

Chapter 10

National Key Performance Indicators and ACCHOs



This resource is a chapter from: The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). (2020). Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector. Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute, Adelaide.



South Australian Health & Medical Research Institute



Aboriginal Research



National Aboriginal Community Controlled Health Organisation
www.naccho.org.au



JOANNA BRIGGS INSTITUTE

National Key Performance Indicators and ACCHOs

Summary

The national key performance indicator (nKPIs) are a set of mandatory indicators collected from primary health care organisations that receive Commonwealth government funding through the Indigenous Australian's Health Program to provide services primarily to Aboriginal and Torres Strait Islander peoples. These include predominantly ACCHOs but also mainstream primary health care services, Primary Health Networks and non-government organisations. The nKPIs were introduced in 2012 and include 24 indicators

that collect information on clinical processes and health outcomes with a focus on chronic disease management, preventive health, and child and maternal health. The development and implementation of the nKPIs has been challenging for the ACCHO sector. Effective governance, internal communication and staff capacity enables ACCHOs to utilise relevant nKPIs in continuous quality improvement activities alongside other data. There are considerable improvements that could be made to the nKPIs to make them more useful for the ACCHO sector.

The content of this chapter was drawn from the PhD project *Understanding the impact of the national key performance indicators on the Aboriginal Community Controlled Health Organisations*.

What we cover in this chapter:

- Introduction
- Purpose of the nKPIs
- Coordination and reporting of the nKPIs
- ACCHO approaches to the nKPIs
- ACCHO utilisation of the nKPIs
- Enablers
- Challenges
- Recommendations
- Discussion
- References
- Appendix: Further reading and available resources

Introduction

Monitoring system performance through routine data collection has become a significant area of policy development in Aboriginal and Torres Strait Islander primary health care services and specifically in the ACCHO sector. Since 2008, there has been an increased focus on improving Indigenous health outcomes through the *Closing the Gap* Framework. One monitoring mechanism is the national key performance indicator (nKPIs). The nKPIs are defined as:

A set of indicators that monitor the major health issues of the regular client population of Indigenous-specific primary health care services (p. 128)¹

The nKPIs are mandatory indicators collected from primary health care organisations receiving Commonwealth government funding through the Indigenous Australian's Health Program to provide services primarily to Aboriginal and Torres Strait Islander peoples. These include predominantly ACCHOs but also mainstream primary health care services, Primary Health Networks and non-government organisations. The nKPIs were introduced in 2012 and include 24 indicators that collect information on clinical processes and health outcomes with a focus on chronic disease management, preventive health, and child and maternal health.

ACCHOs provide the Commonwealth government with nKPI data every 6 months. They also provide the Commonwealth government with data on service provision and workforce through Health Care Provider data and an Online Services Report which is submitted once a year. A brief description of the nKPIs is provided in Table 13, over page. A full description of the nKPIs is provided in Table 15 on page 188 at the back of this chapter.

Purpose of the nKPIs

The nKPIs were introduced to assist services to monitor the health of their clients and to improve services through continuous quality improvement processes. The nKPIs were also introduced to assist governments in measuring Aboriginal and Torres Strait Islander health to inform policy.

Coordination and reporting of nKPIs

The nKPIs are collected and managed by the Commonwealth Department of Health (DoH) with reports produced by the Australian Institute of Health and Welfare (AIHW). While the DoH and AIHW collect and report on the data, each individual service still owns the data they submit.

There are two different reports produced using the nKPIs; individual service reports and national reports. The individual service reports are specifically produced for each service and are not shared with anyone else. The nKPIs have been collected from around 230 primary health care services since June 2012 and the AIHW has produced national nKPI reports since May 2014.²

The reports include:

- nKPI results from the previous reporting period
- Trends over time (i.e. a comparison of each reporting period submitted)
- Comparison with services in the same state/territory
- Comparison with services in the same remoteness bracket

¹Australian Institute of Health and Welfare. (2018). *National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results for 2017*. Series no. 5. Cat. no. IHW 200. Canberra: AIHW.

²Department of Health. (2018). *Aboriginal and Torres Strait Islander Health Reporting Background*. Accessed on January 17, 2020 at: www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-reporting-lp

Table 13: A brief description of the National Key Performance Indicators*

nKPI	Indicator
PI01	Birthweight recorded
PI02	Birthweight result (low, normal or high)
PI03	Health assessment (MBS item 715)
PI04	Fully immunised children
PI05	HbA1c test recorded (clients with type 2 diabetes)
PI06	HbA1c result (clients with type 2 diabetes)
PI07	GP Management Plan (MBS item 721)
PI08	Team Care Arrangement (MBS item 723)
PI09	Smoking status recorded
PI10	Smoking status result
PI11	Smoking status results of women who gave birth
PI12	BMI (overweight or obese)
PI13	First antenatal care visit
PI14	Influenza immunisation (aged 50 and over)
PI15	Influenza immunisation (type 2 diabetes or COPD clients)
PI16	Alcohol consumption recorded
PI17	Alcohol consumption (AUDIT-C) result
PI18	Kidney function test recorded (type 2 diabetes or CVD clients)
PI19	eGFR and ACR results
PI20	Necessary risk factors assessed to enable cardiovascular risk assessment
PI21	Absolute cardiovascular risk assessment result
PI22	Cervical screening recorded
PI23	Blood pressure recorded (clients with type 2 diabetes)
PI24	Blood pressure less than or equal to 130/80 mmHg (clients with type 2 diabetes)

*Note: See Table 15 on page 187 for a full description of the nKPIs

ACCHO approaches to the nKPIs

ACCHO extract data related to the 24 nKPIs from the patient information management system. ACCHOs use a range of different systems such as MMEX, Best Practice, Communicare and Medical Director. The data is extracted using an inbuilt data extraction tool or an external data extraction tool and directly uploaded to the Health Data Portal.

The Health Data Portal is a:

'web based tool used by all Health Services funded by the Indigenous Australians' Health Program (Health Services) to submit National Key Performance Indicators (nKPIs), Online Services Report (OSR) and Health Care Provider (HCP) number report data'³

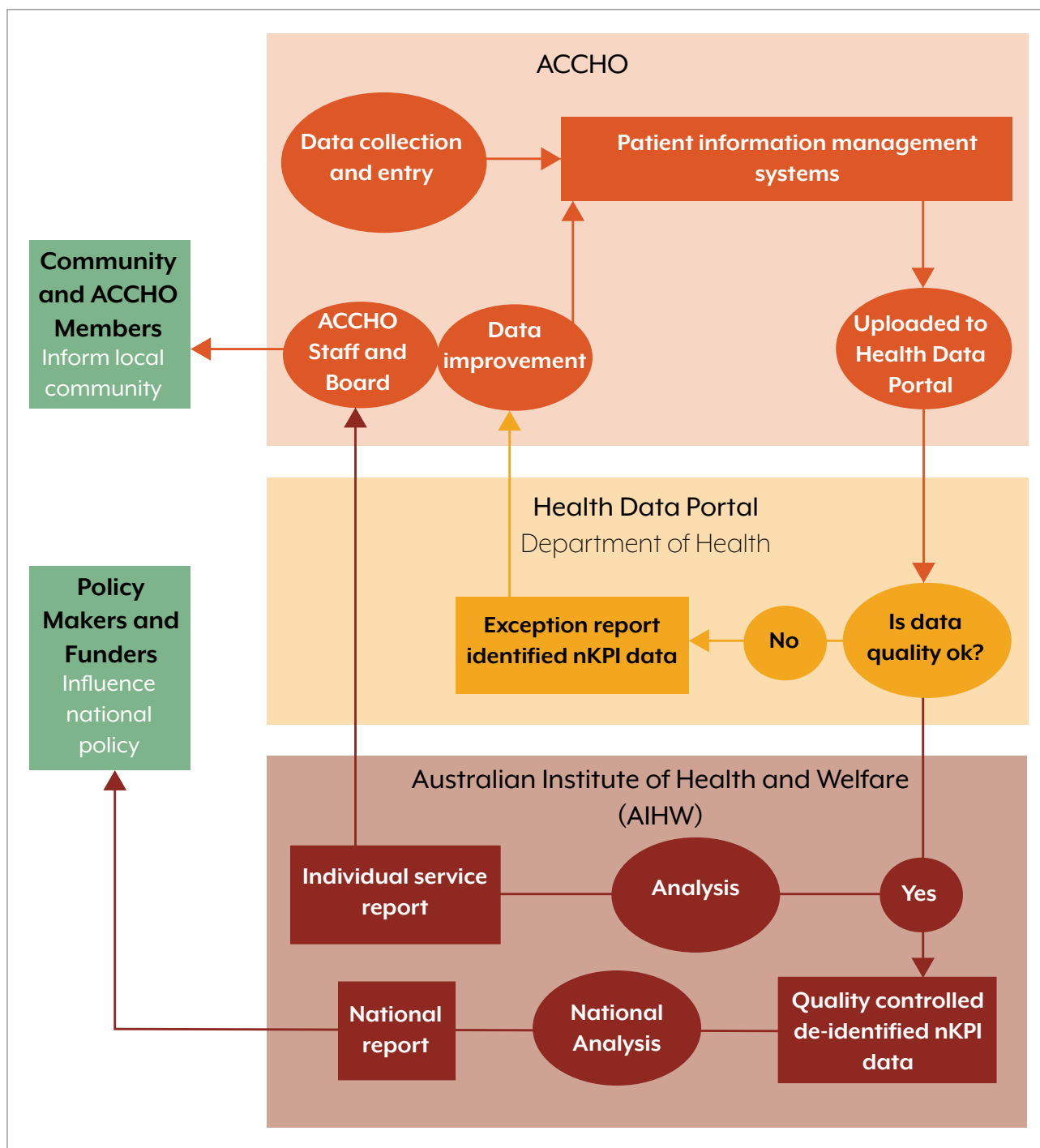
Within the Health Data Portal, data is checked for completeness and accuracy, and to see whether there are significant differences from the last reporting period. If there are any issues, an "exception" report containing the errors is produced and sent back to the ACCHO to check⁴. Once the data is correct, the Australian Institute of Health and Welfare produces a service report and de-identifies data to include in national nKPI reports.

Image 11 (over page) describes the processes undertaken to produce nKPI data, including ACCHO responsibilities, the Health Data Portal, and reports generated by the Australian Institute of Health and Welfare.

³Department of Health. (2019). *Aboriginal and Torres Strait Islander Health Reporting Transition to the Health Data Portal - Fact Sheet*. Accessed on January 17, 2020 at: [www1.health.gov.au/internet/main/publishing.nsf/Content/D9154F83043FCBBDCA2581CB007F3616/\\$File/Heath%20Data%20Portal%20Fact%20Sheet%20March%202019.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/D9154F83043FCBBDCA2581CB007F3616/$File/Heath%20Data%20Portal%20Fact%20Sheet%20March%202019.pdf)

⁴Department of Health. (2019). *IHDR in the health data portal for health services*. Accessed on January 17, 2020 at: dataportal.health.gov.au/wps/wcm/connect/dataportal/9697fb10-c461-43f7-980c-fde7c6c40b39/IHDR+in+the+Health+Data+Portal+for+Health+Services+User+Guide.pdf?MOD=AJPERES

Image 11: nKPI data management and reporting



This image was adapted from a figure developed by the Australian Institute of Health and Welfare (2015, page 7)⁵. The adaptation was informed by Doctor of Philosophy research on the nKPIs undertaken by Summer May Finlay, funded through the CREATE project.

⁵Australian Institute of Health and Welfare. (2015). *The nKPI data collection: data quality issues working paper 2012–2014*. Cat. no. IHW 153. Canberra: AIHW.

ACCHO utilisation of the nKPIs

ACCHOs can use nKPIs in continuous quality improvement activities including identifying relevant nKPIs with good data quality to track clinical processes over time.

At the *Metro ACCHO* all staff are aware of nKPI processes and how the service is performing against the nKPIs. The service uses relevant nKPIs in continuous quality improvement activities, including data related to health assessments, GP management plans and Team Care Arrangements.

Enablers

A range of enabling factors supported the collection, reporting and usefulness of the nKPIs:

- Stability in ACCHO governance and workforce: ACCHOs with effective governance and long-term workforce are better positioned to effectively collect, report and utilise the nKPIs.
- Staff capacity and understanding of the nKPIs.
- Regular staff training in the patient information management system.
- Staff supported to correctly enter data within the patient information management system.
- Clear and transparent communication with staff regarding nKPI processes and outcomes.

During inductions, the *Metro ACCHO* assesses the skills and knowledge of new staff related to the patient information management system, and provides training and capacity strengthening opportunities if needed. All clinical staff are aware of what data needs to be collected for the nKPIs. The service has processes in place to ensure that data is correctly entered into the patient information management system to enable effective data extraction for the nKPIs.

Challenges

Principles and approaches related to the nKPIs

- **nKPIs were imposed on the ACCHO sector**

The nKPIs were imposed on the ACCHO sector with a top-down approach rather than with ground-up self-determination, Aboriginal community control and local data sovereignty principles.

- **National benchmarking and jurisdictional comparisons**

The use of nKPIs for national benchmarking and comparison of performance across jurisdictions is challenging for the ACCHO sector due to its heterogeneous services, contexts and populations.

- **Inequitable accountability requirements**

There are differing (and therefore inequitable) accountability requirements for Indigenous and mainstream primary health care services providing services to Aboriginal and Torres Strait Islander clients, with more rigorous reporting required of ACCHOs.

Development of the nKPIs

- **Tokenistic nKPI consultation**

The tokenistic nature of the nKPI consultation led to lack of engagement and consequently a lack of ownership of the nKPIs by the ACCHO sector. The nKPIs are often seen as another reporting requirement for the sector.

Implementation of the nKPIs

- **Numerous data extraction tools and data management systems imposed on the sector**

Since the introduction of the nKPIs in 2012 the sector has experienced a number of changes in data extraction and management approaches. First, data extraction was undertaken manually, then using the PEN Clinical Audit Tool and the Canning Tool. There have also been changes in relation to data management by the Improvement Foundation and then the establishment of the Health Data Portal. These changes to data extraction and management have negatively impacted data quality and the ability to compare data over time. They have also burdened the ACCHO sector with change management processes and data challenges (e.g. increased number of exception reports).

Utility of the nKPIs

- The nKPIs have a biomedical focus and do not capture the comprehensive primary health care undertaken by ACCHOs.
- The client definition is inappropriate for some ACCHOs especially those with transient populations.
- Immunisations and cervical screening data is better collected through national registers than through the nKPIs.
- There are concerns with the accuracy and utility of nKPIs related to smoking and pregnancy (PI11) and cardiovascular disease risk assessment (PI20).
- Relevant indicators are missing (e.g. health checks for 6-24 year olds, sexually transmitted infections, mental health, oral health, social determinants of health activities).

Workforce capacity and governance challenges

- ACCHOs face staff capacity challenges in relation to nKPIs and data (i.e. patient information management system data entry and extraction, and interpretation of nKPI reports).
- ACCHOs who face difficulties in attracting and retaining GPs find it difficult to meet nKPI targets.
- ACCHOs facing instability in governance are more challenged in utilisation of nKPIs in CQI processes.

Recommendations

Recommendations for ACCHOs

- During new staff inductions, assess skills and knowledge relating to the patient information management system and understanding of the nKPIs. If a gap in skills and knowledge is identified, provide training and capacity strengthening opportunities.
- Upskill all existing clinical staff on what data needs to be collected for the nKPIs.
- Make sure that the nKPI data is correctly entered into the patient information management system (and not within free notes).
- Communicate with all staff regarding progress towards nKPIs and outcomes of nKPI reports.
- Include relevant nKPIs in CQI processes to understand performance against indicators including areas for improvement.
- Advocate to jurisdictional peak bodies regarding relevant indicators that could benefit CQI processes in your organisation.

Recommendations for policy makers

nKPI monitoring and redevelopment

- Engage the ACCHO sector as equal partners in the leadership, development and ongoing implementation of relevant nKPIs such as through an ACCHO advisory group.
- Ensure nKPIs align with ACCHO principles and Aboriginal and Torres Strait Islander ways of being, knowing and doing.
- Ensure there are equitable accountability requirements for both Indigenous and mainstream primary health care services receiving funding for Aboriginal and Torres Strait Islander peoples including funding through the MBS.
- Align nKPI definitions with other data sets to make them comparable.
- Engage the ACCHO sector in the design of all nKPI reviews and evaluations and ensure there is transparency in the approach, interpretation and dissemination of outcomes.

nKPI data set

Undertake a co-design process led by the ACCHO sector that considers the following:

- an agreed client definition
- nKPIs should reflect the heterogeneity of the ACCHO sector and include qualitative indicators
- organisations should report data on services they offer (i.e. establish a process whereby ACCHOs can select relevant indicators from an agreed, standardised, national indicator set)
- remove specific nKPIs related to immunisation and cervical screening and review nKPIs related to cardiovascular disease and pregnancy and smoking
- develop indicators related to health checks for 6-24 year olds, sexually transmitted infections, mental health (e.g. a process indicator related to the proportion of Aboriginal and Torres Strait Islander people with a mental health plan⁶), oral health and social determinants of health activities
- consider how the nKPIs disadvantage smaller ACCHOs facing workforce supply shortages
- develop a mechanism to exclude data for indicators where clients have sought services elsewhere

nKPI capacity building

- Resource the ACCHO sector (including NACCHO jurisdictional affiliates and member services) to build staff capacity in relation to nKPIs including training on patient information management systems and on collecting, reporting and using the nKPIs in CQI activities.
- Provide external supports to build capacity in ACCHO workforce (e.g. network meetings, email and phone support, professional development training).

⁶Note: any nKPI related to mental health should be consistent with the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing- 2017-2023.

Discussion

While the nKPIs represent the most recently developed indicators for Aboriginal and Torres Strait Islander health, several indicators sets have been attached to policies or commitments since 1969. The reason national indicator sets are not available pre-1969 is that prior to this time the Commonwealth Government, as per the Australian Constitution (British Parliament, 1900), could not make policies for Aboriginal and Torres Strait Islander people. Rather, state/territory governments were responsible for Aboriginal and Torres Strait Islander specific legislation (British Parliament, 1900). The 1967 referendum, titled 'Aborigines – Commonwealth Policy and Administration', enabled the Commonwealth Government to legislate and make policies for Aboriginal and Torres Strait Islander people, which became enacted in 1969 (Dow, & Gardiner-Garden, 2011). Since then, numerous Commonwealth initiatives have been aimed at improving the health and wellbeing of Aboriginal and Torres Strait Islander people, as listed in Table 14 (over page). Unfortunately, there has been very little investment in the collection and analysis of appropriate data that would aid in measuring the success or failure of successive policy imperatives (Hudson, 2017; Productivity Commission, 2012; Wronski, 1991).

Performance indicators for Aboriginal health services were first introduced in the mid-1980s (Anderson, Anderson & Smylie 2008). Since the mid-2000s, Aboriginal and Torres Strait Islander primary health care organisations have increasingly been undertaking continuous quality improvement (CQI) activities using indicators (Gardner et al, 2018). In 2007, the Office of Aboriginal and Torres Strait Islander Health, which was within the Commonwealth Department of Health and Ageing, funded Aboriginal and Torres Strait Islander primary health care services to incorporate CQI processes into their programs and reporting (Wise et al, 2013).

Since the nKPI introduction in 2012, there have been significant improvements in the quality of data housed within individual ACCHO patient information management systems (Finlay, 2020). However, the ACCHO sector does not consistently use nKPIs in continuous quality improvement activities due to concerns about data quality and the relevance of indicators. This raises the question regarding whether the nKPIs have achieved their objectives, since ACCHOs do not appear to be using the nKPIs for improving the

health and wellbeing of their client base. Rather, the nKPIs are considered to be an accountability mechanism and reporting requirement rather than useful and relevant to CQI activities. The challenges faced by the ACCHO sector in relation to the implementation of the nKPIs are wide ranging. Firstly, there are concerns regarding data quality. Secondly, for many ACCHOs, the nKPI client definition does not meet their needs because they believe it does not accurately reflect who they consider to be their active client base. Thirdly, the nKPIs dataset does not measure health risks or outcomes of ACCHO clients because it does not take into consideration the ACCHO service delivery model. Meaningful consultation by governments with the ACCHO sector is needed to co-design relevant indicators that reflect the ACCHO comprehensive primary health care model and that can be used in ACCHO CQI processes.

A detailed description of the nKPIs is provided in Table 15 on page 187. Further reading and available resources related to the nKPIs is provided in the Appendix on page 192.

Table 14: Timeline of national Aboriginal and Torres Strait Islander health policy, responsibilities and measurement

Year	Aboriginal and Torres Strait Islander policy or initiative
1969	Commonwealth Government priority to “raise the standard of health of the Aboriginals of Australia to the levels enjoyed by their fellow Australians” within 10 years
1973	National Plan for Aboriginal Health Statistics
1979	Standing Committee on Aboriginal Affairs into 1969 aim to raise health standards of Aboriginal Australians
1981	Aboriginal Public Health Improvement Program with a focus on unsatisfactory environmental conditions associated with inadequate water, sewerage and power systems
1986	Release performance indicators for Aboriginal Health Services
1989	National Aboriginal Health Strategy (NAHS)
1991	Targets for the NAHS were developed
1994	National Aboriginal Health Strategy: An Evaluation (NAHS evaluation) National Commitment to Improved Outcomes for Aboriginal and Torres Strait Islander People First National Aboriginal and Torres Strait Islander Health Survey was conducted
1997	Aboriginal and Torres Strait Islander Health Information Plan was developed
2004	The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013
2006	The Close the Gap campaign was established
2009	Closing the Gap Framework was launched by the Commonwealth
2012	National key performance indicator implemented for Aboriginal and Torres Strait Islander primary health care organisations
2013	National Aboriginal and Torres Strait Islander Health Plan was introduced
2015	National Aboriginal and Torres Strait Islander Health Plan Implementation Plan was introduced

Table 15: nKPI descriptions⁷

Indicator	Description
PI01: Proportion of Indigenous babies born within the previous 12 months whose birthweight has been recorded	Proportion of Aboriginal and/or Torres Strait Islander babies born within the previous 12 months whose birthweight has been recorded at the primary health care organisation.
PI02: Proportion of Indigenous babies born within the previous 12 months whose birthweight results were low, normal or high	Proportion of Aboriginal and/or Torres Strait Islander babies born within the previous 12 months whose birthweight results were categorised as 1 of the following: <ul style="list-style-type: none"> low (less than 2,500 grams) normal (2,500 grams to less than 4,500 grams) high (4,500 grams and over).
PI03: Proportion of regular clients for whom an MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS item 715) was claimed	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 0–4, for whom an MBS health assessment for Aboriginal and Torres Strait Islander people was claimed within the previous 12 months AND proportion of regular clients who are Aboriginal and/or Torres Strait Islander, aged 25 and over and for whom an MBS health assessment for Aboriginal and Torres Strait Islander people was claimed within the previous 24 months.
PI04: Proportion of Indigenous children who are fully immunised	Proportion of Aboriginal and/or Torres Strait Islander children who are regular clients, aged: <ul style="list-style-type: none"> 12 months to less than 24 months 24 months to less than 36 months 60 months to less than 72 months and who are 'fully immunised'.
PI05: Proportion of regular clients with type 2 diabetes who have had an HbA1c measurement result recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and who have had an HbA1c measurement result recorded at the primary health care organisation within the previous 6 months AND proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and who have had an HbA1c measurement result recorded at the primary health care organisation within the previous 12 months.
PI06: Proportion of regular clients with type 2 diabetes whose HbA1c measurement result was within a specified level	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have type 2 diabetes and whose HbA1c measurement result was recorded in the previous 6 months AND as recorded in the previous 12 months and categorised as one of the following (mmol/mol): <ul style="list-style-type: none"> less than or equal to 53 (7%) greater than 53 (7%) but less than or equal to 64 (8%) greater than 64 (8%) but less than 86 (10%) greater than or equal to 86 (10%).

⁷Source: Australian Institute of Health and Welfare. (2019). *National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care: Results to June 2018*. Cat. no. IHW 211. Canberra: AIHW. Page 64. Viewed on 10 December, 2019 at: aihw.gov.au/reports/indigenous-australians/nkpis-indigenous-australians-health-care-2018

Indicator	Description
PI07: Proportion of regular clients with a chronic disease for whom a GP Management Plan (MBS item 721) was claimed	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have a chronic disease and for whom a GPMP was claimed within the previous 24 months.
PI08: Proportion of regular clients with a chronic disease for whom a Team Care Arrangement (MBS item 723) was claimed	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who have a chronic disease and for whom a TCA was claimed within the previous 24 months.
PI09: Proportion of regular clients whose smoking status has been recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, whose smoking status has been recorded at the primary health care organisation within the previous 24 months.
PI10: Proportion of regular clients with a smoking status result	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, whose smoking status has been recorded within the previous 24 months as one of the following: <ul style="list-style-type: none"> • current • smoker ex-smoker • never smoked.
PI11: Proportion of regular clients who gave birth within the previous 12 months with a smoking status of 'current smoker', 'ex-smoker' or 'never smoked'	Proportion of Aboriginal and/or Torres Strait Islander regular clients, 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: <ul style="list-style-type: none"> • current • smoker ex-smoker • never smoked.
PI12: Proportion of regular clients who are classified as overweight or obese	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 25 and over, who have had their BMI classified as overweight or obese within the previous 24 months.
PI13: Proportion of regular clients who had their first antenatal care visit within specified periods	Proportion Aboriginal and/or Torres Strait Islander regular clients, who gave birth within the previous 12 months and who had gestational age recorded at their first antenatal care visit, with results either: <ul style="list-style-type: none"> • less than 13/40 weeks • 13/40 weeks to less than 20/40 weeks • at or after 20/40 weeks • no result • did not attend an antenatal care visit.
PI14: Proportion of regular clients aged 50 and over who are immunised against influenza	Proportion Aboriginal and/or Torres Strait Islander regular clients, aged 50 and over who had an influenza immunisation within the previous 12 months.
PI15: Proportion of regular clients with type 2 diabetes or chronic obstructive pulmonary disease (COPD) who are immunised against influenza	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15–49, who have type 2 diabetes or COPD and have had an influenza immunisation within the previous 12 months.

Indicator	Description
PI16: Proportion of regular clients whose alcohol consumption status has been recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who have had their alcohol consumption status recorded at the primary health care organisation within the previous 24 months.
PI17: Proportion of regular clients who had an AUDIT-C with result within specified levels	Proportion of regular Aboriginal and/or Torres Strait Islander clients, aged 15 and over, who have had an AUDIT-C result recorded in the previous 24 months with a score of either: <ul style="list-style-type: none"> • high risk (greater than or equal to 4 in males and 3 in females) • low risk (less than 4 in males and 3 in females).
PI18: Proportion of regular clients with a selected chronic disease who have had a kidney function test	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who have 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 Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who have cardiovascular disease (CVD) and have had an eGFR recorded within the previous 12 months.
PI19: Proportion of regular clients with a selected chronic disease who have had a kidney function test with results within specified levels	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 15 and over, who are recorded as having type 2 diabetes or CVD and who have had an eGFR recorded within the previous 12 months with a result of (mL/min/1.73 m ²): <ul style="list-style-type: none"> • 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 II diabetes and who have had an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol): <ul style="list-style-type: none"> • 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 II diabetes and who have had an albumin/creatinine ratio (ACR) recorded within the previous 12 months with a result of (mg/mmol): <ul style="list-style-type: none"> • less than 3.5 • greater than or equal to 3.5 but less than or equal to 35 • greater than 35.

Indicator	Description
PI20: Proportion of regular clients who have had the necessary risk factors assessed to enable CVD assessment	Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 35–74, with no known history of CVD and with information available to calculate their absolute CVD risk recorded within the previous 24 months.
PI21: Proportion of regular clients aged 35 to 74 who have had an absolute cardiovascular disease risk assessment with results within specified levels	<p>Proportion of Aboriginal and/or Torres Strait Islander regular clients, aged 35–74, with no known history of CVD, who have had an absolute CVD risk assessment recorded within the previous 24 months and whose CVD risk was categorised as 1 of the following:</p> <ul style="list-style-type: none"> • 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).
PI22: Proportion of regular clients who have had a cervical screening	Proportion of female regular clients who are Aboriginal and/or Torres Strait Islander, aged 20–74, who have not had a hysterectomy and who have had a cervical screening within the previous 2 years, 3 years and 5 years.
PI23: Proportion of regular clients with type 2 diabetes who have had a blood pressure measurement result recorded	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who 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.
PI24: Proportion of regular clients with type 2 diabetes whose blood pressure measurement result was less than or equal to 130/80 mmHg	Proportion of Aboriginal and/or Torres Strait Islander regular clients, who 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.

References

Anderson IP, Anderson M, Smylie J. (2008). The national Indigenous health performance measurement system. *Australian Health Review*, 32 (4): 626–638.

British Parliament. (1900). *Commonwealth of Australia Constitution Act 1900*. British Parliament, London.

Dow, C & Gardiner-Garden, J. (2011). *Overview of Indigenous affairs: Part 1: 1901 to 1991, Parliament of Australia*. Accessed on January 17, 2020 at: aph.gov.au/about_parliament/parliamentary_departments/parliamentary_library/pubs/bn/1011/indigenouaffairs1

Finlay, S.M. (2020). *Understanding the impacts of the national key performance indicators on Aboriginal Community Controlled Health Organisations*. Doctorate of Philosophy thesis, University of South Australia, Adelaide, South Australia.

Gardner, K, Sibthorpe, B, Chan, M, Sargent, G, Dowden, M & McAullay, D. (2018). 'Implementation of continuous quality improvement in Aboriginal and Torres Strait Islander primary health care in Australia: a scoping systematic review.' *BMC Health Services Research*, 18 (1): 541.

Hudson, S. (2017). *Evaluating Indigenous programs: a toolkit for change*, The Centre for Independent Studies, Sydney.

Productivity Commission. (2012). *Better Indigenous policies: the role of evaluation – roundtable proceedings*. Australian Government, Canberra.

Wise, M, Angus, S, Harris, E & Parker, S. (2013). *National appraisal of continuous quality improvement initiatives in Aboriginal and Torres Strait Islander primary health care: final report*. The Lowitja Institute, Melbourne.

Wronski, IS. (1991). *Aboriginal and Torres Strait Islander health goals and targets (interim)*. Australian Government, Canberra.

Appendix: Further reading and available resources

There are a range of resources and reports to assist ACCHOs with the nKPIs. Some are Aboriginal and Torres Strait Islander specific, some are health specific and some are focused on both Aboriginal and Torres Strait Islander peoples and health.

Table 16: nKPIs resources

Resource	Description
IHDR in the Health Data Portal for Health Services Users Guide July 2019	<p>The IHDR in the Health Data Portal for Health Services Users Guide July 2019 has been developed to assist different types of health services users interacting with the Health Data Portal with performing their required tasks within the Porta as part of the Indigenous Health Data Reporting (IHDR) process.</p> <p>dataportal.health.gov.au/wps/portal/dataportalcontent/usersupport/userhelpihdr!/ut/p/a1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOJNPb09DUwMjLwNfF1MDBwtTU0DLU09DSy8zYEKloEKDHAARwNC-r2lsMCoyNfZN10_qiCxEJEM3My8tXz-itDi1qLi0oCC_qATCyUjNKcjMSCnSD9ePAhuJx0kFuRFVPh4G6QBF0AU6/dl5/d5/L2dBISEvZ0FBIS9nQSEh/#UserGuides</p>
Aboriginal and Torres Strait Islander Health Reporting Transition to the Health Data Portal - Fact Sheet	<p>This Fact Sheet describes the Health Data Portal that is currently used to upload nKPI and other data.</p> <p>www1.health.gov.au/internet/main/publishing.nsf/Content/D9154F83043FCBBDCA2581CB007F3616/\$File/Heath%20Data%20Portal%20Fact%20Sheet%20March%202019.pdf</p>
National key performance indicators for Aboriginal and Torres Strait Islander primary health care: results to June 2018 <i>Aboriginal and Torres Strait Islander health specific</i>	<p>This report presents the nKPI data from June 2017, December 2017 and June 2018. These are the most recent periods for which data were available at the time of reporting.</p> <p>aihw.gov.au/reports/indigenous-australians/nkpis-indigenous-australians-health-care-2018/contents/an-overview-of-nkpi-results-to-june-2018</p>
National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023 <i>Aboriginal and Torres Strait Islander health specific</i>	<p>The National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023 provides practical support for health care providers and policy makers to embed Continuous Quality Improvement into primary health care for Aboriginal and Torres Strait Islander People.</p> <p>naccho.org.au/wp-content/uploads/NACCHO-CQI-Framework-2019.pdf</p>