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Queensland Aboriginal and Islander Health Council

CQI Our Way

The Pullman Cairns April 1-3 2019

CQI Our Way

Sandy Robertson
QAIHC

Our Way

Medicare CQI and Increased Follow up Care!

Medicare Masterclass

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Presentation – Health Professionals

- Medicare Statistics
- Why is CQI Important?
- Professional Development
- Medicare follow up items
- Medicare items - CQI Practice Nurses, ATSIHW & ATSIHP

Medicare Statistics – Closing the Gap Year 1

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	Aboriginal & Torres Strait Islander Specific Items - July 2010 to June 2011								Total
	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	
	Services	Services	Services	Services	Services	Services	Services	Services	Services
Item 10950	143	181	188	0	14	0	0	10	536
10987	4,191	234	1,802	394	1,503	46	15	5,228	13,413
10988	76	54	130	45	234	3	4	4,413	4,959
10989	49	86	106	43	614	1	2	3,108	4,009
715	20,552	2,884	23,860	2,261	9,155	535	256	11,866	71,369
73840	666	382	1,906	501	1,794	1	5	1,381	6,636
73844	166	33	413	199	1,076	0	1	201	2,089
81300	361	457	291	4	4	0	0	7	1,124
Total	26,204	4,311	28,696	3,447	14,394	586	283	26,214	104,135

Medicare Item Statistics – 7/8 Years Later

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	Aboriginal & Torres Strait Islander Specific Items July 2017 to June 2018								Total
	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	
	Services	Services	Services	Services	Services	Services	Services	Services	**Services**
Item 10950	83	194	1,461	32	856	2	0	315	**2,943**
10987	59,443	9,674	94,382	7,952	23,139	1,786	234	77,662	**274,272**
10988	2,917	1,056	925	504	3,675	229	7	5,178	**14,491**
10989	1,045	472	1,668	401	1,804	40	3	5,759	**11,192**
715	68,623	9,928	86,476	9,026	27,991	3,711	1,765	30,329	**237,849**
73839	196	53	814	65	631	37	2	120	**1,918**
73840	1,270	587	4,855	991	3,090	128	7	5,537	**16,465**
73844	314	174	1,525	386	1,784	0	0	1,517	**5,700**
81300	784	1,219	8,450	232	1,492	11	54	230	**12,472**
Total	**134,675**	**23,357**	**200,556**	**19,589**	**64,462**	**5,944**	**2,072**	**126,647**	**577,302**

Why is CQI Important!

Continuous Quality Improvement (CQI) is a quality management process that encourages all health care team members to continuously ask the questions

- "How are we doing?" and "Can we do it better?"

Professional Development Opportunities

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- **Joint Chronic Disease Workshops** – Practice Nurses, Aboriginal & Torres Strait Islander Health Practitioners, Aboriginal & Torres Strait Islander Health Workers and General Practitioners – 5 years

  - Asthma Foundation, Stroke Foundation, Heart Foundation, Rheumatic Heart Disease Program Qld,

  Autism Qld Cancer Council, Lung Foundation, Centre for Palliative Care Research and Education,

  Kidney Health Australia and Diabetes Qld **- 2018 - 23 participants - CQI Activity was a requirement to attend**

- **Wound Management Workshops** - Practice Nurses, Aboriginal & Torres Strait Islander Health Practitioners, Aboriginal & Torres Strait Islander Health Workers - **20 participants**
- **Possible Items to claim: 10987, 10997, 81300 & 10950**

CQI Opportunities to improve patient care!

Aboriginal & Torres Strait Islander Health Workers/Practitioners

Registered or Not Registered with AHPRA

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The following Medicare items are claimed on behalf of and under the supervision of the GP using the GP's provider number:

Item	Service	Rebate
Item 10983	➢ Telehealth support at ATSICHS	$32.40
Item 10984	➢ Telehealth support at aged care facility	$32.40
Item 73839	➢ Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patient at high risk – not more than once in a 12 month period	$16.80
Item 73840	➢ Quantitation of glycosylated haemoglobin performed in the management of established diabetes – each test to a maximum of 4 tests in a 12 month period	$17.00
Item 73844	➢ Quantitation of urinary microalbumin as determined by urine albumin/creatinine ratio as determined on a first morning urine sample in the management of established diabetes	$20.35

Aboriginal & Torres Strait Islander Health Practitioners

Registered with AHPRA

The following Medicare items are claimed on behalf of and under the supervision of the GP using the GP's provider number:

Item	Service	Rebate
Item 10987	Follow up care after an Aboriginal & Torres Strait Islander Health Check has been completed – item 715 ➢ Up to 10 per calendar year	$24.00
Item 10988	*Immunisation (must meet state/territory requirements)	$12.00
Item 10989	*Wound management (must meet state/territory requirements)	$12.00
Item 10997	Chronic disease care provided up to 5 per calendar year ➢ (Patient must have had a GPMP item 721 or TCA Item 723)	$12.00
Item 16400	Antenatal service – Regional, rural & remote area only ➢ To a maximum of 10 service per pregnancy	$23.20

Medicare Practice Nurse Items

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The following Medicare items are claimed on behalf of and under the supervision of the GP using the GP's provider number:

Item	Service	Rebate
Item 10983	Telehealth support at ATSICHS	$32.40
Item 10984	Telehealth support at aged care facility	$32.40
Item 10987	Follow up care after an Aboriginal & Torres Strait Islander Health ➢ Check has been completed – item 715 - Up to 10 per calendar year	$24.00
Item 10997	Chronic disease care provided up to 5 per calendar year ➢ (Patient must have a GPMP item 721 or TCA Item 723)	$12.00
Item 16400	Antenatal service – Regional, rural & remote area only - maximum of 10 services per pregnancy	$23.20
Item 73839	Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patient at high risk – not more than once in a 12 month period	$16.80
Item 73840	Quantitation of glycosylated haemoglobin performed in the management of established diabetes – each test to a maximum of 4 tests in a 12 month period	$17.00
Item 73844	Quantitation of urinary microalbumin as determined by urine albumin/creatinine ratio as determined on a first morning urine sample in the management of established diabetes	$20.35

ATSIHW & ATSIHP Registered or Not with AHPRA

Qualification required - Cert III Aboriginal & Torres Strait Islander Primary Health Care or higher

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The GP must complete a referral to the ATSIHW/P for the following services to occur:

Item	Description	Rebate
*Item 81300	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE provided to a person who is of Aboriginal and Torres Strait Islander descent by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner – who has had an Aboriginal & Torres Strait Islander Health Check item 715 completed (or Health Check items 701 – 707)	$52.95
*Item 10950	Aboriginal or Torres Strait Islander health service provided to a person by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: The service is provided to a person who has a chronic condition and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan;	$52.95

***Note: The Aboriginal & Torres Strait Islander Health Worker/Practitioner is working in the capacity as a Allied Health Professional, and can claim the Medicare items with their own Medicare provider number.**

Refer to item criteria:
www.mbsonline.gov.au

Medicare Follow up Items

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1. Does your organisation provide follow up care?
2. Do your Practice Nurses and Aboriginal & Torres Strait Islander Health Practitioners claim item follow up care e.g. 10987, 10987, 81300 and 10950?
3. If they are not claiming what are the barriers?
4. Conduct a CQI Activity to assist with increasing care and claiming the item/s

Medicare Item CQI Activity

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Your CQI Activity is to demonstrate the following:

- Increased follow up care to your patients
- Claim the relevant Medicare items e.g. 10987, 10997, 81300 or 10950
- The complete the Plan and Do today!
- Complete the Study, Act and provide the outcome by 3 July 2019!

Medicare Item CQI Activity

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Plan	Do	Study	Act
What is our issue/problem and how does it affect care and outcomes for our clients? (Be specific)	What will we try first?	What happened? (What worked well, not so well?)	What changes will we make to practice?
What does the current data/information show? (Baseline data - insert tables and/or graphs as appropriate)	What do we want to achieve and how will we measure it? (Be specific)	What does the follow-up data/information show? (Insert tables and/or graphs as appropriate)	How are we going to do that? (What, who, how and when?)
What could we do to improve? (List all the ideas)	What actions are we going to take? (What, who, how and when?)		What issues remain?
			Do we need to address them in another cycle?

Medicare Item CQI Activity

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Take a Simple Approach & Start Small

Plan
What is our issue/problem and how does it affect care and outcomes for our clients? (Be specific)
What does the current data/information show? (Baseline data - insert tables and/or graphs as appropriate)
What could we do to improve? (List all the ideas)

Do
What will we try first?
What do we want to achieve and how will we measure it? (Be specific)
What actions are we going to take? (What, who, how and when?)

Help to Plan, Develop, and Implement Change that Can Lead to Improvement

Medicare Item CQI Activity

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Involve the Whole Team in Redesigning Health Systems and Care Processes to Achieve Improvements

Study
What happened? (What worked well, not so well?)
What does the follow-up data/information show? (Insert tables and/or graphs as appropriate)

Act
What changes will we make to practice?
How are we going to do that? (What, who, how and when?)
What issues remain?
Do we need to address them in another cycle?

Engage Teams in a Continuous and Incremental Stream of Improvements Over Time

Remind Health Professionals

Follow up care by a Practice Nurse, registered Aboriginal & Torres Strait Islander Health Practitioner and Aboriginal & Torres Strait Islander Health Worker items:

- Remind your health professionals
- Follow up with your health professionals
- Discuss with the health professionals opportunities to follow up clients at staff meetings
- Complete a regular CQI activity to set a targets to increase follow up care to eligible clients, though Medicare claiming or other areas!

MBS Taskforce Committee – Stakeholder Feedback

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Primary Care Reference Groups are open for consultation until 17 May 2019:

- **Aboriginal and Torres Strait Islander Health Reference Group - 17 Recommendations**
- **Allied Health Reference Group**
- **Mental Health Reference Group**
- **Nurse Practitioner Reference Group**
- **Participating Midwife Reference Group**

Note: These reports can also be read in conjunction with the General Practice and Primary Care Clinical Committee reports.

http://www.health.gov.au/internet/main/publishing.nsf/Content/MBSR-pcrg-consult

Our Way

Thank you!

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Dr Kelly Dingli
QAIHC

System support at QAIHC:

Looking at evidence to drive research priorities

3 April 2019

Dr Kelly Dingli, Manager Research & Evidence

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Overview

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- The Research and Evidence teams
- Identifying Priorities for the Sector
- How QAIHC supports CQI through research
- Navigating ethics approval processes

The Policy and Research Unit

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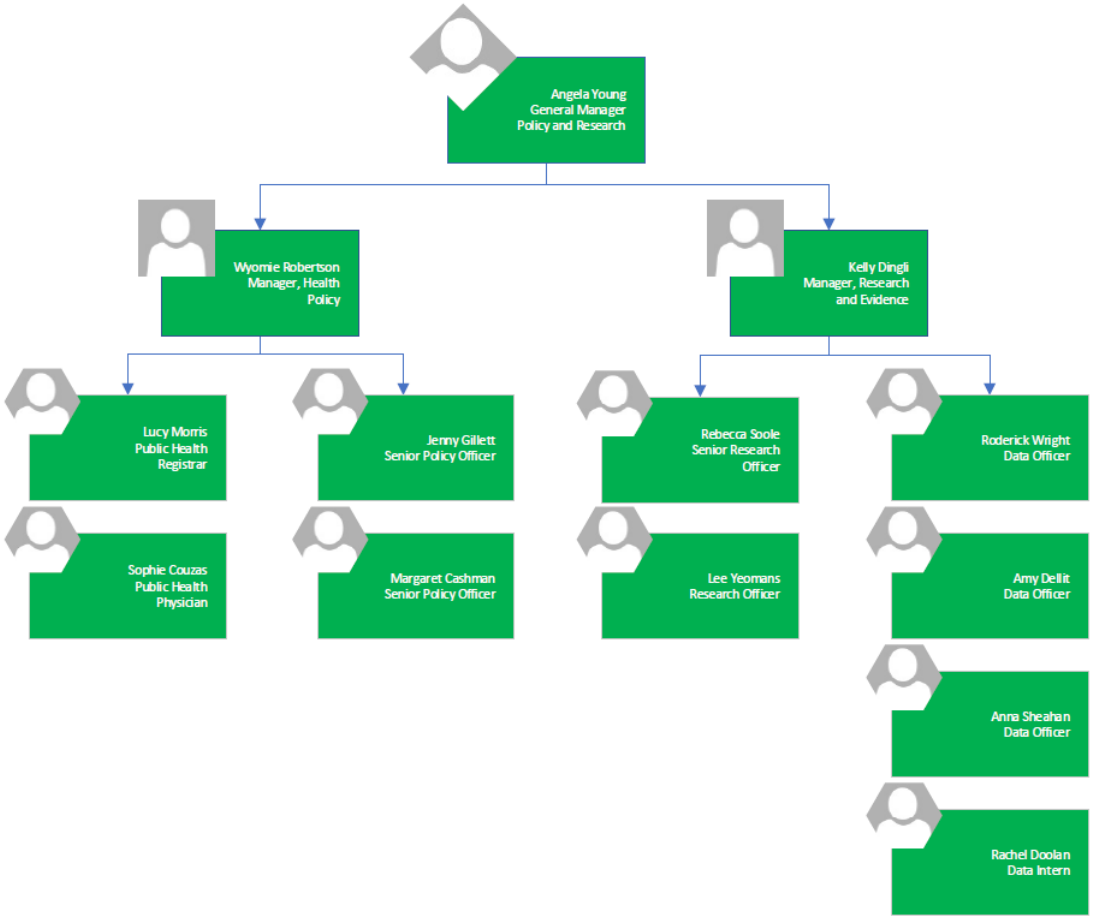

Research team

- QAIHC's research process
- Leading research at a Sector level
- Supporting external research
- Research ethics advice

Lee Yeomans, Research Officer,
Dr Rebecca Soole, Senior Research Officer and
Dr Kelly Dingli, Manager of Research and Evidence

Matching Research to Policy

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- Evidence to support our policy positions
- Four key policy areas
  - Primary Health Care
  - Health Services Systems
  - Health Funding
  - Health Workforce

Research at QAIHC

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Underpinned by:

- National Health and Medical Research Council
  - Australian Code for the Responsible Conduct of Research (The Code)
- Australian Institute of Aboriginal and Torres Strait Islander Studies
  - Guidelines for Ethical Research in Australian Indigenous Studies (GERAIS)

AIATSIS

Health Information team (HIT)

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- Training
- Reporting
- Data Governance
- Supporting the workforce

Health Information Team

The Health Information Team (HIT) is part of Queensland Aboriginal and Islander Health Council (QAIHC)'s Policy and Research Division. The team was established in September 2007 to support Aboriginal and Torres Strait Islander Community Controlled Health Services throughout Queensland in the use and uptake of health information systems, as well as to improve reporting for health performance.

HIT can provide QAIHC Members with a range of support to promote continuous quality improvement and the use of data within their service. This support includes:

Training

- Data Systems and Reporting Workshops: Clinical Audit Tool (CAT4), Topbar and Electronic Medical Records
- Data, Information and CQI Network (DICQIN) Teleconferences
- Newsletters
- Data webinars
- Help desk support via email and telephone calls in business hours
- Site visits as required (costs may be incurred).

Reporting

- Monthly MBS Report Cards
- Service Planning Reports (formally Practice Health Atlas)
- Comparative Reports (formally Benchmarking Report)
- Regional Snapshots
- QAIHC Indicator Reports (formally External Report)
- Responding to ad hoc data requests.

Data Governance

QAIHC has a responsibility to its Members to implement procedures that address all aspects of data protection and good practice in the management of health and health-related information about Aboriginal and Torres Strait Islander people in Queensland. We have Data Services Deeds and Data Governance Protocols to support this process and have developed Data Privacy Posters for Members to include in clinic consult rooms and waiting rooms for the purpose of informing community around data, privacy, confidentiality and informed consent.

Supporting the Workforce

HIT training and reporting focusses on:

- Improving the quality and value of clinical information and information systems
- Building capacity within the Sector for ongoing analysis
- Monitoring and reporting of health data
- Providing data to inform planning, policy and advocacy
- Contributing to an evidence base that can strengthen the Sector.

Left to right: Rod Wright, Kelly Dingli, Rachel Doolan, Amy Dellit, Anna Sheehan

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Data Officer (Intern)
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Rod Wright
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Email HIU@qaihc.com.au for all data requests and helpdesk support

Guiding our work

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- Identifying priorities for our Sector
- CEO input sought about policy and research priorities for 2019
  - 15 potential priority areas + option to additional ones
  - Preferences for how Members would like to be involved
- Findings inform QAIHC's policy and research agenda

Understanding what policy and research is important

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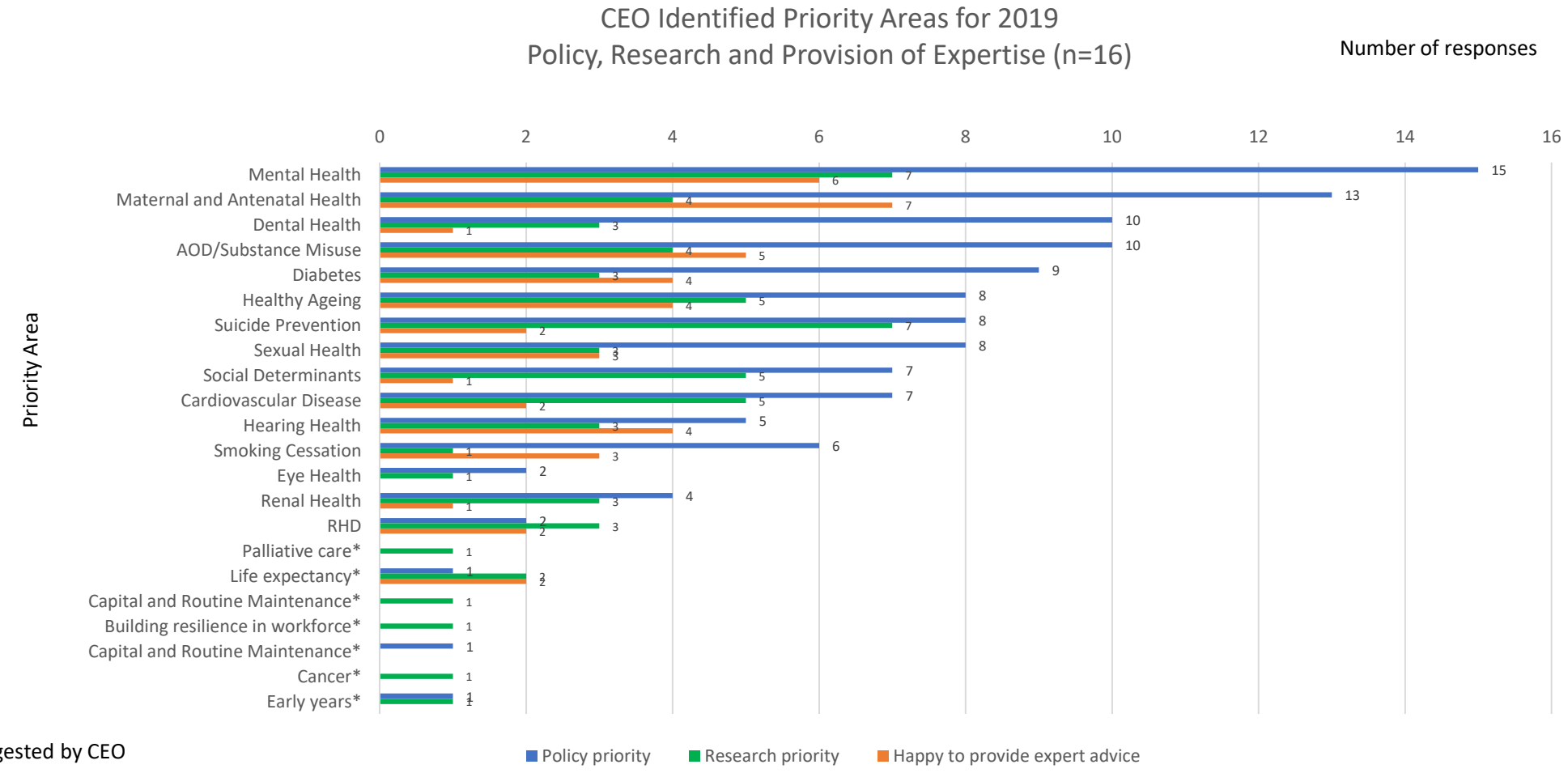
- CEOs were asked
  - What is relevant to your Service?
  - How you would like us to engage with your Service?
- Applying and informing research
  - What type of research would you like to be involved in?
    - At a Service level
    - As individual experts

CEO Feedback



*Priority Area suggested by CEO

Top 5 Priority Areas

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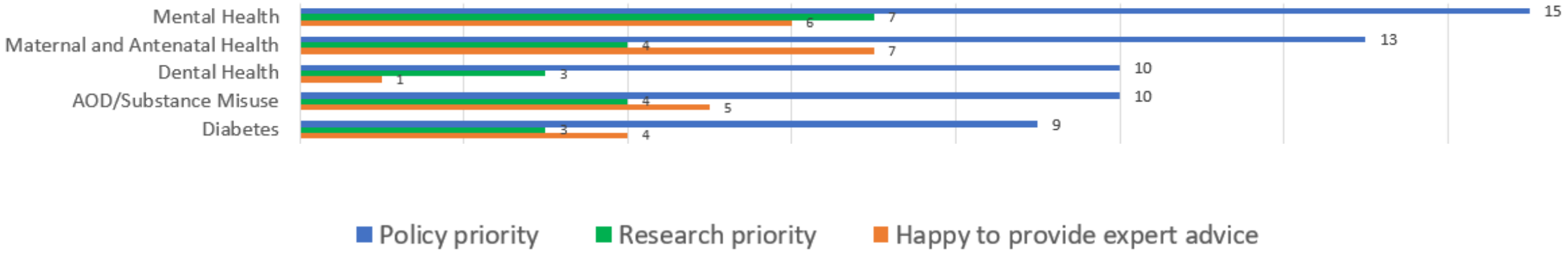
- From 16 Member CEO's:



How QAIHC supports CQI through research

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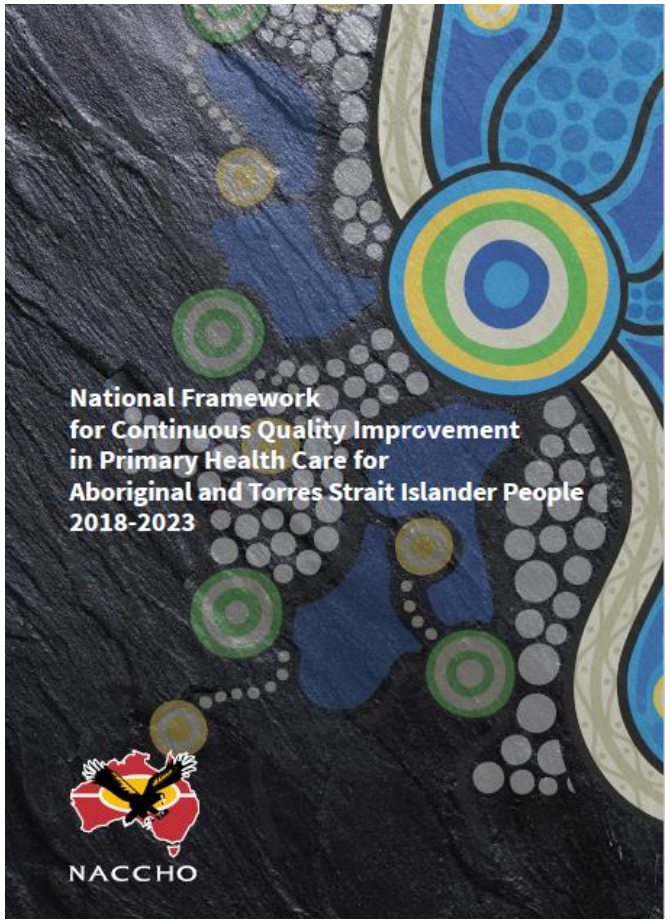

- Underpinned by the National Framework
- Research and data play an important role in each of the Domains that support the improvement of quality primary healthcare

Research supporting CQI

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DOMAIN 1:

BEING CULTURALLY RESPECTFUL IN CQI

Culturally respectful CQI ensures that Aboriginal and Torres Strait Islander people, communities and health care services are actively engaged in identifying priorities and developing policies and programs that lead to improved access, high-quality care, positive experiences and better health outcomes.

DOMAIN 2:

DOING CQI

CQI to improve health care services for Aboriginal and Torres Strait Islander people is embedded as part of organisational and clinical governance, in the roles and responsibilities of staff and teams, and in the use of indicators, data and patient information management systems.

DOMAIN 3:

SUPPORTING CQI

Partnerships between government, the ACCHO sector and PHNs provide leadership, resources and a collaborative environment for CQI.

CQI capability is supported through investment in data analysis and interpretation, CQI tools and resources, and workforce.

DOMAIN 4:

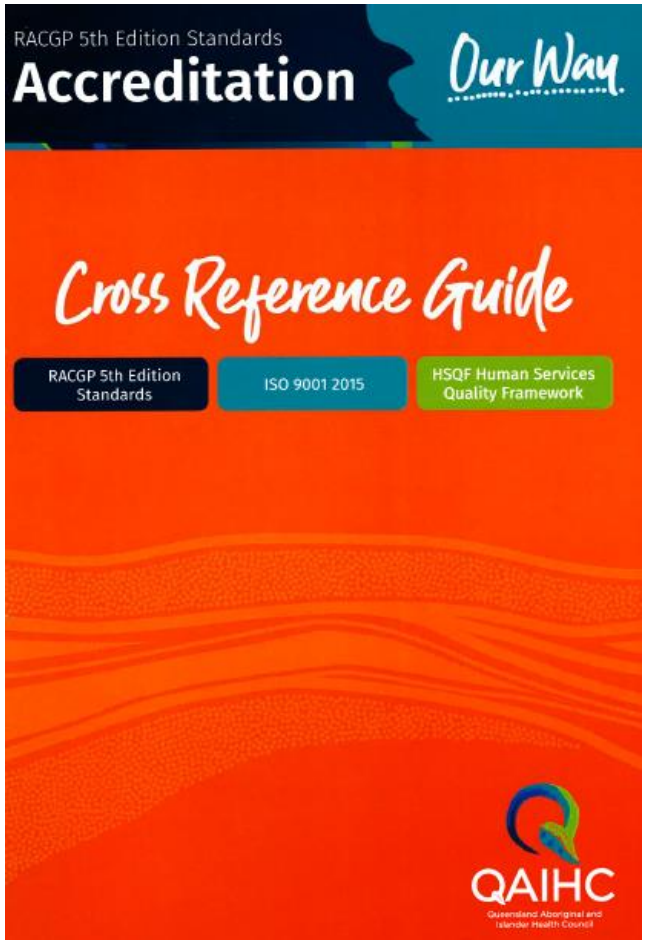
INFORMING CQI

Quality indicators and benchmarks that align with evidence for good practice in primary health care are used to inform CQI planning, implementation and reporting.

CQI research and knowledge translation supports improved primary health care services and health outcomes.

The National Framework for Continuous Quality Improvement in Healthcare for Aboriginal and Torres Strait Islander People, 2018-2023, NACCHO

The role of research in a Clinical Governance Framework



- Same core principles
- Research and CQI often run parallel to each other
- Certification efficiencies
- Collaborate to avoid duplication and working in silos

How research can benefit CQI

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- Provide evidence to support implementation of best-practice health service delivery
- Translate findings for practical application
- Strengthen evaluation by applying a research methodology
  - Encourages consideration of evaluation at the research design phase
  - Improves quality of evaluation processes and measures
  - Measures should always match research and evaluation questions

Using data to drive CQI

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- CQI measures
  - Member level
  - Sector level*
- Clinical and business performance data
  - Clinical Indicators
  - Identify gaps, priorities, and improvement opportunities
  - Assist in service planning, profiling and reporting

*Representative of Members who submit data to QAIHC

Assisting with accreditation: RACGP Criterion 3.6

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Criterion C3.6 – Research

Indicators

C3.6►A Our practice has all research approved by an ethics committee and indemnified.

C3.6►B Our practice only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient's consent.

Meeting each Indicator

C3.6►A Our practice has all research approved by an ethics committee and indemnified.

You must:

- keep evidence of ethics approval and indemnity for research activities
- maintain records of any research activity that has gone through the ethics approval process
- retain documentation of patients' consent for the required period.

You could:

- maintain a policy about participating in research that complies with the NHMRC guidelines
- consider the ethical needs of Aboriginal and Torres Strait Islander peoples.

C3.6►B Our practice only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient's consent.

You must:

- document in the patient's health record the patient's consent for you to transfer their health information to a third party to conduct quality improvement activities
- inform patients that declining to participate in research will not affect the care they receive at the practice
- maintain a privacy policy.

You could:

- maintain a policy addressing the management of patients' health information
- seek patient consent for the use and transfer of health information on new patient registration forms.

Assisting with accreditation: RACGP Criterion 6.3

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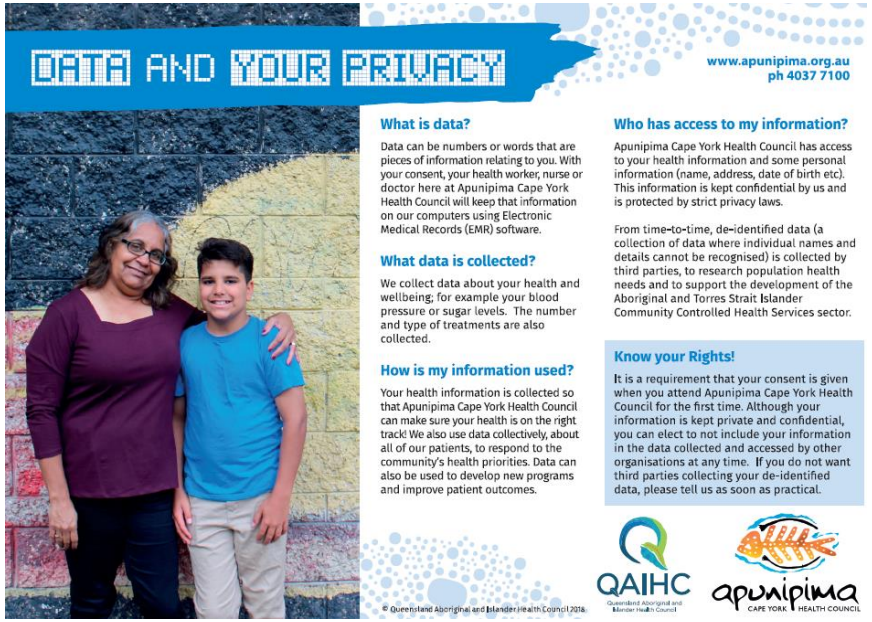
- QAIHC's Data Service Deeds and Data Consent Forms
- Data Privacy Posters



Criterion C6.3 – Confidentiality and privacy of health and other information

Indicators

C6.3►A Our patients are informed of how our practice manages confidentiality and their personal health information.

C6.3►B Our patients are informed of how they can gain access to their health information we hold.

C6.3►C In response to valid requests, our practice transfers relevant patient health information in a timely, authorised, and secure manner.

C6.3►D Only authorised team members can access our patient health records, prescription pads, and other official documents.

Research, CQI or QA?

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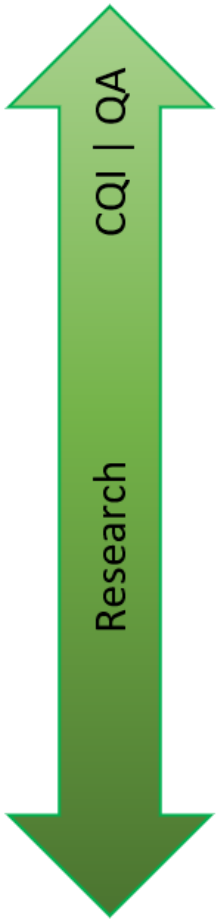

- Measuring patient outcomes and models of care
- Are you asking questions that you don't have answers for? (measuring vs investigation)
- Is data going to be used for something other than what is was collected for?
- What are you intending to publish?
- Can data be linked back to individuals?
- Is there any potential harm for participants?

Example: Mental Health (CQI Approach) Investigating enablers and inhibitors for clinical care

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- System level reform opportunity
- What is measurable?
  - Referrals (type and amount)
  - Clinician input
  - Screening rates
  - MBS data
  - Amount of mental health plans
- Implement
- Time-limited and rapid cycles
- Consideration of resources

Example: Mental Health (Research Approach) Investigating enablers and inhibitors for clinical care

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- Mixed methods (qualitative, quantitative)
- Ethics approval and conditions
- Input from
  - Clinicians
  - Patients
  - People with a lived experience
- Implement, evaluate, publish

Potential key steps in the research approval process

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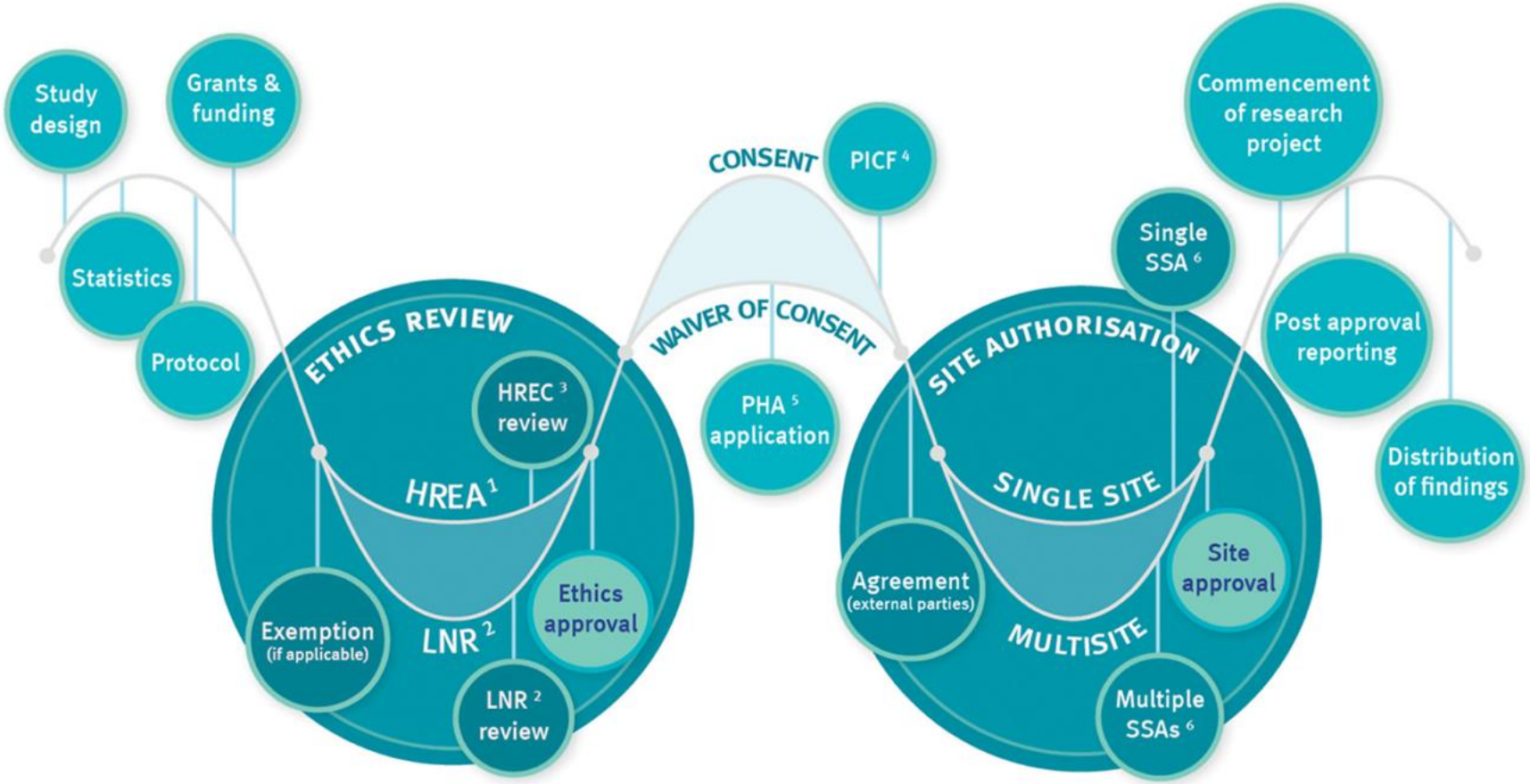

Metro North Hospital and Health Service Human Research Ethics Committee

Navigating Human Research Ethics Committees

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- What type of review will it require?
- Is your research eligible for an exemption?
  - Meta analysis, systemic reviews
  - Data that is publicly available
  - Case reviews involving less than two individuals
- Will it require site authorisation?
- Reporting responsibilities

Getting the best out of CQI and research

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- Prepare for change by gathering irrefutable evidence
- Capitalise on the differences and know when it is appropriate to apply either or both to meet your aims
- Research takes time but builds the evidence-base needed to support continuous and sustainable improvements
- Adapt CQI to suit constraints of research where appropriate
  - Can you proceed with some parts of a study until ethics approval is sought (if required)?
  - A phased approach may be possible, such as scoping study or gap analysis

Support and advice

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- Research and ethics advice

research@qaihc.com.au

- Health Information advice

hit@qaihc.com.au

Questions?

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Thank you

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Phone: 3328 8500

CQI Our Way

Dr Fadwa Al-Yaman
AIHW

Australian Government
Australian Institute of Health and Welfare

The importance of clean, validated, reportable OSR and nKPI data

CQI Our Way: QAIHC Service Members Forum

Fadwa Al-Yaman and Tim Howle

Indigenous & Maternal Health Group

Pullman Cairns International

3 April 2019

AIHW

Stronger evidence,
better decisions,
improved health and welfare

Purpose of this talk

Today I will briefly review:

- The AIHW and its legislative requirements
- Selected examples of AIHW work
- What do the OSR and nKPI data tell us
- OSR and nKPI data quality assessment
- The importance of service level data to improve service delivery
- Understanding the importance of regional population profile to compliment primary health care data
- nKPI and OSR reviews
- Conclusions

Legislation applicable to the AIHW

- Key Legislations
  - *Statutory Commonwealth agency, created under Australian Institute of Health and Welfare Act 1987*
  - *Freedom of Information Act 1982*
  - *Public Service Act 1999*
  - *Privacy Act 1988*
  - *Fair Work Act 2009*
  - *Work Health and Safety Act 2011*
  - *Public Governance, Performance and Accountability Act 2013*
  - *My Health Records Act 2012.* Updated in 2018 so that the AIHW data custodian for Secondary use of data

The importance of good quality data and evidence

- Data provides evidence to evaluate what is currently being done, identify gaps and opportunities, and plan for what can be done
- Identify emerging trends and help with priorities
- Improve service delivery and operational processes.
- Evaluate the effectiveness of policy and interventions

- Using all these data we can identify the impact of social and cultural determinants and health behaviours (protective and risk factors) to health outcomes

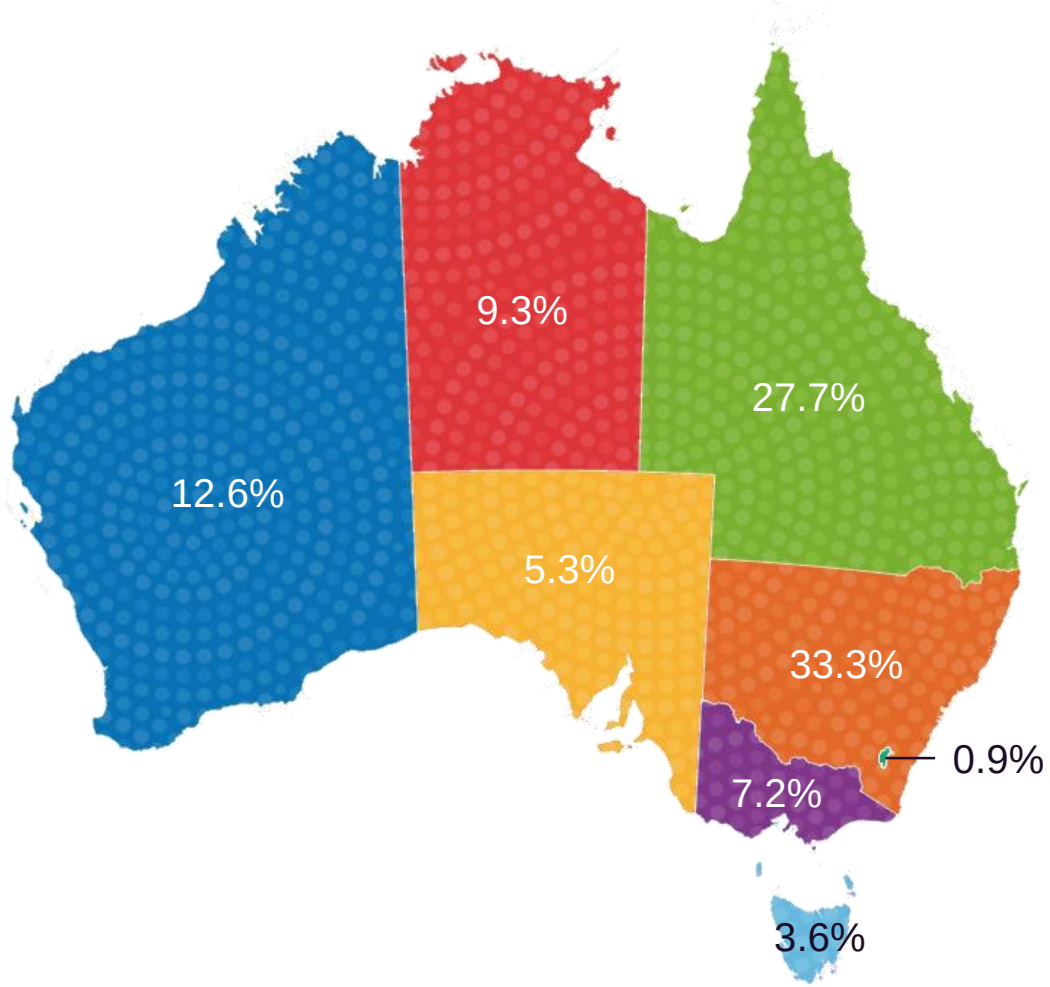
Sources: Productivity Commission (2017): Data availability and use

The AIHW Indigenous work program

- Improving the quality of Indigenous identification in key administrative data sets (audits, data linkage)
- Improving the capture of Indigenous status information in key datasets using best practice guidelines and NIDISC online resources
- Data linkage to understand pathways
- Manage data collections and produce specific reports such as
    - nKPI and OSR data collections
      ARF and RHD
    - Hearing health and oral health (NT data collections),
- Produce a range of subject specific reports using data from different sources: Indigenous burden of disease, impact of removal from families (stolen generation) and access relative to needs reporting, service gaps
- Develop indicators and report progress against these over time
    - Health Performance Framework (68 indicators)
    - The Cultural safety measures
    - eye health
    - Implementation plan goals monitoring and reporting
    - Impact of being a member of the stolen generation on health and wellbeing outcomes
- Improving access to data through better visualisation and the creation of regional profiles and data driven website

Indigenous population (2016 census)

State / Territory	Indigenous Population Mid 2016 (prelim.)	% Population Indigenous	
		Within state/territory	Total Australia
NSW	265,600	3.4	33.3
Qld	221,398	4.6	27.7
WA	100,509	3.9	12.6
NT	74,509	30.3	9.3
Vic	57,782	0.9	7.2
SA	42,256	2.5	5.3
Tas	28,539	5.5	3.6
ACT	7,524	1.9	0.9
Australia	**798,381**	**3.3**	**100.0**

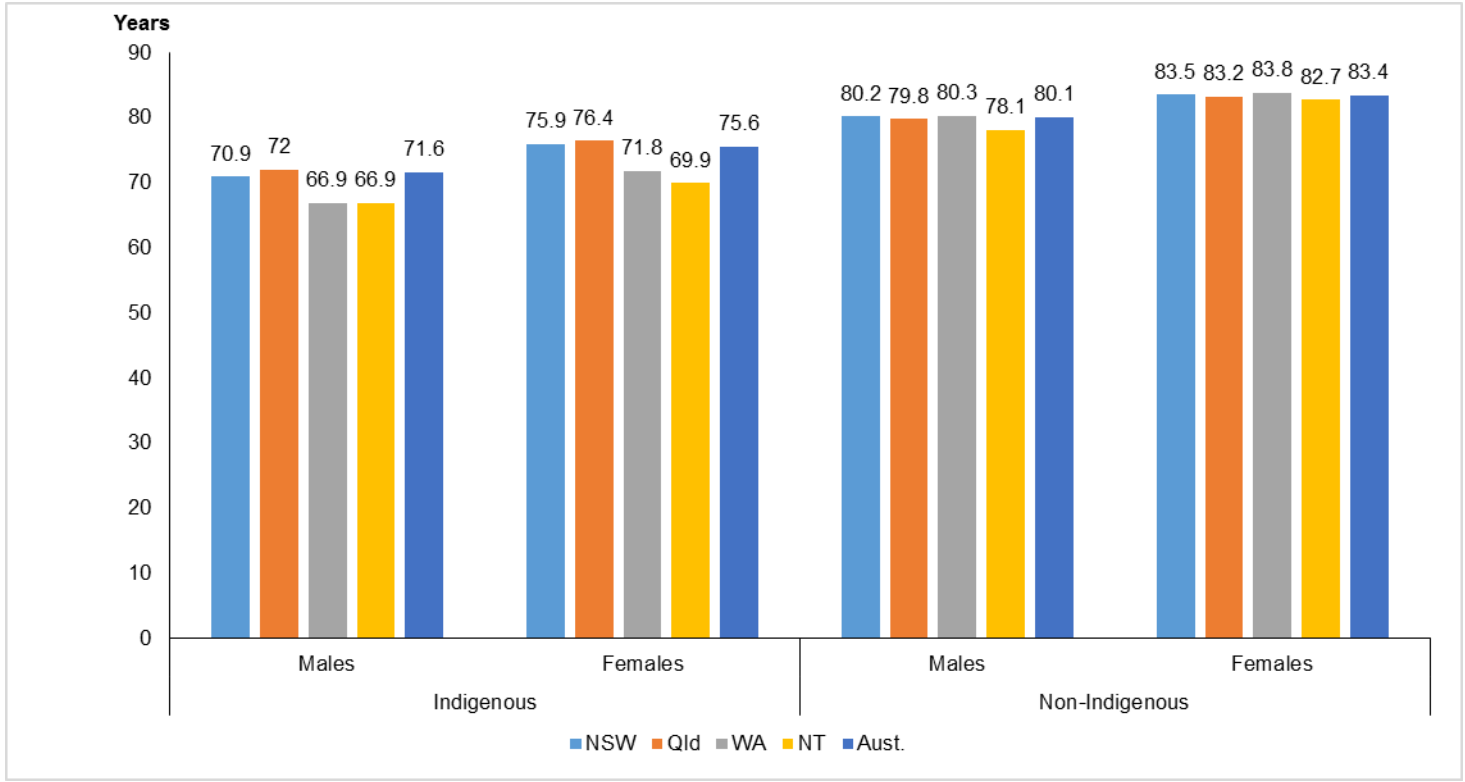


Life expectancy gap

Gap in life expectancy at birth between Indigenous and Non-Indigenous Australians 2015-2017

Gap: 8.6 years for males, nationally; 7.8 for males, in Queensland

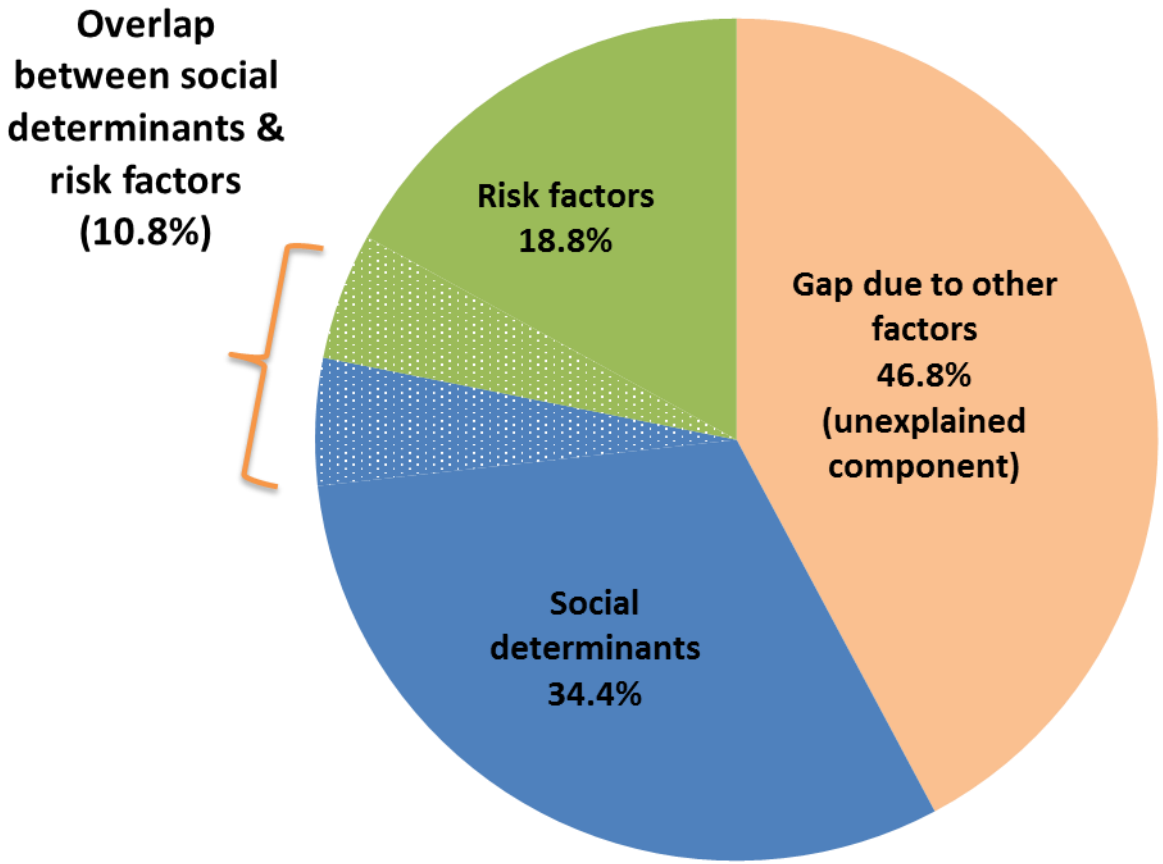
Gap: 7.8 years for females, nationally; 6.7 years for females in Queensland



Source: ABS 2018. 3302.0.55.003 - Life Tables for Aboriginal and Torres Strait Islander Australians, 2015-2017. Released 29/11/2018

Source: ABS (2013

The importance of social determinants



Sources of the health gap (AIHW analyses for 2017 HPF Report):

- differences in social determinants account for slightly more than 1/3rd of the overall health gap
  - social determinants and risk factor differences together explain 53% of the overall gap.
  - Access to services
  - Unexplained component remains

Importance of high quality primary health care

- Gateway to the health care system
- Care throughout the life course
- Prevention/health education and
- Screening for specific conditions
- Identification & management of acute and chronic physical and psychological illnesses
- Evidence shows that good primary health care is a cost effective way to reduce preventable hospitalisations and avoidable mortality
- Indigenous health services lead the way in providing comprehensive primary health care and in collecting data to describe progress

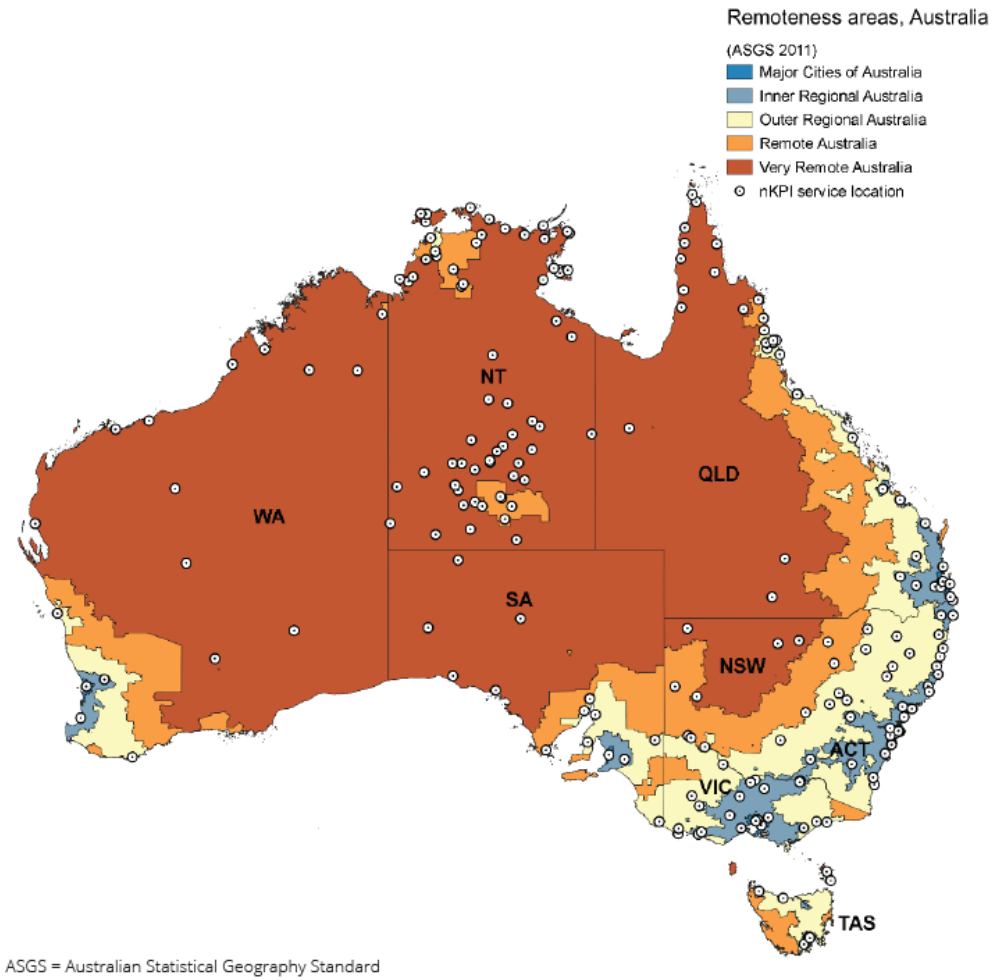
Indigenous Specific Primary Health Care Data Collections

Two national data collections from Indigenous specific primary health care services.

- **OSR data provides information on organisations' characteristics and activities:** The OSR report can trace its history back to 1997. Streamlined paper-based reporting began in 2009, with AIHW managing the collection. In 2012, online reporting began
- **nKPIs provide information on maternal and child health, preventative health and chronic disease management:** 24 indicators focus on health processes and outcomes (COAG process through the NIRA)

What do existing OSR and nKPI data tell us?

Where services are provided relative to where the population live: ISPHS locations



ASGS = Australian Statistical Geography Standard

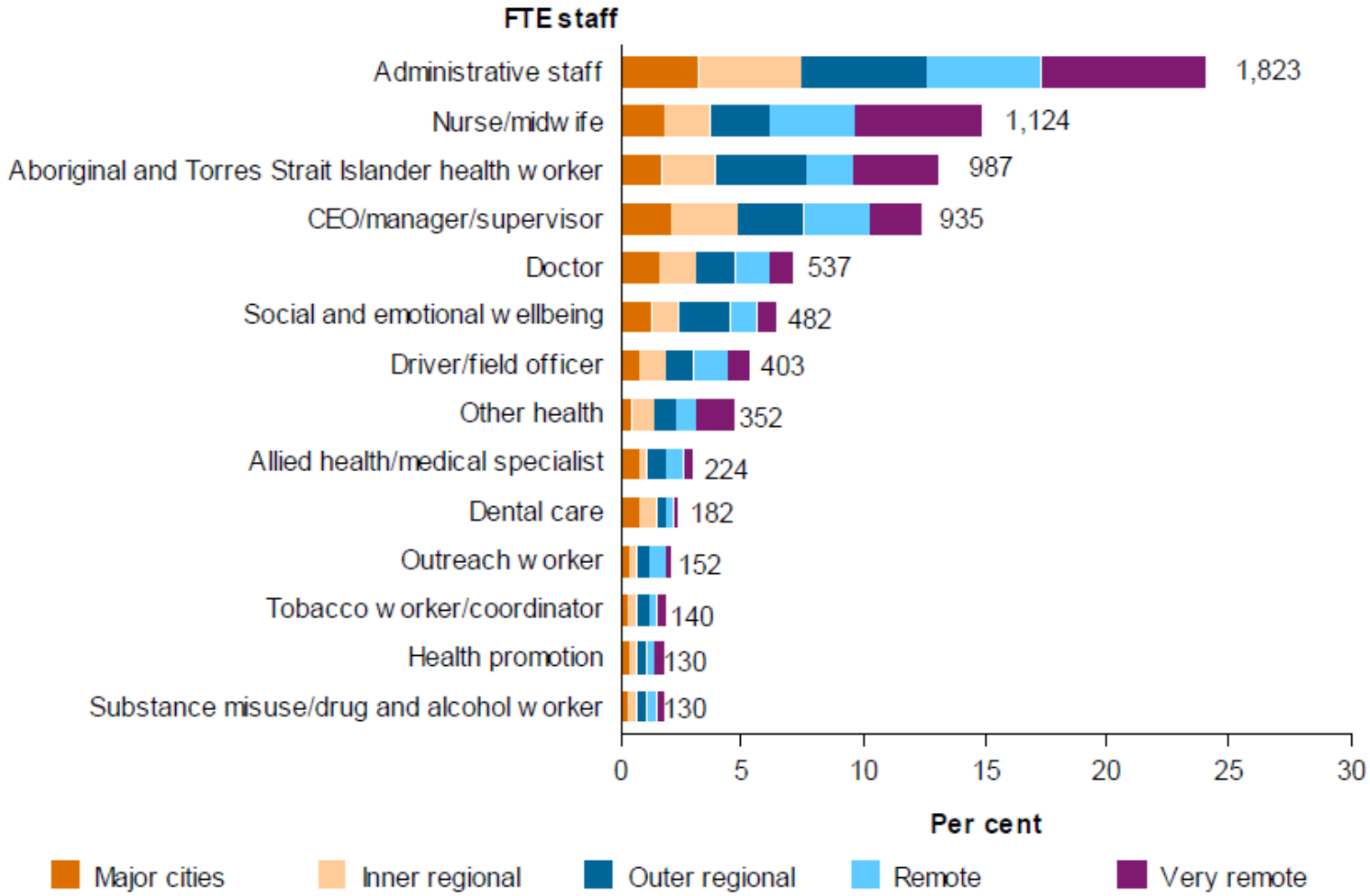
Notes

1. Some nKPI organisations might operate in multiple locations. Where this has occurred, only 1 site is shown on the map.
2. Multiple organisations might be located in a small geographical area, so not all organisations will be visible on the map.

OSR: number of client and extent of services, June 2017

- 266 OSR organisations that provided services to around 422,000 clients spread across major cities and remote areas
- Around **4.8 million client contacts** with various health staff - an average of 11.4 contacts per client per year
- Around **3 million episodes of care** - an average of 7.2 episodes per client.
- Number of organisations, clients and services have increased over time.

Workforce is shifting: PHC staff FTE by remoteness area

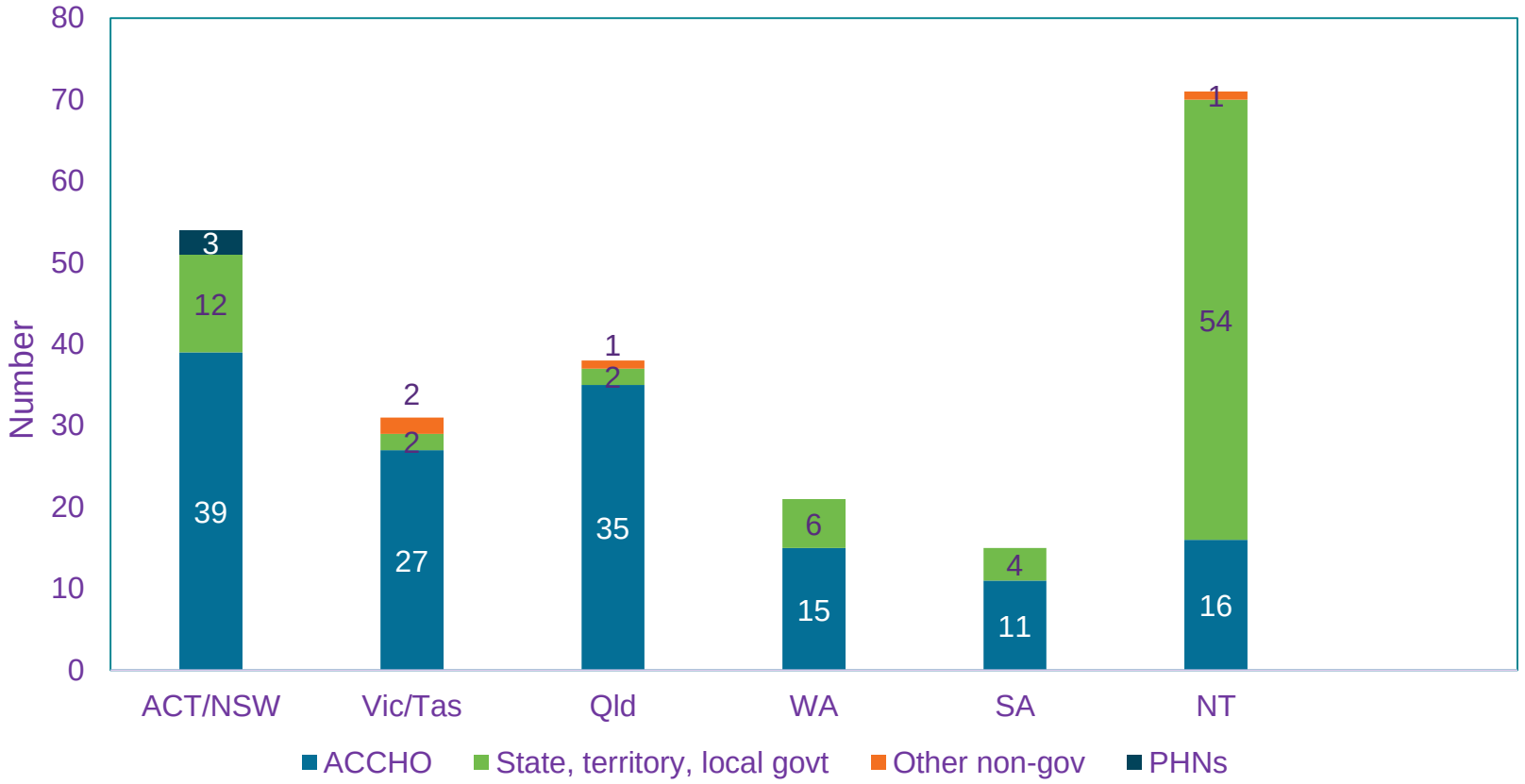


The national key performance indicators collection

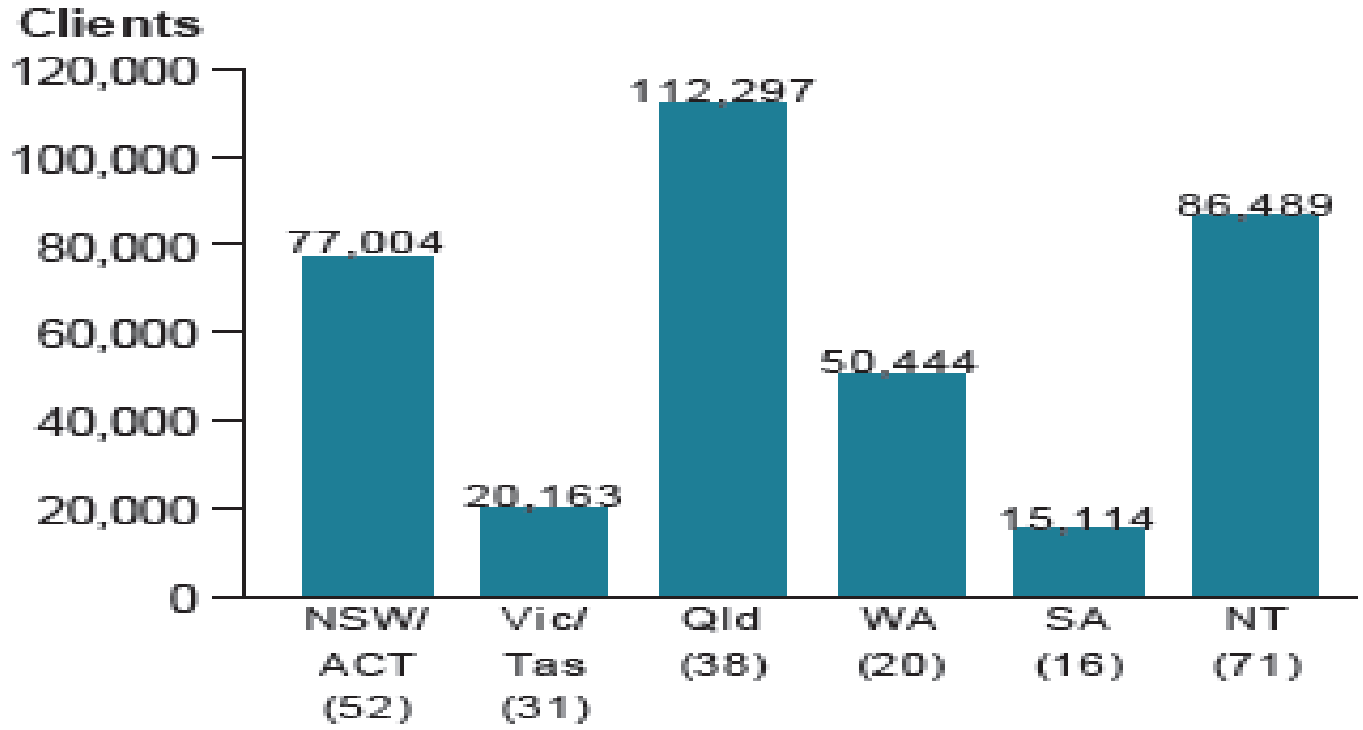
- 19 process of care indicators based on best practice guidelines
  - Child and maternal health (recording of low birthweight and antenatal care)
  - Health assessment/early detection (health checks and cervical screening)
  - Influenza Immunisation (for aged, diabetes, pulmonary disease)
  - Chronic disease management (management plans, team care, HbA1c, BP, kidney function test)
  - Risk factor assessment (smoking, alcohol)
- 5 health outcome indicators
  - Low birthweight
  - Body Mass Index
  - Blood pressure results
  - Smoking status
  - HbA1c (type 2 diabetes)

24 indicators approved by AHMAC, 19 process of care and 5 outcomes

Primary health care services reporting to nKPIs by sector December 2017
Mostly ACCHOS with the exception of the NT



228 organisations reporting on 362,000 regular clients, December 2017



Note: Numbers of organisations are in brackets.

AIHW work on OSR and nKPI data collections

AIHW Data quality work

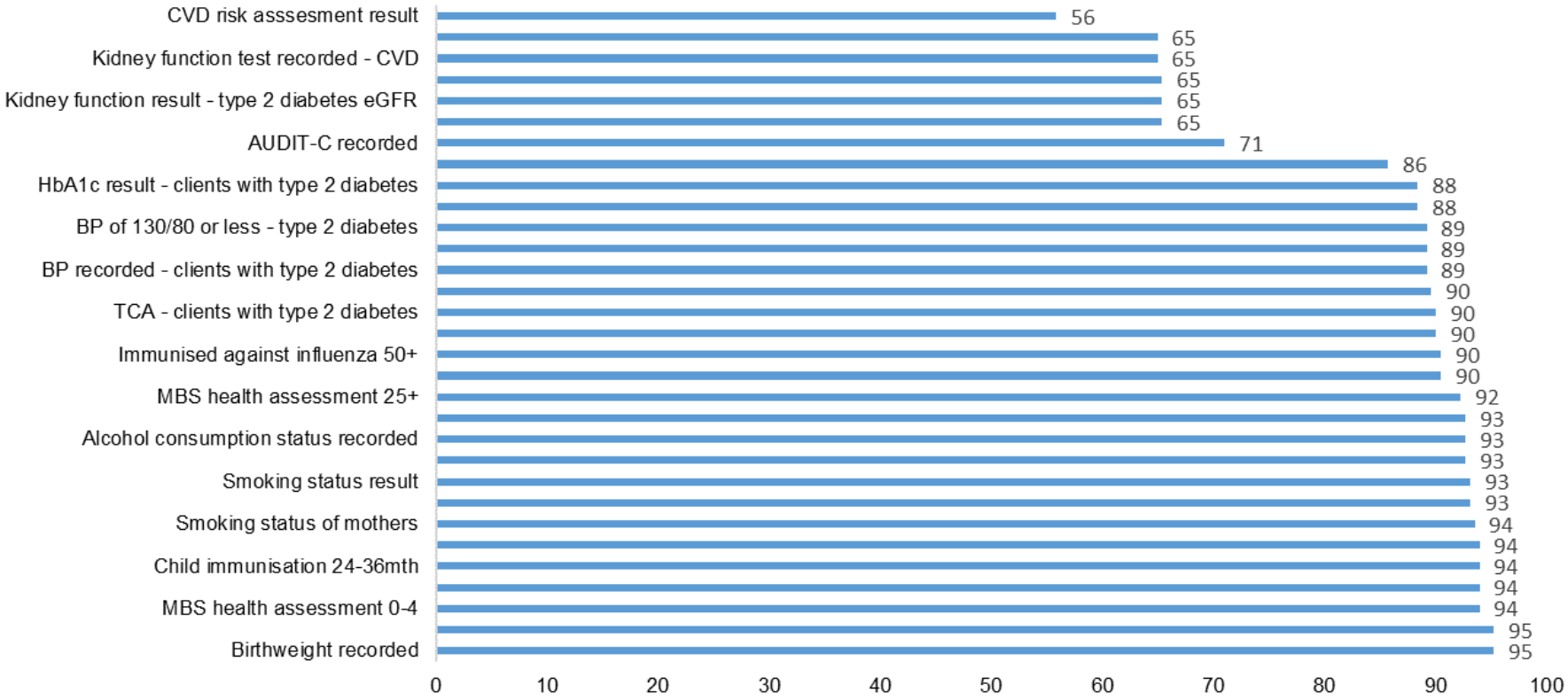
- Work with service providers to develop the technical specifications for the indicators using METEOR
- Endorsement by AHMAC relevant committees
- Assess data quality
- Validate, clean and process the data
- Work with services to improve the data collections
- Provide more in-depth data/assistance when required (helpdesk)

Validation issues in nKPI data shows less issues over time

Reporting period	Number of organisations	Number of internal validation issues	Number of issues per organisation	Number of rules violated
Qld ACCHOs				
June 2017	33	128	3.9	34
Dec 2017	35	59	1.7	23
June 2018	35	47	1.3	20
All organisations				
June 2017	228	806	3.5	53
Dec 2017	231	366	1.6	45
June 2018	233	389	1.7	44

- Total issues AIHW has raised has been decreasing over the last 3 periods.
- On average, less than 2 issues per organisation
- QLD ACCHOs doing slightly better than the collection as a whole (1.3 vs 1.7 issues per org.)

The majority of services (more than 85%) provided valid data for most nKPI indicators, December 2017



AIHW reporting

- **Aggregate the data are used to identify where things are going well, issues are and improvements could be made**
  - National trends and patterns
  - Comparison across areas (ST, remoteness)
- **Return of service reports to around 230 individual services**
  - Local trends and patterns
  - Used for service CQI
  - Bench marking (national average, respective state and remoteness average)

Most nKPI results are improving, June to December 2017

Change in nKPI indicator measure results	Number
Indicator measures with improved results	16
Indicator measures with no change	1
Indicator measures that have not improved	6

Indicator measures that have not improved (most were small changes of < 2%):

- HbA1c result recorded
- Cervical screening
- MBS Health assessment aged 0-4
- HbA1c result of 7% or less
- Low birthweight
- Smoking status of women who have given birth

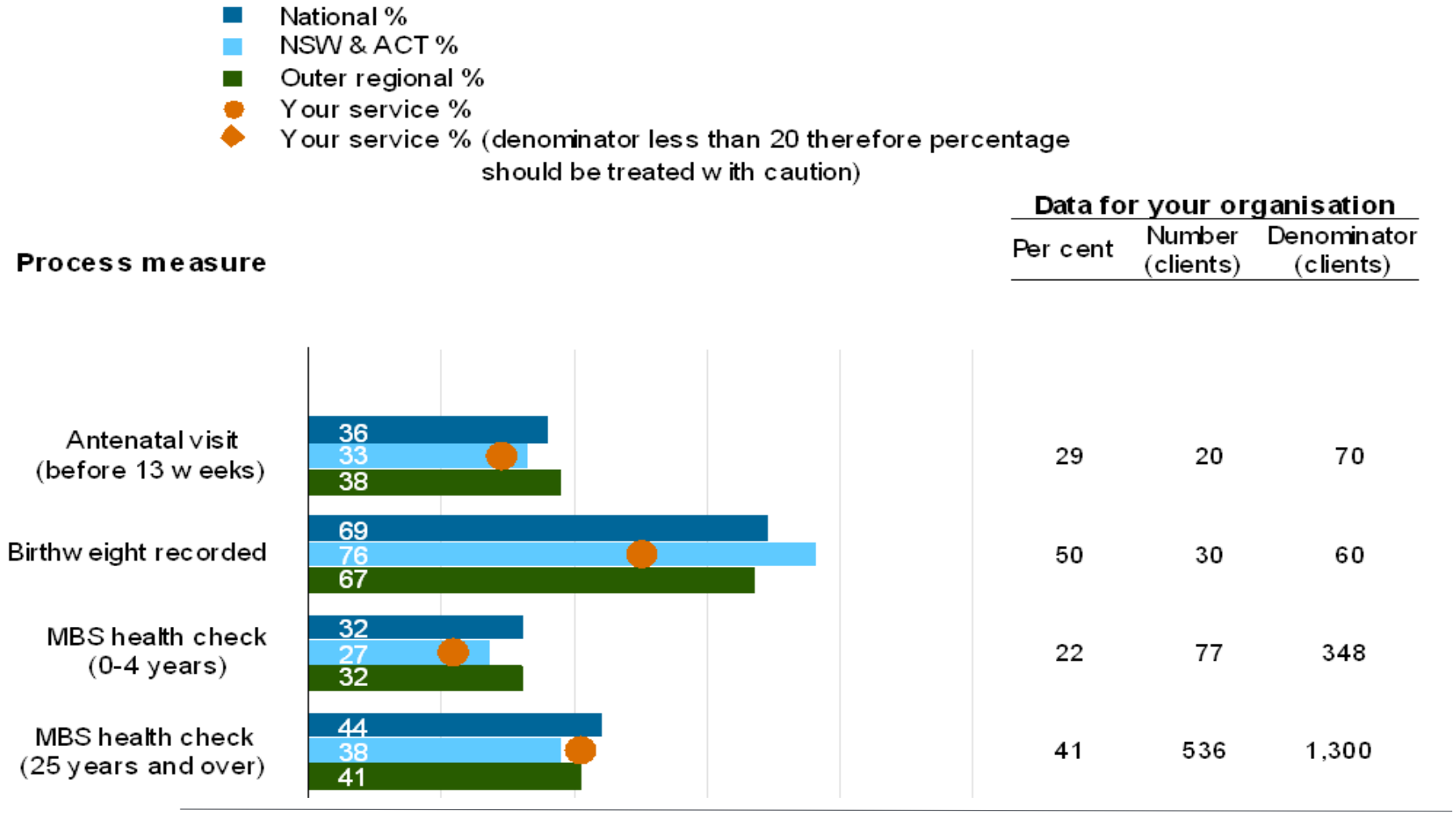
Good quality and comparable data allows

- Service-level reporting and benchmarking against the national average, and for the respective state and remoteness area (AIHW provides)
- Services have used nKPI and OSR data and other data to improve service delivery:

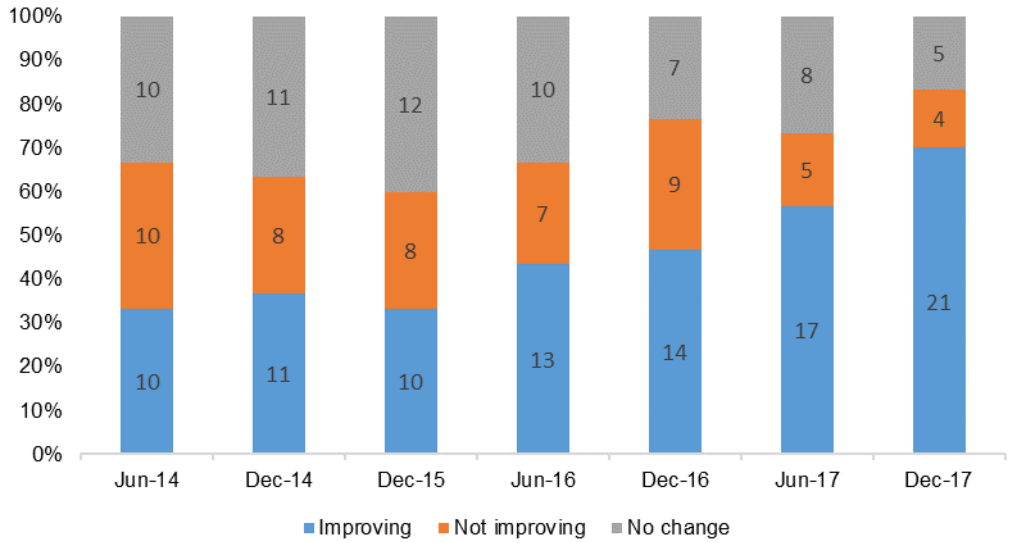
  progress against indicators within each service
  compare sites within the same organisation

- **Compare like with like** is the most desired outcome

Individual organisation and comparison data



Example health service dashboard – NPKIs



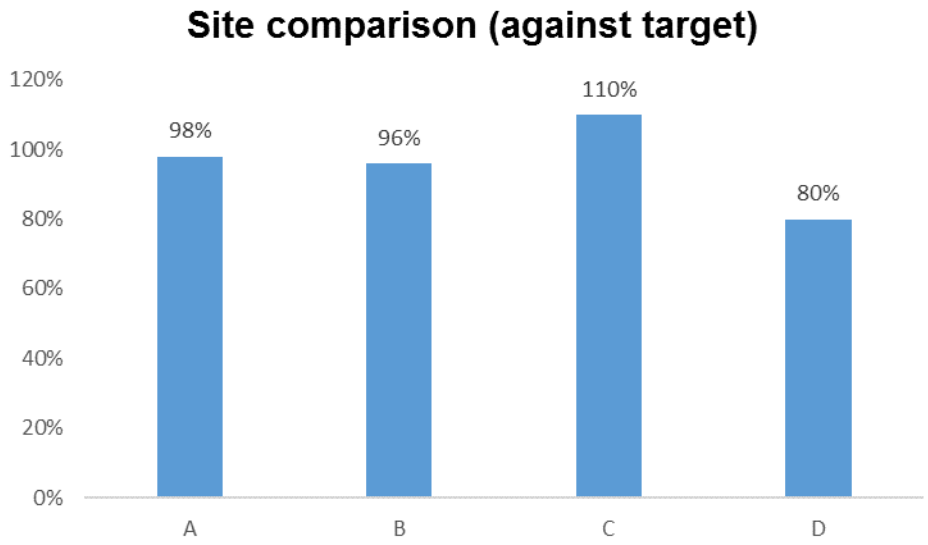
	Jun-14	Latest
Improving	10	21
Getting worse	10	4
Equal	10	5

	Our poor performing indicators
1	% current smokers
2	Overweight/obese
3	Infleunza immunisation 50+
4	HbA1c result of 7% or less

Health service – number of health assessments

MBS Health assessment (715)	
Year to date	1,702
Target	1,750
%	97

Notes: On target! GP recruitment will help improve results.



We need to understand the population profile in the local areas in which services operate

The importance of local data

Local level data shows where to concentrate efforts

→High level data masks variation at the local level

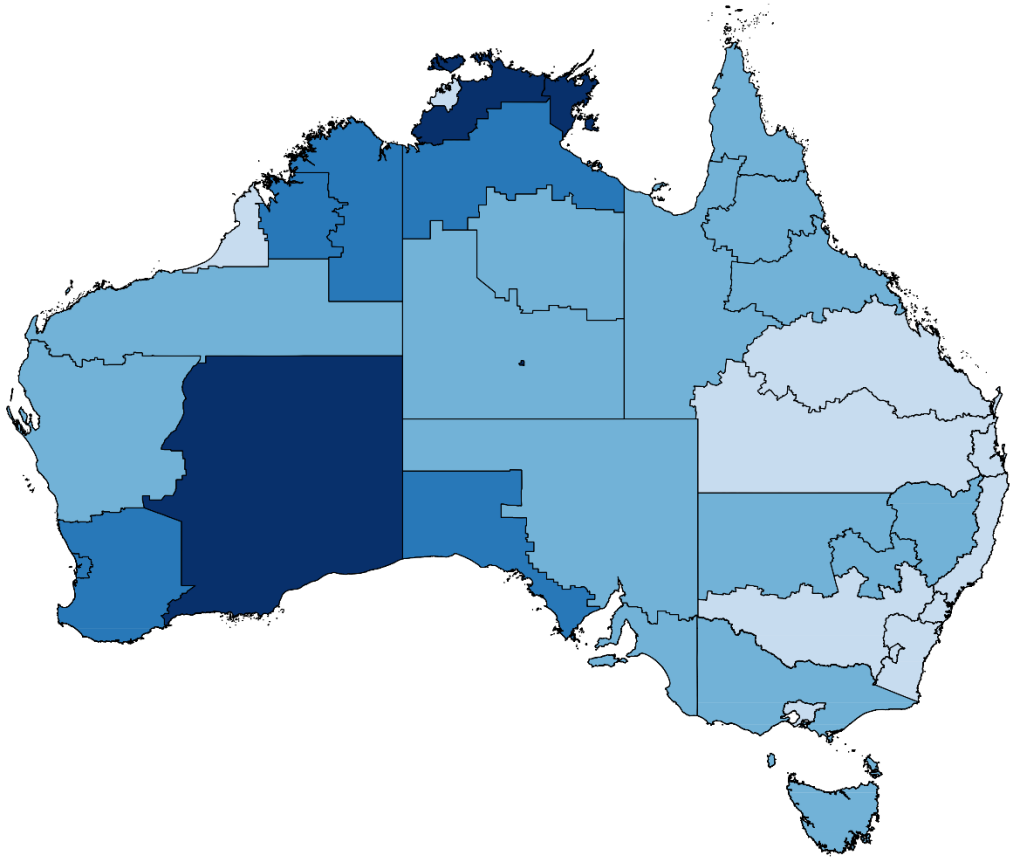
→States, Territories and remoteness averages mask local variations within these areas

→High level data hides successful local areas where things are working well which can be used as examples of what to do

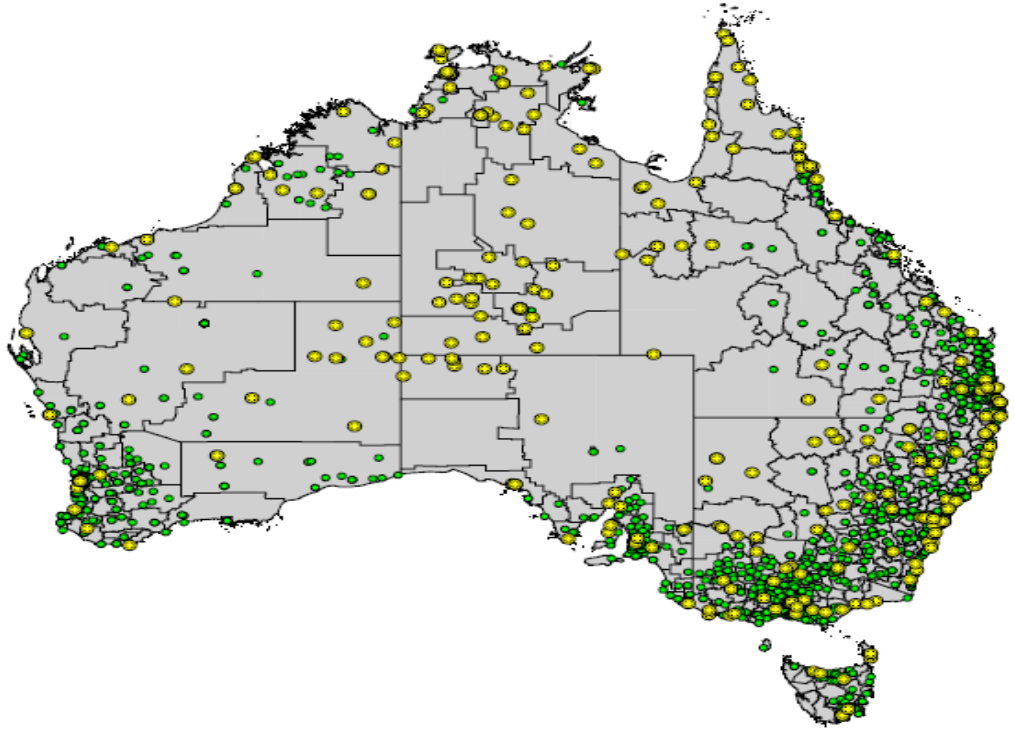
→Most program delivery is at the local area and data are needed at that level to inform service delivery

Percent of low birthweight babies

Data by remoteness show that the proportion of low birthweight babies is highest in remote and very remote area but this masks significant variations within

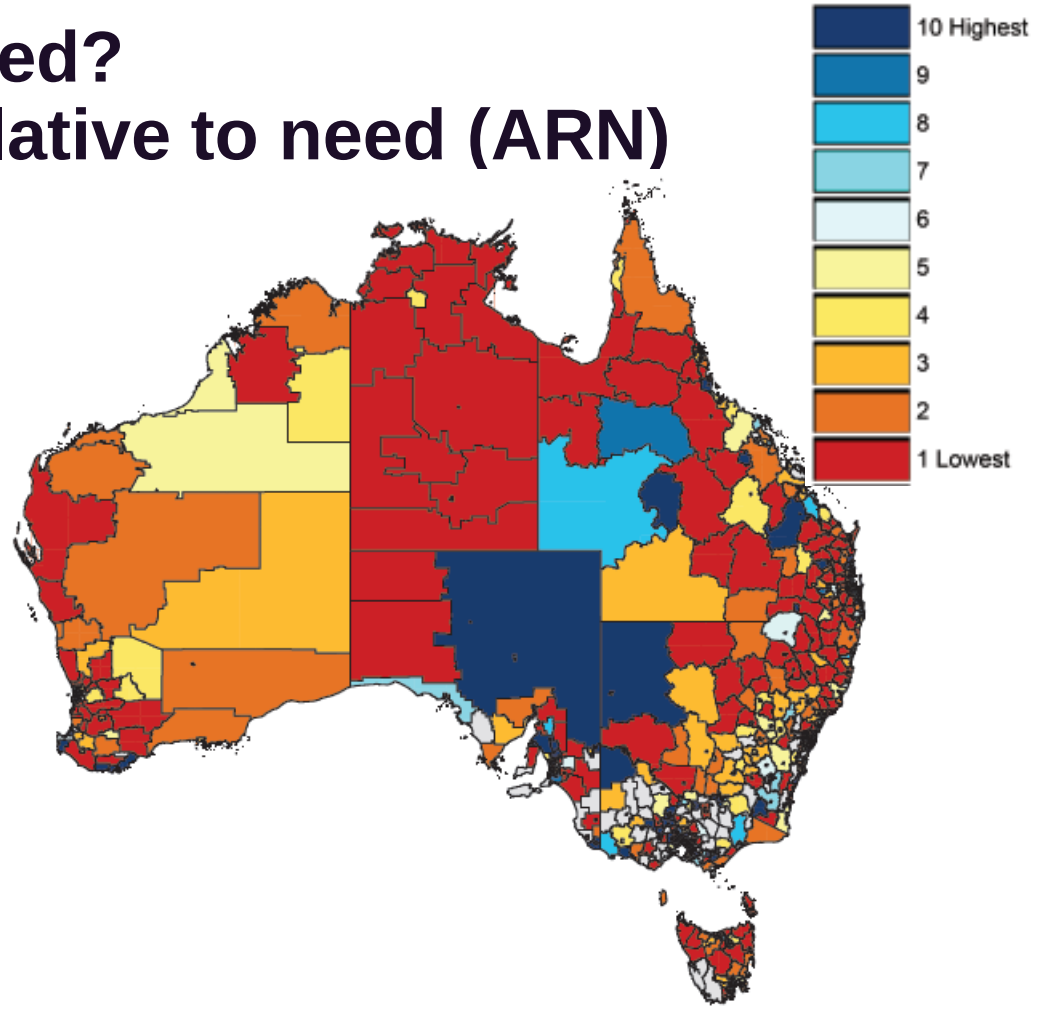


How many services? Locations of Indigenous specific primary health care services (yellow) and GPs (green), Australia



What about population need?
Access to primary health care services relative to need (ARN)

- ARN index uses:
  - The number, distributions and characteristics of the local populations
  - Access to services: access to primary health care services using drive times
  - The proportion of the population with high need but low access to services (red on the map)
  - 40% (285,000) of Indigenous Australians live in areas with need for health services and low access
- Update using 2016 census data and updated GP locations & refined methodology.



Indigenous ARN by SA2

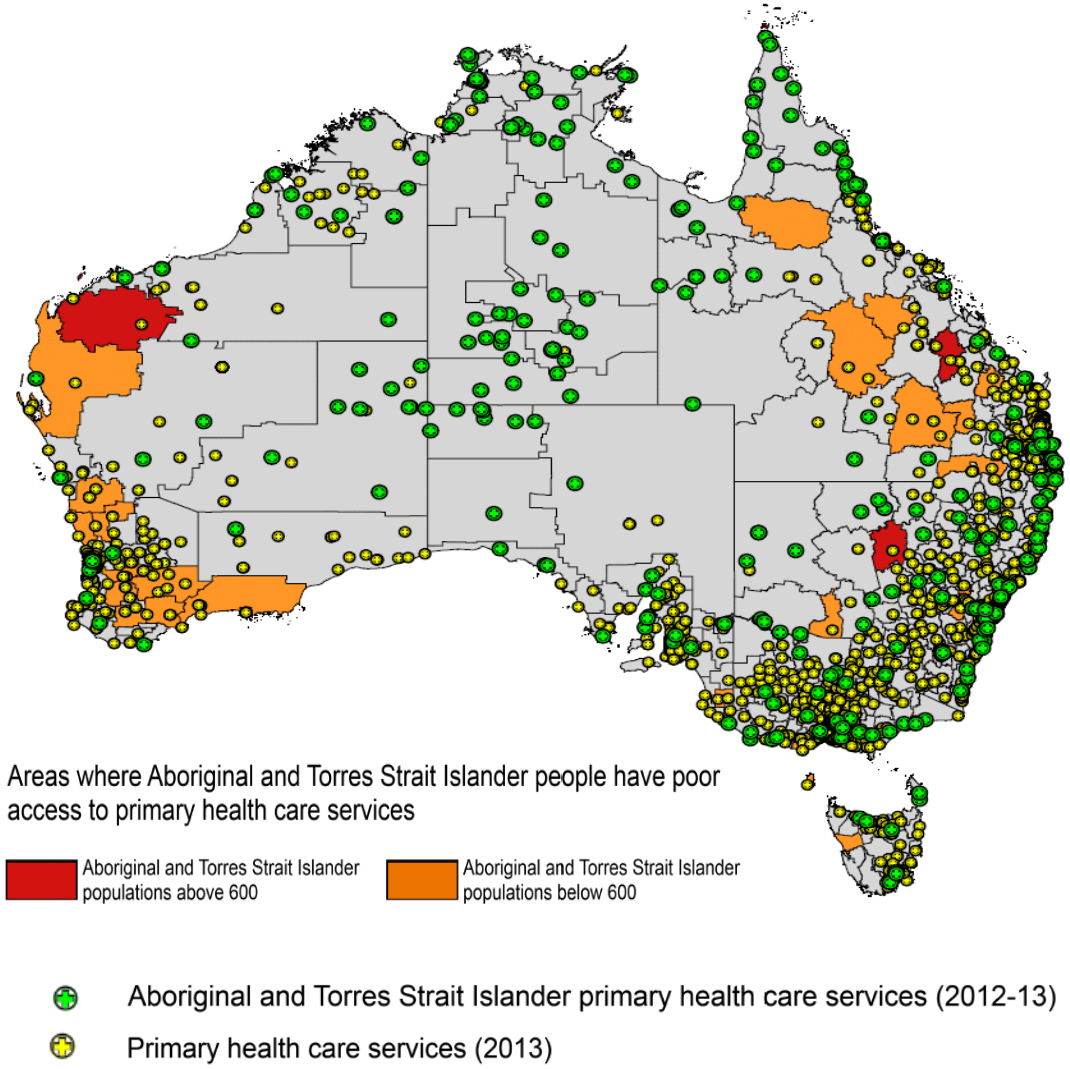
Need to know where people live, their heal needs and where services are in order to identify service gaps

40 SA2s with:

-None of the Indigenous population live within 1 h to nearest ISPHCS **and**…

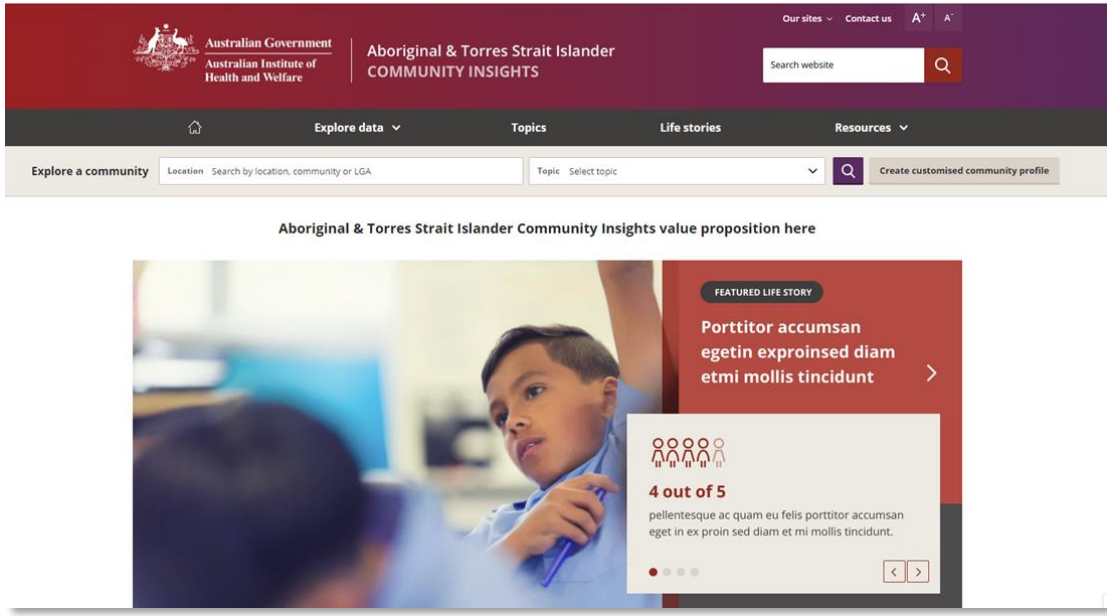
-They have high need and low access to GP services relative to need

-**8 in Qld, 2 NSW, 1 in WA**



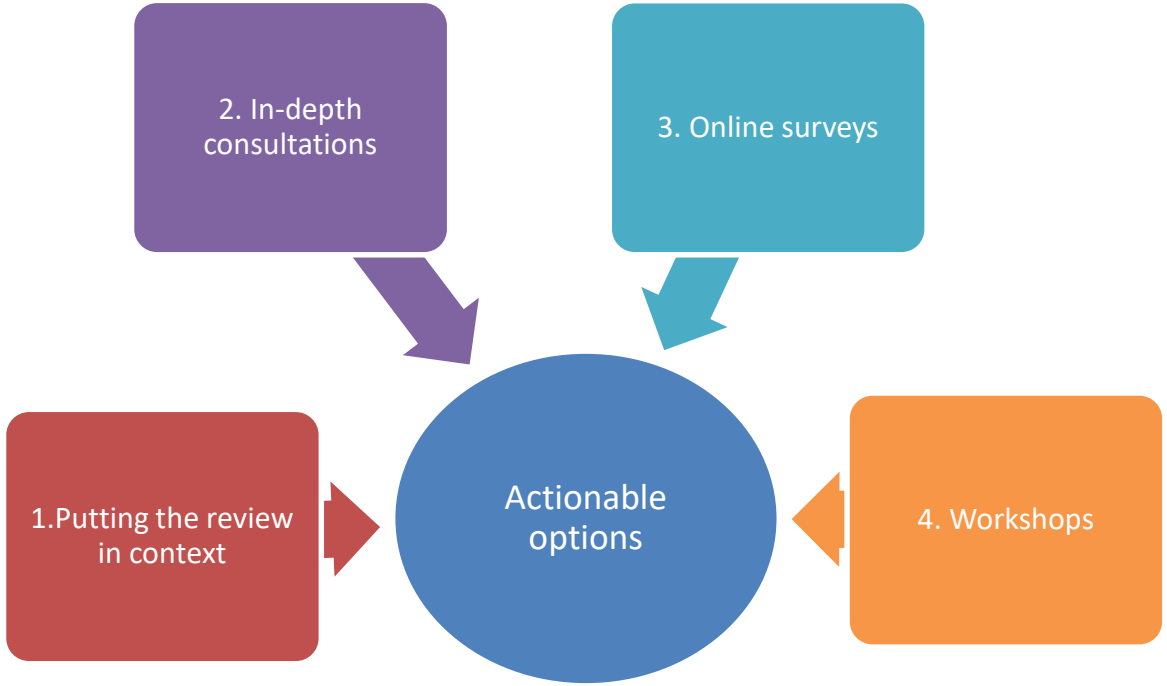
Making local data more accessible: Indigenous Data Hub

- Developing an Indigenous data hub (community insights) to make a range of data accessible to services, communities and other users at geographical levels ranging from local to national.
- Aim is to develop a user-friendly hub that can provide valuable insights to all users, including people with limited experience of data analysis.



nKPI and OSR review

The OSR and nKPI review (July – December 2018)



Consultations

Interviews – over 120 individuals	
81 participants from 27 Health services covering all jurisdictions	
19 participants from all NACCHO affiliates	
22 participants from 3 Commonwealth departments (DoH, PM&C, AIHW)	
Surveys – over 116 unique respondents	
OSR – 76 responses, at least 56 from reporting services	
nKPI – 84 responses, at least 65 from reporting services	
Workshops – 65 participants	
Melbourne	7 participants from health services and VACCHO
Darwin	17 participants from health services and AMSANT
Sydney	17 participants from health services and RACGP
Perth	24 participants from health services, AHCWA, and WA DoH
Brisbane	**32 participants from 21 health services, AHCSA and QAIHC**

High level feedback

- The AIHW received good response from services involved in the review so it was a good opportunity to hear what services wanted to say
- Data collections were valuable and some indicators are used in the CQI processes
- Data issues and concerns were identified for both collections but mostly for the OSR
- Discussion about how to ensure system improvements, more automation, validation and reducing reporting burden
- The range of definitions for regular clients and what is fit for purpose
- What to keep as is, what to drop and what to modify to improve the quality

High level feedback

- Discussions on how the current collections fit with what is happening around the CTG targets and the revisions to the Implementation Plan
- What else **need to be collected (e.g.co-morbidity, mental health)** and what will be the processes to ensure **enough time is given** to consultations and agreement, system changes and reporting
- Report with health, AIHW preparing a summary to send out to services
- Some recommendations are being used to build OSR module in HDP

The move to the EDW

- **OCHREStreams** was decommissioned in October 2018
- The **Health Data Portal** is the new tool used to submit nKPI and OSR data (from July 2019)
- The OSR system being built focuses on **a subset of key items** (as recommended from the review)
- The **data is stored in the *Enterprise Data Warehouse***.
- AIHW has access to the EDW in order to:
  - Work on the data quality and data validation
  - Produce service-level reports
  - Produce national reports

Conclusions

→Good quality comparable data is critical to monitor outcomes

→The Indigenous primary health care sector is leading the way in using data to improve service delivery

→There is increasing interest in using data to improve outcomes at the local level

→The AIHW is working to improve the accessibility of data locally to a range of audiences

→AIHW will provide opportunities for training as part of the Indigenous Data Hub

→We want to work together to improve the quality, comprehensiveness and usefulness of the data collected on an ongoing basis

Thank you

→AIHW website: aihw.gov.au

CQI Our Way

Wrap Up