Introduction

This report examines patterns in the ability of Divisions to gather data required to report on four National Performance Indicators: Chronic Disease Management 1, 2, and 3, and Prevention 4, for their 12 month reports (see relevant summaries and reports in this series).

DGPP CDM 1 measures: “The number and proportion of general practices within the Division using electronic Register/Recall/Reminder systems to identify patients with a chronic disease for review and appropriate action”. Divisions were required to obtain data for this indicator from at least 80% of practices in their catchment area.

DGPP CDM 2 measures: “The number of patients within the Division with diabetes whose last recorded HbA1c within the previous 12 months was <selected clinical parameter>.” Divisions were required to collect information from at least 10% of GPs in their catchment area including the number of patients with diabetes, their Aboriginal and Torres Strait Islander status and their most recent HbA1c reading in the previous 12 months.

DGPP CDM 3 measures: “The number of patients within the Division with coronary heart disease whose last recorded blood pressure within the previous 12 months was <selected clinical parameter>.”

DGPP Prevention 4 measures: “The number and proportion of female patients aged 20-69 whose patient record shows that they have had a Pap smear during the previous two year period.”

For CDM 3 and Prevention 4, Divisions were required to collect data from 10% of GPs in their catchment area and there is an expectation that this number will increase with time.

These are the only indicators that require Divisions to collect data from practices or GPs. Divisions were classified into two groups:
1) Those that met all reporting thresholds
2) Those that did not meet thresholds.

Key findings of the DPI report 2008 – 2009

The Primary Health Care Research and Information Service (PHC RIS) collects and manages data from Divisions of General Practice 6 and 12 monthly reports, and the Annual Survey of Divisions (ASD). One hundred and eleven (111) Divisions completed 12 month reports.

PHC RIS used data from the 2007-08 Annual Survey of Divisions to examine associations between Divisions’ characteristics and activities, and the differences in reporting performance across Divisions.

Overall ability of Divisions to meet reporting thresholds

- Eighty six Divisions (77%) met reporting thresholds for all 4 indicators: CDM 1, 2, 3 and Prevention 4. Table 1 shows the number and proportions of Divisions that totally and partially met their reporting requirements for all four indicators.

Table 1 The number of indicator reporting thresholds met by Divisions in their 2007-08 12-month report

<table>
<thead>
<tr>
<th>Number of Indicator thresholds met</th>
<th>Number of Divisions</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero indicators</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>One indicator</td>
<td>2</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Two indicators</td>
<td>10</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Three indicators</td>
<td>13</td>
<td>12%</td>
<td>23%</td>
</tr>
<tr>
<td>Four indicators</td>
<td>86</td>
<td>77%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Due to rounding errors, numbers may not add up to 100%
Of the 4 indicators, Prevention 4 had the largest number of Divisions that did not meet the reporting thresholds (Fig 1).

Divisions that did not meet the reporting threshold for at least one indicator were distributed across six states: New South Wales (n=13), Western Australia (n=5), South Australia (n=3), Queensland (n=2), Tasmania (n=1) and the Australian Capital Territory (n=1).

Organisations that were unable to report adequately on the Prevention 4 indicator sourced their data solely from the state cervical screening registers. Divisions that met their thresholds used these resources less commonly.

Barriers to meeting thresholds

Divisions identified the following barriers to meeting thresholds:
- Overall lack of resources in practices
- Reluctance of GPs in some practices to release patient data
- Reluctance in some practices to use computerised systems
- Incomplete data collection in Divisions with small numbers of Australian Primary Care Collaboratives (APCC) participating practices in their catchment area.
- Divisions with large numbers of GPs and less external funding were less likely to meet thresholds
- Divisions in more populated areas had more difficulty gathering sufficient data. Practices in their catchment areas had lower IM/IT capacity and a greater need for technical assistance in IM/IT and electronic data transfer.

Enablers to meeting thresholds

Divisions identified the following enablers for meeting thresholds:
- Participation in APCC enabled practices to provide clean data for Divisions’ NPIs. Divisions that met their thresholds had more practices involved in the APCC and used alternative methods to source data from non-APCC practices
- Divisions worked with practices to improve the quality of data entered into medical software
- Training on the use and value of the Canning and PEN CAT tools.