this affected your data.

- A note in the submission comments if your original records do not let you easily tell the difference between type 2 diabetes and other conditions.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

A regular client who has had a test within the last 6 months should be counted in both the 6-month and 12-month calculations. For example, a regular client who had a test 5 months ago would be counted in both.

For each age and gender group:

- You cannot have more regular clients who have had HbA1c tests than the total number of regular clients with type 2 diabetes.
- You cannot have more regular clients who have had HbA1c tests in the previous 6 months than the number of regular clients who have had HbA1c tests in the previous 12 months.
- The total number of regular clients with type 2 diabetes should be the same for both the previous 6 months and the previous 12 months.
- The total number of regular clients with type 2 diabetes should be the same as the total number of regular clients with type 2 diabetes in each relevant age and gender group in these nKPIs: PI07, PI08, PI15, PI18 and PI23.
- The number of regular clients with type 2 diabetes should not exceed the number of regular clients in each group in these nKPIs: PI03 (adults), PI09 and PI16.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663926>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI06 HbA1c results (type 2 diabetes clients)

Proportion of regular clients who are Indigenous, have type 2 diabetes and whose HbA1c measurement result was categorised as one of the following:

- less than or equal to 7% (less than or equal to 53 mmol/mol)
- greater than 7% but less than or equal to 8% (greater than 53 mmol/mol but less than or equal to 64 mmol/mol)
- greater than 8% but less than 10% (greater than 64 mmol/mol but less than 86 mmol/mol)
- greater than or equal to 10% (greater than or equal to 86 mmol/mol).

As recorded in the previous 6 months, **AND** as recorded in the previous 12 months.

What does this mean?

This indicator is for regular Indigenous clients with type 2 diabetes. For males and females in each age group, tell us:

1

How many have had an HbA1c measurement **less than or equal to 7%** (less than or equal to 53 mmol/mol) in the **6 months up to the census date**?   Numerator

How many have had an HbA1c measurement result recorded in the same **6 months**?   Denominator

2

How many have had an HbA1c measurement **less than or equal to 7%** (less than or equal to 53 mmol/mol) in the **12 months up to the census date**?   Numerator

How many have had an HbA1c measurement result recorded in the same **12 months**?   Denominator

3

How many have had an HbA1c measurement **more than 7% but less than or equal to 8%** (greater than 53 mmol/mol but less than or equal to 64 mmol/mol) in the **6 months up to the census date**?   Numerator

How many have had an HbA1c measurement result recorded in the same **6 months**?   Denominator

<table>
<tr><td rowspan="2">4</td><td>How many have had an HbA1c measurement **more than 7% but less than or equal to 8%** (greater than 53 mmol/mol but less than or equal to 64 mmol/mol) in the **12 months up to the census date**?</td><td>Numerator</td></tr>
<tr><td>How many have had an HbA1c measurement result recorded in the same **12 months**?</td><td>Denominator</td></tr>
<tr><td rowspan="2">5</td><td>How many have had an HbA1c measurement **more than 8% but less than 10%** (greater than 64 mmol/mol but less than 86 mmol/mol) in the **6 months up to the census date**?</td><td>Numerator</td></tr>
<tr><td>How many have had an HbA1c measurement result recorded in the same **6 months**?</td><td>Denominator</td></tr>
<tr><td rowspan="2">6</td><td>How many have had an HbA1c measurement **more than 8% but less than 10%** (greater than 64 mmol/mol but less than 86 mmol/mol) in the **12 months up to the census date**?</td><td>Numerator</td></tr>
<tr><td>How many have had an HbA1c measurement result recorded in the same **12 months**?</td><td>Denominator</td></tr>
<tr><td rowspan="2">7</td><td>How many have had an HbA1c measurement of **10% or more (greater than or equal to 86 mmol/mol)** in the **6 months up to the census date**?</td><td>Numerator</td></tr>
<tr><td>How many have had an HbA1c measurement result recorded in the same **6 months**?</td><td>Denominator</td></tr>
<tr><td rowspan="2">8</td><td>How many have had an HbA1c measurement of **10% or more** (greater than or equal to 86 mmol/mol) in the **12 months up to the census date**?</td><td>Numerator</td></tr>
<tr><td>How many have had an HbA1c measurement result recorded in the same **12 months**?</td><td>Denominator</td></tr>
</table>

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+
Male	✔	✔	✔	✔	✔	✔	✔	✔
Female	✔	✔	✔	✔	✔	✔	✔	✔

Do include

- Only the most recently recorded result from an HbA1c test. This means that if a client has had several tests, include only the result from the most recent test.

- Results from all relevant pathology tests. If your organisation doesn't have a good system for adding pathology results to client records, you will need to make sure they have been included in the correct field for all clients in this nKPI.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

A regular client who has had a test within the last 6 months should be counted in both the 6-month and 12-month calculations. For example, a regular client who had a test 5 months ago would be counted in both.

For each age and gender group:

- You cannot have more people with HbA1c test results in each group than the total number of regular clients who've had HbA1c tests recorded.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663930>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI07 GP Management Plan (MBS Item 721)

Proportion of regular clients who are Indigenous, have a chronic disease (type 2 diabetes) and for whom a GP Management Plan (MBS Item 721) was claimed within the previous 24 months.

At this stage, type 2 diabetes is the only chronic disease included for this indicator.

What does this mean?

This indicator is for regular Indigenous clients with type 2 diabetes. For males and females in each age group, tell us:

1	How many had a GP Management Plan (claimed under MBS Item 721) in the **24 months up to the census date**?	Numerator
	How many have type 2 diabetes?	Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+
Male	✔	✔	✔	✔	✔	✔	✔	✔
Female	✔	✔	✔	✔	✔	✔	✔	✔

Do include

- Only regular, Indigenous clients with type 2 diabetes.
- Include in the numerator only those clients whose GP Management Plan was claimed by your organisation under MBS Item 721. See DoH (2014a) for more information.
- A note in the submission comments if your organisation does not claim this MBS item but provides an equivalent level of care, such as a comprehensive management plan that cannot be claimed through the MBS.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.
- Do not include patients who have only had a GP Management Plan review (Medicare Item 732) within the recording period.

Check

For each age and gender group:

- You cannot have more clients for whom an MBS Item 721 (for managing type 2 diabetes) was claimed than there are clients with type 2 diabetes.

- The total number of regular clients with type 2 diabetes should be the same as the total number of regular clients with type 2 diabetes in each relevant age and gender group in these nKPIs: PI05, PI08, PI15, PI18 and PI23.

- The total number of regular clients with type 2 diabetes should not exceed the corresponding number of total regular clients for corresponding groups in these nKPIs: PI03 (adults), PI09 and PI16.

For more information

- For the METeOR data specifications for this indicator, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663937>.

- For the full set of METeOR data elements underlying the nKPIs, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI08 Team Care Arrangement (MBS Item 723)

Proportion of regular clients who are Indigenous, have a chronic disease (type 2 diabetes) and for whom a Team Care Arrangement (MBS Item 723) was claimed within the previous 24 months.

At this stage, type 2 diabetes is the only chronic disease included for this indicator.

What does this mean?

This indicator is for regular, Indigenous clients with type 2 diabetes. For males and females in each age group, tell us:

1 $\dfrac{\text{How many had a Team Care Arrangement (claimed under MBS Item 723) in the \textbf{24 months up to the census date}?}}{\text{How many have type 2 diabetes?}}$ Numerator / Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

Do include

- Only regular, Indigenous clients with type 2 diabetes.
- In the numerator, only those clients whose Team Care Arrangement was claimed by your organisation under MBS Item 723. See DoH (2014a) for more information.
- A note in the submission comments if your organisation does not claim this MBS item but provides an equivalent level of care, such as an equivalent team care approach that cannot be claimed through the MBS.
- A note in the submission comments if your clients cannot access Team Care Arrangements. This is often the case in remote regions.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

For each age and gender group:

- You cannot have more clients for whom an MBS Item 723 (for managing type 2 diabetes under a Team Care Arrangement) was claimed than there are clients with type 2 diabetes.

- The total number of regular clients with type 2 diabetes should be the same as the total number of regular clients with type 2 diabetes in each relevant age and gender group in these nKPIs: PI05, PI07, PI15, PI18 and PI23.

- You cannot have more people with type 2 diabetes than there are in the same age and gender groups in these nKPIs: PI03 (adults), PI09 and PI16.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663942>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI09 Smoking status recorded

Proportion of regular clients who are Indigenous, aged 15 and over and whose smoking status has been recorded at your primary health-care organisation within the previous 24 months.

What does this mean?

This indicator is for regular Indigenous clients who are 15 and over. For males and females in each age group, tell us:

How many have their smoking status recorded in the **24 months up to the census date**? Numerator	Numerator
How many of your regular Indigenous clients were there in each age and gender group?	Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	15–24	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓

Do include

- Only regular, Indigenous clients aged 15 or over.
- Where an Indigenous regular client's tobacco smoking status does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status as recorded in the PIRS should be treated as current (i.e. as having been updated within the previous 24 months).

Check

For each age and gender group:

- You cannot have more people with their smoking status recorded than you have clients of the same age and gender.
- The number of regular clients with smoking status recorded should be the same as the total number of regular clients of the same age and gender with their smoking status recorded in this nKPI: PI10.

- The total number of regular clients should be the same as the total number of clients of the same age and gender in these nKPIs: PI03 (adults) and PI16.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663866>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI10 Smoking status result

Proportion of regular clients who are Indigenous, aged 15 and over and whose smoking status has been recorded within the previous 24 months as one of the following:

- current smoker
- ex-smoker
- never smoked.

There's no agreement on how long a person needs to have quit smoking to be considered an ex-smoker rather than a smoker—what is put on the record is a clinical judgement. To be counted as having ever smoked, the person must have smoked more than 100 cigarettes in total (or equivalent).

What does this mean?

This indicator is for regular, Indigenous clients who are aged 15 and over. For males and females in each age group, tell us:

1

How many are **current smokers** in the **24 months up to the census date**?	Numerator
How many have their smoking status recorded in the same **24 months**?	Denominator

2

How many are **ex-smokers** in the **24 months up to the census date**?	Numerator
How many have their smoking status recorded in the same **24 months**?	Denominator

3

How many have **never smoked** in **the 24 months up to the census date** ?	Numerator
How many have their smoking status recorded in the same **24 months**?	Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	15–24	25–34	35–44	45–54	55–64	65+
Male	✔	✔	✔	✔	✔	✔
Female	✔	✔	✔	✔	✔	✔

Do include

- Only regular, Indigenous clients aged 15 and over who have had their smoking status recorded.
- All clients who are 'daily smoker', 'weekly smoker' and 'irregular smoker'—add them together and count them as 'current smoker'.
- Where an Indigenous regular client's tobacco smoking status does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status as recorded in the PIRS should be treated as current (i.e. as having been updated within the previous 24 months).

Check

For each age and gender group:

- You cannot have more people with a smoking status (sum of current smokers, ex-smokers and those who never smoked) than you have clients of the same age and gender with any smoking status in their record.
- The total number of regular clients with their smoking status recorded should be the same as the number of regular clients of the same age and gender with their smoking status recorded in this nKPI: PI09.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663872>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI11 Smoking during pregnancy

Proportion of regular clients who are Indigenous, aged 15 and over, who gave birth within the previous 12 months and whose smoking status has been recorded within the previous 12 months as one of the following:

- current smoker
- ex-smoker
- never smoked.

There's no agreement on how long a person needs to have quit smoking to be considered an ex-smoker rather than a smoker—what is put on the record is a clinical judgement. To be counted as having ever smoked, the person must have smoked more than 100 cigarettes in total (or equivalent).

What does this mean?

For regular, Indigenous clients who are aged 15 and over, who gave birth within the previous 12 months tell us, for females in each age group:

1	How many had a smoking status recorded as **current smoker** in the **12 months up to the census date**?	Numerator
	How many gave birth within the previous 12 months who had their smoking status recorded in the same **12 months**?	Denominator

2	How many had a smoking status recorded as **ex-smoker** in the **12 months up to the census date** ?	Numerator
	How many gave birth within the previous 12 months who had their smoking status recorded in the same **12 months**?	Denominator

3	How many had a smoking status recorded as **never smoked** in the **12 months up to the census date**?	Numerator
	How many gave birth within the previous 12 months who had their smoking status recorded in the same **12 months**?	Denominator

Age groups

Separate the results into each of the following age groups:

Age (years)

	15–19	20–24	25–34	35+
Female	✓	✓	✓	✓

Do include

- Only regular, Indigenous clients aged 15 and over who gave birth within the previous 12 months, who have had their smoking status recorded.

- Live births and still births if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.

- All clients who are 'daily smoker', 'weekly smoker' and 'irregular smoker'—add them together and count them as 'current smoker'.

- Where an Indigenous regular client's tobacco smoking status does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status as recorded in the PIRS should be treated as current (i.e. as having been updated within the previous 12 months).

Check

For each age group:

- You cannot have more people with a smoking status (sum of current smokers, ex-smokers and who never smoked) than you have clients of the same age with any smoking status in their record.

- The number of regular clients with their smoking status recorded during pregnancy should not be more than the total number of regular clients of the same age and gender with their smoking status recorded in this nKPI: PI09.

- The total number of regular clients with their smoking status recorded during pregnancy should be equal to or less than the total number of regular clients who gave birth in the previous 12 months in the under 20, 20–34 and 35 and over age categories in this nKPI: PI13.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663876>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI12 Body mass index (overweight or obese)

Proportion of regular clients who are Indigenous, aged 25 and over and who have had their body mass index (BMI) classified as overweight within the previous 24 months, **AND SIMILARLY** for those classified as obese.

> **What is BMI?**
>
> Body mass index (BMI) is a measure of an adult's weight (body mass) relative to height. It's calculated using the weight in kilograms divided by the square of the height in metres.
>
> BMI is used to assess whether someone is overweight or underweight, and by how much. See WHO (2000) for more information.

What does this mean?

This indicator is for regular Indigenous clients who are aged 25 and over. For males and females in each age group, tell us:

1
| How many have had a BMI classified as **overweight** in the **24 months up to the census date**? | Numerator |
| How many have had a BMI recorded in the **24 months up to the census date?** | Denominator |

2
| How many have had a BMI classified as **obese** in the **24 months up to the census date**? | Numerator |
| How many have had a BMI recorded in the **24 months up to the census date**? | Denominator |

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓

Do include

- Only the most recently recorded result from your regular clients' BMI measurements. This means that if a client has had their BMI measured several times, then include only the results from the most recent measurement.

- A note in the submission comments if BMI is substantially more likely to be recorded for certain groups of clients than others, such as those with diabetes.

- A note in the submission comments if BMI is more likely to be recorded if a client looks underweight, overweight or obese. (This could result in the apparent proportion of overweight or obese clients being higher than it actually is.)

- If height and weight are recorded for a client, they can be counted as having BMI recorded.

Check

For each age and gender group:

- You cannot have more overweight or obese regular clients than you have regular clients whose BMI has been recorded.

- The number of regular clients who have had their BMI recorded must be less than in the total number of regular clients in the relevant age and gender groups in these nKPIs: PI03 (adults), PI09 and PI16. The only exception is if you have very few clients in the age or gender group.

For more information

- For the METeOR data specifications for this indicator, see

  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663934>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI13 First antenatal care visit

Proportion of regular clients who are Indigenous, who gave birth within the previous 12 months and who had gestational age recorded at their first antenatal care visit as one of the following:

- less than 13/40 weeks
- 13/40 weeks to less than 20/40 weeks
- at or after 20/40 weeks
- no result.

> **What is an antenatal care visit?**
>
> An antenatal care visit is when a pregnant woman visits a midwife or doctor to look after their own health and wellbeing, and that of their baby, before the baby is born. They can just ask for advice or have a check-up or other tests related to their pregnancy. An antenatal visit can happen any time up to labour.
>
> The first antenatal visit is when the initial antenatal check-ups are done; for example, to confirm pregnancy, establish history and conduct blood tests.

What does this mean?

This indicator is for regular Indigenous clients who gave birth in the 12 months up to the census date. For mothers in each age group, tell us:

1

How many had gestational age recorded as **less than 13/40 weeks** at their first antenatal care visit? — Numerator

How many of your regular, Indigenous clients gave birth in the **12 months up to the census date**? — Denominator

2

How many had gestational age recorded as **after 13/40 and before 20/40 weeks** at their first antenatal care visit? — Numerator

How many of your regular, Indigenous clients gave birth in the **12 months up to the census date**? — Denominator

3

How many had gestational age recorded as **at or after 20/40 weeks** at their first antenatal care visit ? — Numerator

How many of your regular, Indigenous clients gave birth in the **12 months up to the census date**? — Denominator

4	How many had no gestational age recorded at their first antenatal care visit?	Numerator
	How many of your regular, Indigenous clients gave birth in the **12 months up to the census date**?	Denominator

Age groups

Separate results for mothers in each of the following age groups:

Mother's age (years)

Under 20	20–24	25–34	35 and over
✓	✓	✓	✓

Do include

- Live births and still births if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.

Check

For each age group:

- You cannot have more mothers with gestational age recorded at their first antenatal visit than number of mothers who've given birth.

- You cannot have more mothers with no gestational age recorded at their first antenatal visit than number of mothers who've given birth.

- The number of mothers with any gestational age recorded, the number of mothers without gestational age recorded, and the number of mothers who did not have an antenatal visit should add up to the total number of mothers who've given birth. (Make a note in the submission comments if this is not the case and there is a reason for the difference.)

For more information

- For the METeOR data specifications for this indicator, see

  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663951>.

- For more information on the estimated duration of pregnancy at the first visit for antenatal care, see the METeOR data element
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/379597>.

- For more information on gestational age, see the METeOR data element
  < http://meteor.aihw.gov.au/content/index.phtml/itemId/298105>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI14 Influenza immunisation (aged 50 and over)

Proportion of regular clients who are Indigenous, aged 50 and over and who are immunised against influenza.

What does this mean?

For regular, Indigenous clients who are aged 50 and over, tell us:

1	How many have had an influenza vaccination in the **12 months up to the census date**?	Numerator
	How many of your regular Indigenous clients (aged 50 and over) were there in each gender group?	Denominator

Do include

- All regular, Indigenous clients who are aged 50 and over.
- Both males and females.

Do not include

- Clients in the numerator if they have not been vaccinated, regardless of the reason (you will still include them in the denominator if they are aged 50 or over). People who have not been vaccinated are at a higher risk of catching influenza.

Check

For your regular clients in the aged 50 and over age group:

- You cannot have more clients being immunised than the total number of clients who are aged 50 and over.
- You cannot have more men being immunised than the total number of men who are aged 50 and over.
- You cannot have more women being immunised than the total number of women who are aged 50 and over.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663956>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI15 Influenza immunisation (type 2 diabetes or COPD clients)

Proportion of regular clients who are Indigenous, aged 15–49, are recorded as having type 2 diabetes and are immunised against influenza, **AND SIMILARLY** for chronic obstructive pulmonary disease (COPD).

> **COPD** encompasses a number of conditions that obstruct airflow to the lungs, and individual diseases are classified as COPD or not by patient information recall systems (PIRS).

What does this mean?

This indicator is for regular Indigenous clients who are aged 15–49. For males and females in each age group, tell us:

1

How many have **type 2 diabetes** and had an influenza vaccination in the **12 months up to the census date**?	Numerator
How many have **type 2 diabetes**?	Denominator

2

How many have **COPD** and had an influenza vaccination in the **12 months up to the census date**?	Numerator
How many have **COPD**?	Denominator

Age groups

Separate the results for males and females into the following age groups:

Age (years)

	15–24	25–34	35–44	45–49
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

Do not include

- Clients in the numerator if they have not been vaccinated, regardless of the reason (you will still include them in the demoninator if they are aged 15–49). People who have not been vaccinated are at a higher risk of catching influenza.

Check

For each age and gender group:

- You cannot have more people being immunised than the total number of regular clients with either type 2 diabetes or COPD.
- You cannot have more regular clients with type 2 diabetes or COPD than the total number of regular clients in these nKPIs: PI03 (adults), PI09 and PI16.
- The total number of regular clients with type 2 diabetes should be the same as the total number of regular clients with type 2 diabetes in each relevant age and gender group for these nKPIs: PI05, PI07, PI08, PI18 and PI23 (other than for the 45–49 year age group, see below).

For 45–49 year olds:

- The total number of regular clients with type 2 diabetes should be less than or the same as the total number of regular clients with type 2 diabetes in the 45–54 year age group for these nKPIs: PI05, PI07, PI08, PI18 and PI23.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663961>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI16 Alcohol consumption recorded

Proportion of regular clients who are Indigenous, aged 15 and over and who have had their alcohol consumption status recorded at your primary health-care organisation within the previous 24 months.

What does this mean?

For regular, Indigenous clients who are aged 15 and over, tell us, for males and females in each age group:

1 $\dfrac{\text{How many have had their alcohol consumption status recorded in the } \textbf{24 months up to the census date}?}{\text{How many of your regular Indigenous clients were there in each age and gender group?}}$ $\dfrac{\text{Numerator}}{\text{Denominator}}$

Age groups

Separate the results for males and females into the following age groups:

Age (years)

	15–24	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓

Do include

- Any record of alcohol consumption. This could include a record of:
    - whether the regular client consumes alcohol
    - the amount and frequency of the regular client's alcohol consumption
    - the results of tests such as the AUDIT or AUDIT-C.
- Where an Indigenous regular client's alcohol consumption status does not have an assessment date assigned in the Patient Information Record System (PIRS), alcohol consumption status as recorded in the PIRS should be treated as current (i.e. as having been updated within the previous 24 months).

For each age and gender group:

- You cannot have more regular clients with a record of their alcohol consumption status than the total number of regular clients.
- The number of regular clients who had their alcohol consumption status recorded should be greater than or equal to the total number of regular clients who had an AUDIT-C recorded in this nKPI: PI17.

- The total number of regular clients should be the same as the total number of regular clients in these nKPIs: PI03 (adults) and PI09.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663880>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI17 AUDIT-C result recorded

Proportion of regular clients who are Indigenous, aged 15 and over and who have had an AUDIT-C result recorded within the previous 24 months with result (score) as one of the following:

- greater than or equal to 4 in males and 3 in females: or
- less than 4 in males and 3 in females.

What is an AUDIT-C

AUDIT-C is an Alcohol Use Disorders Identification Test screening tool which is sensitive to the early detection of risky and high-risk (or hazardous and harmful) drinking.

What does this mean?

For regular, Indigenous clients who are aged 15 and over, tell us, for males and females in each age group:

1	How many males had an AUDIT-C score of **greater than or equal to 4** in the **24 months up to the census date**?	Numerator
	How many males had an AUDIT-C result recorded in the same **24 months**?	Denominator
2	How many males had an AUDIT-C score of **less than 4** in the **24 months up to the census date**?	Numerator
	How many males had an AUDIT-C result recorded in the same **24 months**?	Denominator
3	How many females had an AUDIT-C score of **greater than or equal to 3** in the **24 months up to the census date**?	Numerator
	How many females had an AUDIT-C result recorded in the same **24 months**?	Denominator
4	How many females had an AUDIT-C score of **less than 3** in the **24 months up to the census date**?	Numerator
	How many females had an AUDIT-C result recorded in the same **24 months**?	Denominator

Age groups

Separate the results for males and females into the following age groups:

Age (years)

	15–24	25–34	35–44	45–54	55–64	65+
Male	✔	✔	✔	✔	✔	✔
Female	✔	✔	✔	✔	✔	✔

Do include

- The results of AUDIT-C tests
- Where an Indigenous regular client's AUDIT-C score does not have an assessment date assigned within the Patient Information Record System (PIRS), the AUDIT-C score as recorded in the PIRS should be treated as current (i.e. as having been updated within the previous 24 months).

Do not include

- Results from any other alcohol use screening tool.

Check

For each age and gender group:

- You cannot have more regular clients with AUDIT-C results in each range than the total number of regular clients who had an AUDIT-C result recorded.
- The total number of regular clients who had an AUDIT-C result recorded should be less than or equal to the number of regular clients who had alcohol consumption status recorded in the nKPI: PI16.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663965>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI18 Kidney function test recorded (type 2 diabetes or CVD clients)

Proportion of regular clients who are Indigenous, aged 15 and over who are recorded as having type 2 diabetes and have had an estimated glomerular filtration rate (eGFR) recorded **AND/OR** an albumin/creatinine ratio (ACR) or other micro albumin test result recorded within the previous 12 months **AND** proportion of regular clients who are Indigenous, aged 15 and over who are recorded as having cardiovascular disease (CVD) and have had an eGFR recorded within the previous 12 months.

> **What are ACR and eGFR?**
>
> **Albumin/creatinine ratio (ACR)** is a measure of kidney (renal) function. It measures the level of albumin in the urine.
>
> **Estimated glomerular filtration rate (eGFR)** is a measure of how well the kidneys filter wastes from the blood. The eGFR is the best measure of kidney function.

What does this mean?

For regular, Indigenous clients who are aged 15 and over, tell us, for males and females in each age group:

1

How many have **type 2 diabetes** and have had an eGFR, ACR or both an eGFR and ACR in the **12 months up to the census date**?	Numerator
How many have type 2 diabetes?	Denominator

2

How many have **cardiovascular disease** and have had an eGFR recorded in the **12 months up to the census date**?	Numerator
How many have CVD?	Denominator

Age groups

Separate the results for male and female clients into each of these age groups, as follows:

- Type 2 diabetes

		Age (years)					
		15–24	**25–34**	**35–44**	**45–54**	**55–64**	**65+**
eGFR only	**Male**	✔	✔	✔	✔	✔	✔
	Female	✔	✔	✔	✔	✔	✔
ACR only	**Male**	✔	✔	✔	✔	✔	✔
	Female	✔	✔	✔	✔	✔	✔
eGFR and ACR	**Male**	✔	✔	✔	✔	✔	✔
	Female	✔	✔	✔	✔	✔	✔

- Cardiovascular disease

		Age (years)					
		15–24	**25–34**	**35–44**	**45–54**	**55–64**	**65+**
eGFR (with or without ACR)	**Male**	✔	✔	✔	✔	✔	✔
	Female	✔	✔	✔	✔	✔	✔

Do include

- Results from all relevant pathology tests. If your organisation doesn't have a good system for adding pathology results to client records, you will need to make sure they have been included in the correct field for all clients in this nKPI.

- Clients with CVD regardless of whether or not they have had an ACR. For clients with CVD in this indicator, all that matters is whether they have had an eGFR.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

For each age and gender group:

- You cannot have more regular clients with type 2 diabetes who've had a test (eGFR, ACR or both) than the total number of regular clients with type 2 diabetes.

- You cannot have more regular clients with CVD who've had an eGFR test than the total number of regular clients with CVD.

- The total number of regular clients with type 2 diabetes should be the same as the total number of regular clients in the relevant age and gender groups in these nKPIs: PI05, PI07, PI08, PI15 and PI23.

- You cannot have more regular clients with CVD or type 2 diabetes than the total number of regular clients in these nKPIs: PI03 (adults), PI09 and PI16.

For more information

- For the METeOR data specifications for this indicator, see

  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663969>.

- For the full set of METeOR data elements underlying the nKPIs, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI19 Kidney function test result (type 2 diabetes or CVD clients)

Proportion of regular clients who are Indigenous, aged 15 and over who are recorded as having type 2 diabetes or cardiovascular disease (CVD) and who have had an estimated glomerular filtration rate (eGFR) recorded in the previous 12 months with a result of (mL/min/1.73m^2) as one of the following:

- greater than or equal to 90

- greater than or equal to 60 but less than 90

- greater than or equal to 45 but less than 60

- greater than or equal to 30 but less than 45

- greater than or equal to 15 but less than 30

- less than 15.

OR the proportion of regular clients who are male, Indigenous, aged 15 and over, who are recorded as having type 2 diabetes, and who have an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol):

- less than 2.5

- greater than or equal to 2.5 but less than or equal to 25

- greater than 25.

OR the proportion of regular clients who are female, Indigenous, aged 15 and over, who are recorded as having type 2 diabetes, and who have an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol):

- less than 3.5

- greater than or equal to 2.5 but less than or equal to 35

- greater than 35.

What does this mean?

For regular, Indigenous clients with type 2 diabetes or CVD, tell us, for males and females in each age group:

(1)

How many have type 2 diabetes and had an eGFR result of **greater than or equal to 90** in the **12 months up to the census date**? — Numerator

How many have type 2 diabetes and had an eGFR result recorded in the same **12 months**? — Denominator

2	How many have type 2 diabetes and had an eGFR result of **greater than or equal to 60 but less than 90 in the 12 months up to the census date**?	Numerator
	How many have type 2 diabetes and had an eGFR result recorded in the same **12 months**?	Denominator

3	How many have type 2 diabetes and had an eGFR result of **greater than or equal to 45 but less than 60 in the 12 months up to the census date**?	Numerator
	How many have type 2 diabetes and had an eGFR result recorded in the same **12 months**?	Denominator

4	How many have type 2 diabetes and had an eGFR result of **greater than or equal to 30 but less than 45 in the 12 months up to the census date**?	Numerator
	How many have type 2 diabetes and had an eGFR result recorded in the same **12 months**?	Denominator

5	How many have type 2 diabetes and had an eGFR result of **greater than or equal to 15 but less than 30 in the 12 months up to the census date**?	Numerator
	How many have type 2 diabetes and had an eGFR result recorded in the same **12 months**?	Denominator

6	How many have type 2 diabetes and had an eGFR result of **less than 15** in the **12 months up to the census date**?	Numerator
	How many have type 2 diabetes and had an eGFR result recorded in the same **12 months**?	Denominator

7	How many have CVD and had an eGFR result of **greater than or equal to 90** in the **12 months up to the census date**?	Numerator
	How many have CVD and had an eGFR result recorded in the same **12 months**?	Denominator

8	How many have CVD and had an eGFR result of **greater than or equal to 60 but less than 90** in the **12 months up to the census date**?	Numerator
	How many have CVD and had an eGFR result recorded in the same **12 months**?	Denominator

9	How many have CVD and had an eGFR result of **greater than or equal to 45 but less than 60** in the **12 months up to the census date**?	Numerator
	How many have CVD and had an eGFR result recorded in the same **12 months**?	Denominator

10	How many have CVD and had an eGFR result of **greater than or equal to 30 but less than 45** in the **12 months up to the census date**?	Numerator
	How many have CVD and had an eGFR result recorded in the same **12 months**?	Denominator

11	How many have CVD and had an eGFR result of **greater than or equal to 15 but less than 30** in the **12 months up to the census date**?	Numerator
	How many have CVD and had an eGFR result recorded in the same **12 months**?	Denominator

12	How many have CVD and had an eGFR result of **less than 15** in the **12 months up to the census date**?	Numerator
	How many have CVD and had an eGFR result recorded in the same **12 months**?	Denominator

13	How many **males** have type 2 diabetes and had an ACR result of **less than 2.5** in the **12 months up to the census date**?	Numerator
	How many **males** have type 2 diabetes and had an ACR result recorded in the same **12 months**?	Denominator

14	How many **males** have type 2 diabetes and had an ACR result of **greater than or equal to 2.5 but less than or equal to 25** in the **12 months up to the census date**?	Numerator
	How many **males** have Type 2 diabetes and had an ACR result recorded in the same **12 months**?	Denominator

15	How many **males** have type 2 diabetes and had an ACR result of **greater than 25** in the **12 months up to the census date**?	Numerator
	How many **males** have type 2 diabetes and had an ACR result recorded in the same **12 months**?	Denominator

16	How many **females** have type 2 diabetes and had an ACR result of **less than 3.5** in the **12 months up to the census date**?	Numerator
	How many **females** have type 2 diabetes and had an ACR result recorded in the same **12 months**?	Denominator

17	How many **females** have type 2 diabetes and had an ACR result of **greater than or equal to 3.5 but less than or equal to 35** in the **12 months up to the census date**?	Numerator
	How many **females** have type 2 diabetes and had an ACR result recorded in the same **12 months**?	Denominator

18	How many **females** have type 2 diabetes and had an ACR result of **greater than 35** in the **12 months up to the census date**?	Numerator
	How many **females** have type 2 diabetes and had an ACR result recorded in the same **12 months**?	Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	15–24	25–34	35–44	45–54	55–64	65+
Male	✔	✔	✔	✔	✔	✔
Female	✔	✔	✔	✔	✔	✔

Do include

- Only the most recently recorded result from an eGFR test. This means that if a client has had several tests, then include only the results from the most recent test.

- Only the most recently recorded result from an ACR test. This means that if a client has had several tests, then include only the results from the most recent test.

- Results from all relevant pathology tests. If your organisation doesn't have a good system for adding pathology results to client records, you will need to make sure they have been included in the correct field for all clients in this nKPI.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

For each age and gender group:

- You cannot have more regular clients with type 2 diabetes with eGFR results in each range than the total number of regular clients with type 2 diabetes who had an eGFR result recorded.

- You cannot have more regular clients with CVD with eGFR results in each range than the total number of regular clients with CVD who had an eGFR result recorded.

- The total number of regular clients with type 2 diabetes who had an eGFR recorded should be the same as the sum of the number of regular clients with type 2 diabetes who had an eGFR only recorded and both eGFR and ACR recorded in this nKPI: PI18.

- The total number of regular clients with CVD who had an eGFR recorded should be the same as the number of regular clients with CVD who had an eGFR recorded in this nKPI: PI18.

- You cannot have more regular male clients with type 2 diabetes with ACR results in each specified ranged than the total number of regular males clients with type 2 diabetes who had an ACR result recorded.

- The total number of regular male clients with type 2 diabetes with an ACR result recorded should be the same as the sum of the number of regular male clients with type 2 diabetes who had an ACR only recorded and both eGFR and ACR recorded in this nKPI: PI18.
- You cannot have more regular female clients with type 2 diabetes with ACR results in each specified ranged than the total number of regular females clients with type 2 diabetes who had an ACR result recorded.
- The total number of regular female clients with type 2 diabetes with an ACR result recorded should be the same as the sum of the number of regular female clients with type 2 diabetes who had an ACR only recorded and both eGFR and ACR recorded in this nKPI: PI18.

For more information

- For the METeOR data specifications for this indicator, see

    <http://meteor.aihw.gov.au/content/index.phtml/itemId/663976>.

- For the full set of METeOR data elements underlying the nKPIs, see <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI20 Cardiovascular disease (CVD) risk assessment

Proportion of Indigenous regular clients with no known cardiovascular disease (CVD), aged 35 to 74, with information available to calculate their absolute CVD risk.

What does this mean?

For regular, Indigenous clients without known CVD, aged 35 to 74, tell us, for males and females in each age group:

(1) How many have had all of the following information (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex) recorded in the **24 months up to the census date**? — Numerator

How many without known CVD are recorded in the same **24 months**? — Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	35–44	45–54	55–64	65–74
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

Do include

- Information on diabetes status from the most recent record for the client, regardless of how old that record is.
- Where an Indigenous regular client's tobacco smoking status and/or sex does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status and/or sex as recorded in the PIRS should be treated as current (i.e. as having been updated within the previous 24 months).
- Age is to be derived from date of birth.

Do not include

- Regular clients who are recorded as having CVD.
- Regular clients without known CVD if information is not available for all risk factors (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex).

Check

For each age and gender group:

- You cannot have more regular clients with all of the following information recorded (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex), than the total number of regular clients without known CVD recorded.

- You cannot have more regular clients without known CVD than the total number of regular clients.

- The total number of regular clients without known CVD should be equal to the total number of regular clients in the relevant age and gender groups in these nKPIs: PI03, PI09 and PI16, minus the total number of regular clients with CVD in the relevant age and gender groups in this nKPI: PI18.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663884>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI21 Cardiovascular disease (CVD) risk assessment results

Proportion of Indigenous regular clients with no known cardiovascular disease (CVD), aged 35 to 74, who have had an absolute CVD risk assessment recorded within the previous 24 months and whose CVD risk was categorised as one of the following:

- High (greater than 15% chance of a cardiovascular event in the next 5 years)

- Moderate (10-15% chance of a cardiovascular event in the next 5 years)

- Low (less than 10% chance of a cardiovascular event in the next 5 years)

What does this mean?

For regular, Indigenous clients without known CVD aged 35 to 74, who have had an absolute CVD risk assessment recorded, tell us, for males and females in each age group:

1 How many have had an absolute CVD risk assessment recorded in the **24 months up to the census date** with risk assessed as high (greater than 15% over the next 5 years)? — **Numerator**

How many without known CVD, have had an absolute CVD risk assessment result recorded in the same **24 months**? — **Denominator**

2 How many have had an absolute CVD risk assessment recorded in the **24 months up to the census date** with risk assessed as moderate (10- 15% over the next 5 years)? — **Numerator**

How many without known CVD, have had an absolute CVD risk assessment result recorded in the same **24 months**? — **Denominator**

3 How many have had an absolute CVD risk assessment recorded in the **24 months up to the census date** with risk assessed as low (less than 10% over the next 5 years)? — **Numerator**

How many without known CVD, have had an absolute CVD risk assessment result recorded in the same **24 months**? — **Denominator**

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	35–44	45–54	55–64	65–74
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

Do include

- Only the most recently recorded result from an absolute CVD risk assessment. This means that if a client has had several assessments, then include only the results from the most recent test.

Do not include

- Regular clients who are recorded as having CVD.

Check

For each age and gender group:

- You cannot have more regular clients without known CVD with absolute CVD risk assessment results in each range than the total number of regular clients without known CVD who had an absolute risk assessment recorded.

- You cannot have more regular clients without known CVD than the total number of regular clients.

- The total number of regular clients without known CVD who had an absolute risk assessment recorded should be less than or equal to the number of clients without known CVD who had all of the following information (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex) recorded in this nKPI: PI20.

For more information

- For the METeOR data specifications for this indicator, see

  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663980>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI22 Cervical screening recorded

Proportion of female regular clients who are Indigenous, aged 20–69, who have not had a hysterectomy and who have had a cervical screening within the previous 2 years, 3 years and 5 years.

> **Cervical screening** involves a Pap test, which is used to detect cancer and pre-cancerous abnormalities of the cervix.

What does this mean?

For regular, Indigenous female clients who are aged 20–69 and who have not had a hysterectomy, tell us:

1

How many have had a cervical screening in the **2 years up to the census date**?	Numerator
How many regular, Indigenous female clients aged 20–69 who have not had a hysterectomy?	Denominator

2

How many have had a cervical screening in the **3 years up to the census date**?	Numerator
How many regular, Indigenous female clients aged 20–69 who have not had a hysterectomy?	Denominator

3

How many have had a cervical screening in the **5 years up to the census date**?	Numerator
How many regular, Indigenous female clients aged 20–69 who have not had a hysterectomy?	Denominator

How to count screening

Female regular clients who have had the most recent screening:

- within the previous 2 years—count them as being screened within the last 2 years, 3 years and 5 years.
- between 2 and 3 years ago—count them as being screened within the last 3 years and 5 years.
- between 3 and 5 years ago—count them as being screened within the last 5 years.

Do include

- Results from other organisations (where possible). If your organisation doesn't have a good system for adding these results to client records, you will need to make sure they have been included for all clients in this nKPI.

Do not include

- Clients whose last screening was more than 5 years ago.
- Clients who have had a hysterectomy.

Check

For each time range (0–2 years, 0–3 years, 0–5 years):

- The number of female regular clients aged 20–69 with a cervical screening should not exceed the total number of female regular clients aged 20–69 who have not had a hysterectomy.
- In the denominator, the total number of regular, Indigenous female clients aged 20–69 who have not had a hysterectomy should be the same for 2 years, 3 years and 5 years.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663984>.
- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI23 Blood pressure recorded (type 2 diabetes clients)

Proportion of regular clients who are Indigenous, have type 2 diabetes and who have had a blood pressure measurement result recorded at the primary health-care organisation within the previous 6 months.

What does this mean?

This indicator is for regular Indigenous clients who have type 2 diabetes. For males and females in each age group, tell us:

$$\frac{1}{\text{How many had the results of a blood pressure test in the \textbf{6 months up to the census date}?}}{\text{How many have type 2 diabetes?}} \qquad \frac{\text{Numerator}}{\text{Denominator}}$$

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

Do include

- Clients with type 2 diabetes who have had a blood pressure measurement recorded at your organisation.
- Results arising from measurements conducted outside of the service, that are known by the service.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

For each age and gender group with type 2 diabetes:

- You cannot have more regular clients with type 2 diabetes who've had a blood pressure test in the past 6 months than the total number of regular clients with type 2 diabetes.

- The number with type 2 diabetes who've had a blood pressure test should be the same as the total number of regular clients with type 2 diabetes who had a blood pressure test in this nKPI: PI24.

- The total number of regular clients with type 2 diabetes should be the same as the total number of regular clients with type 2 diabetes in the relevant age and gender groups in these nKPIs: PI05, PI07, PI08, PI15 and PI18.

- The total number of regular clients with type 2 diabetes cannot be more than the total number of regular clients in these nKPIs: PI03 (adults), PI09 and PI16.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663988>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

PI24 Blood pressure less than or equal to 130/80 mmHg (type 2 diabetes clients)

Proportion of regular clients who are Indigenous, have type 2 diabetes and whose blood pressure measurement result, recorded within the previous 6 months, was less than or equal to 130/80 mmHg.

What does this mean?

This indicator is for regular Indigenous clients with type 2 diabetes who've had a blood pressure test. For males and females in each age group, tell us:

(1)	How many had a blood pressure of 130/80 mmHg or less in the **6 months up to the census date**?	Numerator
	How many had a blood pressure test in the **6 months up to the census date**?	Denominator

Age groups

Separate the results for males and females into each of the following age groups:

Age (years)

	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

Do include

- Only the most recently recorded blood pressure test result. This means that if a client has had their blood pressure measured several times in the past 6 months, then include only the results from the most recent measurement.

Do not include

- Any clients whose systolic or diastolic reading is above the threshold (130 and 80, respectively) in the numerator. (They'll be counted in the total number who've had a blood presssure test.)
- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Check

For each age and gender group of regular clients with type 2 diabetes:

- The number whose blood pressure is 130/80 mmHg or less cannot be more than the number who've had their blood pressure tested.

- The total number with type 2 diabetes who had a blood pressure test should be the same as the number of regular clients with type 2 diabetes who had a blood pressure test in this nKPI: PI23.

For more information

- For the METeOR data specifications for this indicator, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663992>.

- For the full set of METeOR data elements underlying the nKPIs, see
  <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

4   Where can you find out more?

nKPI data specifications on METeOR

AIHW (Australian Institute of Health and Welfare) 2015. Indigenous primary health care DSS (Data Set Specifications) (2015–). METeOR (Metadata Online Registry). Canberra: AIHW. Viewed 9 November 2015, <http://meteor.aihw.gov.au/content/index.phtml/itemId/585036>.

AIHW 2017. Indigenous primary health care key performance indicators (2015–2017). METeOR (Metadata Online Registry). Canberra: AIHW. Viewed 15 February 2017, <http://meteor.aihw.gov.au/content/index.phtml/itemId/663886>.

nKPI Publications

The AIHW releases annual national reports that provide detailed description of data quality issues associated with nKPIs. These include:

AIHW (Australian Institute of Health and Welfare) 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: first national results June 2012 to June 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no. 1. Cat. no. IHW 123. Canberra: AIHW. Viewed 29 June 2016, <http://www.aihw.gov.au/publication-detail/?id=60129546941>.

AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series. Cat. no. IHW 146. Canberra: AIHW. Viewed 29 June 2016, <http://www.aihw.gov.au/publication-detail/?id=60129550016>.

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MBS Item 715 and chronic disease management

DoH (Department of Health) 2014a. Chronic disease management: questions and answers. Canberra: Department of Health. Viewed 20 October 2014, <http://www.health.gov.au/internet/main/publishing.nsf/Content/030C0CED16935261CA257BF0001D39DB/$File/CDM-qandas-feb4.pdf>.

DoH 2014b. Medicare Health Assessment for Aboriginal and Torres Strait Islander People (MBS ITEM 715). Canberra: Department of Health. Viewed 16 May 2016, <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_MBSitem715>.

Other references

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AIHW 2016. Children's Headline Indicators (SAS VA web). Viewed 29 June 2016, <http://www.aihw.gov.au/chi/>.

WHO (World Health Organization) 2000. Obesity: preventing and managing the global epidemic—report of a WHO Consultation. WHO technical report series no. 894. Geneva: WHO. Viewed 22 August 2014, <http:/whqlibdoc.who.int/trs/WHO_TRS_894.pdf?ua=1>.