

# **GRT & nKPI Reference Guide**

**nKPI V13.2**

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# Government Reporting Tool

Use the Government Reporting Tool (GRT) to extract primary health care key performance indicators (nKPIs) for indigenous people from Communicare, analyse the data and directly upload the data to the Health Data Portal.

Since January 2019, the Government Reporting Tool (GRT) has been used to extract data for the nKPI, OSR and Health Care Provider (HCP) submissions from Communicare. This tool should be used by health service management personnel who are responsible for periodically collating, analysing and reporting on nKPI data. The GRT uploads the extracted data to the [Commonwealth Department of Health \(DoH\) Health Data Portal](#).



**Tip:** For more information about Indigenous Health Data Reporting, see [IHDR User Help](#).

Before each submission period, [Communicare Support](#) will contact local Communicare Administrators to ensure that the GRT is accessible and any updates to the GRT and reports are communicated.

Data can also be reviewed at any time using the following Communicare report suites:

- **Report > nKPI**
- **Report > OSR**
- **Report > Health Care Providers**

Communicare Administrators should run these reports regularly to check that their health service's data is on track before the January and July submission deadlines.



**Note:** For state-based reporting, [NT KPI \(on page 70\)](#) and [NSW KPI \(on page 67\)](#) reporting suites are available in Communicare as both individual reports and aggregated summaries. Refer to your state health departments for the correct process to submit your data.

## Government Reporting Tool prerequisites

Before you run the Government Reporting Tool and upload Indigenous Health Data from Communicare to the Health Data Portal, ensure that each of the following steps are completed:

1. Obtain the AIHW security data token from the Department of Health.
2. Communicare Support has enabled the data token for your site.
3. Communicare Support has set up and configured SQL Server Express for your organisation.
4. Communicare Support has installed the Government Reporting Tool on your organisation's Communicare server and ensured that it is working correctly.

## Government Reporting Tool overview

To ensure that your site is ready for the reporting submission period, complete the following steps:

1. Ensure Communicare is configured in accordance with the [NPKI information \(on page 13\)](#) and that staff are using the correct items.
2. Use the Communicare reports to audit biographics for missing data and ensure staff are using the correct place and mode to record consults.

3. Run the [nKPI reports \(on page 33\)](#), [OSR and Health Care provider reports \(on page 54\)](#) reports in Communicare to verify the state of the data and repeat steps 1-2 if required. For a list of the available government report suites in Communicare, see [Statutory Reporting and Communicare \(on page 7\)](#).
4. Ensure the Government Reporting Tool is installed and accessible by the Communicare Administrator or person responsible for uploading to the Health Data Portal.

When these steps are complete, you can run the Government Reporting Tool to submit your data to the DoH Health Data Portal.

## Statutory Reporting and Communicare

There are currently four major reporting suites in Communicare for government reporting. Other program reporting suites may exist on your database, such as PMHC, CHSP, ITC, HACC, ANFPP, APCC.

### Reporting suites

Reports usually have the following parameters:

- A date range or report date where the end date is usually 30th June or 31st December. For internal reporting this can be any date required. Where a 'from date' is collected it may be ignored for some indicators where the currency period is defined in the indicator.
- A locality group parameter with the option **<All Locality Groups>**. In most cases this last option should be selected but where more than one organisation shares a database, or internal reporting for separate regions is required, a specific locality group may be selected.
- A patient indicator that can be **AIHW Regular Client** or **Communicare Current Patient**. OSR, nKPI and NSW reports must be uploaded with the **AIHW Regular Client** option selected.

The four reporting suites below essentially perform similar tasks for different agencies but differ in various ways. This table is to help you understand the differences.

Table 1. Comparison of KPI reporting suites

Reporting	OSR	National KPI	NT AHKI	NSW KPI
Included in Communicare	<p>Yes</p> <p>CS-01 to CS-04 HP-01 L-06 to L-07 MCH-01 to MCH-03 S-06 to S-07, S-10 to S11 &amp; S-13 to S-14 SE-06 to SE-07 HCP</p> <p>Additional:</p> <p>Episodes and Contacts by Clinic – may be required</p>	<p>Yes</p> <p>PI01 to PI24</p> <p>Additional:</p> <p>Patient List – identified patients defined as regular Version – specifies the version of the reports</p>	<p>Yes</p> <p>AHKPI 1-01 to AHKPI 1-20</p> <p>Additional:</p> <p>Setup – report to assist configuring encounter places and locality groups</p>	<p>Yes</p> <p>KPI 01 to KPI 09</p>

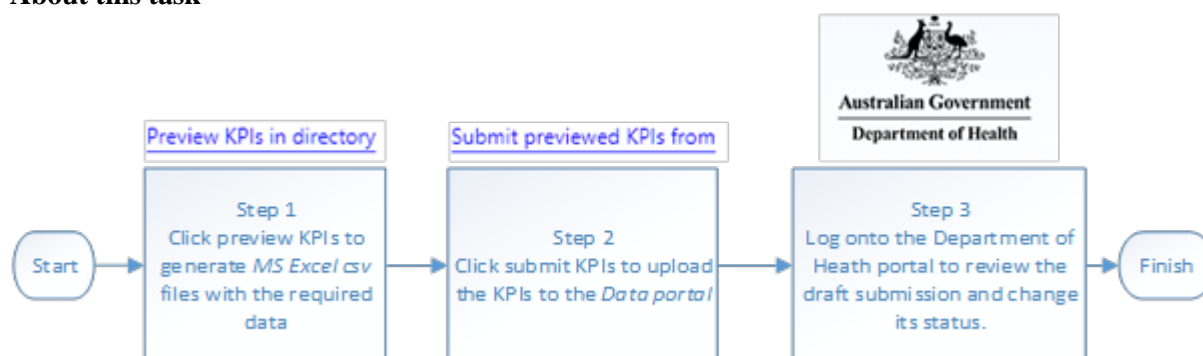
Table 1. Comparison of KPI reporting suites (continued)

Reporting	OSR	National KPI	NT AHKI	NSW KPI
	for separate reporting for remote clinics			
Can be run by a non-Administrator	Yes	Yes	Yes	Yes
Can report on patient names	No	Yes Each report has a companion report that displays patient names	Yes Each report shows patient names	Yes Each report has the option to include patient names or not
Single report available	No	Yes Summary - reports on any indicator where there is some data	Yes AHKPI Data Export AHKPI Data Export for Selected Clinic AHKPI Data Export Summary	Yes Data Summary
Upload functionality	Communicare's Government Reporting Tool - Includes only CS-01 to CS-03 (renamed as AP1 to AP3) and HP-01 (renamed as CSP2)	Communicare's Government Reporting Tool - all indicators	Data Export manually uploaded to NT portal - run AHKPI Data Export and save output as a CSV file	Manual data entry - Data Summary to be printed and transcribed into NSW portal

## Run the Government Reporting Tool

At reporting time, use the Government Reporting Tool to extract the nKPI data you need from Communicare and submit it to the Department of Health Data Portal.

### About this task



The overall process for extracting Indigenous Health Data from Communicare and uploading the data into the Health Data Portal can be distilled into the following steps:

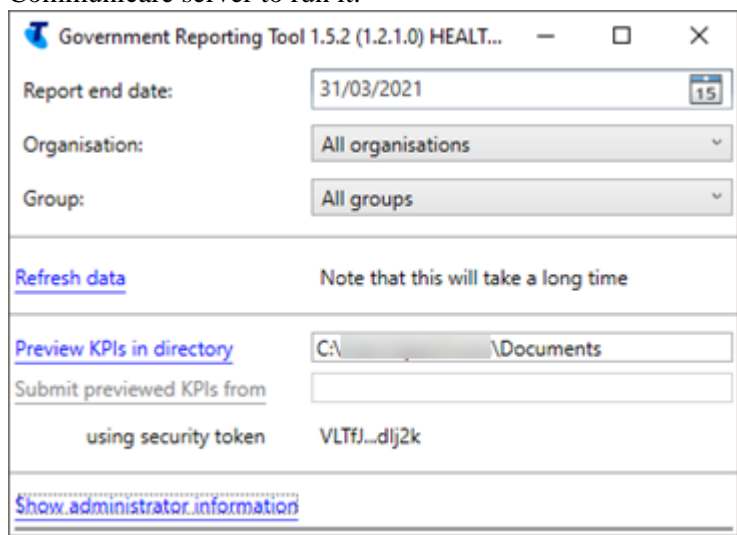


1. Using the Government Reporting Tool, extract data from Communicare to spreadsheets which you can review.
2. Using the Government Reporting Tool, upload the KPI data to the Health Data Portal.
3. In the Health Data Portal, review and confirm the submission.

## Procedure


To run the Government Reporting Tool:

1. On or after 1 July of each year, double-click the **Government Reporting Tool** application on your Communicare server to run it.



The title bar of the **Government Reporting Tool** displays the version of the tool, the username of the person who is logged on and the name of the computer. Check with Communicare Support that you are running the latest version.


2. In the **Government Reporting Tool** window:
  - a. From the **Report end date** calendar, set the reporting date to the end of the reporting period. No data recorded after this date is included in the nKPIs.
  - b. From the **Organisation** list, select the organisation for which the KPI extract will be generated or set to All Organisations.
3. If you have updated the Communicare nKPI configuration as described in [NPKI information \(on page 13\)](#), click **Refresh data**. The tool retrieves data that is new or has been updated in Communicare since it was last run. The refresh process takes 5 - 60 minutes.

 **Tip:** Data is automatically refreshed nightly. Click **Show administrator information** to see when the data was last refreshed.

You can also click this link in the following circumstances:


- You are directed to by the tool because it has detected an issue
  - You have retrospectively updated historical encounters and want these historical updates included in the nKPI reports
4. When the data is refreshed, click **Preview KPIs in directory**. This process takes 1-5 minutes.

- The directory to which the files have been saved is opened when the process is complete.
5. If required, manually review the CSV output files using Microsoft Excel.

 **Tip:** To display the files in a format where you can filter and sort the data:

- a. In Microsoft Excel, press CTRL+A to select all data.
- b. Select **Insert > Table**.

6. After you have reviewed the KPIs, to submit the KPIs to the Health Data Portal in draft form click **Submit previewed KPIs from**. This process takes 1-5 minutes.

 **Note:** This link is enabled only if the KPIs have been generated using an Organisation and Locality Group that has an AIHW security token for your site.

## Results

The Indigenous Health Data extracted from Communicare is uploaded to the Health Data Portal.

## What to do next

Log onto the [Commonwealth Department of Health \(DoH\) Health Data Portal](#) and review the draft submission and complete the data asset upload process. When you are satisfied with the submission, change its status.

If you encounter problems using the Government Reporting Tool:

1. Click **Show administrator information**.
2. Copy or take a screen capture of all the content in the **Show administrator information** pane and attach it to a ticket for [Communicare Support](#) for resolution.

 **Tip:** Scroll down to view all data.

## GRT output files

The Government Reporting Tool produces the following files.







Name	Date modified	Type	Size
 system	6/06/2019 4:38 PM	File folder	
 HcpItems.csv	6/06/2019 4:38 PM	Microsoft Excel Co...	8 KB
 NkpiCountMeasures.csv	6/06/2019 4:38 PM	Microsoft Excel Co...	1 KB
 NkpiPercentageMeasurePatients.csv	6/06/2019 4:39 PM	Microsoft Excel Co...	2,352 KB
 NkpiPercentageMeasures.csv	6/06/2019 4:38 PM	Microsoft Excel Co...	54 KB
 OsrCountMeasures.csv	6/06/2019 4:38 PM	Microsoft Excel Co...	33 KB

Table 2. Files produced by the GRT

File	Purpose
HcpItems.csv	A list of providers
NkpiCountMeasures.csv	A count of the total number of clients included for each KPI
NkpiPercentageMeasurePatients.csv	The numerator, denominator and percentage for each KPI, that is the underlying data. This is equivalent to the nKPI Patients Report in Communicare.

Table 2. Files produced by the GRT (continued)

File	Purpose
OsrCountMeasures.csv	Counts for operational services
system\Manual - HCP - Org.xml	This file is used if it's necessary to manually upload the HCPs to the Health Data Portal using the Department of Health website.
system\Manual - NKPI - Org.xml	This file is used if it's necessary to manually upload the nKPIs to the Health Data Portal using the Department of Health website.
system\Manual - OSR - Org.xml	This file is used if it's necessary to manually upload the OSRs to the Health Data Portal using the Department of Health website.

## Troubleshoot the GRT

If you have a problem running the Government Reporting Tool, check here before contacting Communicare Support

Check the following:

1. Your domain user account or group has been given access to the GRT.
2. The GRT is being passed through the correct hostname to the SQL Server that it uses.
3. There are no security policies blocking access to TCP and UDP ports 1434 and 1433 on the SQL Server.
4. There are no group policies preventing the GRT being run. Check with your Network System Administrator.
5. You have access to the shared folder where the GRT is installed.
6. The SQL Server is running.

If you are still experiencing difficulties contact [Communicare Support](#).

## Manually upload nKPI files to the Health Data Portal

Running the Government Reporting Tool automatically uploads all of the necessary data to the Health Data Portal.

### Before you begin

However, if you encounter connection errors, you can upload the xml files created by the tool to the Health Data Portal manually.

### About this task



**Note:** This information is a general guide only. For further support and help, see [Indigenous Health Data Reporting \(IDHR\)](#) or call 1800 316 387 (8.30am to 5pm AEST Monday to Friday, excluding ACT and national public holidays).

### Procedure

If the automatic upload to the Health Data Portal fails, to upload the files generated by the Government Reporting Tool manually:

1. Copy the XML files created by the Government Reporting Tool to your computer. For more information, see [GRT output files \(on page 10\)](#).
2. Log into the Health Data Portal.
3. Select **New > Asset for Submission**.



4. In the **New Draft Submission** window, add information to all required fields:

**Asset Details** \* Mandatory field

Title \* CC Test File

Description xxx  
497 characters remaining

Submitted by

Organisation

Date Submitted

Folder \* (This determines who in Health receives the submission) Indigenous Health

Sub-Folder nKPI

Additional info

Reporting Round Reporting Period Trial Submission

Data Period Start: 01/Dec/2018 End: 11/Jan/2019

**Files**

File Name	Last Modified	Description	Actions
No files have been added yet.			

Buttons: Cancel, Add File, Create nKPI Form, Save

- In the **Title** field, add a title.
- From the **Folder** list, select the required folder. For example, Indigenous Health.
- In the **Data Period** fields, enter the reporting period.
- If required, click **Create nKPI Form**.
- Click **Add File** and upload the xml file from your computer.
- Click **Save**.

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# Key Performance Indicators

Health service management personnel can collate, analyse and report on National Key Performance Indicators and state-based Key Performance Indicators using Communicare.



**Note:** You can make National Key Performance Indicator (nKPI), Online Services Reports (OSR) and Health Care Provider (HCP) submissions from Communicare, using the [Government Reporting Tool \(on page 6\)](#).

Data can also be reviewed at any time using the following Communicare report suites:

- **Report > nKPI**
- **Report > OSR**
- **Report > Health Care Providers**

For state-based reports:

- In New South Wales, run the reports in **Report > NSW KPI**.
- In the Northern Territory, run the reports in **Report > NT KPI**. For more information, see [NT KPIs \(on page 70\)](#).

## Data requirements

To use Communicare for reporting on Key Performance Indicators, the following data requirements must be met:

- Conditions are coded using the central ICPC2-Plus dataset
- Prescriptions are recorded using the prescribing module which relies on the MIMS Pharmaceutical database
- Medicare claims are bulk-billed and use the Communicare electronic claims module
- Pathology results are delivered electronically using HL7 results with appropriate coding returned by the lab
- Common qualifiers that may be recorded as point of care testing or transcribed results, for example, from a hospital discharge document, use the central qualifiers. If your health service departs from the central dataset (for example, to record an ACR or GFR) it is your responsibility to transcribe the associated system code or export code if the concept remains the same. For reference qualifiers, such as smoking status, attention must be made to each reference's system and export code.
- For state-based reporting, the health service is already configured for National KPI reporting and needs only to consider state indicators that have no nKPI equivalent. Wherever possible, given the definitions, data collection requirements are common across the KPI reports.

## National Key Performance Indicators

Use this information to assist with the Indigenous primary health care key performance indicators (nKPI) and On-line Services Report (OSR) reporting within Communicare.

This document outlines the way in which information recorded in Communicare is identified for each indicator.

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This will allow health services to advise users on how best to ensure the most accurate recording of data for the National Key Performance indicators (nKPI) and On-line Services Report (OSR) reports.

## Demographics overview

Only those patients who meet the required Indigenous status, record status, patient status, age, or address are included in the reporting.

### Indigenous status

National Key Performance Indicator reporting almost exclusively reports on patients who are recorded as being Indigenous. In Communicare this means that they have an Indigenous Status recorded in their biographics of one of the following:

- Aboriginal but not Torres Strait Islander
- Torres Strait Islander but not Aboriginal
- Both Aboriginal and Torres Strait Islander

Any exceptions are stated in the definition for that specific indicator.

OSR reporting is disaggregated by Indigenous Status. In these reports the following mapping is done:

- Aboriginal & Torres Strait Islander - includes all patients with one of the above statuses recorded in their biographics.
- Non-Aboriginal - any patient with an Indigenous Status of Neither Aboriginal nor Torres Strait
- Not Recorded - any patient where the Indigenous Status is not recorded, or the Indigenous Status is Not stated/inadequately described or Not applicable.



**Note:** For OSR reporting, fictitious patients are excluded. Patients who died before the end of the reporting period are counted if they had any activity during the report period. Non-patient records are included to record group activity and contacts made with patients who do not normally attend this health service. For the purposes of disaggregation by Indigenous Status, all non-patients are recorded as Not Recorded.

### Record status

For the AIHW definition of a *Regular Client* this status is determined by looking at the contacts made with a patient in the two years preceding the end of the report period. In Communicare, a patient's status must be one of the following:

- Current
- Transient
- Past
- Banned 30 days
- Banned 60 days

Patients who have a Communicare patient status of *Fictitious* (either at the time the report is run or at the end of the report period) are excluded. Patients who had a Communicare patient status of *Non-Patient* at the end of the report period are also excluded.

Only services that have started are included: services with a status of *Started*, *Paused* or *Finished* are included. Services with the following statuses are excluded:

- 
- Booked
  - Cancelled
  - Waiting
  - Withdrawn

Additionally, services with the following modes are excluded:

- All no client contact modes
- Administration – client contact

If a patient has at least three such services in the two years preceding the end of the report period and they were still alive at the end of the report period, then they are deemed to be a regular client. However, see the comments in the Residence section below relating to the patient's home address at the end of the report period and how this relates to use of the Locality Group parameter in Communicare reports.

OSR reporting does not use the *Regular Client* status. All patient records are included except Fictitious patient records. Non-patient records are included but reported with an Indigenous Status of Not Recorded.

## Patient status

For nKPI reporting, all patients with a status of Non-Patient are excluded even if they have three visits in the previous two years.

For OSR reporting, the Non-Patient status is treated in the following way:

- If the patient record has an MRN of #GROUP, group activity will be counted but not in the contacts, episodes or individuals reports.
- If the patient record has an MRN of #ANON, any activity is disregarded. This means that the patient record is for anonymous activity and any age, sex or Indigenous status will be unknown so the data cannot be disaggregated.
- If the patient record does not have an MRN of either #ANON or #GROUP, activity will also be disregarded.

To assist in the identification of any existing Non-Patient records where the addition of either #ANON or #GROUP is needed, refer to the report at **Report > OSR > Non-Patient Analysis**. This report should eventually report three main sections (if anonymous or group activity is recorded at the health service):

- Group activity record: an example is UNIDENTIFIED CLIENTS. If the patient ID has an asterisk, this is currently being used for group activity.
- Anonymous patient record: examples might be NEEDLE EXCHANGE, MALE or WALKIN, UNKNOWN.
- Other non-patient records: these should all be real people but who only attend the health service for specific purposes other than their main health care, such as, dental only patients or ITC patients referred from a private GP for supplementary services. If they should be included in the nKPI reports and the OSR reports, their status must be changed from non-patient.



### Tip:

Only use the Non-Patient status for the following reasons:

- To record biographic details of a carer who is responsible for a patient of the health service but who does not attend for their own health care
- To record a real patient who may attend the health service for a single purpose, such as a dental clinic, but who belongs to another health service and does not require any other health



service delivery, such as health check reminders, blood tests, chronic disease management, and so on.

- To record anonymous services such as group information sessions, anonymous needle exchange, health promotion events, and so on.

## Residence

A patient must have had a home address at the end of the report period. What this means is that a patient added after the end of the report period will not be included even if they have backdated service activity.

When the Locality Group filter is used for any of the Communicare reports the patient list is filtered to those patients whose home address locality at the end of the report period was within the defined list of localities that make up that locality group. It is important that the locality groups defined at the health service are accurate and inclusive. To help you review your locality groups run the following reports:

- To print a list of all localities within all locality groups, run **Report > Reference Tables > Locality Groups**. Maintenance to these lists is done at **File > Reference Tables > Locality Groups**.
- To look for omissions and mistakes, run **Report > Reference Tables > Locality Group Analysis**.



**Tip:** Run this report with a range of post codes that covers your health service area completely.

First post code to include	0870
Last post code to include	0872
State	NT
Include Unused Localities	Yes

The resulting report will show all locality groups and indicate which localities belong to multiple or no such groups. Maintenance to these lists is done at **File > Reference Tables > Locality Groups**.

## Age groups

The default nKPI age groups are:

- 0-4 years
- 5-14 years
- 15-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65+ years

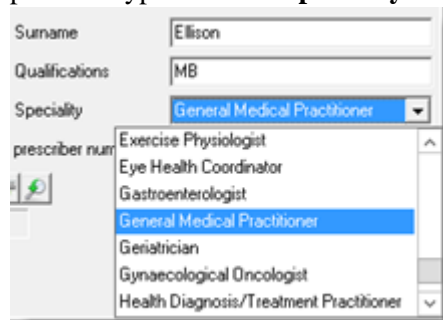
Where stated in a specific indicator these may vary. For example, child immunisation age groups differ as do antenatal care age groups.

Age is calculated at the end of the report period (unless a specific indicator states otherwise). Patients who died during the preceding two years but who have had three valid services recorded will be excluded.



## Contact types

OSR reporting requires disaggregation of provider types when reporting on contacts. In Communicare, a provider type is recorded in Communicare in the Provider reference table: in **File > Providers**, select the provider type from the **Speciality** list.

A screenshot of the 'Providers' window in the Communicare software. The 'Surname' field contains 'Ellison' and the 'Qualifications' field contains 'MB'. The 'Speciality' dropdown menu is open, showing a list of medical specialities. 'General Medical Practitioner' is highlighted in blue. Other visible specialities include Exercise Physiologist, Eye Health Coordinator, Gastroenterologist, Geriatrician, Gynaecological Oncologist, and Health Diagnosis/Treatment Practitioner.

For information about how the Communicare speciality is mapped to the OSR contacts report, see [Client Contact Types reference \(on page 28\)](#)



**Note:** Services provided exclusively by a Transport Worker (as recorded in Communicare in the Provider reference table) are excluded from the OSR Episodes of Health Care report.

## Identifying data required for nKPI reporting

The nKPI reports extract data from clinical items in patient records and Medicare claims.

### Conditions

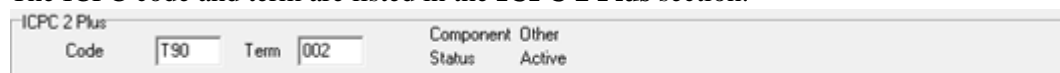
Many of the performance indicators depend on recognising patients because of a documented condition. This is done by referencing ICPC codes attached to the Communicare condition clinical items.

System administrators can review ICPC codes.

To review codes for a single condition:

1. Select **File > Reference Tables > Clinical Item Types**.
2. In the **Clinical Item Type Maintenance** window, double-click an item and click **Advanced**.


The ICPC code and term are listed in the **ICPC 2 Plus** section.

A screenshot of the 'ICPC 2 Plus' section in the 'Clinical Item Type Maintenance' window. It shows a table with columns for 'Code', 'Term', 'Component', and 'Other'. The 'Code' column contains 'T90' and the 'Term' column contains '002'. The 'Component' and 'Other' columns are empty. Below the table, there are labels for 'Status' and 'Active'.


To review all items with the same or similar codes:

1. In the **Clinical Item Type Maintenance** window, right-click and select **Show Hidden Columns**.
2. Scroll to the right to find the **ICPC Code** column and click the header to order by ICPC code.

Type No	Description	Class	Topic	ICPC Code	ICPC Term
2000003640	Diabetes;non insulin depend	Condition	Endocrine, ...	T90	005
2000003717	Diabetes;adult onset	Condition	Endocrine, ...	T90	007
2000003719	Diabetes;Type 2	Condition	Endocrine, ...	T90	009
2000008342	Diabetes;Type 2;insulin tre...	Condition	Endocrine, ...	T90	016
2000009839	Hyperglycaemia (diabetic)	Condition	Endocrine, ...	T90	019
2000002696	Beri Beri	Condition	Endocrine, ...	T91	001
2000004044	Deficiency;nutritional	Condition	Endocrine, ...	T91	002
2000004051	Deficiency;vitamin	Condition	Endocrine, ...	T91	003

 **Tip:** To move a column, click and drag the header.

Conditions are recorded in Communicare by adding a clinical item of type **Condition** to the patient. For chronic conditions the date of diagnosis is disregarded. For some conditions, if specified, the date of diagnosis will be required to be within the report period.

 **Note:** Conditions added to a patient record have no status other than **Complete**, so all such items are considered to be confirmed. Any informal comment that may indicate that the condition is not yet confirmed are disregarded.

For details of which ICPC codes are referenced for specific indicators, check the indicator.


## Procedures and immunisations

Because health services may have configured local ways of documenting specific procedures and immunisations, the reports will often look for a system code or, more often, an export code. Review codes in the same way as [ICPC codes \(on page 17\)](#).

Because both procedures and immunisations can have a status of **Recall**, **Cancelled**, **Incomplete** or **Complete** the indicator will consider the status. In most cases the status must be **Complete** in order to be counted, but for some indicators, such as **PI04 (immunised children)**, recalls are considered as well. See each indicator for details.

## System codes

Three-character system codes are often used within Communicare to identify clinical items to the Communicare program but are also used for identifying items for reporting. For example, AHC is used to identify annual adult Aboriginal health checks.

 **Note:** No local items should have system codes unless they have been verified as suitable and correctly identify the item.

To review system codes:

1. Select **Report > Reference Tables > System Codes and Rule Codes**.
2. To review local items, use the following settings:
  - From the **Item or qualifier** list, select **Clinical Items**.
  - From the **Item or qualifier** list, select **Local Only**.
3. To review central items, use the following settings:

- From the **Item or qualifier** list, select **Clinical Items**.
- From the **Item or qualifier** list, select **Central Only**. To review both local and central items, select **<All>**.

For details of which system codes are referenced for specific indicators, check the indicator.

## Export codes

Export codes are used exclusively for reporting. They can be up to eight characters in length. For example, CST is used to identify procedures that are evidence of a cervical screening or equivalent having been performed.

For immunisations, the codes used as export codes are the AIR immunisation codes. For example, VAXGRP identifies an adult Vaxigrip immunisation when reporting on influenza immunisations.

Review codes in the same way as [ICPC codes \(on page 17\)](#) or run **Report > Reference Tables > System Codes and Rule Codes**

For details of which system codes are referenced for specific indicators, check the indicator.

## Qualifier codes

Qualifiers are attached to clinical items, and are used in Communicare to capture detailed data relating to such things as blood pressures, HbA1cs, ACRs, eGFRs, and so on. Because qualifiers can also be locally defined, we use system codes and export codes to formally identify them for reporting purposes. For example, an HbA1c recorded as percent has a system code of HBA; for HbA1cs recorded in mmol/mol, a system code of HBM is used.



**Note:** Local qualifiers must be reviewed for both system and export codes.

To review codes for a single qualifier:

1. Select **File > Reference Tables > Qualifier Types**.
2. In the **Qualifier Type Maintenance** window, double-click an item.

The system code is listed in the **System Code** field.

To review all system and export codes, in the **Qualifier Type Maintenance** window, right-click and select **Show Hidden Columns**.

Number	Qualifier Description	Value Type	Units	System Code	Export Code
1000000119	Hb (Haemoglobin)	Numeric	g/L	HBH	CI-82A
1000001949	HbA1c	Numeric	mmol/mol	HBM	
1000000054	HbA1c (%)	Numeric	%	HBA	
1000003071	HCH Tier Assessment (HARP)	Dropdown list	Reference		HARPHCH
1000000051	HDL level	Numeric	mmol/L	HDL	

To generate a report of qualifier system codes:

1. Select **Report > Reference Tables > System Codes and Rule Codes**.
2. To review local qualifier codes, use the following settings:
  - From the **Item or qualifier** list, select **Qualifiers Items**.
  - From the **Item or qualifier** list, select **Local Only**.

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## Medicare claims



Where an indicator refers to evidence of a Medicare claim for a specific item or items, the data is collected on the patient encounter, often referred to in Communicare as a *service*.

For inclusion in both nKPI and OSR reporting, the claim has only to be selected to be included. The following statuses are included:

- Selected
- Sent
- Accepted (which is interpreted as paid)
- Rejected

Claims that have been discarded by the local claims administrator are excluded from reporting. Claims can be discarded only following rejection by Medicare.

To assess if a patient has a specific item claimed within a specific time period:

- In the clinical record, click  **Claims**.
- In the **Service Record** window, on the **Medicare** tab, click  **MBS Items History**.

## Condition codes reference

Find the active ICPC-2 PLUS condition codes for NKPI reporting here.

### Diabetes

A patient is recognised as having Type II diabetes if they have a condition recorded with the ICPC code of T90. The date of diagnosis is disregarded.

As of December 2021, the active ICPC2-Plus terms for Type II diabetes used for nKPI reporting are:

Table 3. Diabetes included terms

Condition subgroup	Code	Clinical term
TYPE 2 DIABETES	T90005	Diabetes non insulin depend
	T90007	Diabetes adult onset
	T90009	Diabetes Type 2
	T90016	Diabetes Type 2 insulin treated
UNSPECIFIED DIABETES	T90002	Diabetes mellitus

To find all terms, use **Report > Reference Tables > Clinical Item Groups**. Use the following parameters:

- **Clinical Item or Group** - <All Clinical Items and Groups>
- **ICPC Code** - T90

### COPD

COPD diagnoses are recognised from the ICPC code of R95 or R79. As of December 2021, the active ICPC2-Plus terms used for nKPI reporting are:

Table 4. COPD included terms

Condition subgroup	Code	Clinical term
CHRONIC BRONCHITIS	R79002	Bronchiolitis chronic
	R79003	Bronchitis chronic
COPD	R95001	Chronic obstr airways disease
	R95002	Chronic obstr pulmon disease
	R95004	Chronic obstr lung disease
	R95008	Chronic airways limitation
	R95009	Chronic airways disease
EMPHYSEMA	R95006	Emphysema

To find all terms, use **Report > Reference Tables > Clinical Item Groups**. Use the following parameters:

- **Clinical Item or Group** - <All Clinical Items and Groups>
- **ICPC Code** - R95 or R79

## CKD

Chronic Kidney Disease diagnoses are recognised from the following ICPC and ICPC2-Plus codes: U99, U88, U85001.

As of December 2021, the active ICPC2-Plus terms used for nKPI reporting are listed below.

Table 5. CKD included terms

Condition subgroup	Code	Clinical term
CKD 3	U99037	Chronic kidney disease stage 3
	U99037	Disease kidney chronic stage 3
	U99043	Disease kidney chronic stage 3A
	U99044	Disease kidney chronic stage 3B
CKD 4	U99038	Chronic kidney disease stage 4
	U99038	Disease kidney chronic stage 4
CKD 5	U99039	Chronic kidney disease stage 5
	U99039	Disease kidney chronic stage 5
DIALYSIS	U59001	Dialysis;kidney (renal)
	U59008	Haemodialysis
Kidney transplant	U28001	Renal transplant

## CVD

Cardiovascular disease diagnoses are recognised from the following ICPC and ICPC2-Plus codes: K89, K90, K91, K92, K74, K75, K76, K52008, K53003, K53007, K53009, K53010, K54007, K91011, K91014, U99028.

As of December 2021, the active ICPC2-Plus terms used for nKPI reporting are listed below.

Table 6. CVD included terms

Condition subgroup	Code	Clinical term
ACUTE CORONARY SYNDROME (ACS)/ANGINA	K74001	Angina pectoris
	K74002	Pain angina
	K74004	Unstable angina
	K74006	Insufficiency coronary
	K74007	IHD with angina
	K74008	Acute coronary syndrome
	K74008	Acute coronary syndrome
CAROTID ARTERY STENOSIS	K91014	Stenosis artery carotid
	K91014	Stenosis, artery, carotid
	K91016	Disease carotid
CEREBROVASCULAR DISEASE	Code unavailable	Lacunar stroke
	Code unavailable	Migrainous stroke
	K22	Personal history of cardiovascular disease (Risk factor for CVD incl)
	K89008	Insufficiency vertebrobasilar
	K89011	Insufficiency cerebrovascular
	K90002	Cerebrovascular accident
	K90004	Haemorrhage;subarachnoid
	K90006	Haemorrhage cerebral
	K90010	Infarction cerebral
	K90011	Occlusion cerebral
	K90012	Paralysis poststroke/CVA
	K90017	Stroke
	K90018	Thrombosis artery cerebral
	K90018	Thrombosis;artery;cerebral
	K90020	Embolism;cerebral
	K90025	Paresis poststroke/CVA
	K90026	Hemiparesis post stroke/CVA
	K91006	Disease cerebrovascular
	K91007	Cerebral artery aneurysm
	K91008	Occlusion precerebral
	K91009	Ischaemia cerebral
	K91010	Stroke/cva old
	K91011	Stenosis arterial precerebral
	K91012	Thrombosis artery precerebral
	K91013	Embolism;precerebral
	K91014	Stenosis;artery;carotid
	K91015	Atherosclerosis cerebral
	K92018	Embolism, arterial

Table 6. CVD included terms (continued)

Condition subgroup	Code	Clinical term
CEREBROVASCULAR DISEASE - TIA	K89001	Transient ischaemic attack
	K89004	Vertebral artery syndrome
	K89005	Basilar artery syndrome
	K89008	Insufficiency basilar
	K89015	RIND syndrome
CORONARY HEART DISEASE	K74006	Insufficiency coronary
	K74007	IHD with angina
	K75004	Occlusion coronary
	K75008	Thrombosis artery coronary
	K76005	Disease atherosclerotic heart
	K76008	Ischaemia myocardial chronic
	K76011	Disease ischaem heart subacute
	K76013	Coronary artery disease
	K76013	Coronary heart disease
	K76014	Disease ischaemic heart
	K76015	Disease ischaem heart chronic
	K76018	IHD without angina
	K76019	Atherosclerosis coronary
	K92007	Occlusion arterial
	K92022	Stenosis artery
	K92024	Atherosclerosis
	K92025	Arteriosclerosis
	K92028	Insufficiency vascular
	K92030	Atherosclerosis aorta
	K92031	Disease small vessel
	K75009	Embolism artery coronary
MYOCARDIAL INFARCTION	K75001	Infarction heart
	K75002	Infarction myocardial acute
	K75010	Infarction impending
	K75011	Postmyocardial infarct syndrome
	K75013	Infarction myocardial
	K75014	Heart attack
	K75015	Myocardial infarction STEMI
	K75016	Myocardial infarction non STEMI
	K76006	Infarction myocardial healed
	K76006	Infarction myocardial old
PERIPHERAL VASCULAR DISEASE (PVD)	Code unavailable	Arteriosclerosis obliterans
	K92003	Disease peripheral vascular
RENAL ARTERY STENOSIS	Code unavailable	Stenosis artery renal

Table 6. CVD included terms (continued)

Condition subgroup	Code	Clinical term
SURGERY - CARDIOVASCULAR - CAROTID	K52008	Endarterectomy internal carotid
	K53007	Stent(s) carotid
	K91016	Disease carotid
SURGERY - CARDIOVASCULAR - CORONARY	K53003	Angioplasty;artery;coronary
	K53009	Stent(s)coronary
	K54007	Graft coronary artery bypass
SURGERY - CARDIOVASCULAR - RENAL ARTERY	U99028	Renal artery stenosis - Stent

## Procedure, Immunisation, Pathology & Medicare codes reference

Find the active ICPC-2 PLUS Procedure, Immunisation, Pathology and Medicare codes for NKPI reporting here.

### Annual Health Assessments

Currently (February 2018) annual health assessments are only referenced in nKPIs by the associated Medicare claim (715, 228, 92004, 92016, 92011, 92023).

For OSR reporting the following System Codes are referenced on clinical items only whenever a patient has no claim for Medicare item 715 (or 228, 92004, 92016, 92011, 92023):

- AHC for adult annual health checks
- CHC for child annual health checks
- OHC for over-55s annual health checks

### Care Plans

Currently (February 2018) care plans are only referenced in nKPIs by the associated Medicare claim (721 721, 229, 92024, 92068, 92055, 92099).

- The System Code used to identify care plan assessments is CPA.
- The System Code used to identify Team Care Arrangements is TCA.

### Pregnancy and Cervical Screening Items

These Rule Codes are referenced:

- PR-CHECK – any procedure identified by this rule code will be deemed to be an antenatal check. By checking the pregnancy number and then looking for an explicit gestation or by comparing with the pregnancy outcome, the trimester in which the first antenatal check was performed can be calculated.

These Export Codes are referenced:

- CST, HPV, LBC - any procedure that is evidence that a cervical screening test, human papillomavirus or liquid based cytology has been performed.



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## Substance Use (Drug and Alcohol) Items

These Export Codes are referenced:

- DA-ENROL – identifies a formal enrolment to a course of drug and alcohol treatment. If this clinical item has a reference qualifier with an export code of 'DA-TDS' where a reference with an export code of 2 has been recorded then the treatment is deemed to be residential.
- DA-EXIT – formally marks the end of a period of drug and alcohol treatment.
- DR-ENROL – identifies the start of a period of respite for patients receiving drug and alcohol treatment.
- DR-EXIT – formally marks the end of a period of respite.
- DA-SUOS – identifies an occasion of sobering up during an overnight stay

## Immunisations

Influenza immunisations are recognised using the Export Codes on clinical items of type `Immunisation;brand code` for the GNFLU vaccine and its equivalents, described in [Equivalent and partial equivalent vaccines table - GNFLU entry](#). For example, GNFLU, PANVAX, FLUVAX, and so on. These vaccines may change annually.



**Note:** COVID-19 vaccines, such as Pfizer Comirnaty and AstraZeneca Vaxzevria, are listed in the [Non-standard vaccines and Equivalent and partial equivalent vaccines](#) tables. For example, ASTCOV, BHACOV, COMIRN, COVAST, GAMSPU, MODERN, NOVNUV, SINCOR.

For customers using the Immunisation Vaccines dataset, example codes include:

- **Immunisation;flu, GNFLU**
- **Immunisation;influenza, GNFLU**
- **Immunisation;Afluria Quad, AFLR**
- **Immunisation;Agrippal, AGRPAL**
- **Immunisation;Flucelvax Quad, FCELQD**
- **Immunisation;Fluzone High-Dose Quad, FLHDQD**
- **Immunisation;Fluarix, FLRIX**
- **Immunisation;Fluad, FLUAD**
- **Immunisation;Fluzone High-Dose, FLUHID**
- **Immunisation;Fluad Quad, FLUQAD**
- **Immunisation;Fluarix Tetra, FLUTET**
- **Immunisation;bioCSL Fluvax, FLUVAX**
- **Immunisation;Fluvirin, FLVRN**
- **Immunisation;FluQuadri Junior, FQDJN**
- **Immunisation;FluQuadri, FQUAD**
- **Immunisation;Fluvax Junior, FVXJNR**
- **Immunisation;Influvac Tetra, INFLTA**
- **Immunisation;Influvac, INFLUV**
- **Immunisation;Panvax (H1N1 Influenza), PANVAX**
- **Immunisation;Panvax (H1N1) 0.25ml, PANVAX**
- **Immunisation;Panvax (H1N1) 0.5ml, PANVAX**
- **Immunisation;Vaxigrip, VAXGRP**
- **Immunisation;Vaxigrip Tetra, VAXTET**
- **Immunisation;Vaxigrip Junior, VGRJNR**

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## Immunisation Reviews

Immunisation reviews must be named as indicated here (case insensitive):

- Starts with REVIEW;IMMUNISATION;6 MONTH
- Starts with REVIEW;IMMUNISATION;12 MONTH
- Starts with REVIEW;IMMUNISATION;18 MONTH
- Starts with REVIEW;IMMUNISATION;4 YEAR

Export codes were introduced for June 2018 reporting and are included here for health services who wish to name their immunisation review items differently:

- **IMRV-BIR** REVIEW;IMMUNISATION;BIRTH
- **IMRV-02M** REVIEW;IMMUNISATION;2 MONTH
- **IMRV-04M** REVIEW;IMMUNISATION;4 MONTH
- **IMRV-06M** REVIEW;IMMUNISATION;6 MONTH
- **IMRV-12M** REVIEW;IMMUNISATION;12 MONTH
- **IMRV-18M** REVIEW;IMMUNISATION;18 MONTH
- **IMRV-04Y** REVIEW;IMMUNISATION;4 YEAR
- **IMRV-12Y** REVIEW;IMMUNISATION;12 YEAR
- **IMRV-50Y** REVIEW;IMMUNISATION;50 YEAR

## Group Activity

For OSR group activity recording the following export codes are recognised as group activity:

- **HP-GRPT** will be resolved as 'Tobacco use treatment/prevention groups'.
- **HP-GRPA** will be resolved as 'Alcohol misuse treatment/prevention grps'.
- **HP-GRPP** will be resolved as 'Physical activity/healthy wt activities'.
- **HP-GRPC** will be resolved as 'Chronic disease client support groups'.
- **HP-GRPL** will be resolved as 'Living skills groups'.
- **HP-GRPU** will be resolved as 'Cultural groups'.
- **HP-GRPM** will be resolved as 'Men's groups'.
- **HP-GRPW** will be resolved as 'Women's groups'.
- **HP-GRPY** will be resolved as 'Youth groups'.
- **HP-GRP** will be resolved as the name of the clinical item.

These additional codes are used for the maternal and child health group activities:

- **MCH-GRPA** will be resolved as 'Antenatal groups'.
- **MCH-GRPM** will be resolved as 'Maternal and baby/child health groups'.
- **MCH-GRPP** will be resolved as 'Parenting and parenting skills groups'.
- **MCH-GRP** will be resolved as the name of the clinical item.

## Pathology

For some indicators, reference is made to pathology requests or results recorded in a patient record. For example, cervical screenings can be identified by the recording of a clinical item or a qualifier but also by the recording of a test request or the receiving of a test result.

## Test Requests

**Cervical screening:** Request terms with the keywords of CST, HPV, or LBC will be recognised as requests for cervical screening test, human papillomavirus or liquid based cytology.

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Review your request term keywords at **File > Reference Tables > Investigations > Investigation Keywords**.

To print out a list, run the report at **Report > Reference Tables > Investigation Keywords**.

## Test Results

For cervical screening, results are recognised if the name of the test returned by the lab includes any of the following strings of text (all case insensitive):

- CST
- HPV
- LBC
- CERVICAL SCREEN
- GYNAECOLOGICAL CYTOLOGY
- NCSP

## Medicare Claims

The following Medicare claim numbers are referred to in the nKPI indicators:

- **715** (228, 92004, 92016, 92011, 92023): [nKPI, OSR] Annual health assessments for Indigenous patients.
- **721** (229, 92024, 92068, 92055, 92099): [nKPI, OSR] GP management plans
- **10986**: [OSR only] Healthy Kids Check performed by nurse or Aboriginal Health Practitioner.



**Note:** This Medicare item was made inactive on 1st November 2015 but the indicator still references this item.

## Health Care Home Trial

Enrolment in the Health Care Home Trial is managed using clinical items with these codes:

- **HC-ENROL** – this should be the rule code and export code for the enrolment item
- **HC-EXIT** – this should be the rule code and export code for the exit item

## Qualifiers reference

Find the active ICPC-2 PLUSqualifier codes for NKPI reporting [here](#).

## Numeric qualifiers

These **System Codes** are referenced in each specific indicator but are reproduced here for general reference:

- BPS - Systolic blood pressure measured in mmHg
- BPD - Diastolic blood pressure measured in mmHg
- WKG – Patient weight in kg
- HCM – Patient height in cm
- BMI – Patient BMI
- HBH – HbA1c in %
- HBM – HbA1c in mmol/mol
- ACR - Albumin creatinine ratio
- GFE – eGFR (estimated glomerular filtration rate) in mL/min/1.73m<sup>2</sup>
- CHO – Total cholesterol level in mmol/L

- 
- HDL – HDL level in mmol/L
  - CHR – Total cholesterol level/HDL ratio
  - GSA – Gestational age at birth in weeks recorded in the baby's record)
  - GST – Gestation in weeks (recorded in the mother's record)

These **Export Codes** are referenced:

- AUDITC – Alcohol audit C score
- AAQ99 – Full alcohol audit score
- CVR-N05F - Framingham cardiovascular risk recorded in %
- CVR-N05C – CARPA cardiovascular risk recorded in %

## Reference qualifiers

These **System Codes** are referenced in each specific indicator but are reproduced here for general reference:

- SMO – Smoking Status where the dropdown references have a system code of S, N, or E (smoker, non-smoker and ex-smoker). Note that for local qualifiers a system code of U may be used if there is an option that does not define any of the three categories – it will be reported as 'Undefined'.
- SMP – Smoking during pregnancy where the dropdown references have a system code of S, N, or E (smoker, non-smoker and ex-smoker). Note that for local qualifiers a system code of U may be used if there is an option that does not define any of the three categories – it will be reported as 'Undefined'.
- ALC – Alcohol consumption where the dropdown references have a system code of D, N, or E (drinker, non- drinker and ex- drinker).
- ALP – Alcohol during pregnancy where the dropdown references have a system code of D, N, or E (drinker, non-drinker and ex-drinker).

These **Export Codes** are referenced:

- DA-TDS – Treatment delivery setting (for residential drug and alcohol treatment)
- AAQ01 – Alcohol audit question 1 - "How often do you have a drink containing alcohol?". The export code of the dropdown reference is the allocated score.
- AAQ02 – Alcohol audit question 2 - "How many drinks containing alcohol do you have on a typical day when you are drinking?". The export code of the dropdown reference is the allocated score.
- CVR-R05F - cardiovascular risk recorded as a reference qualifier where the dropdown references have a system code of H, M, L or U (high, moderate, low and unknown).
- CVR-R05C - cardiovascular risk recorded as a reference qualifier where the dropdown references have a system code of H, M, L or U (high, moderate, low and unknown).

## Miscellaneous qualifiers

These Export Codes are referenced in each specific indicator:

- CST, HPV, LBC - Any Yes/No or checkbox qualifier with this export code is deemed to be evidence of a cervical screening test, human papillomavirus or liquid based cytology if the value is True (i.e. the response is Yes or the qualifier is selected).

## Client Contact Types reference

Each Communicare speciality type is mapped to a reporting category provided by AIHW.

## OSR Provider Type mapping

Communicare specialty workers are shown in uppercase below.

Table 7. Communicare to AIHW provider type mapping

Communicare Speciality	AIHW provider type
<ul style="list-style-type: none"> <li>• ABORIGINAL AND TORRES STRAIT ISLANDER FAMILY HEALTH WORKER</li> <li>• ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER</li> </ul>	Aboriginal and Torres Strait Islander Health Worker (ATSIHW)
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONER	Aboriginal and Torres Strait Islander Health Worker Practitioner
<ul style="list-style-type: none"> <li>• ABORIGINAL AND TORRES STRAIT ISLANDER LIAISON OFFICER</li> <li>• ABORIGINAL COMMUNITY SUPPORT WORKER</li> <li>• AMBULANCE OFFICER</li> <li>• ASSISTANT IN NURSING</li> <li>• CHILD CARE WORKER</li> <li>• CHRONIC CARE COORDINATOR</li> <li>• CLINICAL ALLERGIST</li> <li>• COMMUNITY / FAMILY REPRESENTATIVE</li> <li>• COMMUNITY SERVICES WORKER</li> <li>• EPIDEMIOLOGIST</li> <li>• HEALTH INFORMATION MANAGER</li> <li>• HEALTH PRACTICE MANAGER</li> <li>• HEALTH PROMOTION OFFICER</li> <li>• HOME HELP WORKER</li> <li>• HOSPITAL SCIENTIST</li> <li>• INTERPRETER/TRANSLATOR</li> <li>• MEALS/FOOD SERVICES WORKER</li> <li>• MEDICAL INTERN</li> <li>• MEDICAL PRACTITIONER IN TRAINING</li> <li>• MEDICAL RECEPTIONIST</li> <li>• OTHER PROFESSION/DISCIPLINE</li> <li>• PHARMACY TECHNICIAN</li> <li>• PHLEBOTOMIST</li> <li>• PHYSICIAN'S ASSISTANT</li> <li>• RECREATION WORKER</li> <li>• REGISTERED PARAMEDIC</li> <li>• RESIDENT MEDICAL OFFICER</li> <li>• RESIDENT MEDICAL OFFICER</li> <li>• SONOGRAPHER</li> <li>• TECHNICIAN</li> <li>• THERAPIST'S ASSISTANT</li> <li>• THERAPY AIDE</li> <li>• VOLUNTARY WORKER</li> </ul>	Other health / clinical staff
<ul style="list-style-type: none"> <li>• ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH WORKER</li> <li>• EMOTIONAL AND SOCIAL WELLBEING STAFF</li> <li>• PSYCHOTHERAPIST</li> <li>• TEAM. PSYCHOGERIATRIC ASSESS TEAM (PGAT)</li> <li>• YOUTH WORKER</li> </ul>	Social and Emotional Well Being staff   SEWB staff other or not specified
<ul style="list-style-type: none"> <li>• ACUPUNCTURIST</li> <li>• ALLIED HEALTH AIDE</li> <li>• ALTERNATIVE THERAPIST</li> <li>• ASTHMA EDUCATOR</li> <li>• ATTENDANT CARER</li> <li>• CARDIAC EDUCATOR</li> <li>• CHIROPRACTOR</li> <li>• CHRONIC CARE COORDINATOR</li> <li>• COMMUNITY PARAMEDICAL</li> <li>• DERMAL CLINICIAN</li> <li>• DISABILITY SERVICES WORKER</li> </ul>	Allied Health Professional   Allied health other or not specified

Table 7. Communicare to AIHW provider type mapping (continued)

Communicare Speciality	AIHW provider type
<ul style="list-style-type: none"> <li>• ENVIRONMENTAL HEALTH OFFICER</li> <li>• EXERCISE PHYSIOLOGIST</li> <li>• EYE HEALTH COORDINATOR</li> <li>• HEALTH DIAGNOSIS/TREATMENT PRACTITIONER</li> <li>• HOME CARE WORKER</li> <li>• HOMOEOPATH</li> <li>• MASSAGE THERAPIST</li> <li>• MUSIC THERAPIST</li> <li>• NATURAL THERAPY PROFESSIONAL</li> <li>• NATUROPATH</li> <li>• OCCUPATIONAL THERAPIST</li> <li>• ORTHOTIC PROSTHETIST</li> <li>• ORTHOTIST</li> <li>• OSTEOPATH</li> <li>• PERSONAL CARE ASSISTANT</li> <li>• PHYSIOLOGIST</li> <li>• REHABILITATION AIDE</li> <li>• SPEECH PATHOLOGIST</li> <li>• SPEECH THERAPIST</li> <li>• TEAM. AGED CARE ASSESSMENT TEAM (ACAT)</li> <li>• TEAM. MULTI-DISCIPLINARY TEAM</li> </ul>	
<ul style="list-style-type: none"> <li>• ANAESTHETIST</li> <li>• CLINICAL CYTOPATHOLOGIST</li> <li>• CLINICAL HAEMATOLOGIST</li> <li>• CLINICAL PHARMACOLOGIST</li> <li>• EMERGENCY MEDICINE SPECIALIST</li> <li>• GASTROENTEROLOGIST</li> <li>• GERIATRICIAN</li> <li>• GYNAECOLOGICAL ONCOLOGIST</li> <li>• IMMUNOLOGIST</li> <li>• INFECTIOUS DISEASES PHYSICIAN</li> <li>• INFECTIOUS DISEASES SPECIALIST</li> <li>• INTENSIVE CARE ANAESTHETIST</li> <li>• INTENSIVE CARE MEDICINE SPECIALIST</li> <li>• MEDICAL DIAGNOSTIC RADIOGRAPHER</li> <li>• MEDICAL ONCOLOGIST</li> <li>• NEPHROLOGIST</li> <li>• NEUROLOGIST</li> <li>• NEUROSURGEON</li> <li>• NUCLEAR MEDICINE TECHNOLOGIST</li> <li>• ORAL AND MAXILLOFACIAL SURGEON</li> <li>• ORTHOPAEDIC SURGEON</li> <li>• ORTHOPTIST</li> <li>• PALLIATIVE MEDICINE PHYSICIAN</li> <li>• PATHOLOGIST</li> <li>• PLASTIC AND RECONSTRUCTIVE SURGEON</li> <li>• PUBLIC HEALTH PHYSICIAN</li> <li>• RADIATION ONCOLOGIST</li> <li>• RADIOLOGIST</li> <li>• RADIOTHERAPIST</li> <li>• RESPIRATORY PHYSICIAN</li> <li>• RHEUMATOLOGIST</li> <li>• SEXUAL HEALTH PHYSICIAN</li> <li>• SPECIALIST MEDICAL PRACTITIONER</li> <li>• SPECIALIST PHYSICIAN</li> <li>• UROLOGIST</li> <li>• VETERINARIAN</li> </ul>	Medical Specialist   Specialist other or not specified
AUDIOLOGIST	Allied Health Professional   Audiologist / audiometrist

Table 7. Communicare to AIHW provider type mapping (continued)

Communicare Speciality	AIHW provider type
BTH COUNSELLOR	Social and Emotional Well Being staff   Counsellor
CARDIOLOGIST	Medical Specialist   Cardiologist
<ul style="list-style-type: none"> <li>• CARDIOTHORACIC PHYSIOTHERAPIST</li> <li>• PHYSIOTHERAPIST</li> <li>• RESPIRATORY PHYSIOTHERAPIST</li> </ul>	Allied Health Professional   Physiotherapist
<ul style="list-style-type: none"> <li>• CARDIOTHORACIC SURGEON</li> <li>• SURGEON</li> <li>• VASCULAR SURGEON</li> </ul>	Medical Specialist   Surgeon
<ul style="list-style-type: none"> <li>• CHILD HEALTH NURSE</li> <li>• ENROLLED NURSE</li> <li>• ENROLLED NURSE (MENTAL HEALTH)</li> <li>• MOTHERCRAFT NURSE</li> <li>• NURSE EDUCATOR</li> <li>• NURSE MANAGER</li> <li>• NURSE PRACTITIONER</li> <li>• NURSE RESEARCHER</li> <li>• REGISTERED NURSE</li> <li>• REGISTERED NURSE (DEVT'L DISABILITY)</li> <li>• REGISTERED NURSE (MENTAL HEALTH)</li> </ul>	Nurses
<ul style="list-style-type: none"> <li>• CLINICAL PSYCHOLOGIST</li> <li>• NEUROPSYCHOLOGIST</li> <li>• PSYCHOLOGIST</li> </ul>	Social and Emotional Well Being staff   Psychologist
<ul style="list-style-type: none"> <li>• DENTAL - TECHNICIAN OR PROSTHETIST</li> <li>• DENTAL ASSISTANT</li> <li>• DENTAL PROSTHETIST</li> <li>• DENTAL TECHNICIAN</li> </ul>	Dental support (e.g. dental assistant / dental technician)
<ul style="list-style-type: none"> <li>• DENTAL HYGIENIST</li> <li>• DENTAL SPECIALIST</li> <li>• DENTAL THERAPIST</li> <li>• DENTIST</li> </ul>	Dentists / dental therapists
DERMATOLOGIST	Medical Specialist   Dermatologist
DIABETES EDUCATOR	Allied Health Professional   Diabetes educator
DIETITIAN	Allied Health Professional   Dietician
<ul style="list-style-type: none"> <li>• DRUG AND ALCOHOL COUNSELLOR</li> <li>• SUBSTANCE MISUSE WORKER</li> </ul>	Substance misuse / drug and alcohol worker
EAR, NOSE AND THROAT SPECIALIST	Medical Specialist   Ear Nose and Throat Specialist
ENDOCRINOLOGIST	Medical Specialist   Endocrinologist
GENERAL MEDICAL PRACTITIONER	Doctor - General Practitioner
MIDWIFE	Midwives
OBSTETRICIAN AND GYNAECOLOGIST	Medical Specialist   Obstetrician / Gynaecologist
OPHTHALMOLOGIST	Medical Specialist   Ophthalmologist
OPTOMETRIST	Allied Health Professional   Optometrist
PAEDIATRICIAN	Medical Specialist   Paediatrician
PHARMACIST	Allied Health Professional   Pharmacist
PODIATRIST	Allied Health Professional   Podiatrist
PSYCHIATRIST	Medical Specialist   Psychiatrist/Psychiatric Register
RENAL MEDICINE SPECIALIST	Medical Specialist   Renal Medicine Specialist

Table 7. Communicare to AIHW provider type mapping (continued)

Communicare Speciality	AIHW provider type
SEXUAL HEALTH WORKER	Sexual health worker
<ul style="list-style-type: none"> <li>• SMOKING CESSATION COORDINATOR</li> <li>• SMOKING CESSATION OFFICER</li> </ul>	Tobacco worker / coordinator
SOCIAL WORKER	Social and Emotional Well Being staff   Social Worker
TRADITIONAL HEALER	Traditional healer
TRANSPORT WORKER	Transport worker
WELFARE WORKER	Social and Emotional Well Being staff   Welfare Worker



**Note:** Any other speciality types that may be added from time to time will be mapped to ‘Other health / clinical staff’ unless there is a clear mapping available. In some cases, this may be a temporary mapping pending a decision from the AIHW as to the preferred grouping.

## Reporting parameters

### Reporting periods

National KPI reports are due at the end of the calendar year and the end of the financial year (31 December and 30 June). The nominal report period is one year but some of the reports are ‘point in time’ assessments as of the end of the report period. In these cases, there will be a currency period defined. For example, patients who, at the end of the report period, have had an HbA1c in the previous six months. See each indicator for details.

The OSR reports are due at the end of the financial year (30 June). Again, the nominal report period is one year.

### Report parameters

#### nKPI report parameters

nKPI reports have the following parameters:

- **Locality Group** - displays a list of all the locality groups configured on the database. Typically select one of the following:
  - **<All Locality Groups>** - effectively bypasses any reference to a patient’s home address at the end of the report period. Choose this option unless a decision has been made to exclude some patients based on where they lived at the end of the report period. For example, health services with large numbers of frequent visitors whose main health service is elsewhere.
  - **Health Service Area** - limits the report to patients whose home address at the end of the report period was a locality defined in this locality group. It is the health service’s responsibility to make sure that this locality group covers the full geographical area covered by the health service. This option will effectively exclude frequent visitors from outside the health service area.

All other options are defined by the health service. The only times another locality group should be chosen is for internal reporting where a health service has multiple clinics covering different areas and for the few databases that cover more than one organisation where each is required to report separately to the Health Data Portal.



- 
- **Patient Indicator** - must be set to `AIHW Regular Client`, unless the report is being used for internal reporting only and `Communicare Current Patient` status is more relevant to the health service.
  - **Last Report Date** - either 31st December or 30th June of the relevant year. However, for internal reporting only, interim dates can be set. Typically choose the last date of any month rather than other dates of the month, because some indicators that look back a year or six months to determine a currency of some data values will round to the nearest month.

There are some exceptions to the parameters presented for specific nKPI reports:

- **PI01** and **PI02** - you cannot select a patient indicator because all children born in the report period who have been added to the database prior to the end of the report period are included, unless they are Fictitious or were a Non-Patient at the end of the report period.
- **PI18** and **PI19** (eGFR) - include an additional parameter of `Chronic Disease` to allow the report to be generated for either Diabetes Type II patients or Cardiovascular disease patients. Some patients with co-morbidities will appear in both options so totalling numbers from both must be done with care.



**Note:** There are two reports for each nKPI: one contains the totals in a grid and the other lists patient names for internal data verification and clinical action only.

## OSR report parameters

OSR reports all have the following parameters:

- **End of Year to Report** - set to 30th June of the relevant year. For internal reporting purposes, any date can be selected. Typically, choose the last date of any month rather than other dates of the month because some indicators that look back a year or six months to determine a currency of some data values will round to the nearest month.
- **Locality Group** - see [description above \(on page 32\)](#).

## Encounter place subset parameter (optional)

An optional **Encounter place subset** parameter is available on the nKPI reports and the OSR reports CS-1, CS-2 and CS-3. It is not supported by the GRT, so any reporting using an encounter place subset must be submitted manually to the Health Data Portal.

This option is relevant for health services where only some of the encounter places need to report nKPI or OSR data.

Contact Communicare Support to configure subsets of encounter place for reporting.

## NKPI summary

Summary of NKPI reports.



**Note:** This information relates to Specification V13.2 of the *National Key Performance Indicators and On-line Services Reporting* (NPS MedicineWise, Specifications for national Key Performance Indicators and Online Services Reporting V13.2. Sydney: NPS MedicineWise, 2022).

Table 8. NKPI reports

NKPI report	Description	Further information
PI 01	Indigenous babies born within the previous 12 months whose birth weight has been recorded	PI 01 ( <a href="#">on page 35</a> )
PI 02	Indigenous babies born within the previous 12 months whose birth weight results were low, normal, or high	PI 02 ( <a href="#">on page 36</a> )
PI 03	Regular clients for whom an MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715 or equivalent) was claimed	PI 03 ( <a href="#">on page 37</a> )
PI 04	Indigenous children who are fully immunised	Suspended June 2021
PI 05	Regular clients with Type II diabetes who have had an HbA1c measurement result recorded	PI 05 ( <a href="#">on page 38</a> )
PI 06	Regular clients with Type II diabetes whose HbA1c measurement result was within a specified level	PI 06 ( <a href="#">on page 39</a> )
PI 07	Regular clients with a chronic disease for whom a GP Management Plan (MBS Item 721) was claimed	PI 07 ( <a href="#">on page 39</a> )
PI 08	Regular clients with a chronic disease for whom a Team Care Arrangement (MBS Item 723) was claimed	Retired June 2021
PI 09	Regular clients whose smoking status has been recorded Communicare	PI 09 ( <a href="#">on page 41</a> )
PI 10	Regular clients with a smoking status result Communicare	PI 10 ( <a href="#">on page 41</a> )
PI 11	Smoking in Pregnancy	PI 11 ( <a href="#">on page 41</a> )
PI 12	Body mass index of clients	PI 12 ( <a href="#">on page 42</a> )
PI 13	Regular clients who had their first antenatal care visit	PI 13 ( <a href="#">on page 43</a> )
PI 14	Regular clients aged 6 months and over who are immunised against influenza	PI 14 ( <a href="#">on page 43</a> )
PI 15	Regular clients with Type II diabetes or COPD who are immunised against influenza	Retired December 2021
PI 16	Regular clients whose alcohol consumption status has been recorded	PI 16 ( <a href="#">on page 44</a> )
PI 17	Regular clients who had an AUDIT-C with result within specified levels	PI 17 ( <a href="#">on page 44</a> )
PI 18	Proportion of Indigenous regular clients with a selected chronic disease who have a kidney function test result recorded.	PI 18 ( <a href="#">on page 45</a> )
PI 19	Proportion of Indigenous regular clients with a selected chronic disease who have had a kidney function result (eGFR and ACR) within a specified level.	PI 19 ( <a href="#">on page 47</a> )
PI 20	Regular clients who have had the necessary risk factors assessed to enable CVD assessment	PI 20 ( <a href="#">on page 49</a> )

Table 8. NKPI reports (continued)

NKPI report	Description	Further information
PI 21	Regular clients aged 35 to 74 years who have had an absolute cardiovascular disease risk assessment with results within specified levels	PI 21 (on page 49)
PI 22	Regular clients who have had a cervical screening disaggregated by age groups	PI 22 (on page 50)
PI 23	Regular clients with Type II diabetes who have had a blood pressure measurement result recorded	PI 23 (on page 51)
PI 24	Regular clients with Type II diabetes whose blood pressure measurement result was less than or equal to 140/90 mmHg	PI 24 (on page 52)
PI 25	Proportion of Indigenous regular clients who have a test result for one or more sexually transmissible infections (STI).	PI 25 (on page 53)
	Total Number of Clients	Not distributed with Communicare at this time

## PI 01 - Birthweight recorded

Proportion of Indigenous babies born within the previous 12 months whose birth weight has been recorded.

### Notes

- Birth weights are obtained from the infant's record.
- Birth weight may be recorded either in the infant's biographics or as a weight qualifier recorded on day of birth.
- All births in last 12 months are considered whether infant was a regular client or not.
- The infant must have at least one recorded visit to the health service.

Table 9. NKPI PI 01


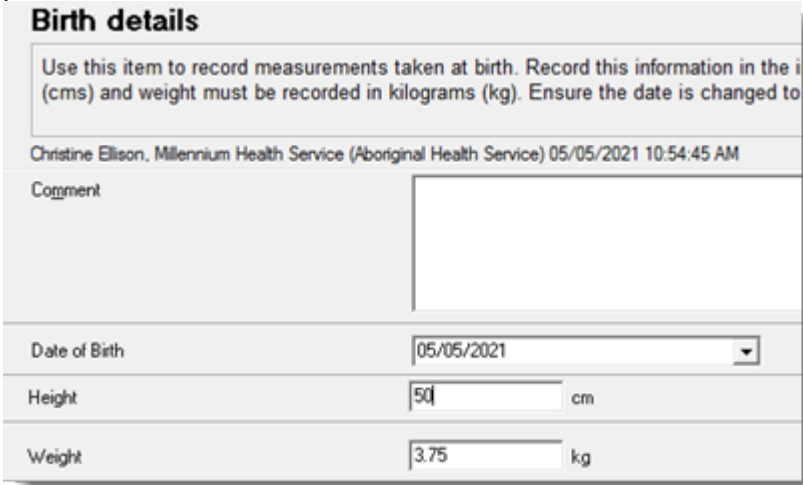
Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI01 Birth Weight Recorded</li> <li>• Report &gt; National KPI &gt; PI01 Birth Weight Recorded Patients</li> </ul>
Numerator	<p>A patient must have a birth weight recorded in either:</p> <ul style="list-style-type: none"> <li>• Biographics &gt; Birth weight</li> </ul> 

Table 9. NKPI PI 01 (continued)

Element	Description
	<ul style="list-style-type: none"> <li>• <b>Weight</b> qualifier on any clinical item that has the same performed date as the patient's date of birth, such as <i>Birth details</i>.</li> </ul> 
Denominator	<ul style="list-style-type: none"> <li>• All patient records where the date of birth is within the report period and who are Indigenous are included unless they were added after the end of the report period, are fictitious or were a non-patient at the end of the report period.</li> <li>• Patients are excluded if their birth weight is known to be less than 400g or their gestation at birth is known to be less than 20 weeks.</li> <li>• If the birth weight and gestation at birth are both unknown they are included.</li> </ul>
Additional data recording considerations	<p>If birth weight is not recorded on the biographics form but is recorded on the <i>Birth details</i> clinical item, this item must have the same date as the date of birth of the patient.</p> <p>To audit incorrect dates on this item, use the report at <b>Report &gt; Patients &gt; Birth Details Audit</b>.</p>

## PI 02 - Birthweight result

Proportion of Indigenous babies born within the previous 12 months whose birth weight has been recorded

### Notes

- Birth weight is categorised as one of the following:
  - Low - less than 2,500 grams
  - Normal - 2,500 grams to less than 4,500 grams
  - High - 4,500 grams and over
- Birth weights are obtained from the infant's record.
- Birth weight may be recorded either in the infant's biographics or as a weight qualifier recorded on the day of birth.
- All births in the last 12 months are considered, whether the infant was a regular client or not.
- The infant must have at least one recorded visit to the health service.

Table 10. NKPI PI 02

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI02 Birth Weight Categories</b></li> <li>• <b>Report &gt; National KPI &gt; PI02 Birth Weight Categories Patients</b></li> </ul>
Numerator	As for the numerator rules for <a href="#">PI01 (on page 35)</a> but disaggregated into the three categories of Low, Normal and High.

Table 10. NKPI PI 02 (continued)

Element	Description
Denominator	As for the denominator rules for <a href="#">PI01 (on page 35)</a> .
Additional data recording considerations	As for <a href="#">PI01 (on page 35)</a> .

## PI 03 - Indigenous Health Assessment completed

Proportion of regular clients who received an MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715 or any equivalent such as 228, 92004, 92016, 92011 or 92023).

### Description

Proportion of Indigenous regular clients who are either:

- Aged 0-14 years and who have received an MBS Health Assessment for Aboriginal and Torres Strait Islander People within the previous 12 months
- Aged 15 years and over and who have received an MBS Health Assessment for Aboriginal and Torres Strait Islander People within the previous 24 months

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- A patient is deemed to have received an MBS Health Assessment if a service has the MBS item selected for claiming, regardless of whether it has been submitted or paid.

Table 11. NKPI PI 03

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI03 Health Checks</b></li> <li>• <b>Report &gt; National KPI &gt; PI03 Health Checks Patients</b></li> </ul>
Numerator	<p>A documented 715 (or any equivalent such as 228, 92004, 92016, 92011 or 92023) claim for a service within one year (0-14 year olds) or two years (15+ year olds) of the end of the report period is required. For more information, see <a href="#">Medicare claims (on page 20)</a>.</p> <ul style="list-style-type: none"> <li>• Calculation A: Number of <i>[Disaggregation: Gender]</i> Indigenous regular clients aged <i>[Disaggregation: Age]</i> who have a current completed in-person MBS-rebated Indigenous health assessment (MBS items: 715 or 228)</li> <li>• Calculation B: Number of <i>[Disaggregation: Gender]</i> Indigenous regular clients aged <i>[Disaggregation: Age]</i> who have a current completed Telehealth MBS-rebated Indigenous health assessment (MBS items: 92004, 92016, 92011 or 92023)</li> </ul>
Denominator	<p>Regular, Indigenous patients as of the end of the report period.</p> <ul style="list-style-type: none"> <li>• Calculation A and B: total number of <i>[Disaggregation: Gender]</i> Indigenous regular clients aged <i>[Disaggregation: Age]</i></li> </ul>
Disaggregation	<ul style="list-style-type: none"> <li>• Age: <ul style="list-style-type: none"> <li>◦ 0–4 years</li> <li>◦ 5–14 years</li> <li>◦ 15–24 years</li> <li>◦ 25–34 years</li> <li>◦ 35–44 years</li> </ul> </li> </ul>

Table 11. NKPI PI 03 (continued)

Element	Description
	<ul style="list-style-type: none"> <li>◦ 45–54 years</li> <li>◦ 55–64 years</li> <li>◦ 65 years and older</li> <li>• Gender: <ul style="list-style-type: none"> <li>◦ Male</li> <li>◦ Female</li> </ul> </li> <li>• Type of health assessment: <ul style="list-style-type: none"> <li>◦ In-person MBS-rebated Indigenous health assessment</li> <li>◦ Telehealth MBS-rebated Indigenous health assessment</li> </ul> </li> </ul>
Additional data recording considerations	none

## PI 05 - HbA1c recorded

Proportion of regular clients with Type II diabetes who have had an HbA1c measurement result recorded.

### Description

Proportion of Indigenous regular clients who have either:

- Type II diabetes and who have had an HbA1c measurement result recorded within the previous 6 months
- Type II diabetes and who have had an HbA1c measurement result recorded within the previous 12 months

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Only Type II diabetes is considered (any ICPC code of T90). Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance are not included. For more information, see [System codes \(on page 18\)](#).
- Any qualifier with a system code of HBA and units of % or a system code of HBM and units of mmol / mol is considered an HbA1c measurement. These results can be received from an incoming pathology report or manually entered into an existing Clinical Item with a qualifier of HbA1c. For more information, see [Qualifier codes \(on page 19\)](#).

Table 12. NKPI PI 05

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI05 Diabetes HbA1c Tests</b></li> <li>• <b>Report &gt; National KPI &gt; PI05 Diabetes HbA1c Tests Patients</b></li> </ul>
Numerator	Any of the patients included who have a recorded HbA1c within 6 months or 12 months of the end of the report period. For more information about codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Denominator	Regular, Indigenous patients with a diagnosis of Type II diabetes from any time. For more information about codes, see <a href="#">Condition codes reference (on page 20)</a> .
Additional data recording considerations	Clinicians must record HbA1c results correctly. They should not enter a % result in the HbA1c qualifier or a mmol/mol result in the HbA1c (%) qualifier.

Table 12. NKPI PI 05 (continued)

Element	Description
	Use <b>Report &gt; Qualifiers &gt; With Selected Numeric values</b> to look for outliers such as abnormally high % values or abnormally low mmol/mol values. For more information, see <a href="#">Qualifier codes (on page 19)</a> .  Mistakes should be corrected.

## PI 06 - HbA1c result

Proportion of regular clients with Type II diabetes whose HbA1c measurement result was within a specified level

### Description

Number of Indigenous regular clients who have Type II diabetes and who have had an HbA1c measurement result recorded within the previous 6 or 12 months.

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Only Type II diabetes is considered (any ICPC code of T90). Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance are not included. For more information, see [System codes \(on page 18\)](#).
- Any qualifier with a system code of HBA and units of % or a system code of HBM and units of mmol/mol is considered an HbA1c measurement. These results can be received from an incoming pathology report or manually entered into an existing Clinical Item with a qualifier of HbA1c. For more information, see [Qualifier codes \(on page 19\)](#).
- Only the most recent HbA1c measurement result for each time period is considered.

Table 13. NKPI PI 06

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI06 Diabetes HbA1c Results 06 Months</b></li> <li>• <b>Report &gt; National KPI &gt; PI06 Diabetes HbA1c Results 12 Months</b></li> <li>• <b>Report &gt; National KPI &gt; PI06 Diabetes HbA1c Results Patients</b></li> </ul>
Numerator	The latest HbA1c within the specified time period is used. If it was recorded as % it is first converted to mmol/mol and rounded to a whole number after multiplying by 10.93 and adding 23.5. The groupings are less than or equal to 53 mmol/mol, greater than 53 and less than or equal to 64 mmol/mol and less than 86 mmol/mol.
Denominator	Regular, Indigenous patients with a diagnosis of Type II diabetes from any time.
Additional data recording considerations	<p>Clinicians must record HbA1c results correctly. They should not enter a % result in the HbA1c qualifier or a mmol/mol result in the HbA1c (%) qualifier.</p> <p>Use <b>Report &gt; Qualifiers &gt; With Selected Numeric values</b> to look for outliers such as abnormally high % values or abnormally low mmol/mol values.</p> <p>Mistakes should be corrected.</p>

## PI 07 - Chronic Disease Management Plan prepared

Proportion of regular clients with a chronic disease who have received a GP Management Plan (MBS Item 721 or any equivalent such as 229, 92024, 92068, 92055, 92099).



## Description

Proportion of Indigenous regular clients who have Type II diabetes and who have received a GP Management Plan (MBS Item 721 or any equivalent such as 229, 92024, 92068, 92055, 92099) within the previous 24 months.

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- A patient is deemed to have received a GP Management Plan if a service has the MBS item checked for claiming, regardless of whether it has been submitted or paid.

Table 14. NKPI PI 07

Element	Description
Communicare reports	<ul style="list-style-type: none"><li>• <b>Report &gt; National KPI &gt; PI07 Diabetes GP Management Plan</b></li><li>• <b>Report &gt; National KPI &gt; PI07 Diabetes GP Management Plan Patients</b></li></ul>
Numerator	Currently this report looks for evidence of a 721 (or any equivalent such as 229, 92024, 92068, 92055, 92099) Medicare claim. For more information, see <a href="#">Medicare claims (on page 20)</a> .
Denominator	Currently this indicator looks only for patients with Type II diabetes.
Additional data recording considerations	<p>Health Services who are part of the Health Care Homes trial will not be documenting care plans with a claim for item 721 or any equivalent such as 229, 92024, 92068, 92055, 92099 so will need to document these care plans with a clinical item.</p> <p>From June 2018 this indicator will also recognise a completed procedure with an export code of CPA as being evidence of a care plan being completed.</p>

## PI 09 - Smoking status recorded

Proportion of regular clients whose smoking status has been recorded.

## Description

Proportion of Indigenous regular clients who have had their smoking status recorded.

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients must have had a qualifier recorded with a system code of SMO or SMP to be included. Central qualifiers are Smoking status and Smoking during pregnancy. For more information, see [Qualifier codes \(on page 19\)](#).

Table 15. NKPI PI 09

Element	Description
Communicare reports	<ul style="list-style-type: none"><li>• <b>Report &gt; National KPI &gt; PI09 Smoking Status</b></li><li>• <b>Report &gt; National KPI &gt; PI09 Smoking Status Patients</b></li></ul>



Table 15. NKPI PI 09 (continued)

Element	Description
Numerator	The latest smoking status recorded before the end of the report period is used: there is no currency period. For details of system codes used to identify smoking statuses, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Denominator	Regular, Indigenous patients aged 11 years and over.
Additional data recording considerations	none

## PI 10 - Smoking status

Proportion of regular clients whose smoking status has been recorded.

### Description

Proportion of Indigenous regular clients who have had their smoking status recorded.

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients must have had a qualifier recorded with a system code of SMO or SMP to be included. Central qualifiers are Smoking status and Smoking during pregnancy. For more information, see [Qualifier codes \(on page 19\)](#).

Table 16. NKPI PI 10

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI10 Smoking Status Result</li> <li>• Report &gt; National KPI &gt; PI10 Smoking Status Result Patients</li> </ul>
Numerator	The latest smoking status recorded before the end of the report period is used: there is no currency period. For details of system codes used to identify smoking statuses, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Denominator	Regular, Indigenous patients aged 11 years and over who have had their smoking status recorded.
Additional data recording considerations	none

## PI 11 - Smoking status of female Indigenous regular clients who gave birth within the previous 12 months

Proportion of regular clients who have given birth in the previous 12 months whose smoking status has been recorded.

### Description

Proportion of Indigenous regular clients who have had their smoking status recorded.

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients must have had a qualifier recorded with a system code of SMO or SMP to be included. Central qualifiers are Smoking status and Smoking during pregnancy. For more information, see [Qualifier codes \(on page 19\)](#).

Table 17. NKPI PI 11

Element	Description
Communicare reports	<ul style="list-style-type: none"><li>• Report &gt; National KPI &gt; PI11 Smoking in Pregnancy</li><li>• Report &gt; National KPI &gt; PI11 Smoking in Pregnancy Patients</li></ul>
Numerator	The latest smoking status recorded before the end of the report period is used: there is no currency period.
Denominator	Regular, Indigenous patients aged 11 years and over who have had their smoking status recorded.
Additional data recording considerations	none

## PI 12 - Body mass index of clients

Proportion of Indigenous regular clients who have a Body Mass Index (BMI) result within specified categories.

### Description

Proportion of regular clients who are Indigenous, aged 18 and over who have had their body mass index (BMI) classified as one of the following in the previous 24 months:

- Underweight (<18.50)
- Normal weight ( $\geq 18.50$  but <25)
- Overweight ( $\geq 25$  but <30)
- Obese ( $\geq 30$ )

If there is no BMI recorded or it was recorded more than 24 months ago, the BMI is classified as Not calculated.

## Notes

- The user may choose either AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Only the most recent measurement result with a system code of BMI in the previous 24 months is considered.

Table 18. NKPI PI 12

Element	Description
Communicare reports	<ul style="list-style-type: none"><li>• Report &gt; National KPI &gt; PI12 Overweight</li><li>• Report &gt; National KPI &gt; PI12 Overweight Patients</li></ul>

Table 18. NKPI PI 12 (continued)

Element	Description
Numerator	This report looks only for recorded BMIs, it does not calculate BMIs based on weight, height and age.
Denominator	Regular, Indigenous patients with a BMI recorded.
Additional data recording considerations	Health services should encourage the recording of BMIs for all patients.


## PI 13 - First Antenatal Visit

Proportion of regular female clients who received antenatal care within specified periods.

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Any clinical item with a system code of PRE and a rule code of PR-CHECK can be used. For more information, see [System codes \(on page 18\)](#).
- Although the category of No result is included as part of the specifications, the additional category of (No known antenatal care) is specifically to report on patients where, in Communicare, the clinical item No known antenatal care has been recorded, and there is no prior or subsequent antenatal activity recorded.
- Percentages may not add up to 100%.

Table 19. NKPI PI 13

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI13 Antenatal Care</li> <li>• Report &gt; National KPI &gt; PI13 Antenatal Care Patients</li> </ul>
Numerator	<p>For details of how to recognise an antenatal check, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a>.</p> <ul style="list-style-type: none"> <li>• Always record the gestation at the time of recording an antenatal check.</li> <li>• Antenatal checks recorded must have the same number as the pregnancy outcome to be included.</li> <li>• Performed date and pregnancy number must be completed.</li> </ul>
Denominator	Women who have given birth in the report period.
Additional data recording considerations	 <b>Note:</b> Ensure that both the gestation of the pregnancy outcome and the date of delivery are recorded. Without these two data, the earliest antenatal check may not be recognised unless it has the gestation explicitly recorded at that time.

## PI 14 - Clients who are immunised against influenza

Proportion of Indigenous patients aged 6 months and over who are immunised against influenza.

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.

Table 20. NKPI PI 14

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI14 Influenza Immunisations</li> <li>• Report &gt; National KPI &gt; PI14 Influenza Immunisations Patients</li> </ul>
Numerator	For more information, see <a href="#">Export codes (on page 19)</a> . For details of influenza clinical item export codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Denominator	Regular, Indigenous patients aged 6 months and over at the end of the report period.
Additional data recording considerations	This report relies on valid AIR codes for influenza vaccines being recorded as the export code for such immunisation types. New codes may be introduced with each season.

## PI 16 - Alcohol consumption recorded

Proportion of regular clients whose alcohol consumption status has been recorded.

### Description

Proportion of Indigenous regular clients aged 15 years and over where their health provider has recorded:

- Whether the client consumes alcohol
- The amount and frequency of the client's alcohol consumption

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients must have had a qualifier with a system code of ALC or ALP recorded to be included
  - Central qualifiers are Alcohol Consumption Level and Alcohol Consumption During Pregnancy.
  - Example clinical items include Check up;Aboriginal & TSI adult, Check up;antenatal
  - Alternatively, in the AUDIT-C assessment (Check up;alcohol;AUDIT-C), they may have at least the first two qualifiers recorded, or an AUDIT-C score or a full AUDIT score.

Table 21. NKPI PI 16

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI16 Alcohol Status</li> <li>• Report &gt; National KPI &gt; PI16 Alcohol Status Patients</li> </ul>
Numerator	This report looks for any evidence in the previous two years of either alcohol consumption level, or an AUDIT-C score or a full AUDIT score or both question 1 and question 2 of the AUDIT C/AUDIT being recorded at the same time.
Denominator	Regular, Indigenous patients.
Additional data recording considerations	none

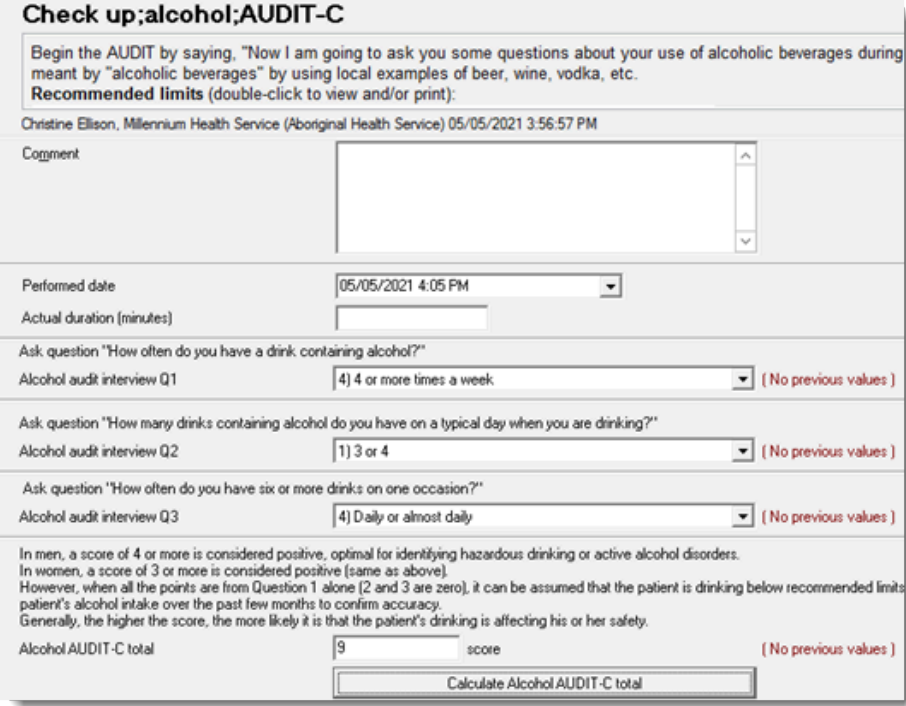
## PI 17 - AUDIT-C result

Proportion of regular clients who had an AUDIT-C with results (score) within specified levels.

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Any numeric qualifier with an export code of AUDITC is considered an AUDIT-C result. For example, in `Check up;alcohol;AUDIT-C`, the three **Alcohol audit interview** questions must have a value and the **Alcohol AUDIT-C total** must be calculated. These four qualifiers can be added to any clinical item to augment data collection. For more information, see [Export codes \(on page 19\)](#).

Table 22. NKPI PI 17

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI17 AUDIT-C</b></li> <li>• <b>Report &gt; National KPI &gt; PI17 AUDIT-C Patients</b></li> </ul>
Numerator	<p>For details of codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a>.</p> <p>AUDIT-C results need to be documented as a numeric qualifier to be included and must have been recorded during the two years prior to the end of the report period.</p> <p><b>Check up;alcohol;AUDIT-C</b></p>  <p>Begin the AUDIT by saying, "Now I am going to ask you some questions about your use of alcoholic beverages during meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc.  <b>Recommended limits</b> (double-click to view and/or print):</p> <p>Christine Ellison, Millennium Health Service (Aboriginal Health Service) 05/05/2021 3:56:57 PM</p> <p>Comment</p> <p>Performed date 05/05/2021 4:05 PM</p> <p>Actual duration (minutes)</p> <p>Ask question "How often do you have a drink containing alcohol?"  Alcohol audit interview Q1 4) 4 or more times a week (No previous values)</p> <p>Ask question "How many drinks containing alcohol do you have on a typical day when you are drinking?"  Alcohol audit interview Q2 1) 3 or 4 (No previous values)</p> <p>Ask question "How often do you have six or more drinks on one occasion?"  Alcohol audit interview Q3 4) Daily or almost daily (No previous values)</p> <p>In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol disorders.  In women, a score of 3 or more is considered positive (same as above).  However, when all the points are from Question 1 alone (2 and 3 are zero), it can be assumed that the patient is drinking below recommended limits.  patient's alcohol intake over the past few months to confirm accuracy.  Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.</p> <p>Alcohol AUDIT-C total 9 score (No previous values)</p> <p>Calculate Alcohol AUDIT-C total</p>
Denominator	Regular, Indigenous patients aged 15 years and over.
Additional data recording considerations	none

## PI 18 - Kidney Function Testing

Proportion of Indigenous regular clients with a selected chronic disease who have a selected kidney function test result recorded.

### Description

Proportion of regular clients who are Indigenous aged 18 years and over, who are recorded as having one of the following:

- Type 2 diabetes
- Cardiovascular disease (CVD)
- Type 2 diabetes and/or CVD

and who have also had one of the following:

- An estimated glomerular filtration rate (eGFR) and an albumin/creatinine ratio (ACR) test result recorded
- Only an eGFR test result recorded
- Only an ACR test result recorded
- Neither an eGFR nor an ACR test result recorded

within the previous 12 months.

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- ACR results are identified as belonging to a qualifier with the system code of ACR and eGFR results are identified as belonging to a qualifier with the system code of GFE. Both laboratory and manually entered results are included. For more information, see [System codes \(on page 18\)](#).

Table 23. NKPI PI 18

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI18 Kidney Function</li> <li>• Report &gt; National KPI &gt; PI18 Kidney Function Patients</li> </ul>
Numerator	ACR and eGFR results must be within 12 months of the end of the report period. Both CVD and diabetes patients are disaggregated by whether or not they have both an eGFR, and ACR, or neither.
Denominator	<p>Regular, Indigenous patients aged 18 years and over at the end of the report period with Type 2 diabetes or CVD.</p> <p>For more information about condition codes, see <a href="#">Condition codes reference (on page 20)</a>.</p>
Disaggregation	<ul style="list-style-type: none"> <li>• Age <ul style="list-style-type: none"> <li>◦ 18–24 years</li> <li>◦ 25–34 years</li> <li>◦ 35–44 years</li> <li>◦ 45–54 years</li> <li>◦ 55–64 years</li> <li>◦ 65 years and older</li> </ul> </li> <li>• Gender <ul style="list-style-type: none"> <li>◦ Male</li> <li>◦ Female</li> </ul> </li> <li>• Chronic disease <ul style="list-style-type: none"> <li>◦ Type 2 diabetes</li> <li>◦ Cardiovascular disease</li> <li>◦ Either or both of the above</li> </ul> </li> <li>• Test <ul style="list-style-type: none"> <li>◦ an eGFR only</li> <li>◦ an ACR only</li> <li>◦ both an eGFR and an ACR</li> <li>◦ neither an eGFR nor an ACR</li> </ul> </li> </ul>

Table 23. NKPI PI 18 (continued)

Element	Description
Additional data recording considerations	<ul style="list-style-type: none"> <li>• Type 2 diabetes – specifically excludes Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, Impaired fasting glucose, and impaired glucose tolerance</li> <li>• ACR – refers to an albumin/creatinine ratio</li> <li>• an eGFR only – a recorded eGFR result, where an ACR result HAS NOT been recorded</li> <li>• an ACR only – a recorded ACR result, where an eGFR result HAS NOT been recorded</li> <li>• both an eGFR and an ACR – a recorded eGFR result AND a recorded ACR result</li> <li>• neither an eGFR NOR an ACR – an eGFR result AND an ACR result HAS NOT been recorded</li> <li>• Negative ACR and eGFR values are reported as not recorded</li> </ul>

## PI 19 - Kidney function test result

Proportion of Indigenous regular clients with a selected chronic disease who have had a kidney function result (eGFR and ACR) within a specified level.

### Description

Proportion of regular clients who are Indigenous aged 18 years and over, who are recorded as having one of the following:

- Type 2 diabetes
- Cardiovascular disease (CVD)
- Type 2 diabetes and/or CVD

whose estimated glomerular filtration rate (eGFR) AND albumin/creatinine ratio (ACR) recorded within the previous 12 months were categorised as:

- Normal risk
- Low risk
- Moderate risk
- High risk

Table 24. eGFR &amp; ACR risk categories

Risk level	Description
Normal risk	<p>eGFR greater than or equal to 60 mL/min/1.73m<sup>2</sup> and:</p> <ul style="list-style-type: none"> <li>• ACR less than 3.5 mg/mmol for females</li> <li>• ACR less than 2.5 mg/mmol for males.</li> </ul>
Low risk	<ul style="list-style-type: none"> <li>• eGFR greater than or equal to 45 mL/min/1.73m<sup>2</sup> and less than 60 mL/min/1.73m<sup>2</sup> and either: <ul style="list-style-type: none"> <li>◦ ACR less than 3.5 mg/mmol for females</li> <li>◦ ACR less than 2.5 mg/mmol for males.</li> </ul> </li> <li>OR</li> <li>• eGFR greater than or equal to 60 mL/min/1.73m<sup>2</sup> and either: <ul style="list-style-type: none"> <li>◦ ACR greater than or equal to 3.5 mg/mmol and less than or equal to 35 mg/mmol for females</li> <li>◦ ACR greater than or equal to 2.5 mg/mmol and less than or equal to 25 mg/mmol for males.</li> </ul> </li> </ul>

Table 24. eGFR &amp; ACR risk categories (continued)

Risk level	Description
Moderate risk	<ul style="list-style-type: none"> <li>eGFR greater than or equal to 45 mL/min/1.73m<sup>2</sup> and less than 60 mL/min/1.73m<sup>2</sup> and either:               <ul style="list-style-type: none"> <li>ACR greater than or equal to 3.5 mg/mmol and less than or equal to 35 mg/mmol for females</li> <li>ACR greater than or equal to 2.5 mg/mmol and less than or equal to 25 mg/mmol for males.</li> </ul> </li> <li>OR</li> <li>eGFR greater than or equal to 30 mL/min/1.73m<sup>2</sup> and less than 45 mL/min/1.73m<sup>2</sup> and either:               <ul style="list-style-type: none"> <li>ACR less than 35 mg/mmol for females</li> <li>ACR less than 25 mg/mmol for males</li> </ul> </li> </ul>
High risk	<ul style="list-style-type: none"> <li>eGFR greater than or equal to 30 mL/min/1.73m<sup>2</sup> and either:               <ul style="list-style-type: none"> <li>ACR greater than 35mg/mmol for females</li> <li>ACR greater than 25mg/mmol for males mg/mmol</li> </ul> </li> <li>OR</li> <li>eGFR less than 30 mL/min/1.73m<sup>2</sup> and :               <ul style="list-style-type: none"> <li>Any ACR result for both females and males</li> </ul> </li> </ul>

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.

Table 25. NKPI PI 19

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li><b>Report &gt; National KPI &gt; PI19 Kidney Function Results Patients</b></li> <li><b>Report &gt; National KPI &gt; PI19 Kidney Function Results</b></li> </ul>
Numerator	<ul style="list-style-type: none"> <li>ACR results are identified as belonging to a qualifier with the system code of ACR. Both laboratory and manually entered results are included. For more information, see <a href="#">System codes (on page 18)</a>.</li> <li>eGFR results are identified as belonging to a qualifier with the system code of GFE. Both laboratory and manually entered results are included. GFR results of &gt;60 are included in the group Greater than or equal to 60 but less than 90.</li> </ul>
Denominator	Regular, Indigenous patients aged 18 years and over at the end of the report period with Type II diabetes or CVD.
Disaggregation	<ul style="list-style-type: none"> <li>Age               <ul style="list-style-type: none"> <li>18–24 years</li> <li>25–34 years</li> <li>35–44 years</li> <li>45–54 years</li> <li>55–64 years</li> <li>65 years and older</li> </ul> </li> <li>Gender               <ul style="list-style-type: none"> <li>Male - calculation A</li> <li>Female - calculation B</li> </ul> </li> <li>Chronic disease               <ul style="list-style-type: none"> <li>Type 2 diabetes</li> <li>Cardiovascular disease</li> <li>Either or both of the above</li> </ul> </li> </ul>
Additional data recording considerations	<ul style="list-style-type: none"> <li>Where an eGFR result of &gt;60 has been returned by a lab these are reported as Greater than or equal to 60 but less than 90.</li> <li>Renal function risk result classifications differ between males and females.</li> </ul>



Table 25. NKPI PI 19 (continued)

Element	Description
	<ul style="list-style-type: none"> <li>• Type 2 diabetes – specifically excludes Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, Impaired fasting glucose, and impaired glucose tolerance</li> <li>• ACR – refers to an albumin/creatinine ratio</li> <li>• Negative ACR and eGFR values are reported as not recorded</li> </ul>

## PI 20 - CVD risk assessment factors

Proportion of regular clients who have had the necessary risk factors assessed to enable cardiovascular disease (CVD) assessment


### Description

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

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients must have a sex and date of birth.
- Patients must have the following recorded in the previous 24 months:
  - Smoking status (reference qualifier with system code of SMO or SMP).
  - Systolic blood pressure (numeric qualifier with system code of BPS).
  - Either total cholesterol and HDL (numeric qualifiers with system codes of CHO and HDL) or cholesterol/HDL level (numeric qualifier with system code of CHR).
  - For more information about qualifier system codes, see [Qualifier codes \(on page 19\)](#).

Table 26. NKPI PI 20

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI20 CVD Risk Factors</b></li> <li>• <b>Report &gt; National KPI &gt; PI20 CVD Risk Factors Patients</b></li> </ul>
Numerator	All defined measures must have been recorded in the previous two years.
Denominator	<p>Regular, Indigenous patients aged 35 years and under 75 years old at the end of the report period without a CVD diagnosis.</p> <p>For more information about condition codes, see <a href="#">Condition codes reference (on page 20)</a>.</p>
Additional data recording considerations	 <b>Note:</b> some patients will not have all the measures recorded, but will still have an absolute CV risk recorded for indicator <a href="#">PI 21 (on page 49)</a> . This may be a data entry issue or may relate to some patients who can have a high risk inferred due to age and other conditions. For example, over 60 years with diabetes and microalbuminuria.

## PI 21 - CVD risk assessment result

Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease (CVD) risk assessment with results within specified levels.

## Description

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

- High (greater than 15% chance of a cardiovascular event in the next 5 years)
- Moderate (10–15% chance of a cardiovascular event in the next 5 years)
- Low (less than 10% chance of a cardiovascular event in the next 5 years)

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients must have a sex and date of birth.
- Patients must have a record of their cardiovascular risk (high, moderate or low) recorded within the previous 24 months. For the purpose of this report the cardiovascular risk needs to be recorded as a reference type qualifier or a numeric type qualifier with appropriate export or system codes:
  - For CARPA STM guidelines, either of the following:
    - Reference type qualifier with an export code of CVR-R05C and dropdown references with system codes of H, M or L (for high, moderate or low)
    - Numeric type qualifier with units of % and an export code of CVR-N05C



**Note:** CARPA STM results will be adjusted for Aboriginal patients to remove the 5% loading and Aboriginal patients aged between 20 and 34 years are not included in this report.

- For Framingham calculations either of the following:
  - Reference type qualifier with an export code of CVR-R05F and dropdown references with system codes of H, M or L (for high, moderate or low)
  - Numeric type qualifier with units of % and an export code of CVR-N05F

Table 27. NKPI PI 21

Element	Description
Communicare reports	<ul style="list-style-type: none"><li>• Report &gt; National KPI &gt; PI21 CVD Risk</li><li>• Report &gt; National KPI &gt; PI21 CVD Risk Patients</li></ul>
Numerator	For details of absolute CV risk export codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Denominator	Regular, Indigenous patients aged 35 years and under 75 years old at the end of the report period with a CV risk assessment but without a CVD diagnosis.  For more information about condition codes, see <a href="#">Condition codes reference (on page 20)</a> .
Additional data recording considerations	Health services should determine if they are going to use the Framingham or CARPA calculator distributed with Communicare and consider disabling the one they do not use. This report will use Framingham scores as they are recorded but will remove the 5% loading that the CARPA calculation does for Indigenous patients before reporting. Also, see comments for <a href="#">PI 20 (on page 49)</a> .

## PI 22 - Female clients who have had a cervical screening (HPV) test

Proportion of female Indigenous regular clients who have had a cervical screening (HPV) test

## Description

Proportion of female Indigenous regular clients aged 25–74, who have not had a hysterectomy and who have had a cervical screening (human papillomavirus (HPV)) test within the previous 5 years where the test occurred on or after 1 December 2017.

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- A cervical screening result is any incoming electronic pathology result identified as being a cervical screening where its laboratory description contains **CST, HPV, LBC, CERVICAL SCREEN, GYNAECOLOGICAL CYTOLOGY** or **NCSP**.
- A cervical screening request is a pathology request which has a keyword of **CST, HPV, or LBC**.
- A cervical screening clinical item is a completed item of any class with the export code of **CST, HPV or LBC**.
- A cervical screening qualifier is any qualifier which is a Yes/No qualifier with the export code of **CST, HPV or LBC** where the response recorded was Yes.

Table 28. NKPI PI 22

Element	Description
Communicare reports	<ul style="list-style-type: none"><li>• <b>Report &gt; National KPI &gt; PI22 Cervical Screening</b></li><li>• <b>Report &gt; National KPI &gt; PI22 Cervical Screening Patients</b></li></ul>
Numerator	For details of how evidence of a cervical screening is determined, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Denominator	Regular, Indigenous women aged 25 years and above to less than 75 years.
Additional data recording considerations	none

## PI 23 - Blood Pressure recorded

Proportion of regular clients with Type 2 diabetes who have had a blood pressure measurement result recorded.


## Description

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

## Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Only Type II diabetes is considered (any ICDPC code of T90). Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance are not included. For more information, see [System codes \(on page 18\)](#).
- Any qualifier with a system code of BPS or BPD is considered a systolic or diastolic blood pressure measurement. For more information, see [Qualifier codes \(on page 19\)](#).

Table 29. NKPI PI 23

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI23 Diabetes BP Tests</b></li> <li>• <b>Report &gt; National KPI &gt; PI23 Diabetes BP Tests Patients</b></li> </ul>
Numerator	Both diastolic and systolic blood pressure must be recorded at the same time.
Denominator	<p>Regular, Indigenous patients with a diagnosis of Type II diabetes from any time.</p> <p>For more information about condition codes, see <a href="#">Condition codes reference (on page 20)</a>.</p>
Additional data recording considerations	<p> <b>Note:</b> Local clinical items should not contain more than one qualifier with the system code of BPS and one with the system code of BPD as this is not currently supported and may lead to anomalies in both PI 23 and PI24.</p> <p>For more information, see <a href="#">Qualifier codes (on page 19)</a>.</p>

## PI 24 - Blood Pressure result

Proportion of Indigenous regular clients with Type 2 diabetes whose blood pressure measurement result was within specified categories

### Description

Proportion of regular clients who are Indigenous, have Type 2 diabetes and whose blood pressure measurement result, recorded within the previous 6 months, was less than or equal to 140/90 mmHg.


### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Only Type II diabetes is considered (any ICPC code of T90). Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance are not included. For more information, see [System codes \(on page 18\)](#).
- The patient does not have a blood pressure measurement of less than or equal to 140/90 mmHg if either the systolic or diastolic reading is above the threshold (140 and 90 respectively).
- Only the most recent blood pressure measurement result in previous 6 months is considered.

Table 30. NKPI PI 24

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• <b>Report &gt; National KPI &gt; PI24 Diabetes BP Results</b></li> <li>• <b>Report &gt; National KPI &gt; PI24 Diabetes BP Results Patients</b></li> </ul>
Numerator	<p>Both diastolic and systolic blood pressure must be recorded at the same time.</p> <p>A blood pressure is deemed to be low if the systolic value is 140 or less and the diastolic value is 90 or less.</p>
Denominator	<p>Regular, Indigenous patients with a diagnosis of Type II diabetes from any time who have a blood pressure recorded.</p> <p>For more information about condition codes, see <a href="#">Condition codes reference (on page 20)</a>.</p>

Table 30. NKPI PI 24 (continued)

Element	Description
Additional data recording considerations	 <b>Note:</b> Local clinical items should not contain more than one qualifier with the system code of BPS and one with the system code of BPD as this is not currently supported and may lead to anomalies in both PI 23 and PI24.  For more information, see <a href="#">Qualifier codes (on page 19)</a> .

## PI 25 - STI result recorded

Proportion of Indigenous regular clients who have a test result for one or more sexually transmissible infections (STI).

### Description

Proportion of Indigenous regular clients aged 15 to 34 years who had an STI result recorded within the previous 12 months for:

- Chlamydia
- Gonorrhoea
- Chlamydia and/or gonorrhoea

### Notes

- User may select between AIHW's definition of Regular Client (attended the OATSIH-funded primary health care service at least 3 times in 2 years), or Communicare's Current Patient status.
- Patients must be recorded as Aboriginal or Torres Strait Islander or both.
- Patients deceased at end of reporting period are not included.
- An STI result is any incoming electronic pathology result identified as being a chlamydia or gonorrhoea test.

Table 31. NKPI PI 25

Element	Description
Communicare reports	<ul style="list-style-type: none"> <li>• Report &gt; National KPI &gt; PI25 STI Results Patients</li> <li>• Report &gt; National KPI &gt; PI25 STI Results</li> </ul>
Numerator	The number of regular clients aged 15-34 years who have had a chlamydia and/or gonorrhoea test result recorded within the previous 12 months.
Denominator	The number of regular, Indigenous patients aged 15-34 years at the end of the report period
Disaggregation	<ul style="list-style-type: none"> <li>• Age <ul style="list-style-type: none"> <li>◦ 15-19 years</li> <li>◦ 20-24 years</li> <li>◦ 25-29 years</li> <li>◦ 30-34 years</li> </ul> </li> <li>• Gender <ul style="list-style-type: none"> <li>◦ Male</li> <li>◦ Female</li> </ul> </li> </ul>
Additional data recording considerations	-

## OSR summary

Summary of OSR reports.



**Note:** This information relates to Specification 11.0 of the *National Key Performance Indicators and On-line Service Report* (December 2020).

Table 32. OSR reports

OSR report	Description	Further information
OSR CS-1	How many episodes of health care were provided by your health service during year?	<a href="#">CS-1 (on page 55)</a>
OSR CS-2	How many client contacts were made by each type of worker from the service during the year?	<a href="#">CS-2 (on page 55)</a>
OSR CS-3	How many individual clients were seen by your health service during the period?	<a href="#">CS-3 (on page 58)</a>
OSR CS-4	How many Adult Health Checks and Chronic Disease Management Plans were done during the year?	<a href="#">CS-4 (on page 59)</a>
OSR HP-1	How many health promotion group activities were run during the year?	<a href="#">HP-1 (on page 59)</a>
OSR L-6	How many clients were seen by the Link Up Service during the year?	<a href="#">L-6 (on page 60)</a>
OSR L-7	How many client contacts were provided by the Link Up service during the year?	<a href="#">L-7 (on page 60)</a>
OSR MCH-1	How many Child Health Checks were done during the year?	<a href="#">MCH-1 (on page 60)</a>
OSR MCH-2	How many individual mothers have attended routine antenatal care during the year?	<a href="#">MCH-2 (on page 61)</a>
OSR MCH-3	How many antenatal and maternal group activities were run during the year?	<a href="#">MCH-3 (on page 61)</a>
OSR S-6	How many distinct individual clients were seen by your organisation during the year?	<a href="#">S-6 (on page 62)</a>
OSR S-7a	How many distinct individual clients received residential treatment/rehabilitation at your organisation during the year?	<a href="#">S-7a (on page 62)</a>
OSR S-7b	What was the total length of stay for each of your clients in residential treatment / rehabilitation during the year?	<a href="#">S-7b (on page 63)</a>
OSR S-7c	How many residential treatment/rehabilitation episodes of care were provided by your service during the year?	<a href="#">S-7c (on page 63)</a>
OSR S-10	How many distinct clients attended your sobering-up and/or residential respite/short term care programs during the year?	<a href="#">S-10 (on page 64)</a>
OSR S-11	How many 'sobering up/residential respite/short-term' episodes of care were	<a href="#">S-11 (on page 64)</a>

Table 32. OSR reports (continued)

OSR report	Description	Further information
	provided by your service during the year?	
<b>OSR S-13</b>	How many individual clients received 'non-residential/follow up / after care' from your organisation during the year?	<a href="#">S-13 (on page 65)</a>
<b>OSR S-14</b>	How many 'non-residential/follow up / after care' episodes of care were provided by your service during the year?	<a href="#">S-14 (on page 65)</a>
<b>OSR SE-6</b>	How many individual clients were seen by SEWB Counsellors during the year?	<a href="#">SE-6 (on page 66)</a>
<b>OSR SE-7</b>	How many client contacts were made by SEWB Counsellors during the year?	<a href="#">SE-7 (on page 66)</a>
<b>OSR HCP</b>	Health Care Provider (HCP) report	Included in Communicare V18.1 and later <a href="#">HCP (on page 67)</a>

## OSR CS-1a - Episodes of care

Number of episodes of care provided within the previous 12 months.


### Description

The report counts all services except:

- Any no client contact service.
- The contact service of Administration - client contact.
- Waiting, Booked or Cancelled services.
- Services provided by providers with a speciality of transport worker.
- Services recorded using the Transport module.
- Services recorded for fictitious clients.

If there are multiple services recorded on the same day, only one is counted for this report.

Table 33. OSR CS-01

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; CS-01 Episodes of Health Care</b>
Business rules	Described above.
Additional data recording considerations	 <b>Note:</b> Currently there is no distinction between the encounter place or contact types for multiple services recorded on the same day.

## OSR CS-2 - Client contacts

How many client contacts were made by each type of worker from the service during the year?

### Description

The report counts all services except:



- Any no client contact service.
- Waiting, Booked or Cancelled services.
- Services recorded for fictitious clients.

Services recorded in either the Transport Management or Transport Services module are also included.

Table 34. OSR CS-02

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; CS-02 Contacts by Worker Type</b>
Business rules	For information about how Communicare speciality types are mapped, see <a href="#">Client Contact Types reference (on page 28)</a>  See the tables below for specific reverse mappings.
Additional data recording considerations	A provider who is part of a service does not need to have recorded any clinical information to be included. This means that a claiming doctor who is added to a contact service for the purposes of making a Medicare claim only is included in this report.

## OSR to Communicare reverse mappings

Table 35. Main contact types

OSR contact type	Communicare Speciality
Aboriginal and Torres Strait Islander Health Worker (ATSIHW)	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER, ABORIGINAL FAMILY HEALTH WORKER
Aboriginal and Torres Strait Islander Health Worker Practitioner	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONER
Dental support (e.g. dental assistant / dental technician)	DENTAL - TECHNICIAN OR PROSTHETIST, DENTAL ASSISTANT, DENTAL PROSTHETIST, DENTAL TECHNICIAN
Dentists / dental therapists	DENTAL HYGIENIST, DENTAL SPECIALIST, DENTAL THERAPIST, DENTIST
Doctor - General Practitioner	GENERAL MEDICAL PRACTITIONER
Midwives	MIDWIFE
Nurses	CHILD HEALTH NURSE, ENROLLED NURSE, ENROLLED NURSE (MENTAL HEALTH), MOTHERCRAFT NURSE, NURSE EDUCATOR, NURSE MANAGER, NURSE PRACTITIONER, NURSE RESEARCHER, REGISTERED NURSE, REGISTERED NURSE (DEVTL DISABILITY), REGISTERED NURSE (MENTAL HEALTH)
Other health / clinical staff	ABORIGINAL AND TORRES STRAIT ISLANDER LIAISON OFFICER, ABORIGINAL COMMUNITY SUPPORT WORKER, AMBULANCE OFFICER, ASSISTANT IN NURSING, CHILDCARE WORKER, CLERICAL / ADMINISTRATIVE WORKER, CLINICAL ALLERGIST, COMMUNITY / FAMILY REPRESENTATIVE, COMMUNITY SERVICES WORKER, DAY CARE WORKER, EPIDEMIOLOGIST, HEALTH INFORMATION MANAGER, HEALTH PRACTICE MANAGER, HEALTH PROMOTION OFFICER, HOME HELP WORKER, HOSPITAL SCIENTIST, INTERPRETER/TRANSLATOR, MEALS/FOOD SERVICES WORKER, MEDICAL INTERN, MEDICAL PRACTITIONER IN TRAINING, MEDICAL RECEPTIONIST, OTHER PROFESSION/DISCIPLINE, PHARMACY TECHNICIAN, PHLEBOTOMIST, PHYSICIAN'S ASSISTANT, RECREATION WORKER, REGISTERED PARAMEDIC, RESIDENT MEDICAL OFFICER, SONOGRAPHER, TECHNICIAN, THERAPIST'S ASSISTANT, THERAPY AIDE, VOLUNTARY WORKER



Table 35. Main contact types (continued)

OSR contact type	Communicare Speciality
Sexual health worker	SEXUAL HEALTH WORKER
Substance misuse / drug and alcohol worker	DRUG AND ALCOHOL COUNSELLOR, SUBSTANCE MISUSE WORKER
Tobacco worker / coordinator	SMOKING CESSATION COORDINATOR, SMOKING CESSATION OFFICER
Traditional healer	TRADITIONAL HEALER
Transport worker	TRANSPORT WORKER

Table 36. Medical specialists

OSR specialist type	Communicare Speciality
Cardiologist	CARDIOLOGIST
Dermatologist	DERMATOLOGIST
Ear Nose and Throat Specialist	EAR, NOSE AND THROAT SPECIALIST
Endocrinologist	ENDOCRINOLOGIST
Obstetrician / Gynaecologist	OBSTETRICIAN AND GYNAECOLOGIST
Ophthalmologist	OPHTHALMOLOGIST
Paediatrician	PAEDIATRICIAN
Psychiatrist/Psychiatric Register	PSYCHIATRIST
Renal Medicine Specialist	RENAL MEDICINE SPECIALIST
Specialist other or not specified	ANAESTHETIST, CLINICAL CYTOPATHOLOGIST, CLINICAL HAEMATOLOGIST, CLINICAL PHARMACOLOGIST, EMERGENCY MEDICINE SPECIALIST, GASTROENTEROLOGIST, GERIATRICIAN, GYNAECOLOGICAL ONCOLOGIST, IMMUNOLOGIST, INFECTIOUS DISEASES PHYSICIAN, INFECTIOUS DISEASES SPECIALIST, INTENSIVE CARE ANAESTHETIST, INTENSIVE CARE MEDICINE SPECIALIST, MEDICAL DIAGNOSTIC RADIOGRAPHER, MEDICAL ONCOLOGIST, NEPHROLOGIST, NEUROLOGIST, NEUROSURGEON, NUCLEAR MEDICINE TECHNOLOGIST, ORAL AND MAXILLOFACIAL SURGEON, ORTHOPAEDIC SURGEON, ORTHOPTIST, PALLIATIVE MEDICINE PHYSICIAN, PATHOLOGIST, PLASTIC AND RECONSTRUCTIVE SURGEON, PUBLIC HEALTH PHYSICIAN, RADIATION ONCOLOGIST, RADIOLOGIST, RADIOTHERAPIST, RESPIRATORY PHYSICIAN, RHEUMATOLOGIST, SEXUAL HEALTH PHYSICIAN, SPECIALIST MEDICAL PRACTITIONER, SPECIALIST PHYSICIAN, UROLOGIST, VETERINARIAN
Surgeon	CARDIOTHORACIC SURGEON, SURGEON, VASCULAR SURGEON

Table 37. Social and emotional wellbeing / Counsellors

OSR specialist type	Communicare Speciality
Counsellor	BTH COUNSELLOR, COUNSELLOR
Psychologist	CLINICAL PSYCHOLOGIST, PSYCHOLOGIST, NEUROPSYCHOLOGIST
SEWB staff other or not specified	ABORIGINAL MENTAL HEALTH WORKER, EMOTIONAL AND SOCIAL WELLBEING STAFF, PSYCHOTHERAPIST, TEAM. PSYCHOGERIATRIC ASSESS TEAM (PGAT), YOUTH WORKER

Table 37. Social and emotional wellbeing / Counsellors (continued)

OSR specialist type	Communicare Speciality
Social Worker	SOCIAL WORKER
Welfare Worker	WELFARE WORKER

Table 38. Allied health professionals

OSR specialist type	Communicare Speciality
Allied health other or not specified	ACUPUNCTURIST, ALLIED HEALTH AIDE, ALTERNATIVE THERAPIST, ASTHMA EDUCATOR, ATTENDANT CARER, CARDIAC EDUCATOR, CHIROPRACTOR, CHRONIC CARE COORDINATOR, COMMUNITY PARAMEDICAL, DERMAL CLINICIAN, DISABILITY SERVICES WORKER, ENVIRONMENTAL HEALTH OFFICER, EXERCISE PHYSIOLOGIST, EYE HEALTH COORDINATOR, HEALTH DIAGNOSIS/TREATMENT PRACTITIONER, HOME CARE WORKER, HOMOEOPATH, MASSAGE THERAPIST, MUSIC THERAPIST, NATURAL THERAPY PROFESSIONAL, NATUROPATH, OCCUPATIONAL THERAPIST, ORTHOTIC PROSTHETIST, ORTHOTIST, OSTEOPATH, PERSONAL CARE ASSISTANT, PHYSIOLOGIST, REHABILITATION AIDE, TEAM. AGED CARE ASSESSMENT TEAM (ACAT), TEAM. MULTI-DISCIPLINARY TEAM
Diabetes educator	DIABETES EDUCATOR
Dietician	DIETITIAN
Optometrist	OPTOMETRIST
Pharmacist	PHARMACIST
Physiotherapist	PHYSIOTHERAPIST, CARDIOTHORACIC PHYSIOTHERAPIST, RESPIRATORY PHYSIOTHERAPIST
Podiatrist	PODIATRIST
Speech Pathologist	SPEECH PATHOLOGIST, SPEECH THERAPIST

## OSR CS-3a - Individual clients seen

How many Adult Health Checks and Chronic Disease Management Plans were done during the year?

### Description

The report counts all clients who had services except the following and services recorded for fictitious clients.:

- Any no client contact service.
- Waiting, Booked or Cancelled services.

Table 39. OSR CS-03

Element	Description
Communicare reports	• Report > OSR > CS-04 Clinical Activities
Business rules	This report counts individuals who are included at least once in <a href="#">CS-2 (on page 55)</a> .
Additional data recording considerations	none

## OSR CS-4 - Clinical Services CS-4 Record the count for the following clinical activities carried out during the Financial Year

How many Adult Health Checks and Chronic Disease Management Plans were done during the year?

### Description

Health checks are identified either by Medicare claims for item 715 or alternatively by clinical items with the system code of CHC (Child Health Check), AHC (Adult Health Check) and OHC (Older person Health Check). If both a MBS 715 and an alternative health check are recorded for the same patient, only the 715 check is counted.

Chronic disease management plans are identified either by Medicare claims for item 721 or alternatively by clinical items with the system code of CPA. If both a MBS 721 and any clinical items with system code CPA are recorded for the same patient, only the 721 plan is counted.



**Note:** Because the claim and the evidence of the claim can be recorded on separate occasions, and because items 715 and 721 are usually annual claims, individual patients rather than individual claims or completed clinical items are reported .

Table 40. OSR CS-04

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; CS-04 Clinical Activities</b>
Business rules	Evidence of claims for items 715 and 721 is searched for and if none is found, the clinical items are searched using the system codes of CHC, AHC, OHC and CPA.
Additional data recording considerations	none

## OSR HP1 - Health Promotion HP-1 How many group activities and population health promotional activities has your organisation run during the Financial Year?

How many health promotion group activities were run during the year?

### Description

The report counts procedures with an export code starting HP-GRP, analysed by day and encounter place in order to deduce the number of group sessions conducted, assuming that the same type of session is not run repeatedly on the same day at the same place.

For detailed information about export codes, see [Procedure, Immunisation, Pathology & Medicare codes reference \(on page 24\)](#).

Table 41. OSR HP-1

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; HP-01 HP Group Activities</b>
Business rules	All clinical items with appropriate codes recorded in any patient record are deemed to be evidence of attendance at a group health promotion event. Actual attendance is not counted so where a non-patient record is used to record anonymous attendance, the event is still recorded.
Additional data recording considerations	No clinical items with these codes are distributed by Communicare so all data collection for this indicator is done using locally defined procedures.

## OSR L-6 - Link Up L-6 How many individual clients were seen by SEWB funded counsellors during the Financial Year?

How many clients were seen by the Link Up Service during the year?

### Description

Link-up service contacts are identified by encounter place names which contain the words BTH or Link Up or encounter program names which contain the words BTH, Link Up or Bringing Them Home.

Table 42. OSR L-6

Element	Description
Communicare reports	• Report > OSR > L-06 Individual Link Up Clients
Business rules	Any patient with at least one contact service recorded during the report period at a BTH or Link Up encounter place or recorded with the associated BTH or Link Up encounter program.
Additional data recording considerations	none

## OSR L-7 - Link Up L-7 How many client contacts were provided by the Link Up organisation during the Financial Year?

How many client contacts were provided by the Link Up service during the year?

### Description

Link-up service contacts are identified by encounter place names which contain the words BTH or Link Up or encounter program names which contain the words BTH, Link Up or Bringing Them Home.

Table 43. OSR L-7

Element	Description
Communicare reports	• Report > OSR > L-07 Link Up Contacts
Business rules	All contact services recorded during the report period at a BTH or Link Up encounter place or recorded with the associated BTH or Link Up encounter program.
Additional data recording considerations	none

## OSR MCH-1 - Maternal and Child Health MCH-1 Record the number of child health checks conducted in the Financial Year

How many Child Health Checks were done during the year?

### Description

Health checks are identified by the client being 0 to 4 years of age and either a Medicare claimed for item 715 or alternatively by clinical item with the system code of CHC. If both a MBS 715 and an alternative health check (CHC) are recorded for the same patient, only the 715 check is counted.



**Note:** Because the claim and the evidence of the claim can be recorded on separate occasions, and because item 715 is usually an annual claim, individual patients are reported rather than individual



claims or completed clinical items. MBS item 10986 Healthy Kids Check are identified by Medicare claims for item 10986.

Table 44. OSR MCH-1

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; MCH-01 Child Health Checks</b>
Business rules	This report counts individuals with evidence of an annual child health check during the report period. A patient with two such checks is reported once only.
Additional data recording considerations	Medicare Item 10986 is no longer available.


## OSR MCH-2 - Maternal and Child Health MCH-2 Record the number of individual mothers who have attended a routine antenatal care conducted by your organisation during the Financial Year

How many individual mothers have attended routine antenatal care during the year?

### Description

Antenatal checks are identified by procedures with a PR-CHECK rule code; that is, all those items listed on the **Obstetrics** tab, **Antenatal Check**.

Table 45. OSR MCH-2

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; MCH-02 Individual Antenatal Care Clients</b>
Business rules	<p>Any woman with an antenatal check performed during the report period is included.</p> <p>For details of how to record an antenatal check, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a>.</p> <p> <b>Note:</b> If the response to the qualifier <code>Antenatal check performed</code> is anything starting with <code>Elsewhere...</code> the check is ignored. That is, if the response is <code>At this encounter place</code> or there is no response, the check is counted.</p>
Additional data recording considerations	none

## OSR MCH-3 - Maternal and Child Health MCH-3 Record whether your organisation ran the following antenatal and maternal group activities during the Financial Year

How many antenatal and maternal group activities were run during the year?

### Description

Where possible, record the number of sessions run.

The report counts procedures with an export code starting MCH-GRP, analysed by day and encounter place in order to deduce the number of group sessions conducted, assuming that the same type of session is not run repeatedly on the same day at the same place.

For details about export codes, see [Procedure, Immunisation, Pathology & Medicare codes reference \(on page 24\)](#).

Table 46. OSR MCH-3

Element	Description
Communicare reports	<b>• Report &gt; OSR &gt; MCH-03 MCH Group Activities</b>
Business rules	All clinical items with appropriate codes recorded in any patient record is deemed to be evidence of attendance at a maternal and child health group health promotion event. Actual attendance is not counted so where a non-patient record is used to record anonymous attendance, the event is still recorded.
Additional data recording considerations	No clinical items with these codes are distributed by Communicare so all data collection for this indicator is done using locally defined procedures.

## OSR S-6 - Standalone Substance Use S-6 How many distinct individual clients were seen by your organisation during the Financial Year?

How many distinct individual clients were seen by your organisation during the year?

### Description

The report counts all clients who had services (except: 'no client contact' services; 'waiting', 'booked' or 'cancelled' services) and services recorded for fictitious clients, who satisfy at least one of the following criteria:

- Were receiving residential drug and alcohol care during part or all of the reporting period.
- Had received some 'sobering up/residential respite/short-term' episodes of care during part of the reporting period.
- Received a service associated with an encounter program containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.
- Received a service associated with an encounter place containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.
- Received a service provided by a 'Drug and alcohol counsellor' or a 'Substance misuse worker'.
- Received a service having at least one procedure or referral that is not a recall or a cancelled recall having a keyword containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.

Table 47. OSR S-6

Element	Description
Communicare reports	<b>• Report &gt; OSR &gt; S-06 Individual Clients</b>
Business rules	The description above details which services are counted as substance use services.
Additional data recording considerations	This indicator was initially specified for standalone substance use services only but has since been extended to mainstream health services who receive funding for substance use support. As such it is not yet clearly defined but the above conditions are fairly comprehensive although they may over-report activity of this type.

## OSR S-7a - Standalone Substance Use S-7a How many distinct individual clients received residential treatment / rehabilitation at your organisation during the Financial Year?

How many distinct individual clients received residential treatment/rehabilitation at your organisation during the year?

## Description

Residential treatment is identified by enrolments. Enrolments are identified by export code DA-ENROL with a Treatment delivery setting qualifier (DA-TDS export code) set to Residential Treatment Facility.

Enrolments recorded for fictitious clients are not included.

Table 48. OSR S-7a

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-07 Individual Rehabilitation Clients</b>
Business rules	The alcohol and other drug dataset distributed by Communicare includes items with the appropriate codes to record the start and end of periods of treatment.  For details about codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Additional data recording considerations	The Communicare report numbering dates from an earlier numbering system for OSR reporting – report 7 now reports for indicator 7a.

## OSR S-7b - Standalone Substance Use S-7b What was the total length of stay for each of your clients in residential treatment / rehabilitation during the Financial Year?

What was the total length of stay for each of your clients in residential treatment / rehabilitation during the year?

## Description

Residential treatment is identified by enrolments. Enrolments are identified by export code DA-ENROL with a Treatment delivery setting qualifier (DA-TDS export code) set to Residential Treatment Facility.

Enrolments recorded for fictitious clients are not included.

Table 49. OSR S-7b

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-07a Length of Stay</b>
Business rules	The alcohol and other drug dataset distributed by Communicare includes items with the appropriate codes to record the start and end of periods of treatment.  For details about codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Additional data recording considerations	The Communicare report numbering dates from an earlier numbering system for OSR reporting – report 7a now reports for indicator 7b.

## OSR S-7c - Standalone Substance Use S-7c How many residential treatment / rehabilitation episodes of care were provided by your organisation during the Financial Year?

How many residential treatment/rehabilitation episodes of care were provided by your service during the year?

## Description

Residential treatment is identified by enrolments. Enrolments are identified by export code DA-ENROL with a Treatment delivery setting qualifier (DA-TDS export code) set to Residential Treatment Facility.

Enrolments recorded for fictitious clients are not included.

Table 50. OSR S-7c

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-07b Residential Episodes</b>
Business rules	The alcohol and other drug dataset distributed by Communicare includes items with the appropriate codes to record the start and end of periods of treatment.  For details about codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Additional data recording considerations	The Communicare report numbering dates from an earlier numbering system for OSR reporting – report 7b now reports for indicator 7c.

## OSR S-10 - Standalone Substance Use S-10 How many distinct clients attended your sobering-up and/or residential respite/short term care programs during the Financial Year?

How many distinct clients attended your sobering-up and/or residential respite/short term care programs during the year?

## Description

Sobering-up and/or Residential Respite/Short-term care episodes are identified by clinical items with export codes of DR-ENROL and DA-SUOS.

Table 51. OSR S-10

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-10 Individual Non-Rehab Clients</b>
Business rules	The alcohol and other drug dataset distributed by Communicare includes items with the appropriate codes to record the start and end of periods of treatment.  For details about codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Additional data recording considerations	none

## OSR S-11 - Standalone Substance Use S-11 How many 'sobering up / residential respite / short-term' episodes of care were provided by your organisation during the Financial Year?

How many 'sobering up/residential respite/short-term' episodes of care were provided by your service during the year?

## Description

Sobering-up and/or Residential Respite/Short-term care episodes are identified by clinical items with export codes of DR-ENROL and DA-SUOS.



Table 52. OSR S-11

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-11 Episodes Non-Rehab Clients</b>
Business rules	The alcohol and other drug dataset distributed by Communicare includes items with the appropriate codes to record the start and end of periods of treatment.  For details about codes, see <a href="#">Procedure, Immunisation, Pathology &amp; Medicare codes reference (on page 24)</a> .
Additional data recording considerations	none

## OSR S-13 - Standalone Substance Use S-13 How many individual clients received 'non-residential / follow up / after care' from your organisation during the Financial Year?

How many individual clients received 'non-residential/follow up / after care' from your organisation during the year?

### Description

The report counts all clients who had services (except: 'no client contact' services; 'waiting', 'booked' or 'cancelled' services) and services recorded for fictitious clients, who satisfy at least one of the following criteria:

- Received a service associated with an encounter program containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.
- Received a service associated with an encounter place containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.
- Received a service provided by a 'Drug and alcohol counsellor' or a 'Substance misuse worker'.
- Received a service having at least one procedure or referral that is not a recall or a cancelled recall having a keyword containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.

Excluded are services where the client was receiving residential drug and alcohol care at that time or attended a group session or was receiving 'sobering up/residential respite/short-term' care as a part of that service.

Table 53. OSR S-13

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-13 Individual Non-Residential Clients</b>
Business rules	The description above details which services are counted as substance use services.
Additional data recording considerations	This indicator was initially specified for standalone substance use services only but has since been extended to mainstream health services who receive funding for substance use support. As such it is not yet clearly defined but the above conditions are fairly comprehensive although they may over-report activity of this type.

## OSR S-14 - Standalone Substance Use S-14 How many 'non-residential / follow up / after care' episodes of care were provided by your organisation during the Financial Year?

How many 'non-residential/follow up / after care' episodes of care were provided by your service during the year?

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## Description

The report counts all clients who had services (except: 'no client contact' services; 'waiting', 'booked' or 'cancelled' services) and services recorded for fictitious clients, who satisfy at least one of the following criteria:

- Received a service associated with an encounter program containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.
- Received a service associated with an encounter place containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.
- Received a service provided by a 'Drug and alcohol counsellor' or a 'Substance misuse worker'.
- Received a service having at least one procedure or referral that is not a recall or a cancelled recall having a keyword containing the words 'DRUG' and/or 'ALCOHOL' and/or 'AOD'.

Excluded are services where the client was receiving residential drug and alcohol care at that time or attended a group session or was receiving 'sobering up/residential respite/short-term' care as a part of that service.

Table 54. OSR S-14

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; S-14 Episodes of Non-Residential Care</b>
Business rules	The description above details which services are counted as substance use services.
Additional data recording considerations	This indicator was initially specified for standalone substance use services only but has since been extended to mainstream health services who receive funding for substance use support. As such it is not yet clearly defined but the above conditions are fairly comprehensive although they may over-report activity of this type.

## OSR SE-6 - Social and Emotional Wellbeing SE-6 How many individual clients were seen by SEWB funded counsellors during the Financial Year?

How many individual clients were seen by SEWB Counsellors during the year?

## Description

SEWB contacts are identified by the provider's specialty being either BTH Counsellor or Counsellor.

Table 55. OSR SE-6

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; SE-06 Individual SEWB Clients</b>
Business rules	Patients with at least one service recorded in the report period with a BTH Counsellor or Counsellor are counted once only.
Additional data recording considerations	none

## OSR SE-7 - Social and Emotional Wellbeing SE-7 How many client contacts were provided by the SEWB funded counsellors during the Financial Year?

How many client contacts were made by SEWB Counsellors during the year?

## Description

SEWB contacts are identified by the provider's specialty being either BTH Counsellor or Counsellor.

Table 56. OSR SE-7

Element	Description
Communicare reports	• <b>Report &gt; OSR &gt; SE-07 SEWB Contacts</b>
Business rules	All services recorded in the report period with a BTH Counsellor or Counsellor are counted.
Additional data recording considerations	none

## OSR HCP Health Care Provider (HCP) report

### Health Care Provider (HCP) report

#### Description

The Health Care Provider (HCP) report refers to the report submitted annually to the Department of Health by all Australian Government funded Indigenous health services who are eligible to claim Medicare benefits for primary health care services.

This report shows all providers that have a DOH Provider Number who were enabled for all or part of the reporting period.

Table 57. OSR HCP

Element	Description
Communicare reports	• <b>Report &gt; Health Care Providers &gt; Provider List</b>
Business rules	All providers recorded in <b>File &gt; Provider</b> who have at least one DOH Provider number and who were not disabled before the start of the report period nor only enabled after the end of the report period.
Additional data recording considerations	none

## NSW KPIs

Additional information for NSW KPIs.

### Before you start



**Note:** Configuration notes are valid for the Version 5.0 of the NSW KPI reports.

If your health service is using Communicare ‘out of the box’ and has taken advantage of datasets provided by Communicare, only the codes highlighted here need to be considered.



**Note:** For best results when reporting, use the datasets provided by Communicare rather than creating your own.

### Clinical items

This section identifies any local clinical items that may be evidence of procedures and other activity required for specific indicators.

Configuration is done at **File > Reference Tables > Clinical Item Types**.

Table 58. Required clinical items

Performance indicator	For	Description
Smoking Cessation		<ul style="list-style-type: none"> <li>Any procedure or referral which is evidence of smoking cessation must use the system code SCS</li> <li>Any procedure or referral performed which is in the <b>Tobacco use services</b></li> </ul>
Immunisation Types	Influenza	Communicare supports the Generic Influenza AIR vaccine, with vaccine code <b>GNFLU</b> , and its equivalents described in <a href="#">Equivalent and partial equivalent vaccines table - GNFLU entry</a> . For example, GNFLU, PANVAX, FLUVAX, and so on.
	Pertussis	The following export codes identify pertussis vaccines: ADCL, ADPO, BOOST or BOIPV.

If you do not make Medicare claims, make sure that clinical items used to record care plans and health checks use the following system codes.

## Qualifiers

This section identifies any local qualifiers that may be evidence of details required for specific indicators.

Configuration is done at **File > Reference Tables > Qualifier Types**.

Table 59. Required qualifiers

Performance indicator	Code	Description
Smoking Cessation	BIP	<p>Any clinical item that is evidence of 'brief intervention' should have a qualifier that is either:</p> <ul style="list-style-type: none"> <li>A Yes/No qualifier with a system code of BIP</li> <li>A reference qualifier where relevant responses have system codes of BIP.</li> </ul>
Smoking Status	SMO or SMP	<p>The central qualifiers are appropriately coded, but if a local variation is used the qualifier itself must be a reference qualifier with the system code SMO or SMP (if recorded during a pregnancy).</p> <p>Each reference must be coded in the following way:</p> <ul style="list-style-type: none"> <li>System Codes: <ul style="list-style-type: none"> <li>S - current smoker</li> <li>E - ex-smoker</li> <li>N - never smoked</li> </ul> </li> <li>For export code SMO: <ul style="list-style-type: none"> <li>1 - wants to quit now</li> <li>2 - wants to quit later</li> <li>3 - no intention of quitting</li> <li>4 - quit less than 12 months ago</li> <li>5 - quit 12 months or more ago</li> <li>7 - non-smoker</li> </ul> </li> <li>For export code SMP: <ul style="list-style-type: none"> <li>1 - daily smoker</li> <li>2 - weekly smoker</li> <li>3 - irregular smoker</li> <li>4 - quit during pregnancy</li> <li>5 - quit before pregnancy</li> <li>6 - non-smoker</li> </ul> </li> </ul>

Table 59. Required qualifiers (continued)

Performance indicator	Code	Description
Central pathology qualifiers	BPS, CHO, CHR, HDL, CVR-R05C, CVR-R05F, ACR, GFE, HBA, HBM, AUDITC, XHB, XHC, XCL, XGN, XSY, XHI	<p>Only of interest if the health service has local equivalents:</p> <ul style="list-style-type: none"> <li>Systolic blood pressure is determined as the latest qualifier with system code BPS</li> <li>Total cholesterol is determined as the latest qualifier with system code CHO or CHR</li> <li>High density lipoprotein is determined as the latest qualifier with system code HDL or CHR</li> <li>CVD risk assessment is determined as the latest qualifier with export code CVR-R05C</li> <li>(CARPA) or CVR-R05F (Framingham).</li> <li>Urinary Albumin Creatinine Ratio is determined as the latest qualifier with system code ACR.</li> <li>Estimated Glomerular Filtration Rate is determined as the latest qualifier with system code GFE.</li> <li>HbA1c is derived from numeric qualifiers with a system code of HBA and units % or HBM and units mmol/mol converted to percentage.</li> <li>AUDIT-C Score is determined by numeric qualifiers with an export code of AUDITC.</li> <li>Hepatitis B result abnormal yes/no qualifier (system code XHB). The qualifier must be set to <b>Yes</b> to be counted.</li> <li>Hepatitis C result abnormal yes/no qualifier (system code XHC). The qualifier must be set to <b>Yes</b> to be counted.</li> <li>Chlamydia result abnormal yes/no qualifier (system code XCL). The qualifier must be set to <b>Yes</b> to be counted.</li> <li>Gonorrhoea result abnormal yes/no qualifier (system code XGN). The qualifier must be set to <b>Yes</b> to be counted.</li> <li>Syphilis result abnormal yes/no qualifier (system code XSY). The qualifier must be set to <b>Yes</b> to be counted.</li> <li>HIV result abnormal yes/no qualifier (system code XHI). The qualifier must be set to <b>Yes</b> to be counted.</li> </ul>

## Investigation Requests

This section identifies keywords that need to be attached to any of your investigation request terms to identify them as STI test requests.

Configuration is done at **File > Reference Tables > Investigations > Investigation Keywords**.

### STI request terms

Table 60. STI request terms

Infection	keyword
Hepatitis B	<b>HepB</b>
HBV DNA Viral load test	<b>HBV</b>
HCV RNA test	<b>HVCRNA</b>
Chlamydia	<b>CHLAMYDIA</b>
Gonorrhoea	<b>GONORRHOEA</b>
Syphilis	<b>SYPHILIS</b>
HIV	<b>HIV</b>

### Liver Function Tests

Liver Function Tests are determined from Pathology test requests that have a keyword of **LFT**.

## Central and imported codes

This section refers to codes that are attached to ICPC2-Plus items, MIMS medications, incoming pathology results (LOINC), and so on. Some labs use their own local codes to identify pathology results and use of LOINC for text-based results is not consistent.

Table 61. Central & imported codes

Database	Report	Description
MIMS	Smoking Cessation	Medications with an indication containing the text <b>smok</b> or <b>nicotine</b> are identified as smoking cessation treatments. For example, the drug Champix is included because it has an indication of <b>Nicotine dependence</b> .
	CVD Risk Treatment	Medications with an indication of <b>hyperlipidaemia</b> , <b>hypercholesterolaemia</b> or <b>hypertension</b> are identified as smoking cessation treatments. For example, the drug Cleviprex is included because it has an indication of <b>Hypertension</b> .
	DAA Treatment	Recent prescriptions are identified by the following generic components: pegylated interferon, daclatasvir, sofosbuvir + ledipasvir, ribavirin, sofosbuvir, paritaprevir + ritonavir + ombitasvir + dasabuvir, paritaprevir + ritonavir + ombitasvir + dasabuvir + ribavirin.
LOINC		Incoming pathology results are identified by LOINC (if supplied by the lab) for the specified STI. For more information, see <a href="https://loinc.org/">https://loinc.org/</a> . Additionally, if only positive results are reported, the lab must return an abnormal code.
ICPC Diagnoses		Specific conditions for specific indicators are identified in the NSW specifications document <i>Aboriginal Health Program Key Performance Indicators: Data Specifications 2019/20-2021/22 Version 5.0 February 2021</i>

## NT KPIs

Additional information for NT KPIs.

## Before you start



**Note:** For best results when reporting, use the datasets provided by Communicare rather than creating your own.

Before you can effectively use the NT KPIs you need to configure parts of your database.

## Encounter place

Configure your encounter places:

1. Select **File > Reference Tables > Encounter Place**.
2. If you have only one clinic:

- 
- a. From the **Locality Group** list, select Health Service Area.
  - b. In the **DHF Health Service Code** field, enter the five digit code allocated by the Department of Health and Families.
3. If you have multiple clinics, each encounter place must be allocated a unique locality group that defines the localities covered by that encounter place. Ideally all localities in the Health Service Area will be allocated to a single smaller locality group that will be allocated to a single encounter place. Each encounter place must also be given the appropriate DHF Health Service Code.



**Tip:** To help you edit or create these groups, run the report **Report > Reference Tables > Locality Group Analysis**. Enter a range of post codes that covers your Health Service Area and the report will show you which localities belong to which locality group.

## Data requirements

Review the data collection requirements. Check the Healthy for Life (*on page* ) reports - many of the indicators are comparable to those defined for Healthy for Life.

Further data collection requirements include:

- Anaemic children are identified by their latest qualifier Hb (Haemoglobin) recorded during the reporting period being less than 110 g/L (less than 105 g/L if under 12 months old).
- Patients with albuminuria are defined as having a latest qualifier ACR (Alb/Creat Ratio) recorded during the reporting period as being greater than 3.4.
- Patients are recognised as being on an ACE inhibitor, or ARB drug by checking their regular and current medications as selected from the appropriate ATC (Anatomical Therapeutic Chemical) codes.
- PAP smears are counted by looking for investigation requests for tests whose description starts with **PAP smear** (case insensitive) or for clinical items with the export code **PAPSMEAR**.
- If you do not make Medicare claims then you will need to make sure that clinical items used to record care plans and health checks have the following system codes:
  - GP management plan items must use **CPA**
  - Team care arrangements must use **TCA**
  - Adult health checks must use **AHC**
  - Child health checks must use **CHC**
  - Elderly health checks must use **OHC**
- Clients are assumed to be fully immunised if they have no overdue recalls for immunisations (excluding Panvax and Fluvax) or immunisation reviews that were due before the reference date or have an appropriate completed review. Immunisation review items should start `Review;immunisation;` followed by the age, for example, `Review;immunisation;2 months age`

## Running the NT Aboriginal Health Key Performance Indicators (NT KPI) reports

Run the NT KPI reports from **Report > NT KPI**. Run each individual report to show data for each KPI.

The data export file is created at **Report > NT KPI > AHKPI Data Export**.

A summary view of the data export file is available at **Report > NT KPI > AHKPI Data Export Summary**.



**Note:** Reports adhere to *NT Aboriginal Health Key Performance Indicators, Definitions, October 2013, Version 2.0.4*.

---

## Included data

Because data is disaggregated by age, patients with no date of birth will not be included.

For KPI 1.2 to 1.15, only patients who have a patient status of `Current` at the end of the reporting period are considered.



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# Support

If you run into problems using Communicare, you can always get help from us.

For information about Communicare, visit the [Communicare User Portal](#). If you need more help, go the [Communicare User Portal - Help and Support](#) tab.

If you still need help, create a [support request](#) and we'll get back to you.

Include as much information in the request as you can and follow these guidelines:

- If you include patient information, for patient confidentiality, use the Patient ID instead of the patient's name.
- If you include screenshots, ensure that you conceal both the patient's name and date-of-birth.



**Fastpath:** For urgent problems or issues with using the portal, call 1800 798 441 to speak to a support team member.

If reporting a problem, before contacting us, try to replicate the problem. It also helps to write down the problem and the circumstances under which it occurred.

## Release Notes

Release notes for all versions of Communicare are available on the Knowledge Centre.

To open the release notes for the latest version of Communicare:

1. On the [Communicare User Portal > Help and Support](#) <https://communicare-portal.telstrahealth.com/help-and-support/> tab, in the **Knowledge Centre** tile, click **Learn More**.
2. In the [Knowledge Centre](#) <https://communicare-portal.telstrahealth.com/knowledge/>, from the main menu, select **Support > Release Notes > *required release notes version***.



**Tip:** Release notes for the latest version are listed first.

If you are using an older version of Communicare and want to refer to release notes for that version, the release notes are included with the latest version. However, to display the Knowledge Centre for your version of Communicare, in the [Knowledge Centre](#), on the right side of the main menu, select your version of Communicare.



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## Quick links to release notes

- Version 21.x:
  - [V21.3](#)
  - [V21.2](#)
  - [V21.1](#)
- Version 20.x
  - [V20.2](#)
- Version 19.x
  - [V19.2](#)
  - [V19.1](#)
- [Older versions](#)

## Training

If you want someone to teach you how to use Communicare, from beginners to advanced users, try our training.

We can [organise someone to come to you](#), or you can access our [eLearning](#).



**Tip:** Check our [eLearning](#) site regularly for our invaluable *Tips and Tricks*.

## Request Remote Assistance

Run Teamviewer for quick support or request remote assistance.

Requesting Remote Assistance will allow [Communicare Support](#) to have a live view of your screen so we can help you better.

To run remote assistance, when instructed by [Communicare Support](#), in Communicare, select **Help > Request Remote Assistance**.

In order to invoke Request Remote Assistance, on your keyboard, press CTRL+F2.

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# Glossary

## Glossary

### Active medication

For prescribed regular medications, medications that are not expired, stopped or deleted.

### Administer

The act of applying a medication directly to a patient. For example, when a nurse gives a patient an injection.

### Administrative Encounter Place

A group of encounter places defined for administrative or reporting purposes.

### AIR Encounter

A visit to a vaccination provider where one or more episodes (vaccines) are administered to the patient.

### AIR Episode

The actual immunisation provided to the patient, by the vaccination provider. An AIR Encounter must have a minimum of one episode, and a maximum of five episodes.

### Biographics

General information about a patient, such as names, addresses, Medicare Number, and so on.

### Class

A group of clinical item types that have common properties and attributes or data values.

### Clinical item

A record of any event on a patient record, either actual or a planned recall, such as a disease, immunisation, procedure, medication prescribed, and so on. Clinical Items in Communicare are coded according to ICPC-2 PLUS.

### Clinical item keywords

Specific words that can be used to locate Clinical Item types.

### Consolidated order

Groups of medication requests used to order medications from an external pharmacy and to manage patient-specific inventory.

---

## DAA

Dose Administration Aid (DAA) is the term used for packaging that organises doses of medication according to when they should be taken.

## Dataset

A collection of related clinical item types, qualifiers and recall types.

## Encounter

A meeting between a health provider and a patient.

## Encounter mode

Either the means of delivering a health service, for example *Telephone*; or the type of physical place at which a health service is delivered, for example, *School*.

## Encounter place

Either a Service Encounter Place, where patient contacts occur; or an Administrative Encounter Place, a concept that defines a group of encounter places for administrative or reporting purposes. The Service Encounter Place is the physical place at which a service is delivered, or the physical place from which a service is delivered, for example, Millennium Health Service Clinic. Each place is categorised into one or more Modes.

## Episode

When a condition is diagnosed it may be classified as a FIRST, NEW, or ONGOING episode.

## Health Centre Prescribing

Health Centre Prescribing (HCP) or Rural Prescribing is a workflow used in the NT, where instead of PBS scripts, a single consolidated script is printed for all regular medications for a patient.

## Immunisation Provider

The provider who administered a vaccine to an individual.

## Last consolidated order date

For the encounter place, the most recent date at which a consolidated order was ordered.

## LEMI

From Active Ingredient Prescribing legislation, a list of excluded medicinal items (LEMI) for which Communicare does not include the generic components. The LEMI includes non-medicinal items such as bandages, or medications with four or more active ingredients.

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## LMBC

From Active Ingredient Prescribing legislation, a list of medicines for brand consideration (LMBC), for which providers should consider prescribing by brand. For example, medications that are not bioequivalent.

## Locality

A list of places used in patient addresses. Initial localities are taken from Australia Post localities, but additional localities may be defined, for example, for a local community.

## Locality group

Where several localities are combined for reporting purposes. For example, Northern Region, South of River, Inner City, and so on.

## Medication request

Medication requests combine a patient's medications into a bulk-order prescription for sending to a pharmacy for dispensing.

## Medication summary

A list of a patient's currently active medications.

## Mode

See [Encounter mode \(on page 76\)](#).

## National Cancer Screening Register

Communicare integrates with the National Cancer Screening Register (NCSR).

## Once off medication

A medication typically prescribed for acute clinical presentations, which the patient will take until the course is complete. Once off medications are removed from the Medication Summary after their duration has elapsed. Once off medications may also be described as Short Course medications.

## Place

See [Encounter place \(on page 76\)](#).

## Provider

Anyone who provides health care for a patient, such as a doctor, health worker, nurse, and so on.

## Qualifier

A measurement associated with a Clinical Item

---

## Query

An instruction to retrieve statistics from the database.

## Regular medication

A medication typically prescribed for a chronic disease, which the patient would be expected to take continually. Regular medications are displayed on the Medication Summary until they are explicitly stopped.

## Report

The results of a query about data in the database.

## Service recording

A record of a patient's services, such as clinic visits, home visits or other.

## Supply

The act of providing medication to a patient or their carer.

## Topic

A grouping of Clinical Items into health or medical-related categories.

## Vaccine Provider

A medical practitioner or person who is recognised by Services Australia as being a provider of vaccinations to individuals, according to the Australian Immunisation Register Act 2015.

## Walk-in patient

Patients who arrive without an appointment.

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# Notices, acknowledgements and attributions

## Notices

If using the Australian Immunisation Register integration: *Participating health professionals may utilise the services and information provided including personal information only in accordance with National (Privacy Act 1988, Health Insurance Act 1973, Australian Immunisation Register Act 2015 and other relevant legislation), State or Territory legislation, Policy and Guidelines.*

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