



Australian Government

Department of Health and Ageing

DIVISIONS OF GENERAL PRACTICE PROGRAM

**National Performance Indicators
2009 -10**

Technical Details

Divisions and SBOs

Revised as at May 2010

DOCUMENT HISTORY

This table is to record the document's history as major changes are made. As each version is drafted and submitted, the version number and changes made will be appropriately recorded.

Version No.	Date	Description of Revision
0.1	21 May 2008	User Guide Created
0.2	August 2008	Changes to DGPP Uptake of National Initiatives 2
0.3	22 December 2008	Changes to: <ul style="list-style-type: none"> - DGPP Prevention 1 - DGPP Chronic Disease Management 3 - DGPP Uptake of National Initiatives 1 - DGPP Prevention (SBO) 1 - DGPP Uptake of National Initiatives (SBO) 1 - DGPP Uptake of National Initiatives (SBO) 2
0.4	23 June 2009	Update for 2009-10 Annual Plan <ul style="list-style-type: none"> - clarify reporting timeframes - change requirements for Local Performance Indicators - change to Chronic Disease Management 3 - Divisions/SBOs to be able to use their own data for health workforce numbers.
0.5	10 May 2010	Changes to accommodate new Medicare Primary Care Items due to review of Medicare Benefit Schedule. Changes made to: <ul style="list-style-type: none"> - DGPP Access 2 - DGPP Prevention 1 - DGPP Access (SBO) 2 - DGPP Prevention (SBO) 1

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1. INTRODUCTION

National Performance Indicators

Under the Divisions of General Practice Program, Division network members are required to report against National Performance Indicators (NPIs) in the following four focus areas:

- Access;
- Prevention;
- Chronic disease management; and
- Uptake of national initiatives (which may change from time-to-time as new initiatives are introduced).

The NPIs align with the Core Requirements for the Divisions of General Practice Program, as set out in the Deed for Multi-Program Funding. They are measurable and focus on outcomes, rather than assessing activities or processes undertaken by the Divisions network.

All NPIs are compulsory and Division network members' performance will be partly assessed by the completeness of indicator information in their Six and Twelve Month Reports, as well as achievements and progress made against previous results.

This document has been developed to assist Division network members to report against the NPIs. It explains the indicator, outlines the rationale behind it and describes the mechanism by which Divisions and SBOs report.

Local Performance Indicators

Division network members are also encouraged to develop local performance indicators (LPIs). LPIs are designed to recognise local issues and the impact the Divisions have on the health of their communities. Divisions and SBOs can vary their LPIs to reflect changes in local projects or priorities without seeking the approval of the Department. As with the compulsory performance indicators, Divisions and SBOs will report against their LPIs in the 6 and 12 month reports.

2. DIVISIONS OF GENERAL PRACTICE

Access

FOCUS AREA	ACCESS		
INDICATOR	DGPP Access 1 The number and proportion of PIP practices within the Division claiming practice nurse services.		
RATIONALE	Practice nurses assist GPs by contributing to a range of services, including chronic disease management and population health activities. It is anticipated that increased capacity in general practice provided by using the services of nurses will improve the quality and accessibility of primary care for patients, particularly those with chronic disease and/or complex conditions. ¹		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of PIP practices claiming practice nurse services within a Division. Denominator: The number of PIP practices within a Division.		
DATA SOURCE	Numerator: Medicare Australia – MBS items 10993-10999. Medicare Australia – PIP data. Denominator: Medicare Australia – PIP data.		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	MBS Item 10997 also applies to services provided by an Aboriginal Health Worker, but will be counted for the purposes of this indicator. The number of non-PIP practices claiming practice nurse services is not available, however the number of practice nurse services claimed by non-PIP practices will be collected and incorporated into the results table.		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible areas of improvement are: 1. an increase in the number of PIP practices claiming practice nurse services; and 2. an increase in the number of practice nurse services being claimed.		
HISTORY	Version No	Date	Brief Description of Revision

¹ Australian Government Department of Health and Ageing, 2006, Guidelines for the Divisions Network Nursing in General Practice Program. Available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-prog-guidelines-nursing-genprac-health-pcd-prog-guidelines-nursing-genprac-pta+>

DGPP Access 1

The number and proportion of PIP practices within the Division claiming practice nurse services

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	PIP practices claiming practice nurse services within the Division (MBS items 10993 – 10999)	Total number of PIP practices within Division	Practice nurse services claimed by PIP practices within the Division (MBS items 10993 – 10999)
Number			
Percent		100	
In addition, a further _____ practice nurse claims were made by non-PIP practices.			
Explanation of results:			

FOCUS AREA	ACCESS		
INDICATOR	DGPP Access 2 The number of health assessments provided to patients of Aboriginal and/or Torres Strait Islander origin by general practitioners within the Division (compared to the estimated population in the area who could benefit from the health assessment).		
RATIONALE	Health assessments are provided to ensure that Aboriginal and Torres Strait Islander people receive the optimum level of health care by encouraging prevention, early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. ²		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of health assessments provided to patients of Aboriginal and Torres Strait Islander origin. Denominator: The estimated Aboriginal and/or Torres Strait Islander population in Division.		
DATA SOURCE	Numerator: <i>From 1 May 2010:</i> Medicare Australia - MBS Item 715 Denominator: Australian Bureau of Statistics (ABS).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	From 1 May 2010, the four age specific items for Aboriginal and Torres Strait Islander health assessments have been combined into one new item for an Aboriginal and Torres Strait Islander health assessment, regardless of age (item 715). The Aboriginal and Torres Strait Islander Persons Health Assessment may be provided once every 9 months.		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible area of improvement is an increase in the number or proportion of Indigenous people who have had a health assessment.		
HISTORY	Version No	Date	Brief Description of Revision
	2	10/05/2010	Change to accommodate the collapsing of the child (708), adult (710) and older persons (704 and 706) health assessment MBS items for Aboriginal and Torres Strait Islander peoples into one MBS item, the Aboriginal and Torres Strait Islander peoples health assessment (715).

² Australian Government Department of Health and Ageing. Medicare Benefits Schedule Book, 2007.

DGPP Access 2

The number of health assessments provided to patients of Aboriginal and/or Torres Strait Islander origin by general practitioners within the Division (compared to the estimated population in the area who could benefit from the health assessment).

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Health Assessments provided to patients of Aboriginal and Torres Strait Islander Origin (MBS item 715)	Estimated Aboriginal and Torres Strait Islander Population in the Division
Number		
Percent		100
Explanation of results:		

Prevention

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention 1		
	The number of health assessments provided to at risk 45-49 year old patients within the Division (compared to the total population aged 45-49 years in the Division).		
RATIONALE	Patients between 45 and 49 years of age (inclusive) are prime candidates for a health assessment and early intervention for chronic diseases.		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results.		
	<p>Numerator: The number of health assessment services provided to at risk 45-49 year old (inclusive) patients by GPs within the Division.</p> <p>Denominator: The number of 45-49 year olds in the Division.</p>		
DATA SOURCE	<p>Numerator: Medicare Australia – MBS items 701, 703, 705 and 707.</p> <p>Denominator: Australian Bureau of Statistics (ABS).</p>		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	<p>From 1 May 2010, age and condition specific health assessment items have been replaced by a set of four time-based health assessment items.</p> <p>The four time-based preventative assessment items are:</p> <ul style="list-style-type: none"> - 701 – Brief Health Assessment of less than 30 minutes duration; - 703 – Standard Health Assessment lasting more than 30 minutes but less than 45 minutes; - 705 – Long Health Assessment lasting more than 45 minutes but less than sixty minutes; and - 707 – Prolonged Health Assessment lasting more than 60 minutes. <p>(Note that Aboriginal and Torres Strait Islander health assessments will not be included in the new time based health assessment items).</p>		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible area of improvement is an increase in the number of health assessments provided to 45-49 year olds.		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Changed denominator to the number of 45-49 year olds in the Division given that most of the population in this age group would have one of these risk factors.
	3	10/05/2010	Change to accommodate the collapsing of a range of health assessment MBS items (700, 702, 709, 712, 713, 714, 716, 717, 718, 719), including the 45 year old health check, into four time based health assessment MBS items (701, 703, 705 and 707).

DGPP Prevention 1

The number of health assessments provided to at-risk 45-49 year old patients by GPs within the Division

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Health assessments provided to 45-49 year olds (MBS items 701, 703, 705 or 707)	Population of 45-49 year olds in the Division
Number		
Percent		100
Explanation of results:		

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention 2		
	The average childhood immunisation coverage rate for the 60 to <63 months age group within the Division.		
RATIONALE	<p>The Immunise Australia Program has increased national immunisation coverage rates and has helped reduce the incidence of vaccine preventable diseases in the community. In order to achieve a level of immunity necessary to interrupt the spread of vaccine-preventable diseases, vaccine coverage rates need to exceed 90%³.</p> <p>Immunisation coverage rates for the 72 months old age group are considerably lower than those of the 12 to 24 months age group⁴. It is opportunistic to target those children at the 60 to < 63 months age group to maximise immunisation coverage rates.</p>		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results.		
DATA SOURCE	Medicare Australia – Australian Childhood Immunisation Register (ACIR).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS			
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible area of improvement is an increase in the coverage rate for this age group.		
HISTORY	Version No	Date	Brief Description of Revision

DGPP Prevention 2

The average childhood immunisation coverage rates for the 60 to <63 months age group within the Division

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Average coverage rate for the 60 to <63 months age group within the Division
Percentage	%
Explanation of results:	

³ Australian Institute of Health and Welfare. A Picture of Australia's Children. AIHW: Canberra, 2005.

⁴ Ibid.

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention 3		
	The number and proportion of electronic transfers of childhood immunisation data received by the Australian Childhood Immunisation Register (ACIR).		
RATIONALE	<p>The ACIR records details of vaccinations given to children under the age of seven who live in Australia, helping Australian parents to ensure that their children grow up healthy and are fully immunised. Health professionals also use the ACIR to monitor immunisation coverage levels, service delivery and disease outbreaks.</p> <p>The ACIR allows for both electronic and manual transmission of immunisation data. An increase in the level of electronic transfers will demonstrate an efficient and timely data exchange of immunisation records.</p>		
REPORTING GUIDE	<p>Divisions will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of electronic childhood immunisation encounters received by the ACIR for this age group.</p> <p>Denominator: The total number of encounters (electronic and manual) for the Division.</p>		
DATA SOURCE	Medicare Australia – Australian Childhood Immunisation Register (ACIR).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	<p>For the purposes of this indicator, electronic transfers means anything not processed manually. The data will apply at the encounter level on the date of processing by Medicare Australia.</p> <p>Therefore, for the purposes of this indicator and for consistency reasons, data about each vaccination visit (or encounter) received by the ACIR electronically will be counted as one electronic transfer of childhood immunisation data.</p> <p>NB. Most QLD childhood immunisation data are transferred electronically to ACIR by VIVAS and most NT data are transferred electronically to ACIR by NT Health.</p>		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible area of improvement is an increase in the number of electronic transfers of immunisation data to ACIR.		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Changed date of claim to date of processing by Medicare Australia due to timing issues with obtaining date of claim data.

DGPP Prevention 3

The number and proportion of electronic transfers of childhood immunisation data received by the Australian Childhood Immunisation Register (ACIR)

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	CHILDHOOD IMMUNISATION DATA RECEIVED BY ACIR	
	Electronic transfers	Total number of transfers (electronic and manual)
Number		
Percent		100
Explanation of results:		

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention 4		
	The number and proportion of female patients aged 20-69 whose patient record shows that they have had a Pap smear during the previous two year period.		
RATIONALE	A Pap smear every two years can prevent the most common form of cervical cancer in up to 90% of cases and is a female's best protection against cervical cancer. ⁵		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of female patients aged 20-69 years who have had a Pap smear in the last two years. Denominator: Total number of female patients aged 20-69 years.		
DATA SOURCE	Division records, practice visits, etc.		
GUIDE FOR DATA COLLECTION	Divisions must obtain data from <u>at least 10% of GPs</u> in the Division in the first year. It is expected that this proportion will increase over time. <i>Or</i> Divisions must obtain data from another source that has been negotiated on a State-wide basis with the Department.		
COMMENTS	Some women in this age group may not be required to have regular pap smears, such as those that have had a total hysterectomy.		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible areas of improvement are: 1. an increase in the number of female patients aged 20-69 having had a pap smear in the previous two years; and 2. an increase in the number of GPs providing data for this indicator.		
HISTORY	Version No	Date	Brief Description of Revision

DGPP Prevention 4

The number and proportion of female patients aged 20-69 whose patient record shows that they have had a Pap smear during the previous two year period.

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

WOMEN AGED 20-69			
	Had a pap smear in the previous two years	Number not recorded as screened/not known	Total
Number			
Percent			100
How were these data obtained?			
What number and proportion of GPs in your Division contributed data for this indicator?			
Number: _____ Proportion: _____			
Explanation of results:			

⁵ <http://www.health.gov.au/internet/screening/publishing.nsf/Content/cervical-faqs#1>

Chronic Disease Management

FOCUS AREA	CHRONIC DISEASE MANAGEMENT		
INDICATOR	DGPP Chronic Disease Management 1		
	The number and proportion of general practices within the Division using electronic register/recall/reminder systems to identify patients with a chronic disease for review and appropriate action.		
RATIONALE	Register/recall/reminder systems are an important component of high quality chronic disease management, allowing practices to identify patients with chronic disease, recall them as required and ensure they are providing comprehensive patient care.		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results.		
	<p>Numerator: The number of general practices using a register/recall/reminder system (electronic and/or manual) to identify patients with a chronic disease for review and appropriate action.</p> <p>Denominator: The number of general practices within a Division.</p>		
DATA SOURCE	Division records, practice visits, etc.		
GUIDE FOR DATA COLLECTION	<p>Divisions must obtain data from <u>at least 80% of practices</u> in the Division.</p> <p>The following questions relate to the use of a practice-based system and are to be answered at practice level (not Division or pathology-based systems), even if the system is not currently used by all GPs in the practice.</p> <p>Standard National Questions</p> <p>Q1 Does the practice have at least one register/recall/reminder system to identify patients with a chronic disease? [Y] [N]</p> <p>Q2 If yes, are any of the register/ recall/ reminder systems electronic? [Y] [N]</p> <p>Q3 If yes to Q1 and 2, please indicate how many chronic diseases are represented on the electronic practice system(s).</p>		
COMMENTS	For this indicator, Divisions should be aiming for general practices to have three (3) or more chronic diseases represented on an electronic practice register/recall/reminder system.		
ASSESSMENT GUIDE	<p>In assessing the results for this indicator, the possible areas of improvement are:</p> <ol style="list-style-type: none"> an increase in the number of practices using electronic register/recall/reminder systems for chronic disease management; an increase in the number of diseases represented on an electronic register/recall/reminder system; and an increase in the number of practices providing data for this indicator. 		
HISTORY	Version No	Date	Brief Description of Revision

DGPP Chronic Disease Management 1: Table 1

The number and proportion of general practices within the Division using practice register/recall/reminder systems to identify patients with a chronic disease for review and appropriate action

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Practices using <i>electronic</i> system	Practices using <i>manual</i> system	No register/ recall/ reminder system	Number of practices for whom data available	Total practices in the Division
Number					
Percent				100	N/A

DGPP Chronic Disease Management 1: Table 2:

The number of chronic diseases represented using **electronic** practice register/recall/reminder systems.

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	1 chronic disease represented	2 chronic diseases represented	3 chronic diseases represented	>3 chronic diseases represented	Total number of practices using <i>electronic</i> system
Number of practices					
Percent					100
How were these data obtained?					
Explanation of results:					

FOCUS AREA	CHRONIC DISEASE MANAGEMENT		
INDICATOR	<p>DGPP Chronic Disease Management 2</p> <p>The number of patients within the Division with diabetes whose last recorded HbA1c within the previous 12 months was:</p> <ul style="list-style-type: none"> • less than or equal to 7.0%; • greater than 7.0% but less than or equal to 8.0%; • greater than 8.0% but less than 10.0%; • greater than or equal to 10.0%; or • not recorded. 		
RATIONALE	<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 7.0% but less than 10.0% indicates impaired glycaemic control; 10.0% or more indicates poor glycaemic control.⁶</p>		
REPORTING GUIDE	<p>Divisions will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of patients with diabetes whose HbA1c in the past 12 months was:</p> <ul style="list-style-type: none"> • less than or equal to 7.0%; • greater than 7.0% but less than or equal to 8.0%; • greater than 8.0% but less than 10.0%; • greater than or equal to 10.0%; or • not recorded. <p>Denominator: The total number of patients with diabetes.</p>		
DATA SOURCE	Division records, practice visits, Australian Primary Care Collaboratives, etc.		
GUIDE FOR DATA COLLECTION	Divisions must obtain data from <u>at least 10% of GPs</u> in the Division.		
COMMENTS	<p>For the purpose of this indicator, diabetes refers to diabetes type 1 and diabetes type 2. It does not refer to gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.</p> <p>As this indicator is shared with the APCC Program, if the APCC indicator changes, this indicator will also change.</p>		
ASSESSMENT GUIDE	<p>In assessing the results for this indicator, the possible areas of improvement are:</p> <ol style="list-style-type: none"> 1. an increase in the number of patients identified with diabetes; 2. an increase in patients with HbA1c recorded 3. an increase in the number of patients with good clinical results; and 4. an increase in the number of patients with the Aboriginal and Torres Strait Islander origin identified; and 5. an increase in the number of GPs providing data for this indicator. 		
HISTORY	Version No	Date	Brief Description of Revision

⁶ Diabetes Australia and RACGP, *Diabetes management in general practice 2004/5*, 10th edition. Diabetes Australia; 2004.

DGPP Chronic Disease Management 2

The number of patients within the Division with diabetes - last recorded HbA1c within the previous 12 months

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Last recorded HbA1c levels within previous 12 months					
	≤7.0%	>7.0% but ≤ 8.0%	>8.0% but <10.0%	≥10.0%	Not recorded	Total
All						
Number						
Percent						100
Aboriginal and Torres Strait Islander origin (numbers)						
Aboriginal and Torres Strait Islander origin						
Non-Aboriginal and Torres Strait Islander origin						
Origin not recorded						
How were these data obtained?						
What number and proportion of GPs in your Division contributed data for this indicator?						
Number: Proportion:						
Explanation of results:						

FOCUS AREA	CHRONIC DISEASE MANAGEMENT		
INDICATOR	DGPP Chronic Disease Management 3		
	The number of patients within the Division with coronary heart disease whose last recorded blood pressure within the previous 12 months was less than or equal to 130/80 mmHg.		
RATIONALE	High blood pressure is a major risk factor for a range of cardiovascular diseases, including coronary heart disease. The risk of disease increases as the level of blood pressure increases.		
REPORTING GUIDE	Divisions will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of patients with coronary heart disease whose last recorded blood pressure within the previous 12 months was less than or equal to 130/80 mmHg. Denominator: The total number of patients with coronary heart disease.		
DATA SOURCE	Division records, practice visits, Australian Primary Care Collaboratives, etc.		
GUIDE FOR DATA COLLECTION	Divisions must obtain data from <u>at least 10% of GPs</u> in the Division.		
COMMENTS	For the purpose of this indicator, coronary heart disease is defined as current or past history of at least one of the following: myocardial infarction, unstable angina pectoris, angina, revascularisation as evidenced by angioplasty +/- stent, or coronary artery bypass surgery.		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible areas of improvement are: 1. an increase in the number of patients identified with coronary heart disease; 2. an increase in patients with blood pressure recorded; 3. an increase in the number of patients with good clinical results; and 4. an increase in the number of GPs providing data for this indicator.		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Advising Divisions of changes to reporting for the Australian Primary Care Collaboratives Program and reporting options for the first 6 month reporting period.
	3	23/06/2009	Indicator for use in 2008-09 12 month report and in 2009-10 planning and reporting.

DGPP Chronic Disease Management 3

The number of patients within the Division with coronary heart disease whose last recorded blood pressure within the previous 12 months was less than or equal to 130/80 mmHg

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	CHD patients whose last recorded blood pressure within the previous 12 months was less than or equal to 130/80 mmHg	CHD patients whose last recorded blood pressure within the previous 12 months was greater than 130/80 mmHg	Not recorded	Total
All				
Number				
Percent				100
How were these data obtained?				
What number and proportion of GPs in your Division contributed data for this indicator?				
Number: Proportion:				
Explanation of results:				

Uptake of National Initiatives

FOCUS AREA	UPTAKE OF NATIONAL INITIATIVES		
INDICATOR	DGPP Uptake of National Initiatives 1 The number and proportion of general practitioners within the Division who prepare and review GP Mental Health Care Plans , and the number and proportion of general practitioners within the Division who provide focussed psychological strategies .		
RATIONALE	<p>The GP Mental Health Care Plan is part of the <i>Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (MBS)</i> 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 psychologist and allied mental health service providers.⁷</p> <p>Focussed psychological strategies are specific mental health care management strategies derived from evidence based psychological therapies that have been shown to integrate the best external evidence of clinical effectiveness with general practice clinical expertise. These services may only be provided by a medical practitioner who is registered with Medicare Australia as having satisfied the requirements for higher level mental health skills for the provision of the service. The medical practitioner must provide the service in a general practice participating in the PIP or which is accredited.⁸</p>		
REPORTING GUIDE	<p>Divisions will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of GPs claiming against MBS items 2710 or 2712; and MBS items 2721, 2723, 2725 or 2727.</p> <p>Denominator: The number of GPs in the Division</p>		
DATA SOURCE	<p>Numerator: Medicare Australia –MBS items 2710 or 2712; and MBS item 2721, 2723, 2725 or 2727.</p> <p>Denominator: Division records</p>		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	For the purpose of this indicator, the number of GPs will be counted by head count and will be based on the most recent national workforce data available. This will generally be the number of GPs from the previous financial year.		
ASSESSMENT GUIDE	<p>In assessing the results for this indicator, the possible areas of improvement are:</p> <ol style="list-style-type: none"> 1. an increase in the number of GPs who prepare and review GP Mental Health Care Plans; and 2. an increase in the number of GPs who have undertaken training and are providing focussed psychological strategies. 		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Amended numerator to include all MBS items involving focussed psychological strategies (Items 2721, 2723, 2725, 2727). Included information on GP head count.

⁷ <http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pcd-gp-mental-health-care-medicare>

⁸ Australian Government Department of Health and Ageing. Medicare Benefits Schedule Book, 2007.

DGPP Uptake of national initiatives 1

The number and proportion of general practitioners within the Division who prepare and review GP Mental Health Care Plans, and the number and proportion of general practitioners who provide focussed psychological strategies

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	GP Mental Health Care Plan			Total number of GPs in the Division
	MBS item 2710 (Preparation)	MBS item 2712 (Review)	Practitioners claiming either Item 2710 or 2712	
Number of GPs claiming				
Percent				100
Explanation of results:				

Focussed Psychological Strategies						
	MBS Item 2721	MBS Item 2723	MBS Item 2725	MBS Item 2727	MBS Items 2721, 2723, 2725 or 2727	Total number of GPs in the Division
Number of GPs claiming						
Percent						100
Explanation of results:						

FOCUS AREA	UPTAKE OF NATIONAL INITIATIVES		
INDICATOR	DGPP Uptake of national initiatives 2		
	The number and proportion of PIP practices within the Division.		
RATIONALE	<p>An independent and voluntary system of practice accreditation was developed to enhance the delivery of services and facilities by general practices through a process of continuous quality improvement.</p> <p>In 1998, the General Practice Strategy Review Group published <i>General practice: changing the future through partnerships</i> providing a focussed push toward the widespread accreditation of general practices in Australia, recommending that ‘... national GP organisations actively promote participation in the accreditation process and that practices apply for accreditation’.⁹</p> <p>Due to the unavailability of practice accreditation data the indicator will be the number and proportion of PIP practices within the Division.</p>		
DATA SOURCE	<p>Numerator: Department of Health and Ageing Practice Incentives Program data.</p> <p>Denominator: Division records.</p>		
REPORTING GUIDE	<p>Divisions will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of PIP practices in the Division.</p> <p>Denominator: The number of general practices in the Division.</p>		
GUIDE FOR DATA COLLECTION	<p>Numerator: The Department will source the data and provide to the Divisions network.</p> <p>Denominator: Division records</p>		
COMMENTS			
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible area of improvement within the Division is an increase in the number of PIP general practices.		
HISTORY	Version No	Date	Brief Description of Revision
	2	August 2008	Revised to the number and proportion of PIP practices within the Division because practice accreditation data is not available.

DGPP Uptake of national initiatives 2

The number and proportion of PIP practices within the Division

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Total Number of PIP Practices	Total Number of Practices in Division.
Number		
Percent		100
Explanation of results:		

⁹ Royal Australian College of General Practitioners. RACGP Standards for General Practice. South Melbourne; RACGP, 2007.

3. STATE BASED ORGANISATIONS

Access

FOCUS AREA	ACCESS		
INDICATOR	DGPP Access (SBO) 1		
	The number and proportion of PIP practices within the State/Territory claiming practice nurse services.		
RATIONALE	Practice nurses assist GPs by contributing to a range of services, including chronic disease management and population health activities. It is anticipated that increased capacity in general practice provided by using services of nurses will improve the quality of care for patients, particularly those with chronic disease and/or complex conditions. ¹⁰		
REPORTING GUIDE	SBOs will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of PIP practices claiming practice nurse services within the State. Denominator: The number of PIP Practices within the State.		
DATA SOURCE	Numerator: Medicare Australia – MBS items 10993-10999. Medicare Australia – PIP data. Denominator: Medicare Australia – PIP data.		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	MBS item 10997 also applies to services provided by an Aboriginal Health Worker, but will be counted for the purposes of this indicator. The number of non-PIP practice claiming practice nurse services is not available, however the number of practice nurse services claimed by non-PIP practices will be collected and incorporated into the results table.		
ASSESSMENT GUIDE	In assessing the results for this indicator, the possible areas of improvement are: 1. an increase in the number of PIP practices claiming practice nurse services; and 2. an increase in the number of practice nurse services being claimed.		
HISTORY	Version No	Date	Brief Description of Revision

¹⁰ Australian Government Department of Health and Ageing, 2006, Guidelines for the Divisions Network Nursing in General Practice Program. Available at:
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-nursing-gpinfo.htm>

DGPP Access (SBO) 1

The number and proportion of PIP practices within the State claiming practice nurse services

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	PIP Practices claiming practice nurse services within the State (MBS items 10993-10999)	Total number of PIP Practices within the State	Practice nurse services claimed by PIP practices within the State (MBS items 10993 – 10999)
Number			
Percent		100	
In addition, a further _____ practice nurse claims were made by non-PIP practices.			
Explanation of results:			

FOCUS AREA	ACCESS		
INDICATOR	DGPP Access (SBO) 2 The number of health assessments provided to patients of Aboriginal and/or Torres Strait Islander origin by general practitioners within the State (compared to the estimated population in the area who could benefit from the health assessment).		
RATIONALE	Health assessments are provided to ensure that Aboriginal and Torres Strait Islander people receive the optimum level of health care by encouraging prevention, early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. ¹¹		
REPORTING GUIDE	SBOs will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of health assessments provided to patients of Aboriginal and Torres Strait Islander origin. Denominator: The estimated Aboriginal and/or Torres Strait Islander population in the State.		
DATA SOURCE	Numerator: <i>From 1 May 2010:</i> Medicare Australia - MBS Item 715 Denominator: Australian Bureau of Statistics (ABS).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	From 1 May 2010, the four age specific items for Aboriginal and Torres Strait Islander health assessments have been combined into one new item for an Aboriginal and Torres Strait Islander health assessment, regardless of age (item 715). The Aboriginal and Torres Strait Islander Persons Health Assessment may be provided once every 9 months.		
HISTORY	Version No	Date	Brief Description of Revision
	2	10/05/2010	Change to accommodate the collapsing of the child (708), adult (710) and older persons (704 and 706) health assessment MBS items for Aboriginal and Torres Strait Islander peoples into one MBS item, the Aboriginal and Torres Strait Islander peoples health assessment (715).

¹¹ Australian Government Department of Health and Ageing. Medicare Benefits Schedule Book, 2007.

DGPP Access (SBO) 2

The number of health assessments provided to patients of Aboriginal and/or Torres Strait Islander origin by general practitioners within the State (compared to the estimated population in the area who could benefit from the health assessment).

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Health Assessments provided to patients of Aboriginal and Torres Strait Islander Origin (MBS item 715)	Estimated Aboriginal and Torres Strait Islander Population in the State
Number		
Percent		100
Explanation of results:		

Prevention

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention (SBO) 1 The number of health assessments provided to at risk 45-49 year old patients within the State (compared to the total population aged 45-49 years in the State).		
RATIONALE	Patients between 45 and 49 years of age (inclusive) are prime candidates for a health assessment and early intervention for chronic diseases.		
REPORTING GUIDE	SBOs will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of health assessment services provided to at risk 45-49 year old (inclusive) patients by GPs within the State. Denominator: The number of 45-49 year olds in the State.		
DATA SOURCE	Numerator: Medicare Australia – MBS items 701, 703, 705 and 707. Denominator: Australian Bureau of Statistics (ABS).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	From 1 May 2010, age and condition specific health assessment items have been replaced by a set of four time-based health assessment items. The four time-based preventative assessment items are: <ul style="list-style-type: none"> - 701 – Brief Health Assessment of less than 30 minutes duration; - 703 – Standard Health Assessment lasting more than 30 minutes but less than 45 minutes; - 705 – Long Health Assessment lasting more than 45 minutes but less than sixty minutes; and - 707 – Prolonged Health Assessment lasting more than 60 minutes. (Note that Aboriginal and Torres Strait Islander health assessments will not be included in the new time based health assessment items).		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Changed denominator to the number of 45-49 year olds in the State given that most of the population in this age group would have one of these risk factors.
	3	10/05/2010	Change to accommodate the collapsing of a range of health assessment MBS items (700, 702, 709, 712, 713, 714, 716, 717, 718, 719), including the 45 year old health check, into four time based health assessment MBS items (701, 703, 705 and 707).

DGPP Prevention (SBO) 1

The number of health assessments provided to at risk 45-49 year old patients by GPs within the State

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Health assessments provided to 45-49 year olds (MBS items 701, 703, 705 or 707)	Population of 45-49 year olds in the State
Number		
Percent		100
Explanation of results:		

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention (SBO) 2		
	The average childhood immunisation coverage rate for the 60 to <63 months age group within the State.		
RATIONALE	<p>The Immunise Australia Program has increased national immunisation coverage rates and has helped reduce the incidence of vaccine preventable diseases in the community. In order to achieve a level of immunity necessary to interrupt the spread of vaccine-preventable diseases, vaccine coverage rates need to exceed 90%¹².</p> <p>Immunisation coverage rates for the 72 months old age group are considerably lower than those of the 12 to 24 months age group¹³. It is opportunistic to target those children at the 60 to < 63 months age group to maximise immunisation coverage rates.</p>		
REPORTING GUIDE	SBOs will need to enter the results into the results table and provide an explanation in response to the data results.		
DATA SOURCE	Medicare Australia – Australian Childhood Immunisation Register (ACIR).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS			
HISTORY	Version No	Date	Brief Description of Revision

DGPP Prevention (SBO) 2

The average childhood immunisation coverage rates for the 60 to <63 months age group within the State

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Average coverage rate for the 60 to <63 months age group within the State
	%
Percentage	
Explanation of results:	

¹² Australian Institute of Health and Welfare. A Picture of Australia's Children. AIHW: Canberra, 2005.

¹³ Ibid.

FOCUS AREA	PREVENTION		
INDICATOR	DGPP Prevention (SBO) 3		
	The number and proportion of electronic transfers of childhood immunisation data received by the Australian Childhood Immunisation Register (ACIR).		
RATIONALE	<p>The ACIR records details of vaccinations given to children under the age of seven who live in Australia, helping Australian parents to ensure that their children grow up healthy and are fully immunised. Health professionals also use the ACIR to monitor immunisation coverage levels, service delivery and disease outbreaks.</p> <p>The ACIR allows for both electronic and manual transmission of immunisation data. An increase in the level of electronic transfers will demonstrate an efficient and timely data exchange of immunisation records.</p>		
REPORTING GUIDE	<p>SBOs will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of electronic childhood immunisation encounters received by the ACIR for this age group.</p> <p>Denominator: The total number of encounters (electronic and manual) for the State.</p>		
DATA SOURCE	Medicare Australia – Australian Childhood Immunisation Register (ACIR).		
GUIDE FOR DATA COLLECTION	The Department will source the data and provide to the Divisions network.		
COMMENTS	<p>For the purposes of this indicator, electronic transfers means anything not processed manually. The data will apply at the encounter level on the date of processing by Medicare Australia.</p> <p>Therefore, for the purposes of this indicator and for consistency reasons, data about each vaccination visit (or encounter) received by the ACIR electronically will be counted as one electronic transfer of childhood immunisation data.</p> <p>NB. Most QLD childhood immunisation data are transferred electronically to ACIR by VIVAS and most NT data are transferred electronically to ACIR by NT Health.</p>		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Changed date of claim to date of processing by Medicare Australia due to timing issues with obtaining date of claim data.

DGPP Prevention (SBO) 3

The number and proportion of electronic transfers of childhood immunisation data received by the Australian Childhood Immunisation Register (ACIR).

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	CHILDHOOD IMMUNISATION DATA RECEIVED BY ACIR	
	Electronic transfers	Total number of transfers (electronic and manual)
Number		
Percent		100
Explanation of results:		

Chronic Disease Management

FOCUS AREA	CHRONIC DISEASE MANAGEMENT		
INDICATOR	DGPP Chronic Disease Management (SBO) 1		
	The number and proportion of general practices within the State using electronic register/recall/reminder systems to identify patients with a chronic disease for review and appropriate action.		
RATIONALE	Register/recall/reminder systems are an important component of high quality chronic disease management, allowing practices to identify patients with chronic disease, recall them as required and ensure they are providing comprehensive patient care.		
REPORTING GUIDE	SBOs will need to enter the results into the results table and provide an explanation in response to the data results.		
	<p>Numerator: The number of general practices using a register/recall/reminder system (electronic and/or manual) to identify patients with a chronic disease for review and appropriate action.</p> <p>Denominator: The number of general practices within a State.</p>		
DATA SOURCE	Divisions of General Practice Six and Twelve Month Reports.		
GUIDE FOR DATA COLLECTION	<p>SBOs must collect data from <u>100% of Divisions</u> (with the exception of Tier 1 reporting Divisions) within their State.</p> <p>The following questions relate to the use of a practice-based system and are to be answered at practice level (not Division or pathology-based systems), even if the system is not currently used by all GPs in the practice.</p> <p>Standard National Questions</p> <p>Q1 Does the practice have at least one register/recall/reminder system to identify patients with a chronic disease? [Y] [N]</p> <p>Q2 If yes, are any of the register/ recall/ reminder systems electronic? [Y] [N]</p> <p>Q3 If yes to Q1 and 2, please indicate how many chronic diseases are represented on the electronic practice system(s).</p>		
COMMENTS	For this indicator, SBOs should support Divisions in the aim for general practices to have three (3) or more chronic diseases represented on an electronic practice register/recall/reminder system.		
HISTORY	Version No	Date	Brief Description of Revision

DGPP Chronic Disease Management (SBO) 1: Table 1

The number and proportion of general practices within the State using practice register/recall/reminder systems to identify patients with a chronic disease for review and appropriate action

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Practices using <i>electronic</i> system	Practices using <i>manual</i> system	No register/ recall/ reminder system	Number of practices for whom data available	Total practices in the State
Number					
Percent				100	N/A

DGPP Chronic Disease Management (SBO) 1: Table 2:

The number of chronic diseases represented using **electronic** practice register/recall/reminder systems

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	1 chronic disease represented	2 chronic diseases represented	3 chronic diseases represented	>3 chronic diseases represented	Total number of practices using <i>electronic</i> system
Number of practices					
Percent					100
How were these data obtained?					
Explanation of results:					

FOCUS AREA	CHRONIC DISEASE MANAGEMENT		
INDICATOR	DGPP Chronic Disease Management (SBO) 2		
	The number and proportion of Divisions that have successfully met the requirements for obtaining patient level data for diabetes, coronary heart disease and pap smears within the State.		
RATIONALE	Part of the role of SBOs is to support the improved utilisation of data by Divisions to inform planning and evaluation of health services and measure the effectiveness of health program delivery.		
REPORTING GUIDE	SBOs will need to enter the results into the results table and provide an explanation in response to the data results. Numerator: The number of Divisions that have successfully met the requirements for obtaining patient level data. Denominator: The number of Divisions within the State.		
DATA SOURCE	Divisions of General Practice Six and Twelve Month Reports.		
GUIDE FOR DATA COLLECTION	SBOs must collect data from <u>100% of Divisions (with the exception of Tier 1 reporting Divisions)</u> within their State. SBOs will analyse the Reports of the Divisions and summarise the number and provide an explanation of the results.		
COMMENTS			
HISTORY	Version No	Date	Brief Description of Revision

DGPP Chronic Disease Management (SBO) 2

The number and proportion of Divisions that have successfully met the requirements for obtaining patient level data for diabetes, coronary heart disease and Pap smears within the State

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X to 30 June 200X for 12 month reporting.

	Number of Divisions who met requirements for obtaining patient level data for			Total number of Divisions in State
	Diabetes	Coronary heart disease	Pap smears	
Number				
Percent				100
Explanation of results:				

Uptake of National Initiatives

FOCUS AREA	UPTAKE OF NATIONAL INITIATIVES		
INDICATOR	DGPP Uptake of National Initiatives (SBO) 1		
	The number and proportion of general practitioners within the State who prepare and review GP Mental Health Care Plans , and the number and proportion of general practitioners within the State who provide focussed psychological strategies .		
RATIONALE	<p>The GP Mental Health Care Plan is part of the <i>Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (MBS)</i> 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 psychologist and allied mental health service providers.¹⁴</p> <p>Focussed psychological strategies are specific mental health care management strategies derived from evidence based psychological therapies that have been shown to integrate the best external evidence of clinical effectiveness with general practice clinical expertise. These services may only be provided by a medical practitioner who is registered with Medicare Australia as having satisfied the requirements for higher level mental health skills for the provision of the service. The medical practitioner must provide the service in a general practice participating in the PIP or which is accredited.¹⁵</p>		
REPORTING GUIDE	<p>SBOs will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of GPs claiming against MBS items 2710 or 2712; and MBS item 2721, 2723, 2725 or 2727.</p> <p>Denominator: The number of GPs in the State.</p>		
DATA SOURCE	<p>Numerator: Medicare Australia –MBS items 2710 and 2712; and MBS item 2721, 2723, 2725 or 2727.</p> <p>Denominator: Divisions of General Practice Six and Twelve Month Reports.</p>		
GUIDE FOR DATA COLLECTION			
COMMENTS	For the purpose of this indicator, the number of GPs will be determined by head count and will be based on the most recent national workforce data available, This will generally be the number of GPs from the previous financial year.		
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Amended numerator to include all MBS items involving focussed psychological strategies (Items 2721, 2723, 2725, 2727). Included information on GP head count.

¹⁴ <http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pcd-gp-mental-health-care-medicare>

¹⁵ Australian Government Department of Health and Ageing. Medicare Benefits Schedule Book, 2007.

DGPP Uptake of national initiatives (SBO) 1

The number and proportion of general practitioners within the State who prepare and review GP Mental Health Care Plans, and the number and proportion of general practitioners who provide focussed psychological strategies.

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X – 30 June 200X for 12 month reporting.

	GP Mental Health Care Plan			Total number of GPs in the State
	MBS item 2710 (Preparation)	MBS item 2712 (Review)	Practitioners claiming either Item 2710 or 2712	
Number of GPs claiming				
Percent				100
Explanation of results:				

Focussed Psychological Strategies						
	MBS Item 2721	MBS Item 2723	MBS Item 2725	MBS Item 2727	MBS Items 2721, 2723, 2725 or 2727	Total number of GPs in the State
Number of GPs claiming						
Percent						100
Explanation of results:						

FOCUS AREA	UPTAKE OF NATIONAL INITIATIVES		
INDICATOR	DGPP Uptake of national initiatives (SBO) 2		
	The number and proportion of PIP practices within the State.		
RATIONALE	<p>An independent and voluntary system of practice accreditation was developed to enhance the delivery of services and facilities by general practices through a process of continuous quality improvement.</p> <p>In 1998, the General Practice Strategy Review Group published <i>General practice: changing the future through partnerships</i> providing a focussed push toward the widespread accreditation of general practices in Australia, recommending that ‘... national GP organisations actively promote participation in the accreditation process and that practices apply for accreditation’.¹⁶</p> <p>Due to the unavailability of practice accreditation data the indicator will be the number and proportion of PIP practices within the State.</p>		
DATA SOURCE	<p>Numerator: Department of Health and Ageing Practice Incentives Program data.</p> <p>Denominator: Division/SBO records.</p>		
REPORTING GUIDE	<p>SBOs will need to enter the results into the results table and provide an explanation in response to the data results.</p> <p>Numerator: The number of PIP practices in the State</p> <p>Denominator: The number of general practices in the State.</p>		
GUIDE FOR DATA COLLECTION	<p>Numerator: The Department will source the data and provide to the Divisions network.</p> <p>Denominator: Division/SBO records.</p>		
COMMENTS			
HISTORY	Version No	Date	Brief Description of Revision
	2	22/12/2008	Revised to the number and proportion of PIP practices within the State because practice accreditation data is not available, consistent with the DGPP Uptake of National Initiatives 2.

DGPP Uptake of national initiatives (SBO) 2

The number and proportion of PIP practices within the State

Reporting periods are 1 July 200X to 31 December 200X for 6 month reporting and 1 July 200X – 30 June 200X for 12 month reporting..

	Total Number of PIP Practices	Total Number of Practices in the State.
Number		
Percent		100
Explanation of results:		

¹⁶ Royal Australian College of General Practitioners. RACGP Standards for General Practice. South Melbourne; RACGP, 2007.