

**TECHNICAL DETAILS FOR NATIONAL PERFORMANCE INDICATORS
FOR DIVISIONS OF GENERAL PRACTICE**

NATIONAL PRIORITY AREA: Governance
DOMAIN: Performance Improvement Culture

N_PIC Objective To ensure sound governance reflecting a culture of continuous quality improvement.

Rationale for the objective Sound governance is a legal, contractual and ethical obligation of all organisations. This is particularly so for publicly funded organisations. Ongoing systematic evaluation and improvement of the effectiveness of the organisation ensures continuous quality improvement.

GOVERNANCE INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.1	
Indicator	The organisation is accredited by a recognised accreditation model. 2 points or 50 points if accreditation achieved (compulsory)
Rationale for the indicator	Accreditation is an internationally recognised method to assist organisations improve performance and make those improvements sustainable. Looking to the future, the Department of Health and Ageing is seeking assurance that all Divisions Network members have appropriate organisational arrangements in place to achieve ongoing improvements in the quality, accessibility and integration of general practice services within the broader Australian health system. Choice of accreditation models allows Divisions Network members to become accredited using the model most appropriate to their needs, while ensuring that accreditation programs used have appropriate coverage, standards and processes.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of certification of registration Certificate of accreditation
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Formal registration to be accredited with one of the four recognised accreditation models, including a brief description on progress towards achieving accreditation</p> <p>N_PIC 1.1</p> <p>Accreditation achieved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, certificate of accreditation attached.</p> <p>If no, brief description on progress towards achieving accreditation.</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	N/A
Comments	<p>Organisations have three years (until June 2008) to obtain accreditation.</p> <p>If accredited, organisations are not required to respond to all of the governance performance indicators—only those not incorporated within their selected accreditation model. The attached table on page D1:23–24 summarises the indicators included in each of the four recognised accreditation models.</p> <p>If not accredited, organisations must respond to all of the governance performance indicators, identify if the organisation is registered to become accredited, and include a plan to progress towards accreditation.</p> <p>If 50 points for accreditation are claimed, no further points can be claimed for the remaining governance indicators.</p>

GOVERNANCE INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.2	
Indicator	The organisation's Board composition is appropriate* to support the effective discharge of governance and financial accountabilities. 2 points (compulsory)
Rationale for the indicator	Good governance arrangements are essential for all organisations. Good governance is partially dependent on the appropriate composition of the organisation's Board.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of the qualifications and experience of Board members N_PIC 1.2 Description, no more than one page, of the qualifications and experience of Board members
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	* 'Appropriate' is defined in the following way: The Board must maintain an appropriate size and membership balance. Collectively, members must have the skill and experience to ensure the Board can maintain a primary health care focus and the required expertise (including accounting knowledge) to ensure appropriate administrative arrangements are in place for the efficient, effective and ethical use of public monies. Maintaining the required expertise (including business and accounting knowledge) may include purchasing specific services from an external provider.

GOVERNANCE INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.3	
Indicator	The organisation's structure includes a mechanism* to effectively capture relevant community input#. 2 points (compulsory)
Rationale for the indicator	An organisation that represents its community requires a governance structure and vision that reflect its community's needs and interests. A mechanism to capture community input ensures the relevance of the organisation's activities to the wider community.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of the mechanism to capture relevant community input. N_PIC 1.3 Description, no more than one page, of the mechanism to capture relevant community input
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*It is acknowledged that appropriate and acceptable mechanisms will vary from Division to Division in accordance with organisational structure, local community and other factors. #Community input relates to the wider community such as the general public, area health services, regional health services and Aboriginal health services. This indicator addresses a mechanism for capturing relevant community input. It is linked to N_EEE (DIV) 1.1 which addresses how effective that mechanism has been.

GOVERNANCE INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.4	
Indicator	<p>The organisation has the following*:</p> <ul style="list-style-type: none"> a) a comprehensive governance and operational policies manual in place that is subject to ongoing review; 2 points (compulsory) b) a system of annual Board performance appraisals, with externally facilitated review at least every three years; 2 points (compulsory) c) a system of annual CEO performance review against agreed indicators and position description; 2 points (compulsory) d) an independent committee# established to provide assurance on financial, remuneration and other matters to the Board; 2 points (compulsory) e) an appropriate skills training program in place for each member of the Board and management; 2 points (compulsory) f) an effective system in place to ensure Board members and staff are given adequate orientation to their respective roles; and 2 points (compulsory) g) a framework established to evaluate the organisation's core programs and ensure these evaluations are an essential part of Board/management performance review. 2 points (compulsory)
Rationale for the indicator	Effective systems ensure appropriate administrative arrangements are in place to achieve efficient, effective and ethical use of public monies.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Self-report of progress towards achieving the following:</p> <ul style="list-style-type: none"> a) a comprehensive governance and operational policies manual in place that is subject to ongoing review; b) a system of annual Board performance appraisals, with externally facilitated review at least every three years; c) a system of annual CEO performance review against agreed indicators and position description; d) an independent committee established to provide assurance on financial, remuneration and other matters to the Board; e) an appropriate skills training program in place for each member of the Board and management; f) an effective system in place to ensure Board members and staff are given adequate orientation to their respective roles; and g) a framework to evaluate the organisation's core programs and ensure these evaluations are an essential part of Board/management performance review. <p>N_PIC 1.4 Description, no more than one page, of progress with structures/processes</p>
Timing of reporting	<p>6 Month Report 12 Month Report</p>
Disaggregation (equity)	N/A
Comments	<p>*Organisations have three years (until June 2008) to have all of these structures/processes in place.</p> <p>#The independent committee may contain Board members, however, it should also comprise outside members with relevant expertise such as accountants or lawyers.</p>

NATIONAL PRIORITY AREA: Governance
DOMAIN: Effective External Engagement

N_EEE Objective To ensure collaborations with key stakeholders influence local primary health care policy, planning and service delivery.

Rationale for the objective Sound working relationships between key stakeholders contribute to the effectiveness of the interaction between general practice and other health care and support providers. Community input into the program of activities ensures the relevance of the activities to the wider community.

GOVERNANCE INDICATORS

GOVERNANCE—Effective External Engagement

N_EEE (DIV) 1.1	
Indicator	The Division’s programs are well informed by relevant community input*. 2 points (compulsory)
Rationale for the indicator	Relevant community input ensures the relevance of the Division’s activities to the wider community.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least three significant achievements# that demonstrate the effective use of information from community input Each description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_EEE (DIV) 1.1 Significant Achievement 1: Aim: Actions taken: Outcomes: N_EEE (DIV) 1.1 Significant Achievement 2: Aim: Actions taken: Outcomes: N_EEE (DIV) 1.1 Significant Achievement 3: Aim: Actions taken: Outcomes:

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	<p>*Community input relates to the wider community such as the general public, area health services, regional health services and Aboriginal health services.</p> <p>This indicator is linked to N_PIC 1.3 as it addresses how effective the mechanism described in N_PIC 1.3 has been in capturing relevant community input.</p> <p>#A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

GOVERNANCE INDICATORS

GOVERNANCE—Effective External Engagement

N_EEE (DIV) 1.2	
Indicator	The Division's collaborations with key stakeholders (e.g. local government, regional health services, non-government organisations, consumer groups, relevant Indigenous health organisations, the SBO, other health service providers) influence local primary health care policy, planning and service delivery. 2 points (compulsory)
Rationale for the indicator	A key role of the Division is to influence local primary health care policy, planning and service delivery, including through collaborations with key stakeholders.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least three significant achievements* from collaborations with key stakeholders Each description need not exceed half a page, and must follow the format of aim, actions taken and outcomes N_EEE (DIV) 1.2 Significant Achievement 1: Aim: Actions taken: Outcomes: N_EEE (DIV) 1.2 Significant Achievement 2: Aim: Actions taken: Outcomes: N_EEE (DIV) 1.2 Significant Achievement 3: Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

Future Directions

Technical Details for National Performance Indicators for Divisions of General Practice

March 2007

NATIONAL PRIORITY AREA: Governance

DOMAIN: Financial, Compliance and Risk Management

N_FCR Objective To ensure sound financial management, compliance with all legal and contractual requirements and mitigation of identified risks.

Rationale for the objective Sound financial management ensures a high standard of accountability and appropriate management of public funds. Sound compliance and risk management contribute to the effective administration of the organisation's resources, assets and liabilities to protect its Board, management and staff, and enable the organisation to achieve optimal outcomes.

GOVERNANCE INDICATORS

GOVERNANCE—Financial, Compliance and Risk Management

N_FCR 1.1	
Indicator	The organisation has systems in place for written financial reporting to the Board (minimum of a quarterly basis), that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements. 2 points (compulsory)
Rationale for the indicator	The governance structure and processes require written financial reporting systems to ensure sound financial management and accountability for public funds.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator.	Self report of the existence of systems for written financial reporting to the Board N_FCR 1.1 Statement of the existence of written financial reporting systems that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements.
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	

GOVERNANCE INDICATORS

GOVERNANCE—Financial, Compliance and Risk Management

N_FCR 1.2	
Indicator	The organisation has written risk management plans based on an appropriate and recognised risk management framework. These plans cover the main areas of the organisation's operation (e.g. governance, financial, knowledge management and, where appropriate, clinical risk) and include a legal and contractual compliance program. 2 points (compulsory)
Rationale for the indicator	Recognised risk management systems ensure sound compliance and effective management of the organisation's resources, assets and liabilities, to protect its Board, management and staff, and to enable the organisation to achieve optimal outcomes.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator.	Self report of the existence of written risk management plans N_FCR 1.2 Statement of the existence of written risk management plans covering the main areas of the organisation's operation
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	

PERFORMANCE INDICATORS INCORPORATED WITHIN EACH OF THE FOUR RECOGNISED ACCREDITATION MODELS

	ISO	ACHS EQuIP Corporate	ACHS QDN	QIC	Relevant Indicator
Performance Improvement Culture					
The organisation's Board composition is appropriate to support the effective discharge of governance and financial accountabilities.	No	No	No	No	N_PIC 1.2
The organisation's structure includes a mechanism to effectively capture community input.	Yes	Yes	Yes	Yes	N_PIC 1.3
The organisation has a comprehensive governance and operational policies manual in place and subject to ongoing review.	Yes	Yes	Yes	Yes	N_PIC 1.4a
The organisation conducts annual Board performance appraisals, with externally facilitated review at least every three years.	Yes	Yes	Yes	Yes	N_PIC 1.4b
The organisation conducts an annual CEO performance review against agreed indicators and position description.	Yes	Yes	Yes	Yes	N_PIC 1.4c
The organisation has established an independent committee to provide assurance on financial, remuneration and other matters to the Board.	Yes	Yes	Yes	Yes	N_PIC 1.4d
The organisation has in place an appropriate skills training program for each member of the Board and management.	Yes	Yes	Yes	Yes	N_PIC 1.4e
The organisation has in place an effective system to ensure Board members and staff are given adequate orientation to their respective roles.	Yes	Yes	Yes	Yes	N_PIC 1.4f
A framework to evaluate the organisation's core programs is in place and ensures these evaluations are an essential part of Board/management performance review.	Yes	Yes	Yes	Yes	N_PIC 1.4g
Effective External Engagement					
The organisation's programs are well informed by relevant community input.	Yes	Yes	Yes	Yes	N_EEE 1.1
The organisation's collaborations with key stakeholders (e.g. local government, regional health services, non-government organisations, consumer groups, relevant Indigenous health organisations, the SBO, other health care providers) influence local primary health care policy, planning and service delivery.	No*	Yes	Yes	Yes	N_EEE 1.2
Financial, Compliance and Risk Management					
The organisation has systems in place for written financial reporting to the Board (minimum of a quarterly basis), that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements.	No*	Yes	Yes	Yes	N_FCR 1.1

(continued over)

The organisation has written risk management plans in place based on an appropriate and recognised risk management framework. These plans cover the main areas of the organisations operation (e.g. governance, financial, knowledge management and, where appropriate, clinical risk) and a legal and contractual compliance program.	Yes	Yes	Yes	Yes	N_FCR 1.2
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*The ISO standards are able to include these elements within the accreditation model upon request. Organisations are required to provide evidence that these elements have been included in the accreditation model if they are not responding to these individual governance indicators.

NATIONAL PRIORITY AREA: Prevention and Early Intervention
DOMAIN: Immunisation

N_IMM Objective To ensure the Division supports general practices/GPs to implement the current National Immunisation Handbook¹ including the Australian Standard Vaccination Schedule (ASVS)² the National Immunisation Program (NIP)³ and the General Practice Immunisation Incentives (GPII) Scheme⁴.

¹ *Australian Immunisation Handbook 8th Edition 2003*, approved by the NHMRC on 18 September 2003.

² *Australian Standard Vaccination Schedule*. Available at: <http://immunise.health.gov.au/schedule.pdf>

³ National Immunisation Program. Summary card available at http://www.immunise.health.gov.au/nip/nip_final.pdf

⁴ General Practice Immunisation Incentives Scheme. For details, see: http://www.medicareaustralia.gov.au/providers/incentives_allowances/gpii_scheme.htm

Rationale for the objective General practice has an important role in immunisation through support of the implementation of government initiatives, including those aimed at limiting childhood vaccine preventable disease transmission in the community.

IMMUNISATION INDICATORS

IMMUNISATION—Level 1 (Divisions)

N_IMM 1.1	
Indicator	The Division collaborates with other organisations, service providers and consumer/carers groups to promote and support quality immunisation practices. 2 points (compulsory)
Rationale for the indicator	Divisions have a key role in promotion of and support for quality immunisation practices, particularly through collaborations with other organisations (e.g. public health services, local councils, Aboriginal Community Controlled Health Services, other vaccine service providers and consumer/carers groups).
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Divisions records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from collaborations with other organisations (e.g. public health services, local councils, Aboriginal Community Controlled Health Services, other vaccine service providers, consumer/carer groups)</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_IMM 1.1 Significant Achievement Aim: Actions taken: Outcomes:</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

IMMUNISATION INDICATORS

IMMUNISATION—Level 1 (Divisions)

N_IMM 1.2	
Indicator	The Division takes a systematic approach to support general practices/GPs to comply with the Australian Standard Vaccination Schedule (ASVS) and participate in local immunisation programs. 2 points (compulsory)
Rationale for the indicator	Divisions have a key role in ongoing general practice/GP participation in the ASVS and local immunisation programs by providing high level practice support (e.g. with cold chain maintenance, data cleansing and resources produced and/or supplied, such as newsletters/guidelines/summary charts).
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from a systematic approach to supporting practices (e.g. with cold chain maintenance#, data cleansing, resources produced and/or supplied, such as newsletters/guidelines/summary charts) Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_IMM 1.2 Significant Achievement Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.

Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>#One of the significant achievements reported in 2005–08 must relate to practice support for cold chain maintenance, which is included in the RACGP Standards for General Practices¹.</p> <p>¹ RACGP, <i>Standards for General Practices</i>, 3rd Edition available at: http://www.racgp.org.au/AM/Template.cfm?Section=search&template=/Search/SearchDisplay.cfm</p>
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IMMUNISATION INDICATORS

IMMUNISATION—Level 2 (General Practices/GPs)

N_IMM 2.1	
Indicator	The number and proportion of general practices registered in the General Practice Immunisation Incentives (GPII) Scheme. 4 points (compulsory)
Rationale for the indicator	Divisions need to monitor the level of practice participation and performance in immunisation in accordance with the aims of the GPII Scheme ¹ and other local and national programs. ¹ General Practice Immunisation Incentives Scheme. For details, see: http://www.medicareaustralia.gov.au/providers/incentives_allowances/gpii_scheme.htm
Indicator type	Quantitative
Numerator	Number of general practices registered in the General Practice Immunisation Incentives (GPII) Scheme
Source of numerator data	ACIR 034A*
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Number of practices in the Division
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*ACIR 034A reports the number of practices registered with GPII on a nominated date. It identifies the names and addresses of practices registered with GPII within a Divisional area that have an approved GPII status, including those who have not yet received a feedback statement or have a Whole Patient Equivalent (WPE) <10. The ACIR reports are available from Medicare Australia on application by individual Divisions. Medicare Australia provides technical management of the data recorded on the ACIR. Information in these reports includes identified provider details. Each Division is required to have signed a Section 46E confidentiality agreement with the Department before these reports can be made available to the Division.

Table N_IMM 2.1 Number and proportion of general practices registered in the GPII Scheme,
 [insert Division name], [insert date—month and year]

	Registered	Not registered	Total number of practices in the Division
Number			
Per cent			100
Explanatory text:			

IMMUNISATION INDICATORS

IMMUNISATION—Level 2 (General Practices/GPs)

N_IMM 2.2	
Indicator	The number and proportion of general practices accessing ACIR/GPII reports in the two preceding quarters. 4 points (compulsory)
Rationale for the indicator	The ACIR 032A provides information that Divisions can use to monitor performance of individual practices and identify those with low immunisation coverage rates (e.g. those practices that require priority assistance.)
Indicator type	Quantitative
Numerator	Number of general practices accessing ACIR/GPII reports in the two preceding quarters.
Source of numerator data	ACIR 032A*
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Number of practices in the Division area
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin
Comments	*The ACIR 032A reports immunisation coverage rates of practices registered with the GPII on a nominated date. It includes the number of Whole Patient Equivalents (WPEs) and the GPII coverage rate for each practice, and whether or not the practice has received a GPII practice report for the two most recent quarters. The ACIR reports are available from Medicare Australia on application by individual Divisions. Medicare Australia provides technical management of the data recorded on the ACIR. Information in these reports includes identified provider details. Each Division is required to have signed a Section 46E confidentiality agreement with the Department before these reports can be made available to the Division.

Table N_IMM 2.2 Number and proportion of general practices accessing ACIR/GPII reports in the two preceding quarters, [insert Division name], [insert date—month and year]

	Accessing	Not accessing	Not registered	Total number of practices in the Division
Number				
Per cent				100
Explanatory text:				

IMMUNISATION INDICATORS

IMMUNISATION—Level 2 (General Practices/GPs)

N_IMM 2.3	
Indicator	The number and proportion of general practices transferring childhood immunisation data to ACIR electronically. 4 points (compulsory)
Rationale for the indicator	Divisions need to assist practices to implement and manage electronic immunisation records and, where appropriate, provide assistance with data collection, cleansing and transfer to the ACIR.
Indicator type	Quantitative
Numerator	Number of general practices transferring childhood immunisation data electronically
Source of numerator data	Division survey of practices, and/or face-to-face telephone or email contact with practices, using Standard National Questions as follows: N_IMM 2.3(Q1) Does your practice provide childhood immunisations? <input type="checkbox"/> Yes <input type="checkbox"/> No N_IMM 2.3(Q2) If yes to N_IMM 2.3(Q1), does your practice transfer your childhood immunisation information to ACIR (or VIVAS in Queensland or ACT Health)? <input type="checkbox"/> Yes <input type="checkbox"/> No N_IMM 2.3(Q3) If yes to N_IMM 2.3(Q2), what method(s) does your practice use to transfer the information? <input type="checkbox"/> Electronic <input type="checkbox"/> Paper based <input type="checkbox"/> Both
Data coding (if applicable)	N_IMM 2.3(Q1) 1 Yes 0 No 9 Missing N_IMM 2.3(Q2) 1 Yes 0 No 8 Not applicable 9 Missing N_IMM 2.3(Q3) 1 Electronic 2 Paper based 3 Both 8 Not applicable 9 Missing

Mechanism for QA on numerator data	Audit of Division records and random audit of practices
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators (In each coded category for Q3) divided by denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons need to take into consideration State or Territory, and rurality.
Comments	

Table N_IMM 2.3 Number and proportion of general practices transferring childhood immunisation data to ACIR electronically, [insert Division name], [insert date—month and year]

	Does not provide childhood immunisations	Provides childhood immunisations but does not transfer data	Provides childhood immunisations and does paper-based data transfer	Provides childhood immunisations and transfers at least some data electronically (Q3 1 or 3)	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number							
Per cent						100	N/A
Explanatory text:							
QA: How were these data obtained?							

IMMUNISATION INDICATORS

IMMUNISATION—Level 3 (Processes of Care)

N_IMM 3.1	
Indicator	Childhood immunisation coverage rates by general practices and by Division. 8 points (compulsory)
Rationale for the indicator	It has been well demonstrated that involvement by Divisions has improved immunisation coverage rates, even in geographical areas of traditionally low coverage ¹ . ¹ Department of Health and Ageing, <i>Review of the General Practice Immunisation Incentives (GPII) Scheme: In consultation with the GPII Advisory Group (January 2004)</i> . Available at: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-immunis-gp.htm-copy3/\$FILE/gpii_review_summary.pdf
Indicator type	Quantitative
Numerator	Average childhood immunisation coverage rate for each practice and for Division
Source of numerator data	ACIR 032A*
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	N/A Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons need to take into consideration State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.

Comments	<p>*The ACIR 032A reports immunisation coverage rates of practices registered with the GPII on a nominated date.</p> <p>The ACIR reports are available from Medicare Australia on application by individual Divisions. Medicare Australia provides technical management of the data recorded on the ACIR. Information in these reports includes identified provider details. Each Division is required to have signed a Section 46E confidentiality agreement with the Department before these reports can be made available to the Division.</p> <p>Whilst shown to be an effective measure of quality performance, it is understood that there may be valid reasons why local coverage rates are comparatively low (e.g. high conscientious objection rates, highly mobile populations, tourist regions). This needs to be considered when interpreting or comparing coverage rates at Division or practice level and hence disaggregation is relevant.</p>
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Table N_IMM 3.1 Average childhood immunisation coverage rates for practices and Division, [insert name of Division], [insert date—month and year]

	P1	P2	P3	P4	P5	P6	P..n	Division	Total number of practices registered	Total number of practices in the Division
Average coverage rate—All %										
Explanatory text:										

NATIONAL PRIORITY AREA: Access
DOMAIN: Residential Aged Care

N_RES Objective To ensure the Division facilitates access and supports general practices/GPs to provide optimal care and contribute to the achievement of the best possible health outcomes for older people living in Residential Aged Care Facilities (RACFs).

Rationale for the objective Older people living in RACFs should have access to quality medical care at the same standard that applies to the community generally, and that meets their specific medical needs¹. There has been a decline in GP attendances to residential care patients² in the context of an ageing population, increased numbers of residential care beds and an increased proportion of residents classified as high care³. Divisions have a key role in improving access to appropriate general practice services for older people living in RACFs⁴.

¹ RACGP. *Medical Care of Older Persons in Residential Aged Care Facilities 2006 (The Silver Book)*. Available at: <http://www.racgp.org.au/downloads/pdf/20040618silverbook.pdf>

² Lewis G and Pegram R. “Residential aged care and general practice: Workforce demographic trends 1984–2001”. *Medical Journal of Australia* 2002; 177(2):84–6.

³ Flicker L. ‘Clinical issues in aged care: managing the interface between acute, sub-acute, community and residential care’. *Australian Health Review* 2002; 25:136–9.

⁴ Department of Health and Ageing. *Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice (April 2004)*, p11. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\\$FILE/fut_dir.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/$FILE/fut_dir.pdf)

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 1 (Divisions)

N_RES 1.1	
Indicator	The Division collaborates with RACFs, service providers and consumer/carer groups to facilitate access to primary medical care for residents of RACFs within the Division’s boundaries. 2 points (compulsory)
Rationale for the indicator	The frailty and complexity of medical needs of residents, combined with their social context of dependency on relatives and residential care staff, necessitate an integrated approach to multidisciplinary health care provision. Divisions have a role to play in facilitating access to primary health care services.
Indicator type	Quantitative
Numerator	Number of RACFs in Division with which agreed arrangements for collaboration exist
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of RACFs in Division area
Source of denominator data	Department—provided to Divisions in the data package
Data coding (if applicable)	N/A

Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 month report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage) and GP:population ratio.
Comments	

Table N_RES 1.1 Number and proportion of RACFs in Division with which agreed arrangements for collaboration exist, [insert Division name], [insert date—month and year]

	Agreed arrangements	No agreed arrangements	Not known/ missing	Total number of RACFs in the Division
Number				
Per cent				100
Explanatory text:				
QA: How were these data obtained?				

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 1 (Divisions)

N_RES 1.2	
Indicator	The Division takes a systematic approach to support GPs visiting RACFs to provide optimal care to RACF patients. 2 points (compulsory)
Rationale for the indicator	<p>Divisions have been active and successful in improving quality of care for patients with chronic disease¹. Divisions have a role to play in supporting general practices/GPs to implement effective practice systems for RACF patient care and disease management, through:</p> <ul style="list-style-type: none"> • practice visits; • provision of clinical, IT and organisational tools; and • information for GPs, practice staff and patients on relevant Continuous Professional Development (CPD) and national/local referral/information services (e.g. incontinence). <p>Effective practice systems, for delivering services, include using:</p> <ul style="list-style-type: none"> • practice staff (e.g. nurse); • clinical guidelines (e.g. <i>RACGP Medical Care of Older Persons in Residential Aged Care Facilities</i>); • protocols (e.g. agreed working arrangements with RACF, medication management, after hours arrangements); • practice register/recall/reminder systems to identify RACF patients for review and appropriate action; • information management (e.g. electronic records, templates for medical assessment and care plans); and • quality improvement processes (e.g. audit). <p>¹ Wagner EH. 'Chronic disease management: What will it take to improve care for chronic disease?' <i>Effective Clinical Practice</i>, 1998; 1:2–4.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from a systematic approach to supporting practices to provide optimal care to RACF patients (see rationale examples)</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_RES 1.2 Achievement Aim: Actions taken: Outcomes:</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage) and GP:population ratio.</p>
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 1 (Divisions)

N_RES 1.3	
Indicator	The Division facilitates GP access to effective Continuing Professional Development (CPD) for the care needs of RACF patients. 2 points
Rationale for the indicator	This indicator responds to the expressed need of GPs for access to further skills training in geriatric medicine ¹ to reduce barriers to providing care for residents. ¹ VACGP. <i>General Practice / Residential Aged Care Interface Subcommittee Report to the Victorian Advisory Committee on General Practice (2003)</i> . Available at: http://www.gpdv.com.au/gpdv/documents/AgedCareHomes_InterfaceSCReport2003.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Statement of CPD relating to residential aged care provided by the Division, formatted as follows: N_RES 1.3 (S1) We undertook [insert type of CPD activity] on [insert residential aged care topic*; specify focus where appropriate] Comments: _____ AND/OR Statement of CPD relating to residential aged care provided by others that the Division facilitated access to, formatted as follows: N_RES 1.3 (S2) We facilitated access to [insert type of CPD activity] on [insert residential aged care topic*; specify focus where appropriate] provided by [insert provider]. We facilitated access by [insert activities]. Comments: _____
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, and number of GPs in the Division.
Comments	All relevant activities should be reported. *Examples include medication management, dementia, hip fracture prevention

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 2 (General Practices/GPs)

N_RES 2.1	
Indicator	The number and proportion of general practices whose GPs visit RACFs using register/recall/reminder systems to identify RACF patients for review and appropriate action*. 4 points
Rationale for the indicator	Registers are an essential part of high quality preventive care and disease management, allowing practices to identify patients, schedule review visits as required and ensure that they are providing comprehensive care ¹ . ¹ Wagner EH. ‘Chronic disease management: What will it take to improve care for chronic disease?’ <i>Effective Clinical Practice</i> , 1998; 1:2–4.
Indicator type	Quantitative
Numerator	Number of general practices whose GPs visit RACFs using register/recall/reminder systems to identify RACF patients for review and appropriate action
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows: N_RES 2.1(Q1) Do one or more GPs in your practice visit Residential Aged Care Facilities (RACFs)? <input type="checkbox"/> Yes <input type="checkbox"/> No N_RES 2.1(Q2) If yes to N_RES 2.1(Q1), does your practice have a register/recall/ reminder system which is used to identify RACF patients for review and appropriate action? <input type="checkbox"/> Yes <input type="checkbox"/> No N_RES 2.1(Q3) If yes to N_RES 2.1(Q1), does your practice use RACF register /recall/ reminder systems to identify RACF patients for review and appropriate action? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data coding (if applicable)	N_RES 2.1(Q1) 1 Yes 0 No 9 Missing N_RES 2.1(Q2) 1 Yes 0 No 8 Not applicable 9 Missing N_RES 2.1(Q3) 1 Yes 0 No 8 Not applicable 9 Missing

Mechanism for QA on numerator data	Audit of Divisions records; random audit of practices and reconciliation with other knowledge held by Division (e.g. from practice contacts/ visits)
Denominator	Number of practices whose GPs visit RACFs for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, and rurality.
Comments	*A register/recall/reminder system can be electronic or paper-based, but must be searchable. That is, it must be possible to use it to identify patients with particular diagnoses and elements of care who may need to be recalled for review and appropriate action. The questions relate to the use of a practice-based or RACF system and are to be answered at practice level, even if the system is not currently used by all GPs in the practice.

Table N_RES 2.1 Number and proportion of general practices whose GPs visit RACFs using a register/recall/reminder system to identify RACF patients for review and appropriate action, [insert Division name], [insert date—month and year]

	Practice does not have GPs visiting RACF(s)	Practice has GPs visiting RACF(s) but no register is used to identify patients for review and appropriate action	Practice has GPs visiting RACF(s) and uses only practice register to identify patients for review and appropriate action	Practice has GPs visiting RACF(s) and uses only RACF register to identify patients for review and appropriate action	Practice has GPs visiting RACF(s) and uses both practice and RACF register to identify patients for review and appropriate action (Yes to N_RES 2.1(Q2) and (Q3))	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number								
Per cent							100	N/A
Explanatory text:								
QA: How were these data obtained?								

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 2 (General Practices/GPs)

N_RES 2.2	
Indicator	The number and proportion of general practices providing written patient information appropriate for their patient population about the nature and extent of their availability for RACF visits. 4 points
Rationale for the indicator	Patients have the right to choose their GP, however not all GPs visit RACFs and some RACFs have reported that new residents have difficulty accessing a GP, particularly if they have moved away from their previous locality and GP. This indicator meets RACGP accreditation standards for practices to inform patients, including those living in RACFs, of their services ¹ . ¹ RACGP. <i>Medical Care of Older Persons in Residential Aged Care Facilities 2006 (The Silver Book)</i> . Available at: http://www.racgp.org.au/downloads/pdf/20040618silverbook.pdf
Indicator type	Quantitative
Numerator	Number of general practices providing written patient information appropriate* for their patient population about the nature and extent of their availability for RACF visits
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows: N_RES 2.2(Q1) Does your practice provide written information that explains the availability of GPs to consult at RACFs? <input type="checkbox"/> Yes <input type="checkbox"/> No N_RES 2.2(Q2) If yes, is it available in different languages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data coding (if applicable)	N_RES 2.2(Q1) 1 Yes 0 No 9 Missing N_RES 2.2(Q2) 1 Yes 0 No 8 Not applicable 9 Missing

Mechanism for QA on numerator data	Audit of Divisions records; random audit of practices and reconciliation with other knowledge held by Division (e.g. from practice contacts/ visits).
Denominator	Number of practices in the Division for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Review of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin
Comments	* 'Appropriate' refers to the information being relevant to the needs of different practice population groups. This may include providing information in different languages. Context for the extent to which information is provided in different languages may be included in any explanatory text.

Table N_RES 2.2 Number and proportion of general practices providing written information appropriate for their patient population about the nature and extent of RACF visits, [insert Division name], [insert date—month and year]

	Practice does not provide written information	Practice provides written information in English only	Practice provides written information in different languages	Not known/ missing	Number of practices for whom data available	Total number of practices in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 3 (Processes of Care)

N_RES 3.1	
Indicator	<p>The number of:</p> <ul style="list-style-type: none"> i) GP consultations in RACFs; ii) comprehensive medical assessments (CMAs); and iii) residential medication management reviews (RMMRs); <p>provided by GPs practising in the Divisions area, compared to the number of RACF beds in the Division's area.</p> <p style="text-align: right;">8 points (compulsory)</p>
Rationale for the indicator	<p>There has been a decline in GP attendances to RACF patients in the context of an increase in RACF beds¹ particularly high care². While GP access may not be an issue across all Divisions, the aim of this indicator is to encourage optimal access. An increase in the number of MBS GP RACF visit items will indicate that additional services are being provided.</p> <p>The Medicare Plus Aged Care Initiative includes funding for one CMA MBS item per RACF resident per 12 months. A CMA of the resident is included as an indicator of quality of medical care. It is necessary to inform GP care planning (of prevention, disease management and after hours care), and referral for RMMR. It also communicates medical information to aid clinical decision-making by other service providers such as RACF staff, locum doctors and hospital staff.</p> <p>CMAs may reduce the need for GP attendances so the pattern of GP visits and CMAs relative to RACF beds may be as important as the separate ratios.</p> <p>Poly-pharmacy and difficulties with medication management are common among RACF residents. The new RMMR offers the opportunity for the GP and pharmacist to review the medication management plan of the resident and take appropriate action.</p> <p>¹ Lewis G, Pegram R. 'Residential aged care and general practice: Workforce demographic trends 1984–2001'. <i>Medical Journal of Australia</i>, 2002; 177(2):84–6.</p> <p>² Flicker L. 'Clinical issues in aged care: managing the interface between acute, sub-acute, community and residential care'. <i>Australian Health Review</i>, 2002; 25:136–9.</p>
Indicator type	Quantitative
Numerator	Number of MBS claims for GP consultations in RACFs (MBS item numbers 20, 35, 43, 51,92, 93, 95, 96, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267); CMAs (item number 712, 730, 731, 734, 736, 738, 775, 778, 779); RMMRs (item number 903), by GPs practising in the Division's area
Source of numerator data	Medicare Australia (provided to Divisions by the Department in the data package)
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Number of Commonwealth-funded RACF beds within the Division in the past 12 months*
Source of denominator data	Department (provided to Divisions in the data package)
Data coding (if applicable)	N/A

Future Directions

Technical Details for National Performance Indicators for Divisions of General Practice

March 2007

Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by denominator expressed as ratios Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage) and GP:population ratio.
Comments	* Ensure that the denominator reflects operational beds and does not include allocated beds. Contextual information, e.g. issues relating to workforce, will be important in interpretation of results.

Table N_RES 3.1 Number and ratio¹ of GP consultations in RACFs, CMAs² and RMMRs³, [insert Division name], [insert date—month and year]

	GP RACF consultations	CMAs	RMMRs	Operational Beds
Number				
Ratio services:beds				N/A
Explanatory text:				

¹ Relative to the number of operational Residential Aged Care Facility beds in the Division's area.

² Comprehensive medical assessments.

³ Residential medication management reviews.

RESIDENTIAL AGED CARE INDICATORS

RESIDENTIAL AGED CARE—Level 4 (Intermediate Outcomes)

N_RES 4.1	
Indicator	The number and proportion of RACFs satisfied with general practice involvement in their RACE. 16 points
Rationale for the indicator	Access to appropriate medical care is essential for all members of the community and it is a Government priority to strengthen primary care. Divisions of General Practice have a key role to play in helping to ensure access to appropriate primary care for older people in RACFs. This indicator is intended to assess residents' ease of access to GP services and the extent to which Divisions are seen to have effective working relationships with RACFs.
Indicator type	Quantitative
Numerator	Numbers of RACFs in each coded category for questions Q1, Q2, Q3 and Q4
Source of numerator data	Division survey of RACFs, and/or face-to-face, telephone or email contact with RACFs, using Standard National Questions as follows*: N_RES 4.1(Q1) Did new residents (less than three months) have difficulty obtaining GP services? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always <input type="checkbox"/> Not applicable (no new residents) N_RES 4.1(Q2) Did existing residents have difficulty obtaining GP services? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always N_RES 4.1(Q3) How satisfied were you with the quality of GP involvement in quality improvement activities? <input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied N_RES 4.1(Q4) How satisfied were you with the contact between your facility and your local Division of General Practice? <input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied

Data coding (if applicable)	<p>N_RES 4.1(Q1) 1 Never 2 Sometimes 3 Often 4 Always 8 Not applicable 9 Missing</p> <p>N_RES 4.1(Q2) 1 Never 2 Sometimes 3 Often 4 Always 9 Missing</p> <p>N_RES 4.1(Q3) 1 Unsatisfied 2 Satisfied 3 Very satisfied 9 Missing</p> <p>N_RES 4.1(Q4) 1 Unsatisfied 2 Satisfied 3 Very satisfied 9 Missing</p>
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of RACFs in the Division
Source of denominator data	Department (provided to Divisions in the data package)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Numerators in each coded category (Q1)–(Q4) divided by the denominators and multiplied by 100</p> <p>Explanatory text for the result may be provided</p>
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage) and GP:population ratio
Comments	<p>*The Standard National Questions are the same as those used in the Department's <i>sample survey</i> of RACFs.</p> <p>In order to respond to this indicator, Divisions are required to undertake their own survey so that the views of all RACFs in their area are sought.</p>

Table N_RES 4.1 (Q1) New (less than three months) residents difficulty obtaining GP services reported by RACFs, [insert Division name], [insert date—month and year]

	Never/sometimes	Often/always	Not applicable (no new residents)	Not known/missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

Table N_RES 4.1 (Q2) Existing residents difficulty obtaining GP services reported by RACFs, [insert Division name], [insert date—month and year]

	Never/sometimes	Often/always	Not known/missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number					
Per cent				100	N/A
Explanatory text:					
QA: How were these data obtained?					

Table N_RES 4.1 (Q3) RACF reported satisfaction with the contact between the RACF quality improvement activities, [insert Division name], [insert date—month and year]

	Unsatisfied	Satisfied	Very Satisfied	Not known/missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

Table N_RES 4.1 (Q4) RACF reported satisfaction with the contact between the RACF and the Division of General Practice, [insert Division name], [insert date—month and year]

	Unsatisfied	Satisfied	Very Satisfied	Not known/missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

NATIONAL PRIORITY AREA: Integration
DOMAIN: GPs and Hospitals

N_INT Objective To ensure the Division works with relevant hospitals* to improve local service planning, timely and appropriate exchange of patient health information, and integration of care for patients, families and communities.

Rationale for the objective Divisions and hospitals are major local sources of health care. Their role in the care of individuals is often closely linked, and some health/service problems (e.g. chronic disease care, post acute care, improving access to services) require a coordinated response from the two sectors.

This objective reflects two of the four main aims of collaboration between general practice and hospitals¹:

- developing a better working relationship between the two parties to improve problem solving; and
- improving transitions of care.

The other two aims are:

- providing care in the most appropriate setting; and
- reducing the need for hospitalisation through better prevention.

These last two aims are more variable and less common areas of collaboration, and are not reflected in this indicator set.

* 'Relevant hospitals' refers to the hospitals with whom GPs in the Division share most care for their patients. These may be local or referral/base hospitals. Some local but specialised hospitals may not be relevant in this sense.

¹ Reynolds F, Powell-Davies P, Harris M. *GP hospital integration: what have we learnt?* Centre for GP Integration Studies, Sydney (2001). Available at: <http://www.cgpis.unsw.edu.au/files/gphi.pdf>

GP'S AND HOSPITALS INDICATORS

GP'S AND HOSPITALS—Level 1 (Divisions)

N_INT 1.1	
Indicator	The Division collaborates with relevant hospitals to facilitate local service planning, timely and appropriate exchange of patient information and sharing of clinical care for patients, families and communities, involving consumers and other service providers where relevant. 2 points (compulsory)
Rationale for the indicator	This indicator reflects the first objective of GP-hospital integration: developing a stronger working relationship. Most Divisions already report arrangements for collaboration with hospitals ¹ . ¹ Modra C, Whites L, Kalucy E. <i>Ten Years On: Results of the 2001–2002 Annual Survey of Divisions of General Practice</i> . Primary Health Care Research and Information Service (PHCRIS), Department of General Practice, Flinders University, Adelaide (2003). Available at: http://www.phcris.org.au/publications/catalogue.php

Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* in the past 12 months resulting from collaborations with relevant hospitals, other service providers and consumer/carer groups relating to, for example, GP hospital liaison, participation in hospital committees, pre-admission protocols, discharge planning protocols, emergency department–GP interface, policies to include GP as part of patient management team</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_INT 1.1 Significant Achievement Aim: Actions taken: Outcomes:</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, and rurality.
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>Achievement does not necessarily require formal arrangements: the focus is on mutual agreement and effectiveness.</p> <p>Performance on this indicator will vary considerably, according to the number and range of hospitals with which a Division has to deal and their readiness to deal (and the number of Divisions with which each hospital has to deal), and their current relationships.</p> <p>There will be differences between urban and rural: in the latter case, there are often more problems with base and referral hospitals.</p>

GPs AND HOSPITALS INDICATORS

GPs AND HOSPITALS—Level 1 (Divisions)

N_INT 1.2	
Indicator	An agreed system operates between hospitals and local general practices for the timely and appropriate exchange of patient information for discharge notifications. 2 points
Rationale for the indicator	This indicator reflects the second major aim of GP-hospital integration, and focuses initially one of the main points at which effective communication can make a difference ¹ . ¹ Reynolds F, Powell-Davies P, Harris M. <i>GP hospital integration: what have we learnt?</i> Centre for GP Integration Studies, Sydney 2001. Available at: http://www.cgpis.unsw.edu.au/files/gphi.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of the system N_INT 1.2 Description, no more than one page, of the system
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, and rurality.
Comments	The same system can be reported in each financial year in order to assess the extent to which the system is maintained over time. If reporting on the same system in subsequent years, any changes to the system should be reported. The indicator could be extended in future contract periods to include agreed systems for sharing of information for other planned and unplanned events, e.g. referral to hospital clinics, pre-surgical assessment, unplanned admissions, emergency department presentations, deaths, and hospital-managed acute care in the community and general practice.

GP^s AND HOSPITALS INDICATORS

GP^s AND HOSPITALS—LEVEL 2 (General Practices/GPs)

N_INT 2.1	
Indicator	The number and proportion of GPs satisfied with the agreed system for the timely and appropriate exchange of patient information for discharge notifications. 4 points
Rationale for the indicator	This indicator shows practice uptake and perceived effectiveness of discharge notification systems set up at Division and hospital level.
Indicator type	Quantitative
Numerator	Number of GPs satisfied with the agreed system for the timely and appropriate exchange of patient information for discharge notifications
Source of numerator data	Division survey of GPs, <i>and/or</i> face-to-face, telephone or email contact with GPs, using the Standard National Question as follows*: N_INT 2.1(Q) Overall, how satisfied are you with the timeliness and appropriateness of patient information included in discharge notifications? ‘Appropriateness’ includes the range and content of the information transferred. There may be different arrangements for different hospitals; the question seeks an overall view. [] Satisfied [] Unsure [] Not satisfied
Data coding (if applicable)	1 Satisfied 2 Unsure 3 Not satisfied 9 Missing
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of GPs for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, and rurality.
Comments	*This question is for individual GPs. Divisions may choose to provide an opportunity for GPs to say why the system is or is not satisfactory and draw on this information for any explanatory text.

Table N_INT 2.1 Number and proportion of GPs satisfied with the agreed system for the timely and appropriate exchange of patient information for discharge notifications, [insert Division name], [insert date—month and year]

	Satisfied	Unsure	Not satisfied	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

GP_s AND HOSPITALS INDICATORS

GP_s AND HOSPITALS—Level 2 (General Practices/GPs)

N_INT 2.2	
Indicator	The number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals. 4 points
Rationale for the indicator	This indicator shows the level of general practice satisfaction with local hospital/community shared care activities.
Indicator type	Quantitative
Numerator	Number of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals; by patient type
Source of numerator data	Division survey of GPs, and/or face-to-face, telephone or email contact with GPs, using Standard National Questions as follows*: N_INT 2.2(Q) Overall, how satisfied are you with the arrangements for sharing clinical care with hospitals for: N_INT 2.2(Qa) Emergency department patients? [] Satisfied [] Unsure [] Not satisfied [] Not applicable (not involved in shared clinical care for these patients) N_INT 2.2(Qb) Medical patients? [] Satisfied [] Unsure [] Not satisfied [] Not applicable (not involved in shared clinical care for these patients) N_INT 2.2(Qc) Surgical patients? [] Satisfied [] Unsure [] Not satisfied [] Not applicable (not involved in shared clinical care for these patients) N_INT 2.2(Qd) Obstetric patients? [] Satisfied [] Unsure [] Not satisfied [] Not applicable (not involved in shared clinical care for these patients) N_INT 2.2(Qe) Other patients (to be specified by the Division) [] Satisfied [] Unsure [] Not satisfied [] Not applicable (not involved in shared clinical care for these patients)
Data coding (if applicable)	1 Satisfied 2 Unsure 3 Not satisfied 8 Not applicable 9 Missing
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of GPs for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department

Future Directions

Technical Details for National Performance Indicators for Divisions of General Practice

March 2007

Method of calculation of the indicator	Numerators in each coded category for each question (Qa)–(Qe) divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size and rurality.
Comments	* This question is for individual GPs. ‘Sharing clinical care’ may refer to coordinating contemporaneous care (as in shared care arrangements) or sequential care (as in hospital and post-discharge care). The arrangements may be formal or informal and may vary, e.g. with hospitals or with specialists. The question seeks an overall judgement of how well current arrangements work, whatever they may be. Divisions may add an additional patient group (N_INT 2.2(Qe)) if locally relevant. Divisions may choose to provide an opportunity for GPs to say why current arrangements are or are not satisfactory. This could be reflected in any explanatory text.

Table N_INT 2.2 (Qa) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for Emergency Department patients, [insert Division name], [insert date—month and year]

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/missing	Number of GPs for whom data available	Total number of GPs in the Division
Number							
Per cent						100	N/A
Explanatory text:							
QA: How were these data obtained?							

Table N_INT 2.2 (Qb) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for medical patients, [insert Division name], [insert date—month and year]

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/missing	Number of GPs for whom data available	Total number of GPs in the Division
Number							
Per cent						100	N/A
Explanatory text:							
QA: How were these data obtained?							

Table N_INT 2.2 (Qc) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for surgical patients, [insert Division name], [insert date—month and year]

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/missing	Number of GPs for whom data available	Total number of GPs in the Division
Number							
Per cent						100	N/A
Explanatory text:							
QA: How were these data obtained?							

Table N_INT 2.2 (Qd) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for obstetric patients, [insert Division name], [insert date—month and year]

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/missing	Number of GPs for whom data available	Total number of GPs in the Division
Number							
Per cent						100	N/A
Explanatory text:							
QA: How were these data obtained?							

Table N_INT 2.2 (Qe) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, [insert patient type], [insert Division name], [insert date—month and year]

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number							
Per cent						100	N/A
Explanatory text:							
QA: How were these data obtained?							

NATIONAL PRIORITY AREA: Chronic Disease
DOMAIN: Diabetes

N_DIA Objective The Division supports general practices/GPs to provide optimal care and contributes to the achievement of the best possible health outcomes for patients with diabetes*.

Rationale for the objective Sustained improvements in health outcomes for people with chronic diseases such as diabetes have been associated with a more systematic approach in general practice including intensive follow up, use of clinical management guidelines integrated with self-management support programs, and more effective use of nurse case managers and non-physician care providers¹. Systematic care includes having a disease register, regular recall and review, protected time, a practice nurse, clear written guidelines and a system for auditing standards of care^{2,3}. Supporting chronic disease care is a core role of Divisions⁴.

¹ Wagner EH. 'Chronic disease management: What will it take to improve care for chronic disease?' *Effective Clinical Practice*, 1998; 1:2-4.

² Greenhalgh PM. *Shared care for diabetes: a systematic review: RCGP Occasional Paper 67*. Royal College of General Practitioners, London (October 1994).

³ Griffin S. 'Diabetes care in general practice: meta-analysis of randomised control trials'. *British Medical Journal* 1998; 317(7155):390-96.

⁴ Department of Health and Ageing, *Future Directions: Government Response to the Report of the review of the role of Divisions of General Practice (April 2004)*, p11. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\\$FILE/fut_dir.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/$FILE/fut_dir.pdf).

* For this purpose, diabetes refers to:

- diabetes Type 1; and
- diabetes Type 2.

For this purpose, diabetes does not refer to:

- Gestational Diabetes Mellitus (GDM);
- previous GDM;
- impaired fasting glucose; or
- impaired glucose tolerance.

(Source: National Integrated Diabetes Program guide for general practitioners and Diabetes Australia range of blood glucose levels indicative of diabetes mellitus.)

DIABETES INDICATORS

DIABETES—Level 1 (Divisions)

N_DIA 1.1	
Indicator	The Division collaborates with other organisations, service providers and consumer/carer groups to facilitate patient access to optimal diabetes care. 2 points (compulsory)
Rationale for the indicator	<p>Patients with diabetes require multidisciplinary care, support for self-care and referral to specialists for difficult cases¹. This requires practices to relate to service providers and organisations beyond the practice. It is part of a Division's role to facilitate access for practices to other services².</p> <p>¹ Wagner EH. 'Chronic disease management: What will it take to improve care for chronic disease?' <i>Effective Clinical Practice</i>, 1998; 1:2–4.</p> <p>² Department of Health and Ageing, <i>Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice (April 2004)</i>, p11. Available at: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\$FILE/fut_dir.pdf.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from collaborations with other organisations, service providers and consumer/carer groups relating to, for example, multi-disciplinary care, support for self care, or referral to specialists for difficult cases</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_DIA 1.1 Significant Achievement Aim: Actions taken: Outcomes:</p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage) and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

DIABETES INDICATORS

DIABETES—Level 1 (Divisions)

N_DIA 1.2	
Indicator	The Division takes a systematic approach to support general practices/GPs to provide optimal diabetes care. 2 points (compulsory)
Rationale for the indicator	A major role of Divisions is to help GPs and practices to better manage chronic disease ¹ . Divisions have been active in this area ² . ¹ Department of Health and Ageing, <i>Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice (April 2004)</i> , p11. Available at: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\$FILE/fut_dir.pdf . ² Modra C, Whaites L, Kalucy E. <i>Ten Years On: Results of the 2001–2002 Annual Survey of Divisions of General Practice</i> . Primary Health Care Research and Information Service (PHCRIS), Department of General Practice, Flinders University, Adelaide (2003). Available at: http://www.phcris.org.au/publications/catalogue.php
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from a systematic approach to support practices to implement optimal diabetes care, e.g. by facilitating use of a practice register/recall/reminder system for review and appropriate action, data cleansing, assisting GPs to access dietetic and podiatry services for patients, systems to support practice-based diabetes patient education, a ‘map’ or directory of local services that the Division establishes and maintains for the practices to access to facilitate multi-disciplinary care Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_DIA 1.2 Significant Achievement Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report

Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p> <p>At least one significant achievement in the period 2005–08 might need to be related to diabetes care for Aboriginal and/or Torres Strait Islander patients.</p>
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>Support may be given through an identified diabetes or chronic disease management program, or through another source, e.g. a more generic practice development program.</p>

DIABETES INDICATORS

DIABETES—Level 1 (Divisions)

N_DIA 1.3	
Indicator	The Division facilitates access to effective Continuing Professional Development (CPD) for diabetes care. 2 points
Rationale for the indicator	All practice staff need the skills necessary to support their role in diabetes care, and it is the role of the Division to ensure that appropriate CPD is available. CPD should be based on a needs assessment and use methods that suit local circumstances. Issues covered may include providing evidence-based care, developing the organisational capacity needed to support systematic diabetes care, and strengthening relationships with other diabetes-related services.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Statement of CPD relating to diabetes care provided by the Division, formatted as follows:</p> <p>N_DIA 1.3(S1) We undertook [insert type of CPD activity] on [insert diabetes topic; specify focus where appropriate].</p> <p>Comments: _____</p> <p>AND/OR</p> <p>Statement of CPD relating to diabetes care provided by others that the Division facilitated access to, formatted as follows:</p> <p>N_DIA 1.3(S2) We facilitated access to [insert type of CPD activity] on [insert diabetes topic; specify focus where appropriate] provided by [insert provider]. We facilitated access by [insert activities].</p> <p>Comments: _____</p>
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, and number of GPs in the Division. At least one CPD activity in the period 2005–08 might need to be related to diabetes care for Aboriginal and/or Torres Strait Islander patients.
Comments	All activities should be reported.

DIABETES INDICATORS

DIABETES—Level 1 (Divisions)

N_DIA 1.4	
Indicator	The number and proportion of GPs from whom the Division is receiving electronic patient records to provide feedback for quality improvement in diabetes care* #. 20 points
Rationale for the indicator	Having access, with patient consent, to patients' clinical data enables the Division to provide targeted feedback to GPs ¹ . Aggregated, this information can help guide the Division's work in support of GPs and practices. ¹ Harris MF, Priddin D, Ruscoe W, Infante FA, O'Toole BI. 'Quality of care provided by general practitioners using or not using Division-based diabetes registers'. <i>Medical Journal of Australia</i> , 177(5): 250–2.
Indicator type	Quantitative
Numerator	Number of GPs from whom Division is receiving electronic patient records and providing feedback for quality improvement in diabetes care.
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of GPs in the Division area
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, and income
Comments	* For the Division to report against this indicator, 5% or more of GPs must participate. Patient-level data will enable the Division to relate outcomes to quality of care, and to measure change in outcomes and quality of care over time. # Currently the unit of measurement is GPs, since it is they who will choose whether or not to take part in this activity. Over time this might change to practices, as the organisation of general practices in chronic disease care changes. This indicator needs effective information and messaging systems, including appropriate protections.

Table N_DIA 1.4 Number and proportion of GPs from whom the Division is receiving electronic patient records to provide feedback for quality improvement in diabetes care, [insert Division name], [insert date—month and year]

	Receiving records and providing feedback	Not receiving records	Total number of GPs in Division
Number			
Per cent			100
Explanatory text:			

DIABETES INDICATORS

DIABETES—Level 1 (Divisions)

N_DIA 1.5	
Indicator	The Division takes a systematic approach to support general practices/GPs to consistently capture and record Aboriginal and/or Torres Strait Islander origin for patients with diabetes on the practice register/recall/reminder system. 2 points (compulsory)
Rationale for the indicator	Capture of Aboriginal and/or Torres Strait Islander origin in health services data is a national priority ¹ . ¹ Australian National Audit Office. Auditor-General Audit Report No. 15 Performance Audit, 2002. Available at: http://www.anao.gov.au/uploads/documents/Audit%20Report%2015-2003.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* in the past 12 months resulting from a systematic approach to supporting general practices/GPs to consistently capture Aboriginal and/or Torres Strait Islander origin for patients with diabetes Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_DIA 1.5 Significant Achievement Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, and proportion of population of Aboriginal and/or Torres Strait Islander origin.

<p>Comments</p>	<p>* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>National Standards and Processes for Reporting Indigenous Status can be found at: http://www.aihw.gov.au/indigenous/national_standards.cfm</p> <p>The standard ABS question and response format must be used:</p> <p>‘Are you of Aboriginal or Torres Strait Islander origin? – No – Yes, Aboriginal – Yes, Torres Strait Islander</p> <p>Persons of both Aboriginal and Torres Strait Islander origin can answer “Yes” to both.’</p>
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DIABETES INDICATORS

DIABETES—Level 2 (General Practices/GPs)

N_DIA 2.1	
Indicator	The number and proportion of general practices using a practice register/recall/reminder system to identify patients with diabetes for review and appropriate action*. 4 points (compulsory)
Rationale for the indicator	Registers are an essential part of high quality diabetes care, allowing practices to identify patients with diabetes, recall them as required and ensure that they are providing comprehensive care ^{1,2,3} . ¹ Wagner EH. 'Chronic disease management: What will it take to improve care for chronic disease?' <i>Effective Clinical Practice</i> , 1998; 1:2–4. ² Greenhalgh PM. <i>Shared care for diabetes: a systematic review: RCGP Occasional Paper 67</i> . Royal College of General Practitioners, London (October 1994). ³ Griffin S. 'Diabetes care in general practice: meta-analysis of randomised control trials'. <i>British Medical Journal</i> 1998; 317(7155):390–96.
Indicator type	Quantitative
Numerator	Number of practices reporting using a register/recall/reminder system to identify patients with diabetes for review and appropriate action
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows: N_DIA 2.1(Q1) Does your practice have a register/recall/reminder system? [] Yes [] No N_DIA 2.1(Q2) If yes, does your practice use the register/recall/reminder system to identify patients with diabetes for review and appropriate action? [] Yes [] No
Data coding (if applicable)	N_DIA 2.1(Q1) 1 Yes 0 No 9 Missing N_DIA 2.1(Q2) 1 Yes 0 No 8 Not applicable 9 Missing
Mechanism for QA on numerator data	Audit of Division records, random audit of practices, and reconciliation with other knowledge held by Division (e.g. from practice contacts/visits)
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Review of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, and rurality.
Comments	*A register/recall/reminder system can be electronic or paper-based, but must be searchable. That is, it must be possible to use it to identify patients with particular diagnoses and elements of care and may need to be recalled for review and appropriate action. The questions relate to the use of a practice-based system and are to be answered at practice level, even if the system is not currently used by all GPs in the practice.

Table N_DIA 2.1 Number and proportion of general practices using a practice register/recall/reminder system to identify patients with diabetes, for review and appropriate action, [insert Division name], [insert date—month and year]

	No practice register/recall/reminder system	Practice register/recall/reminder but not used for identifying patients with diabetes for review and appropriate action	Practice register/recall/reminder used for identifying patients with diabetes for review and appropriate action	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

DIABETES INDICATORS

DIABETES—Level 3 (Processes of Care)

N_DIA 3.1	
Indicator	The number of service incentive payments (SIPs) made to GPs practising in the Division's area compared to the estimated population in the Division's area with diabetes*. 8 points (compulsory)
Rationale for the indicator	In 2002, 50% of the estimated population of Divisions providing data for the National Divisions Diabetes Program (NDDP) were receiving any of the process of care measures outlined in guidelines ¹ . The SIP is the main method for recording and rewarding the full annual cycle of care for patients attending general practices. ¹ Carter S, Burns J, Bonney M, Powell-Davies PG, Harris MF. <i>National Divisions Diabetes Program Data Collation Project. Volume 1: Summary volume</i> . Sydney: Centre for General Practice Integration Studies, School of Community Medicine, UNSW; 2000.
Indicator type	Quantitative
Numerator	Number of SIP claims by GPs practicing in the Division area in past 12 months (MBS items 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633, 2635)
Source of numerator data	Medicare Australia—data provided to the Division by the Department in the data package.
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Estimated population with diabetes in the Division area
Source of denominator data	Diabetes prevalence estimates provided to Divisions by the Department
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator expressed as a ratio Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, GP:population ratio, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*Method published in: Georgiou A, Burns J, Harris MF. 'GP Claims for completing diabetes "cycle of care"'. <i>Australian Family Physician</i> , 2004; 33:755–7.

Table N_DIA 3.1 Number of service incentive payments (SIPs) made to GPs practicing in the Division's area compared to the estimated population in the Division's area with diabetes, [insert Division name], [insert date—month and year]

	Number of SIPs	Estimated number of people with diabetes	SIPs:population ratio
Number			
Explanatory text:			

DIABETES INDICATORS

DIABETES—Level 4 (Intermediate Outcomes)

N_DIA 4.1	
Indicator	<p>The number and proportion of patients with diabetes on practice register/recall/reminder systems whose most recent HbA1c in the past 12 months was:</p> <ul style="list-style-type: none"> • 7.0% or less; • more than 7% but less than 10.0%; • 10.0% or more; or • not measured/not recorded*. <p style="text-align: right;">20 points</p>
Rationale for the indicator	<p>Glycaemic control is related to the risk of complications and can be influenced by good diabetes care. The level of 7.0% or less corresponds with guidelines and signifies good glycaemic control; more than 7% but less than 10% indicates impaired glycaemic control; 10% or more indicates poor glycaemic control¹.</p> <p>¹ Diabetes Australia and RACGP, <i>Diabetes Management in General Practice</i> (10th Edition), Canberra, 2004/5.</p>
Indicator type	Quantitative
Numerator	<p>Number of patients with diabetes on practice register/recall/reminder systems whose most recent HbA1c in the past 12 months was:</p> <ul style="list-style-type: none"> • 7.0% or less; • more than 7% but less than 10.0%; • 10.0% or more; or • not measured/not recorded.
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients with diabetes for review and appropriate action ('Yes' to N_DIA2.1(Q1) AND (Q2)) using the Standard National Question as follows#:</p> <p>N_DIA 4.1(Q) For these patients use the attached table to show most recent HbA1C recorded in the past 12 months:</p> <ul style="list-style-type: none"> • for all patients; • for patients of Aboriginal or Torres Strait Islander origin; and • by age group. <p>[] Check this box if your practice provides these data to the Division electronically.</p>
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients with diabetes on the practice register/recall/reminder systems
Source of denominator data	Practice register/recall/reminder systems (aggregated to Division)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Mechanism for QA on qualitative data	N/A

Mechanism for indicator data transfer to collation agency	Paper or electronic data transfer from practices to Divisions Report to the Department
Method of calculation of the indicator	Collation of electronic and paper based data from practices Numerators in each category divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Patient data disaggregated by Aboriginal and/or Torres Strait Islander origin and age. Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	* For the Division to report against this indicator, 5% or more of GPs must participate. #Issues of consent, privacy and confidentiality need to be considered when providing this information at practice level. This indicator refers to information collected from practice level registers, not Division or pathology-based systems.

Table N_DIA 4.1 Most recent HbA1c in the past 12 months among patients with diabetes on practice register/recall/reminder systems, all, Aboriginal/Torres Strait Islander origin and age, [insert Division name], [insert date—month and year]

	7.0% or less	More than 7% but less than 10.0%	10.0% or more	Not measured/not recorded	Totals
All (numbers and percentages)					
Number					
Per cent					100
Aboriginal/Torres Strait Islander origin (numbers)					
ATSI					
Non-ATSI					
Origin missing					
Age (numbers)					
<35					
35–44					
45–54					
55–64					
65–74					
75+					
Age missing					
Explanatory Text:					
What number and proportion of GPs in your Division contributed data for this indicator?					
Number: Proportion:					
What number and proportion of those GPs provided the data to you using electronic patient records?					
Number: Proportion:					

DIABETES INDICATORS

DIABETES—Level 4 (Intermediate Outcomes)

N_DIA 4.2	
Indicator	<p>The number and proportion of patients with diabetes on practice register/recall/reminder systems whose most recent total cholesterol in the past 12 months was:</p> <ul style="list-style-type: none"> less than 4.0 mmol/L; 4.0 mmol/L or more; or not measured*. <p style="text-align: right;">20 points</p>
Rationale for the indicator	<p>Raised cholesterol increases already elevated risk of cardiovascular disease in patients with diabetes. The cholesterol target for the population overall is less than 4.0 mmol/L¹.</p> <p>¹ Diabetes Australia and RACGP, <i>Diabetes Management in General Practice</i> (10th Edition), Canberra, 2004/5.</p>
Indicator type	Quantitative
Numerator	<p>Number of patients with diabetes on practice register/recall/reminder systems whose most recent total cholesterol in the past 12 months was:</p> <ul style="list-style-type: none"> less than 4.0 mmol/L; 4.0 mmol/L or more; or not measured.
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients with diabetes for review and appropriate action ('Yes' to N_DIA 2.1(Q1) AND (Q2)) using the Standard National Question as follows#:</p> <p>N_DIA 4.2Q For these patients use the attached table to show most recent cholesterol recorded in the past 12 months:</p> <ul style="list-style-type: none"> for all patients; for patients of Aboriginal or Torres Strait Islander origin; and by age group. <p><input type="checkbox"/> Check this box if your practice provides these data to the Division electronically.</p>
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients with diabetes on the practice register/recall/reminder systems
Source of denominator data	Practice register/recall/reminder systems (aggregated to Divisions)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	<p>Paper or electronic data transfer from practices to Divisions</p> <p>Report to the Department</p>

Method of calculation of the indicator	Collation of electronic and paper based data from practices Numerators in each category divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Patient data disaggregated by Aboriginal and/or Torres Strait Islander origin and age. Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*For the Division to report against this indicator, 5% or more of GPs must participate. #Issues of consent, privacy and confidentiality need to be considered when providing this information at practice level. This indicator refers to information collected from practice level registers, not Division or pathology based systems.

Table N_DIA 4.2 Most recent cholesterol in the past 12 months among patients with diabetes on practice register/recall/reminder systems, all, Aboriginal/Torres Strait Islander origin and age, [insert Division name], [insert date—month and year]

	Less than 4.0mmol/L	4.0mmol/L or more	Not measured/not recorded	Totals
All (numbers and percentages)				
Number				
Per cent				100
Aboriginal/Torres Strait Islander origin (numbers)				
ATSI				
Non-ATSI				
Origin missing				
Age (numbers)				
<35				
35–44				
45–54				
55–64				
65–74				
75+				
Age missing				
Explanatory Text:				
What number and proportion of GPs in your Division contributed data for this indicator?				
Number: Proportion:				
What number and proportion of those GPs provided the data to you using electronic patient records?				
Number: Proportion:				

NATIONAL PRIORITY AREA: Chronic Disease
DOMAIN: Mental Health

N_MNH Objective To ensure the Division supports general practices/GPs to provide early intervention and optimal care and contributes to the achievement of the best possible health outcomes for patients with mental health disorders, and assists in the reduction of the impact of mental health disorder on individuals, families and communities, in collaboration with other mental health services as appropriate.

Rationale for the objective This objective is consistent with the aims of the National Mental Health Strategy¹, reaffirmed in the National Mental Health Plan, 2003–08².

- ¹ Department of Health and Ageing. *National Mental Health Strategy*. Available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-strategy>
- ² Department of Health and Ageing. *National Mental Health Plan 2003–08*. Available at: <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs-n-plan03>

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 1 (Divisions)

N_MNH 1.1	
Indicator	The Division collaborates with other organisations, service providers and consumer/carer groups to facilitate patient access to early intervention and optimal mental health care and assists in the reduction of the impact of mental health disorder on individuals, families and communities, in collaboration with other mental health services as appropriate. 2 points (compulsory)
Rationale for the indicator	The objective is based on recommendations in <i>Partners in Prevention: Mental Health and General Practice</i> ¹ . Many patients with mental health disorders require multidisciplinary care and referral to specialists for difficult cases. This requires practices to relate to other service providers and organisations beyond the practice. It is the Division's role to facilitate access for practices to these services. The Division may also directly provide some of these services itself (e.g. services funded under the MAHS scheme). ¹ O'Hanlon A, Wells L, Parham J. <i>Partners in Prevention: Mental Health and General Practice (a scoping of mental health promotion, prevention and early intervention activities in the general practice setting): A collaboration between Auseinet and ADGP</i> . The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet), 2004. Available at: www.auseinet.com/files/auseinet/pip_mh_gp.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A

Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for transfer of data to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from collaborations with other organisations, service providers and consumer/carer groups relating to, for example, Triple P—Positive Parenting Program, mental health provider networks, multidisciplinary care, support for self-care, referral to specialists in complex cases, Early Psychosis Prevention and Intervention Centre model of care</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_MNH 1.1 Significant Achievement Aim: Actions taken: Outcomes:</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 1 (Divisions)

N_MNH 1.2	
Indicator	The Division takes a systematic approach to support general practices/GPs to provide early intervention and optimal mental health care. 2 points (compulsory)
Rationale for the indicator	It is recognised ¹ that Divisions take the initiative in providing assistance and training to practices to increase their mental health capacity. Divisions therefore need to employ or have access to appropriately trained personnel to deliver these services. Appropriate qualifications and training are a matter of quality control. Divisions also need to conduct practice visits to achieve this practice capacity building. ¹ Kalucy E, Hann K, Whaites L. <i>Divisions: a matter of balance. Report of the 2002–2003 Annual Survey of the Divisions of General Practice</i> : Primary Health Care Research and Information Service (PHCRIS), Department of General Practice, Flinders University, Adelaide (2004). http://www.phcris.org.au/publications/catalogue.php?elibid=1219&search=
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from a systematic approach to supporting practices to deliver optimal mental health care, e.g. by facilitating access to appropriately trained personnel, facilitating use of a practice register/recall/reminder system for review and appropriate action, data cleansing, systems to support practice-based patient education, a ‘map’ or directory of local services that the Division establishes and maintains for the practices to access to facilitate multidisciplinary care Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_MNH 1.2 Significant Achievement Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report

Disaggregation (equity)	<p>Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.</p> <p>At least one significant achievement in the period 2005–08 might need to be related to mental health care for Aboriginal and/or Torres Strait Islander patients.</p>
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 1 (Divisions)

N_MNH 1.3	
Indicator	The Division facilitates access to effective Continuing Professional Development (CPD) for mental health care. 2 points
Rationale for the indicator	GP mental health care training is consistent with national mental health policies and increases the mental health skills of the GP workforce. There is Australian and international evidence that GPs who have participated in such training are more positive and confident in providing mental health treatment. They are also more likely to seek advice from, and refer patients with difficult and complex problems to, mental health specialists. These trained GPs are registered to claim MBS item numbers for the formulation of mental health care plans with their patients and to refer to them to mental health specialists. The number of specific accredited training courses supported by the Division is important—as is the number of GPs attending.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Statement of CPD relating to mental health care provided by the Division, formatted as follows: N_MNH 1.3(S1) We undertook [insert type of CPD activity] on [insert mental health care topic; specify focus where appropriate] Comments: _____ AND/OR Statement of CPD relating to mental health care provided by others that the Division facilitated access to, formatted as follows: N_MNH 1.3(S2) We facilitated access to [insert type of CPD activity] on [insert mental health care topic; specify focus where appropriate] provided by [insert provider]. We facilitated access by [insert activities]. Comments: _____
Timing of reporting	12 Month Report

Disaggregation (equity)	<p>Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, and number of GPs in the Division.</p> <p>At least one CPD activity in the period 2005–08 might need to be related to mental health care for Aboriginal and/or Torres Strait Islander patients.</p>
Comments	All relevant activities should be reported.

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 1 (Divisions)

N_MNH 1.4	
Indicator	The number and proportion of GPs from whom the Division is receiving electronic patient records to provide feedback for quality improvement in mental health care*#. 20 points
Rationale for the indicator	Having access, with patient consent, to patients' clinical data enables the Division to provide targeted feedback to GPs. Aggregated, this information can help guide the Division's work in support of GPs and practices.
Indicator type	Quantitative
Numerator	Number of GPs from whom the Division is receiving patient records and providing feedback for quality improvement in mental health care
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of GPs in the Division area
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.
Comments	*For the Division to report against this indicator, 5% or more of GPs must participate. Electronic patient records will enable the Division to relate outcomes to quality of care, and to measure change in outcomes and quality of care over time. #Currently the unit of measurement is GPs, since it is they who will choose whether or not to take part in this activity. Over time this might change to practices, as the organisation of general practices in the chronic disease care changes. This indicator needs effective information and messaging systems.

Table N_MNH 1.4 Number and proportion of GPs from whom the Division is receiving patient records to provide feedback for quality improvement in mental health care, [insert Division name], [insert date—month and year]

	Receiving records and providing feedback	Not receiving records	Total number of GPs in Division
Number			
Per cent			
Explanatory text:			

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 1 (Divisions)

N_MNH 1.5	
Indicator	The Division takes a systematic approach to support general practices/GPs to consistently capture and record Aboriginal and/or Torres Strait Islander origin for patients who have participated in a GP Mental Health Care Plan* on practice register/recall/reminder systems. 2 points (compulsory)
Rationale for the indicator	Capture of Aboriginal and/or Torres Strait Islander origin in health services data is a national priority ¹ . ¹ Australian National Audit Office. Auditor-General Audit Report No. 15 Performance Audit, 2002. Available at: http://www.anao.gov.au/uploads/documents/Audit%20Report%2015-2003.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement# resulting from a systematic approach to supporting general practices/GPs to consistently capture Aboriginal and/or Torres Strait Islander origin for patients with mental health disorders Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_MNH 1.5 Significant Achievement Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.

Comments	<p>* The GP Mental Health Care Plan is part of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule initiative. It provides a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologists and allied mental health service providers.</p> <p># A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>National Standards and Processes for Reporting Indigenous Status can be found at: http://www.aihw.gov.au/indigenous/national_standards.cfm</p> <p>The standard ABS question and response format must be used:</p> <p>‘Are you of Aboriginal or Torres Strait Islander origin?’ – No. – Yes, Aboriginal. – Yes, Torres Strait Islander.</p> <p>Persons of both Aboriginal and Torres Strait Islander origin can answer “Yes” to both.’</p>
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MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 2 (General Practices/GPs)

N_MNH 2.1	
Indicator	The number and proportion of GPs in the Division who have completed any mental health training recognised through the General Practice Mental Health Standards Collaboration. 4 points
Rationale for the indicator	There is Australian and international evidence that GPs who have participated in mental health care training are more positive and confident in providing mental health treatment ¹ . They are also more likely to accurately diagnose mental health disorders. These GPs are also more likely to seek advice from, and refer patients with difficult and complex problems to, mental health specialists. ¹ Richards JC, Ryan P, McCabe MP, Groom G, Hickie IB. 'Barriers to the effective management of depression in general practice'. <i>Australian and New Zealand Journal of Psychiatry</i> , 2004; 38(10):795–803.
Indicator type	Quantitative
Numerator	Number of GPs in the Division who have completed any mental health training recognised through the General Practice Mental Health Standards Collaboration.
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows*: N_MNH 2.1(Q) Have you completed any mental health training (in addition to normal medical training) recognised through the General Practice Mental Health Standards Collaboration? [] Yes [] No * This question is for individual GPs
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Number of GPs in the Division
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.
Comments	

Table N_MNH 2.1 Number and proportion of GPs in the Division who have completed any mental health training recognised through the General Practice Mental Health Standards Collaboration, [insert Division name], [insert date—month and year].

	Number who have completed mental health training	Number who have not completed mental health training	Number for whom data are available	Total number of GPs in Division
Number				
Per cent				100
Explanatory text:				

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 2 (General Practices/GPs)

N_MNH 2.2	
Indicator	The number and proportion of general practices using a practice register/recall/reminder system to identify those patients who have participated in a GP Mental Health Care Plan* with their GP, for review and appropriate action#. 4 points (compulsory)
Rationale for the indicator	Effective practice record systems facilitate appropriate patients having regular mental health checks. There is evidence that such regular reviews reduce the likelihood of relapse and subsequent hospitalisation.
Indicator type	Quantitative
Numerator	Number of practices using a practice register/recall/reminder system to identify those patients who have participated in a GP Mental Health Care Plan with their GP, for review and appropriate action
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows: N_MNH 2.2(Q1) Does your practice have a register/recall/reminder system? [] Yes [] No N_MNH 2.2(Q2) If yes, does your practice use the register/recall/ reminder system to identify patients who have participated in a GP Mental Health Care Plan, for review and appropriate action? [] Yes [] No
Data coding (if applicable)	N_MNH 2.2(Q1) 1 Yes 0 No 9 Missing N_MNH 2.2(Q2) 1 Yes 0 No 8 Not applicable 9 Missing
Mechanism for QA on numerator data	Random audit of practices; reconciliation with other knowledge held by Division (e.g. from practice visiting)
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report

Future Directions

Technical Details for National Performance Indicators for Divisions of General Practice

March 2007

Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.
Comments	<p>* The GP Mental Health Care Plan is part of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule initiative. It provides a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologists and allied mental health service providers.</p> <p>#A register/recall/reminder system can be electronic or paper-based, but must be searchable. That is, it must be possible to use it to identify patients with particular diagnoses and elements of care and may need to be recalled for review and appropriate action.</p> <p>The questions relate to the use of a practice-based system and are to be answered at practice level, even if the system is not currently used by all GPs in the practice.</p>

Table N_MNH 2.2 Number and proportion of general practices using a practice register/recall/reminder system to identify patients who have participated in a GP Mental Health Care Plan with their GP, for review and appropriate action, [insert Division name], [insert date—month and year]

	No practice register/recall/reminder system	Practice register/recall/reminder but not used for identifying patients who have participated in a GP Mental Health Care Plan with their GP for review and appropriate action	Practice register/recall/reminder used for identifying patients who have participated in a GP Mental Health Care Plan with their GP for review and appropriate action	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 3 (Processes of Care)

N_MNH 3.1	
Indicator	The number of GP Mental Health Care Plans* claimed by GPs practicing in the Division's area, compared to the estimated population in the Division's area who could benefit from the development of a GP Mental Health Care Plan. 8 points (compulsory)
Rationale for the indicator	
Indicator type	Quantitative
Numerator	Number of GP Mental Health Care Plans claimed (MBS Item number 2710)
Source of numerator data	Medicare Australia (data provided to the Division by the Department in the data package)
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Estimated population in the Division who could benefit from the development of a GP Mental Health Care Plan
Source of denominator data	Estimate provided to Division by the Department in the data package.
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator expressed as a ratio Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin, and GP:population ratio.
Comments	* The GP Mental Health Care Plan is part of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule initiative. It provides a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologists and allied mental health service providers.

Table N_MNH 3.1 Number of GP Mental Health Care Plans claimed by GPs practicing in the Division's area, compared to the estimated population in the Division's area who could benefit from the development of a GP Mental Health Care Plan, [insert Division name], [insert date—month and year].

	Number of GP Mental Health Care Plans claimed	Estimated population who could benefit	GP Mental Health Care Plans: population ratio
Number			
Explanatory text:			

MENTAL HEALTH INDICATORS

MENTAL HEALTH—Level 4 (Intermediate Outcomes)

N_MNH 4.1	UNDER DEVELOPMENT
Indicator	20 points
Rationale for the indicator	
Indicator type	
Numerator	
Source of numerator data	
Data coding (if applicable)	
Mechanism for QA on numerator data	
Denominator	
Source of denominator data	
Data coding (if applicable)	
Mechanism for QA on denominator data	
Mechanism for indicator data transfer to collation agency	
Method of calculation of the indicator	
Timing of reporting	
Disaggregation (equity)	
Comments	

NATIONAL PRIORITY AREA: Chronic Disease
DOMAIN: Asthma

N_ASM Objective To ensure the Division supports general practices/GPs to provide optimal asthma care for patients and contributes to the best possible health outcomes for patients with asthma*.

Rationale for the objective Optimal asthma care can be defined from Cochrane reviews^{1,2}. It includes proactive care (regular review) in conjunction with written asthma action plans (WAPs), training in self-management, and appropriate use of inhaled corticosteroids.

¹ Gibson PG, Powell H, Coughlan J, Wilson AJ, Abramson M, Haywood P, Bauman A, Hensley MJ, Walters EH. 'Self-management education and regular practitioner review for adults with asthma'. *The Cochrane Database of Systematic Reviews* 2002, Issue 3. Art. No.: CD001117. DOI: 10.1002/14651858.CD001117.

² Powell H, Gibson PG. 'High dose versus low dose inhaled corticosteroid as initial starting dose for asthma in adults and children'. *The Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD004109.pub2. DOI: 10.1002/14651858.CD004109.pub2.

* For this purpose, asthma is present if the doctor is treating the person for asthma (note: this does not include cardiac asthma). In clinical practice asthma is identified on the basis of signs and symptoms. There remains no gold standard for the diagnosis of asthma.

ASTHMA INDICATORS

ASTHMA—Level 1 (Divisions)

N_ASM 1.1	
Indicator	The Division collaborates with other organisations, service providers and consumer/carer groups to facilitate patient access to optimal asthma care. 2 points (compulsory)
Rationale for the indicator	Patients with asthma require multidisciplinary care, support for self-care and referral to specialists for difficult cases ¹ . This requires practices to relate to service providers and organisations beyond the practice. It is part of a Division's role to facilitate access to other services ² . ¹ Wagner EH. 'Chronic disease management: What will it take to improve care for chronic disease?' <i>Effective Clinical Practice</i> , 1998; 1:2-4. ² Department of Health and Ageing, <i>Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice (April 2004)</i> , p11. Available at: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\$FILE/fut_dir.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data Coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A

Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from collaborations with other organisations, service providers and consumer/carer groups relating to, for example, multidisciplinary care, support for self-care, referral to specialists for complex cases</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_ASM 1.1 Significant Achievement Aim: Actions taken: Outcomes:</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, and rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

ASTHMA INDICATORS

ASTHMA—Level 1 (Divisions)

N_ASM 1.2	
Indicator	The Division takes a systematic approach to support general practices/GPs to provide optimal asthma care. 2 points (compulsory)
Rationale for the indicator	A major role of Divisions is to help GPs and practices to better manage chronic disease. Optimal asthma care would be enhanced by Divisional activities such as: <ul style="list-style-type: none"> • facilitating use of practice register/recall/reminder systems for review and appropriate action; • data cleansing; • development and/or provision of resources to assist in systematic classification of asthma patients; • calibration and maintenance of spirometry equipment; and • systems to support practice-based asthma patient education.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from a systematic approach to supporting practices to provide optimal asthma care, for example, by: <ul style="list-style-type: none"> • facilitating use of a practice register/recall/reminder system for review and appropriate action; • data cleansing; • development and/or provision of resources to assist in systematic classification of asthma patients; • calibration and maintenance of spirometry equipment; • systems to support practice-based asthma patient education; and • a 'map' or directory# of local services that Divisions establish and maintain for practices to access to facilitate multi-disciplinary care. Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_ASM 1.2 Significant Achievement Aim: Actions taken: Outcomes:

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, geographic size, and rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p> <p>At least one significant achievement in the period 2005–08 might need to be related to asthma care for Aboriginal and/or Torres Strait Islander patients.</p>
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>#A ‘map’ or directory of local services that a Division establishes and maintains for the practices to access to facilitate multidisciplinary care can be useful. To achieve optimal asthma care, people with asthma need an up to date ‘pathway’ outlining where in their region various services can be accessed. By equipping member practices with such a ‘map’, general practitioners can offer guidance to their asthma patients. The services would include acute services such as GP after hours care, after hours pharmacy services, emergency department details, acute hospital services and services outside the acute care setting such as asthma educator services, respiratory physician services, information and support services such as Asthma Foundations and the National Asthma Council.</p>

ASTHMA INDICATORS

ASTHMA—Level 1 (Divisions)

N_ASM 1.3	
Indicator	The Division facilitates access to effective Continuing Professional Development (CPD) for asthma care. 2 points
Rationale for the indicator	An important aim of CPD is to improve professional practice so that patients receive improved health care. Effective CPD activities transfer clinically relevant information into clinical practice. CPD activities focusing on the following were all highlighted as important in the GP 3+ Education Program Final Evaluation Report ¹ : <ul style="list-style-type: none"> • practical spirometry; • inhaled corticosteroid medication use; • medication options/asthma medication delivery device update; • practical issues of implementing the 3+ Visit Plan; • written asthma action plan development and use; • allergy triggers/testing; • asthma emergency management; and • asthma and COPD. ¹ National Asthma Council's GP 3+ Education Program (A-Teams), <i>Final Evaluation Report</i> (August 2003), Published by National Asthma Council Australia Ltd, 1 Palmerston Crescent, South Melbourne 3205.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Statement of CPD relating to asthma care provided by the Division, formatted as follows:</p> <p>N_ASM 1.3(S1) We undertook [insert type of CPD activity] on [insert asthma care topic*; specify focus where appropriate]</p> <p>Comments: _____</p> <p>AND/OR</p> <p>Statement of CPD relating to asthma care provided by others that the Division facilitated access to, formatted as follows:</p> <p>N_ASM 1.3(S2) We facilitated access to [insert type of CPD activity] on [insert asthma care topic*; specify focus where appropriate] provided by [insert provider]. We facilitated access by [insert activities].</p> <p>Comments: _____</p>
Timing of reporting	12 Month Report
Disaggregation (equity)	<p>Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, and number of GPs in the Division.</p> <p>At least one CPD activity in the period 2005–08 might need to be related to asthma care for Aboriginal and/or Torres Strait Islander patients.</p>
Comments	<p>All relevant activities should be reported.</p> <p>*Examples include practical spirometry; inhaled corticosteroid medication use; medication options/asthma medication delivery device update; practical issues of implementing the 3+ Visit Plan; written asthma action plan development and use; allergy triggers/testing; asthma emergency management; asthma and COPD</p>

ASTHMA INDICATORS

ASTHMA—Level 1 (Divisions)

N_ASM 1.4	
Indicator	The number and proportion of GPs from whom the Division is receiving electronic patient records to provide feedback for quality improvement in asthma care *#. 20 points
Rationale for the indicator	Having access, with patient consent, to patient-level clinical data enables the Division to provide targeted feedback to GPs. Aggregated, this information can help guide the Division's work in support of GPs and general practices.
Indicator type	Quantitative
Numerator	Number of GPs from whom the Division is receiving electronic patient records to provide feedback for quality improvement in asthma care
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of GPs in the Division area
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, geographic size, rurality, and income.
Comments	*For the Division to report against this indicator, 5% or more of GPs must participate. De-identified patient-level data will enable the Division to relate outcomes to quality of care, and to measure change in outcomes and quality of care over time. #Currently the unit of measurement should be GPs, since it is they who will choose whether or not to take part in this activity. Over time this might change to practices, as the organisation of general practices in the chronic disease care changes. This indicator needs effective information and messaging systems, including appropriate protections.

Table N_ASM 1.4 Number and proportion of GPs from whom the Division is receiving patient records to provide feedback for quality improvement in asthma care, [insert Division name], [insert date—month and year].

	Receiving records and providing feedback	Not receiving records	Total number of GPs in Division
Number			
Per cent			
Explanatory text:			

ASTHMA INDICATORS

ASTHMA—Level 1 (Divisions)

N_ASM 1.5	
Indicator	The Division takes a systematic approach to support general practices/GPs to consistently capture and record Aboriginal and/or Torres Strait Islander origin for patients with asthma. 2 points (compulsory)
Rationale for the indicator	Capture of Aboriginal and/or Torres Strait Islander origin in health services data is a national priority ¹ . ¹ Australian National Audit Office. Auditor-General Audit Report No. 15 Performance Audit, 2002. Available at: http://www.anao.gov.au/uploads/documents/Audit%20Report%2015-2003.pdf
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from a systematic approach to supporting general practices/GPs to consistently capture Aboriginal and/or Torres Strait Islander origin for patients with asthma Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_ASM 1.5 Significant Achievement Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to give consideration to issues such as State or Territory, rurality, and proportion of population of Aboriginal and/or Torres Strait Islander origin.

Comments	<p>*A significant achievement must not be previously reported in this or earlier financial years. However, it might be substantial progress made with a significant achievement reported in a previous year.</p> <p>National Standards and Processes for Reporting Indigenous Status can be found at:</p> <p>http://www.aihw.gov.au/indigenous/national_standards.cfm</p> <p>The standard ABS question and response format must be used:</p> <p>‘Are you of Aboriginal or Torres Strait Islander origin?’</p> <ul style="list-style-type: none"> - No. - Yes, Aboriginal. - Yes, Torres Strait Islander. <p>Persons of both Aboriginal and Torres Strait Islander origin can answer “Yes” to both.’</p>
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ASTHMA INDICATORS

ASTHMA—Level 2 (General Practices/GPs)

N_ASM 2.1	
Indicator	The number and proportion of general practices using a practice register/recall/reminder system to identify patients with asthma for review and appropriate action*. 4 points (compulsory)
Rationale for the indicator	Registers are an essential part of high quality asthma care, allowing practices to identify patients with asthma, recall them as required and ensure that they are receiving comprehensive care
Indicator type	Quantitative
Numerator	Number of practices using a practice register/recall/reminder system to identify patients with asthma for review and appropriate action
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows: N_ASM 2.1(Q1) Does your practice have a register/recall/reminder system? [] Yes [] No N_ASM 2.1(Q2) If yes, does your practice use the register/recall/ reminder system to identify patients with asthma for review and appropriate action? [] Yes [] No
Data coding (if applicable)	N_ASM 2.1(Q1) 1 Yes 0 No 9 Missing N_ASM 2.1(Q2) 1 Yes 0 No 8 Not applicable 9 Missing
Mechanism for QA on numerator data	Random audit of practices; reconciliation with other knowledge held by Division (e.g. from practice visiting)
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.

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Comments	<p>*A register/recall/reminder system can be electronic or paper-based, but must be searchable. That is, it must be possible to use it to identify patients with particular diagnoses and elements of care and who may need to be recalled for review and appropriate action.</p> <p>The questions relate to the use of a practice-based system and are to be answered at practice level, even if the system is not currently used by all GPs in the practice.</p>
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Table N_ASM 2.1 Number and proportion of general practices using a practice register/recall/reminder system to identify patients with asthma for review and appropriate action, [insert Division name], [insert date—month and year]

	No practice register/recall/reminder system	Practice register/recall/reminder but not used for identifying patients with asthma for review and appropriate action	Practice register/recall/reminder used for identifying patients with asthma for review and appropriate action	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

ASTHMA INDICATORS

ASTHMA—Level 2 (General Practices/GPs)

N_ASM 2.2	
Indicator	The number and proportion of general practices with access to spirometry. 4 points
Rationale for the indicator	Spirometry is encouraged as part of best practice asthma care ¹ . There is increasing emphasis on spirometric assessment in the community for asthma and COPD. Practices may not have a spirometer, but all should have ready access to spirometry. Choosing this measure allows for benefit in respiratory health more generally, and therefore enhances the relevance of the indicator at practice level. ¹ National Asthma Council. <i>National Asthma Management Handbook 2002</i> . Available at: http://www.nationalasthma.org.au/publications/amh/print/AMH2002.pdf
Indicator type	Quantitative
Numerator	Number of general practices with access to spirometry
Source of numerator data	Division survey of practices, and/or face-to-face, telephone or email contact with practices, using Standard National Questions as follows: N_ASM 2.2(Q1) Can your practice access spirometry for your patients? [] Yes [] No N_ASM 2.2(Q2) If yes, is it provided by [] your practice [] others
Data coding (if applicable)	N_ASM 2.2(Q1) 1 Yes 0 No 9 Missing N_ASM 2.2(Q2) 1 Practice 2 Others 8 Not applicable 9 Missing
Mechanism for QA on numerator data	Division records, random audit of practices and reconciliation with other knowledge held by Division (e.g. from practice visiting)
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	

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Table N_ASM 2.2 Number and proportion of general practices with access to spirometry [insert Division name], [insert date—month and year]

	No access to spirometry	Access to spirometry at own practice	Access to spirometry by others	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number						
Per cent					100	N/A
Explanatory text:						
QA: How were these data obtained?						

ASTHMA INDICATORS

ASTHMA—Level 3 (Processes of Care)

N_ASM 3.1	
Indicator	<p>The number and proportion of patients on practice register/recall/reminder systems with asthma aged 10 years and over with a record of smoking status^{1*}.</p> <p>¹ RACGP National Standing Committee (Quality Care). <i>Smoking, Nutrition, Alcohol and Physical activity (SNAP) Guide: A population health guide to behavioural risk factors in general practice</i> (2004 Edition). Available at: http://www.racgp.org.au/guidelines/snap</p> <p style="text-align: right;">8 points (compulsory)</p>
Rationale for the indicator	<p>People with asthma smoke at similar rates as people without asthma, yet smoking is clearly associated with acute exacerbations of asthma, with reduced responsiveness to inhaled corticosteroid medications and is the major risk factor for COPD^{1,2,3}.</p> <p>¹ Eisner MD, Yellin EH, Trupin L, Blanc PD. 'Asthma and Smoking Status in a Population-Based Study of California Adults'. <i>Public Health Reports</i>, 2001; 116: 148–157.</p> <p>² Pauwels RA, Buist AS, Calverley PM, Jenkins CR, Hurd SS. 'Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBI / WHO Global Initiative for Chronic Obstructive Lung Disease (GOLD) Workshop summary'. <i>American Journal of Respiratory & Critical Care Medicine</i>, 2001a;163(5):1256–76.</p> <p>³ Pauwels RA, Buist AS, Ma P, Jenkins CR, Hurd SS. 'Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: National Heart, Lung, and Blood Institute and World Health Organization Global Initiative for Chronic Obstructive Lung Disease (GOLD): Executive summary'. <i>American Journal of Respiratory & Critical Care Medicine</i>, 2001b; 46(8):798–825.</p>
Indicator type	Quantitative
Numerator	Number of patients on practice register/recall/reminder systems with asthma aged 10 years and over with a record of smoking status
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients with asthma for review and appropriate action ('Yes' to N_ASM 2.1(Q1) AND (Q2)) using Standard National Question as follows:</p> <p>N_ASM 3.1(Q) For these patients aged 10 years and over use the attached table to show recording of smoking status:</p> <ul style="list-style-type: none"> • for all patients; • for patients of Aboriginal or Torres Strait Islander origin; and • by age group. <p><input type="checkbox"/> Check this box if your practice provides these data to the Division electronically.</p>
Data coding (if applicable)	<p>0 'smoking status not recorded'</p> <p>1 'smoking status recorded'</p>
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients on practice register/recall/reminder systems with asthma aged 10 years and over

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Source of denominator data	Practice register/recall/reminder systems (aggregated to Division)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Random audit of practice records Random audit of aggregated records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Paper or electronic data transfer from practices to Divisions Report to the Department
Method of calculation of the indicator	Collation of electronic and paper based data from practices Numerators in each coded category divided by denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Patient data disaggregated by Aboriginal and/or Torres Strait Islander origin, age and sex Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage) and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*For the Division to report against this indicator, 5% or more of GPs must participate.

Table N_ASM 3.1 Record of smoking status for patients on practice register/recall/reminder systems with asthma aged 10 years and over, all, Aboriginal/Torres Strait Islander origin and age/sex [insert Division name], [insert date – month and year].

	Smoking status recorded		Smoking status not recorded		Totals	
All (numbers and percentages)						
Number						
Per cent					100	
Aboriginal/Torres Strait Islander origin (numbers)						
ATSI						
Non-ATSI						
Origin missing						
Age/sex (numbers)						
	Male	Female	Male	Female	Male	Female
<15						
15–24						
25–34						
35–44						
45–54						
55–64						
65–74						
75+						
Age and/or sex missing						
Explanatory text:						
What number and proportion of GPs in your Division contributed data for this indicator? Number: Proportion:						
What number and proportion of these GPs provided the data to you using electronic patient records? Number: Proportion:						

ASTHMA INDICATORS

ASTHMA—Level 4 (Intermediate Outcomes)

N_ASM 4.1	
Indicator	The number and proportion of patients on practice register/recall/reminder systems with asthma aged 10 years and over recorded as a current smoker*. 10 points
Rationale for the indicator	<p>People with asthma smoke at similar rates as people without asthma, yet smoking is clearly associated with acute exacerbations of asthma, with reduced responsiveness to inhaled corticosteroid medications and is the major risk factor for COPD^{1,2,3}.</p> <p>¹ Eisner MD, Yellin EH, Trupin L, Blanc PD. ‘Asthma and Smoking Status in a Population-Based Study of California Adults’. <i>Public Health Reports</i>, 2001; 116: 148–157.</p> <p>² Pauwels RA, Buist AS, Calverley PM, Jenkins CR, Hurd SS. ‘Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBI / WHO Global Initiative for Chronic Obstructive Lung Disease (GOLD) Workshop summary’. <i>American Journal of Respiratory & Critical Care Medicine</i>, 2001a;163(5):1256–76.</p> <p>³ Pauwels RA, Buist AS, Ma P, Jenkins CR, Hurd SS. ‘Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: National Heart, Lung, and Blood Institute and World Health Organization Global Initiative for Chronic Obstructive Lung Disease (GOLD): Executive summary’. <i>American Journal of Respiratory & Critical Care Medicine</i>, 2001b; 46(8):798–825.</p>
Indicator type	Quantitative
Numerator	<p>Number of patients on practice register/recall/reminder systems with asthma aged 10 years and over:</p> <ul style="list-style-type: none"> • recorded as not current smoker; • recorded as current smoker; or • whose smoking status has not been recorded.
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients with asthma for review and appropriate action (‘Yes’ to N_ASM 2.1(Q1) AND (Q2)) using Standard National Question as follows:</p> <p>N_ASM 4.1(Q) For these patients aged 10 years and over use the attached table to record smoking status:</p> <ul style="list-style-type: none"> • for all patients; • for patients of Aboriginal or Torres Strait Islander origin; and • by age group <p>[] Check this box if your practice provides these data to the Division electronically.</p>
Data coding (if applicable)	<p>0 ‘Smoking status not recorded’</p> <p>1 ‘Not current smoker’</p> <p>2 ‘Current smoker’</p>
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients on practice register/recall/reminder systems with asthma aged 10 years and over

Source of denominator data	Practice register/recall/reminder systems (aggregated to Division)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Random audit of practice records Random audit of aggregated records
Mechanism for indicator data transfer to collation agency	Paper or electronic data transfer from practices to Divisions Report to the Department
Method of calculation of the indicator	Collation of electronic and paper based data from practices Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Patient data disaggregated by Aboriginal and/or Torres Strait Islander origin, age and sex Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage) and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*For the Division to report against this indicator, 5% or more of GPs must participate.

Table N_ASM 4.1 Smoking status of patients on practice register/recall/reminder systems with asthma aged 10 years and over, all, Aboriginal/Torres Strait Islander origin and age/sex [insert Division name], [insert date – month and year].

	Not current smoker		Current smoker		Smoking status not recorded		Totals	
All (numbers and percentages)								
Number								
Per cent							100	
Aboriginal/Torres Strait Islander origin (numbers)								
ATSI								
Non-ATSI								
Origin missing								
Age/sex (numbers)								
	Male	Female	Male	Female	Male	Female	Male	Female
<15								
15–24								
25–34								
35–44								
45–54								
55–64								
65–74								
75+								
Age and/or sex missing								
Explanatory text:								
What number and proportion of GPs in your Division contributed data for this indicator?								
Number: Proportion:								
What number and proportion of these GPs provided the data to you using electronic patient records?								
Number: Proportion:								

DEVELOPMENT OF THE NATIONAL PERFORMANCE INDICATORS FOR DIVISIONS OF GENERAL PRACTICE

This is a system under development. The experience of implementation in 2005–08 will inform refinement and further development of the system in subsequent years.

1. Governance Performance Indicators

A recognised expert in governance (Elizabeth Jameson from Board Matters Pty Ltd) was contracted by the Department of Health and Ageing (the Department) to facilitate a two-day workshop with representatives from the Divisions Network, Department and other stakeholders to develop the National Performance Indicators for Governance.

1.1 Oversight and review of governance indicator development

The development and refinement of the objectives and indicators were overseen by the Review Implementation Committee (RIC). Draft versions were also the subject of consultation with the broader Divisions Network and the State and Territory Offices of the Department.

1.2 Key points

Network members that are accredited will not be required to report on those governance performance indicators that are incorporated within the accreditation model they have adopted. They will therefore have a significantly reduced set of indicators.

The Australian General Practice Network (AGPN) and State Based Organisations (SBOs) are well placed to play a key role in building skills, sharing documents and developing templates to assist Divisions Network members to readily meet governance indicators.

2. Program Performance Indicators

The Australian Primary Health Care Research Institute (APHCRI) at the Australian National University was contracted by the Department to develop the Program Indicators for Divisions of General Practice.

APHCRI assembled a small expert Project Team. It included one person for each domain who had both content and performance assessment knowledge and expertise in that domain. The Project Team was:

Dr Beverly Sibthorpe	Team leader, framework
Dr John Aloizos	Immunisation
Dr Denise Ruth	Residential aged care
Mr Gawaine Powell-Davies for the Centre of General Practice Integration Studies (CGPIS)	GP-hospital integration Diabetes
Professor Jeffrey Richards	Mental health
Professor Nicholas Glasgow	Asthma
Associate Professor Libby Kalucy for the Primary Health Care Research and Information Service (PHCRIS)	Divisions reporting
Mr John Glover for the Public Health Information Development Unit (PHIDU)	Population health mapping
Mr Bob Wells	Policy and strategy
Mr Duncan Longstaff	Project officer

The team worked closely throughout with staff from the Department and AGPN.

2.1 Oversight and review of indicator development

The development and refinement of the objectives and indicators were overseen by RIC. Members of the Project Team attended face-to-face meetings of the RIC to review Draft Versions 1 and 3.

Draft Version 2 for each domain was also reviewed by an external expert in the field as follows:

Dr Peter Eizenberg (Childhood Immunisation)

Dr Rob Grenfell (Residential Aged Care)

Dr Peter Schattner (GPs and Hospitals)

Associate Professor Jeff Flack (Diabetes)

Professor Andre Tylee (Mental Health)

Dr Peter Didsbury (Asthma)

Versions 1 and 2 were also the subject of consultation with the Divisions Network, consumer organisations, Aboriginal health key informants, Government departments and other stakeholders. A large amount of feedback was received from these sources. All of the feedback has been reviewed and captured as appropriate in changes to the Objectives, Indicators or Technical Details, or in these General Notes.

2.2 Overarching considerations

With endorsement from the Department and the RIC, the APCHRI team set out to develop a set of objectives and indicators that reflected an understanding of both current capacity and variation between Divisions on a range of attributes, and to be forward-looking in terms of evolution of that capacity over time. The latter has resulted in indicators that look particularly to a future of increasing computerisation and an increasingly rich information environment in general practice and primary health care in which more informed decisions about policy, planning and service delivery can be made locally, regionally and nationally.

For all of the indicators Divisions are either currently able to report, or able to report with relatively minor changes to processes and/or reporting activities. Not surprisingly, this has prompted some criticism that the indicators are therefore not sufficiently forward looking – do not directly capture, for example, increasing multi-disciplinarity in primary health care, increasing the focus on self-managed care, moving more towards health promotion and prevention (e.g. in obesity, hypertension, smoking cessation, diet and exercise). We acknowledge this as a limitation of the current set of indicators and consider this issue important to consider in the next set of indicators.

2.3 Equity

In the underlying framework equity is addressed by asking the question, 'Is it the same for everyone?'. The purpose of this is to ensure the health disadvantage is investigated and a policy and/or program response is developed.

In practical terms, equity is addressed within the Program indicators in two ways:

- a) by specifying the need for consideration to be given to Division characteristics when making Division comparisons of indicator data; and
- b) by disaggregation of patient-level data when reporting at Levels 3 and 4, where appropriate.

In order to allow reporting of summary tables at Levels 3 and 4, we have been limited as to the extent of disaggregation. Given their health disadvantage, Aboriginal and Torres Strait Islander origin has been specified as a basis for disaggregation, along with age, sex and language spoken at home, as appropriate. We are aware that many Divisions will have work to do to collect these data in a systematic way.

There are important issues relating to identification of Aboriginal and Torres Strait Islander origin in general practice (and other) data. There are Level 1 indicators in the Chronic Disease Domain that are intended to be a stimulus for this work to progress in Divisions during this contract period.

2.4 Information Management/Information Technology (IM/IT)

There are issues relating to IM/IT and capacity to collate, analyse and interpret data at the local level, particularly in relation to patient-level data. Consideration will be given to how these are best addressed. Related to this are issues that have to be addressed to do with the protection of patient and GP privacy and confidentiality, and with consent. It should be noted that there are already a number of examples both within and outside Divisions where transfer, collation, analysis and interpretation of GP patient-level data is occurring. For these initiatives, the technical issues have been resolved, the protections are in place and the majority of patients give their consent.

2.5 Details relating to levels and indicators

Because of the need to keep the set of indicators manageable, there is not follow-through of all the indicators in Level 1 across the other three levels. Level 1 is reasonably comprehensive, but at the other levels the indicators are 'litmus tests' of process and outcome.

It has been assumed by the APHCRI team that, over time, the emphasis of the indicators will increasingly be at Levels 3 and 4 and decreasingly at Levels 1 and 2. That is, the National Program Objectives and National Performance Indicators will increasingly focus on processes of care and outcomes for patients, families and communities.

It was originally thought possible that Divisions would not need to report on Levels 1 and 2 if they were reporting at Levels 3 and 4. Some element of this may be possible, but there cannot be a blanket approach because of the 'litmus test' basis for indicators at the higher levels. Where there is a direct link between the indicators, not being required to report at the lower levels if able to report at the higher levels makes sense. There are, however, Level 3 or 4 indicators for which this does not make sense. For example, just because a Division can report on smoking status of patients with asthma, it does not necessarily mean they should no longer be required to report on systematic approaches to supporting GPs and practices to provide optimal asthma care.

Within the conceptual framework, Level 4 'Outcomes for Patients, Families and Communities' need to be confined to those outcomes for which primary health care can be held accountable, as demonstrated by the literature, e.g. changes in clinical status; changes in risk behaviours; and patient satisfaction. Largely coincidentally, there is an outcome of each type in the set as a whole – Diabetes (clinical status), Asthma (risk behaviour) and Mental Health (patient satisfaction). The Level 4 indicator for Residential Aged Care is a proxy measure for patient satisfaction. Given the rate of dementia in this population, a proxy measure is the only feasible satisfaction indicator. Other outcome areas relating to clinical status could, however, be added.

In Level 1, every effort has been made to not embed specific structures and/or processes within the indicators, to allow maximum flexibility for Divisions. Effort has been invested, however, in specifying the reporting requirements as clearly as possible to maximise national consistency in the information obtained about structures and processes.

For every indicator, Divisions will be able to provide explanatory text to accompany the indicator data. This will give Divisions an opportunity to provide some context for their level of achievement, and help make sense of and thus inform interpretation of the data. For example, an area with a high rate of conscientious objectors may provide explanatory text to this effect for its immunisation coverage rates. An issue that was repeatedly raised was workforce. The performance framework should help identify those areas where workforce is a critical factor in the achievement of specific indicators, which could inform policy responses.

In order to report on some of the indicators, Divisions will have to be provided with data from non-Divisional sources (see Table 1: External data requirements for each of the Domains). This process will be coordinated nationally and the data made available to Divisions in a timely way.

TABLE 1. External data requirements for each of the Domains

Domains	Performance Indicator	Data Source	Data Provider
Immunisation	Number and proportion of general practices registered in the General Practice Immunisation Incentives (GPII) Scheme (N_IMM 2.1)	ACIR	Division to access
	Number and proportion of general practices accessing ACIR/GPII reports in the two preceding quarters (N_IMM 2.2)	ACIR	Division to access
	Childhood immunisation coverage rates by general practices and by Division (N_IMM 3.1)	ACIR	Division to access
Residential aged care	Division collaborates with RACFs, service providers and consumer/carer groups to facilitate access to primary medical care for residents of RACFs within the Division's boundaries (N_RES 1.1)	Department	Department
	Number of: i) GP consultations in RACFs; ii) comprehensive medical assessments (CMAs); iii) residential medication management reviews (RMMRs), provided by GPs practising in the Divisions area, compared to the number of RACF beds in the Division's area (N_RES 3.1)	Medicare Australia Department	Department
	Number and proportion of RACFs satisfied with general practice involvement in their RACF (N_RES 4.1)	Department	Department
GPs and Hospitals	Nil currently		
Diabetes	Number of service incentive payments (SIPs) made to GPs practising in the Division's area compared to the estimated population in the Division's area with diabetes (N_DIA 3.1)	Medicare Australia Department	Department
Mental Health	Number of GP Mental Health Care Plans claimed by GPs practicing in the Division's area, compared to the estimated population in the Division's area who could benefit from the development of a GP Mental Health Care Plan (N_MNH 3.1)	Medicare Australia Department	Department
Asthma	Nil currently		

Divisions will be developing additional indicators for their local programs. These may include additional indicators in the national domains and/or indicators for different domains. In the interests of clarity in planning and reporting the National Performance Indicators have been denoted 'N_', for example 'N_IMM 1.1'.

2.6 Data collection

Some of the quantitative indicators relate to general practices and some to GPs. It is intended that Standard National Questions relating to the relevant indicators be used. These questions have been developed and piloted, and were made available to Divisions in March 2006. The Standard National Questions are included in the technical details for each relevant indicator.

It is anticipated that over time, all Divisions will develop systematic approaches to gathering and maintaining information about practices. This might be through the maintenance of a practice database that includes information relevant to reporting against local and National Performance Indicators.

3. Quality assurance of indicator data

An accountability and quality improvement process is only as good as the quality of the data on which it rests. All the data used in the system should be subject to quality assurance processes. These have been specified in the technical details for each indicator. Some rely on audit of Division and/or practice records. Quality assurance mechanisms will be the subject of consultation, development, piloting, reporting and review.

4. Reporting

Standard text format (qualitative indicators) or tables (quantitative indicators) have been developed for all of the indicators.