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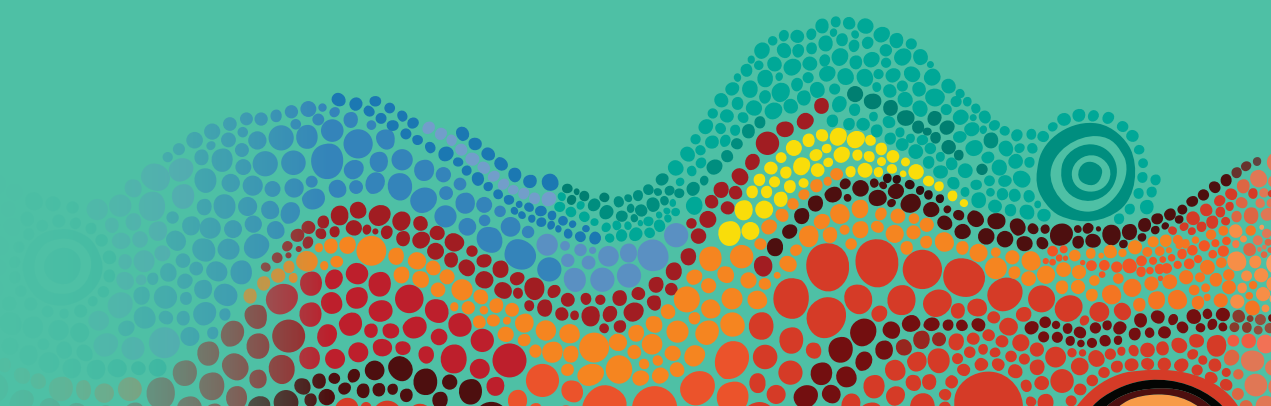


NACCHO
National Aboriginal Community
Controlled Health Organisation

Healthy Futures

Aboriginal Community Controlled
Health Services

Report Card



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Healthy Futures

Aboriginal Community Controlled Health Services

Report Card

Australian Institute of Health and Welfare
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Summary

This report on Aboriginal Community Controlled Health Services (ACCHS) presents information sourced from a variety of data sets, but mostly from two main data collections:

1. the **Online Services Report (OSR)** collection for 2012–13, which provides information on staffing, clients and episodes of care provided at primary health services funded to provide care to Indigenous Australians
2. the **National Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care** collection, covering the period December 2012 to December 2013. Indicator-related information is collected on chronic disease prevention and management, and maternal and child health. The nKPIs aim to improve the delivery of primary health care services by supporting continuous quality improvement activity among service providers.

In 2012–13, 141 ACCHS participated in OSR data collection processes. During the year, these ACCHS:

- provided services to over 316,000 clients, about 252,000 of whom were Indigenous
- provided over 2.4 million episodes of care nationally, with around 2.1 million of these being for Indigenous Australians. An episode of care is a visit to the health service, and may include contacts with multiple health workers
- made 3.7 million client contacts, including contacts with health staff and drivers who facilitate access to primary care, and referrals to other health services where ACCHS provided transport services.

In December 2013, ACCHS saw an estimated 212,679 Indigenous regular clients. ACCHS providing nKPI data saw more regular clients in December 2013 than they did one year before. There were 124 ACCHS that provided valid data on the number of Indigenous regular clients in December 2012, June 2013 and December 2013. At these ACCHS, the number of clients increased by 6%, over the period from 183,435 in December 2012 to 194,521 in December 2013.

The Aboriginal and Torres Strait Islander primary health care nKPIs are aimed at improving the delivery of primary health care services by supporting continuous quality improvement activity among service providers. The nKPIs include 16 indicators that measure ‘processes of care’ performed for clients (such as tests, procedures or Medicare-claimable services), and 5 outcome measures.

‘Processes of care’ are largely under the control of health services, and indicate good practice in primary health care. In the December 2013 period, the proportion of clients who received processes of care rose for 10 indicators out of 16, covering: antenatal visits prior to 13 weeks of pregnancy; birthweight recorded; those aged 0–4 and 25 and over with a Medicare Benefits Schedule (MBS) health assessment; those with type 2 diabetes or Chronic Obstructive Pulmonary Disease (COPD) who were immunised against influenza; smoking status or alcohol consumption recorded; and those with type 2 diabetes who received a General Practice Management Plan or Team Care Arrangement. For the remaining six indicators, the number of Indigenous regular clients who received processes of care rose, but the number of eligible clients also rose. As a result, the proportion of clients who received the care did not increase.

ACCHS showed improvement for 2 of the 5 outcome indicators:

- the proportion of clients with BMI recorded who were not overweight or obese
- the proportion of clients with type 2 diabetes whose HbA1c result was less than or equal to 7%.

The proportion remained stable for the remaining three outcome indicators: babies with normal birthweight, clients who have never smoked, and clients with type 2 diabetes with blood pressure less than or equal to 130/80 mmHg.

Health outcomes are influenced by the work of primary health care; however, they are also influenced by a range of other factors such as education, employment, income and housing.

At a glance

ACCHS have done particularly well in increasing the proportion of Indigenous regular clients with the following processes of care:

- who receive their first antenatal visits prior to 13 weeks of pregnancy
- with birthweight recorded
- who are 0–4 who had an MBS health assessment (item 715)
- who are 25 and over who had an MBS health assessment (item 715)
- with type 2 diabetes who are immunised against influenza
- with COPD who are immunised against influenza
- with type 2 diabetes who received an MBS General Practice Management Plans
- with type 2 diabetes who received an MBS Team Care Arrangements
- with smoking status recorded
- with alcohol consumption recorded.

ACCHS have done particularly well in increasing the proportion of Indigenous regular clients with the following outcomes:

- with type 2 diabetes who had an HbA1c result $\leq 7\%$
- with Body Mass Index (BMI) recorded who were not overweight or obese.

More is needed in the following areas to increase the proportion of Indigenous regular clients for the following process of care indicators:

with type 2 diabetes who receive some tests, including:

- Kidney function tests
- HbA1c tests
- Blood pressure test
- with a cervical screening
- aged 50 and over who are immunised against influenza
- with Cardiovascular Disease (CVD) who had a kidney function test.

Data sources and coverage

This report card uses data from a variety of sources—for example, population and housing data from the 2011 Census of Population and Housing (ABS 2012; ABS 2014a), and data from AIHW work on health expenditure. The main sources of data in relation to Aboriginal Community Controlled Health Services (ACCHS), however, are from two main data collections:

1. the **Online Services Report (OSR)** collection for 2012–13, which provides information on staffing, clients and episodes of care provided at primary health services funded to provide care to Indigenous Australians
2. the **National Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care** collection, covering the period December 2012 to December 2013. Indicator-related information is collected on chronic disease prevention and management, and maternal and child health.

Additional information presented from the OSR data collection includes statistics on governance, accreditation status, and use of technology.

As indicated above, information provided against the nKPIs is for ACCHS that participated in the program from December 2012 to December 2013. Therefore, these data only cover ACCHS that submitted valid data for an indicator over this entire collection period. The number of ACCHS ranged from 113 to 127, depending on the indicator.

The OSR and nKPI processes enable ACCHS to benchmark themselves against national trends, and assess areas where they have done well, as well as highlight areas that could be improved.

The ACCHS that report against the OSR and nKPIs largely overlap, but not completely.

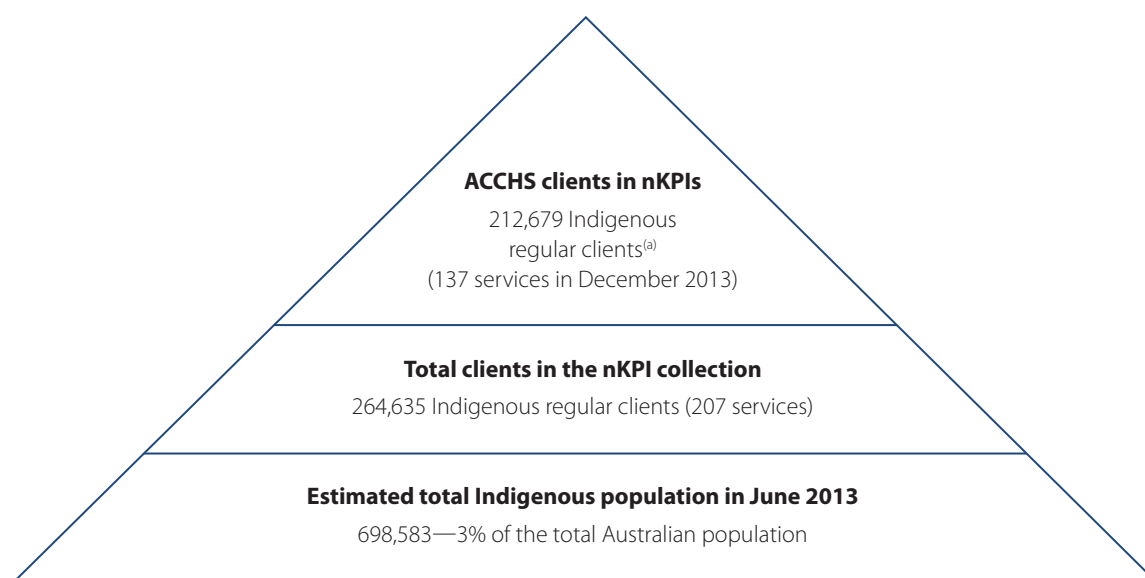
The nKPIs and this report

The National Key Performance Indicators for Indigenous primary health (nKPIs) focus on:

- child and maternal health care
- early detection and prevention of chronic disease
- management of existing disease.

All primary health care organisations funded by the Australian Government Department of Health report against the nKPIs. Nationally, ACCHS represent about two in three of these services.

Two national reports based on nKPI data were published in 2014 (AIHW 2014a; AIHW 2014b). This special report was prepared by AIHW for a subset of 137 services that were included in the second nKPI national report. The preparation of this report was funded by the National Aboriginal Community Controlled Health Organisation (NACCHO).



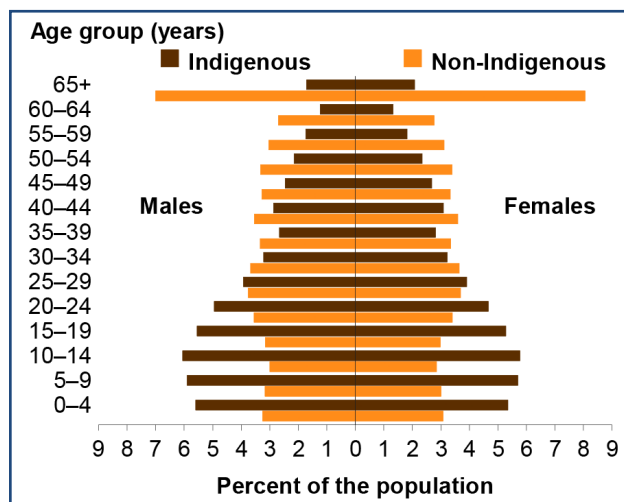
(a) As clients attend more than one service during the reference period, some clients are likely to be counted in multiple services.

Sources: ABS 2014a; AIHW nKPI collection; AIHW 2014c.

Indigenous primary health in context

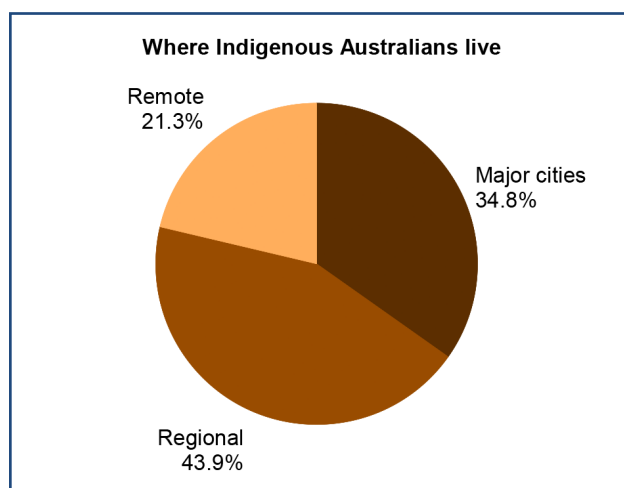
Indigenous population

An estimated 713,600 Australians were Aboriginal or Torres Strait Islander in June 2014 (ABS 2014a), representing 3% of the total population of Australia. The Indigenous population is younger than the non-Indigenous population: in 2014, 34% of the Indigenous population was aged less than 15, compared with 18% in the non-Indigenous population. People aged 65 and over comprised 4% of the Indigenous population compared with 15% in the non-Indigenous population.



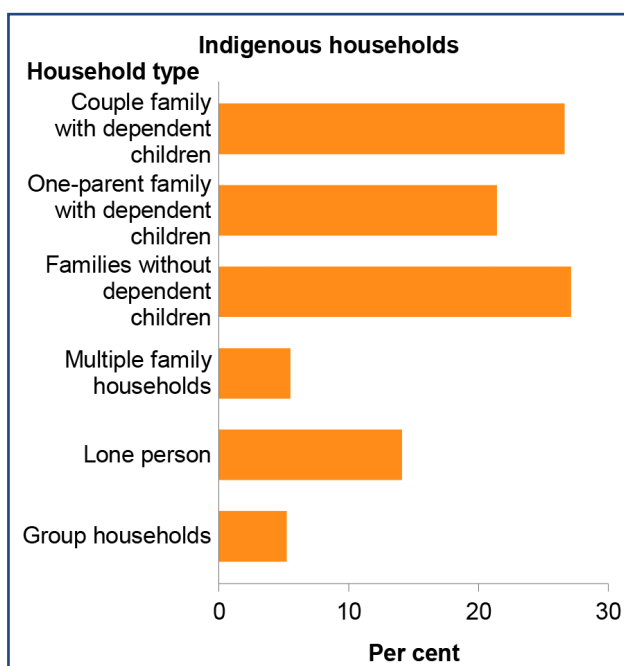
Where do Indigenous Australians live?

In 2011, 35% of Indigenous Australians lived in *Major cities*, 44% in *Inner and Outer regional* areas, and 21% lived in *Remote* and *Very remote* areas (ABS 2014a).



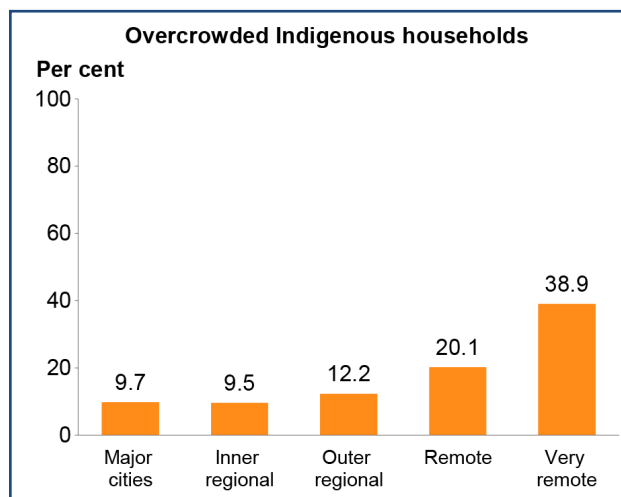
Indigenous households

According to the 2011 Census, the average size of Indigenous households was 3.3 persons, compared with 2.6 in non-Indigenous households (ABS 2012). A household is one or more people, at least one of whom is 15 years of age, usually resident in the same private dwelling. Three-quarters (75.1%) of Indigenous households were one-family households. Just over one-quarter (26.6 %) of Indigenous households were couple families with dependent children, and a similar proportion (27.1%) were families without dependent children. One-parent families with dependent children comprised 21% of all Indigenous households, while 14% were lone-person households.



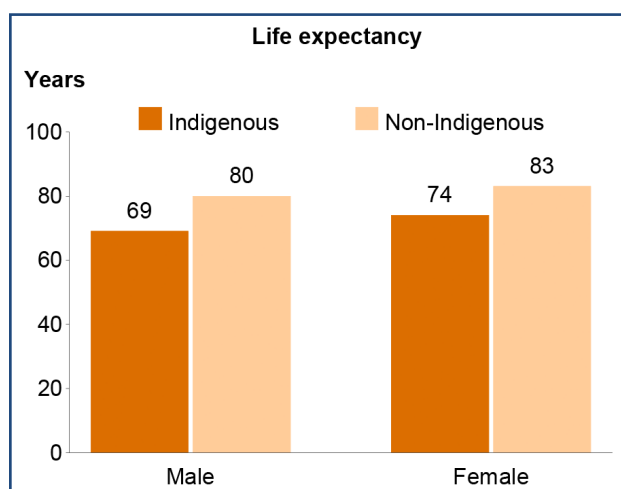
Overcrowded households

On Census night in 2011, 24,696 Indigenous households (12.9%) were overcrowded. An overcrowded household is one in which the dwelling required 1 or more extra bedrooms to accommodate usual residents, based on the Canadian National Occupancy Standard. There were 115,555 Indigenous people who usually resided in these households, representing 25.4% of the total Indigenous population (AIHW 2014c). The proportion of overcrowded Indigenous households increased with increasing remoteness.



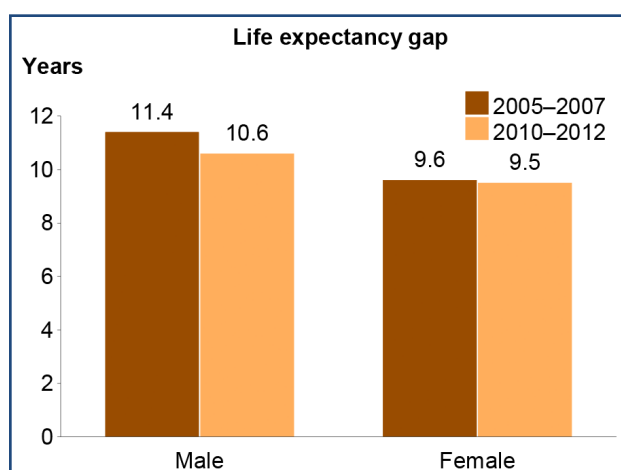
Life expectancy at birth

Life expectancy at birth for Indigenous Australians in 2010–2012 was estimated to be about 69 years for males and 74 years for females. This is about 10 years lower than non-Indigenous Australians: 80 years for males and 83 years for females.



Life expectancy gap

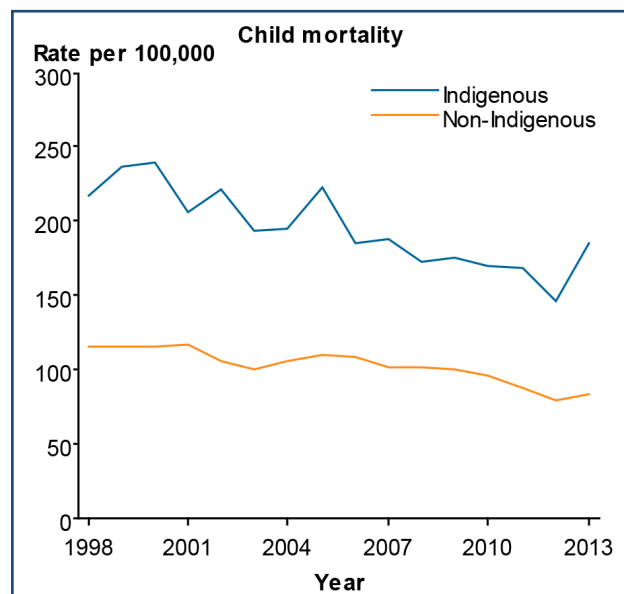
The gap in life expectancy between Indigenous and non-Indigenous females decreased from 9.6 years in 2005–07 to 9.5 years in 2010–12. Over the same period, the gap for males decreased from 11.4 years to 10.6 years.



Child mortality

Reliable data on child mortality for Aboriginal and Torres Strait Islander people are available for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. Over the period 2006–2010 there were 645 deaths of Indigenous children aged 0–4 years in these jurisdictions combined.

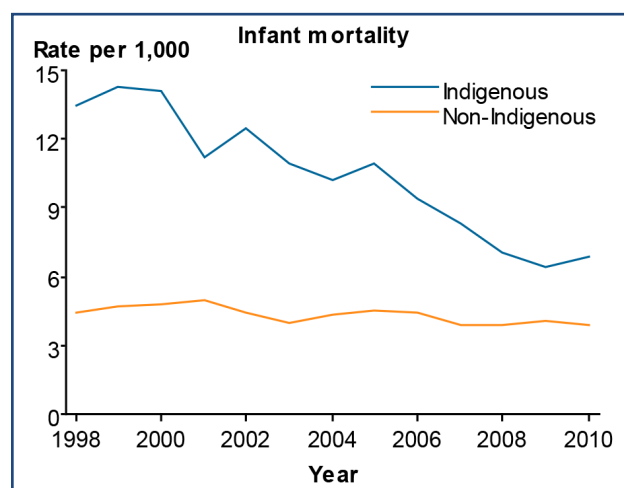
Rates of child mortality (0–4) trended downwards between 1998 and 2013 for both Indigenous and non-Indigenous children, although in 2013 there was an unusual increase in Indigenous infant deaths. This was because a large number of deaths that occurred in 2012 were registered in 2013 (Commonwealth of Australia 2015). As the annual number of Indigenous infant deaths is small, annual rates fluctuate and it is therefore important to look at the trend over a number of years. For Indigenous children, the rate was 216.8 per 100,000 children in 1998, and 184.7 in 2013, representing a 14% decline. For non-Indigenous children, the rate was 114.9 in 1998 and 84.1 in 2013, representing a 27% decline.



Infant mortality

Over the period 2006–2010, there were 4,488 deaths of infants in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined. Of these, 533 (12%) were deaths of Aboriginal and Torres Strait Islander infants.

Indigenous infants died at twice the rate of non-Indigenous infants (8.1 per 1,000 live births compared with 4.1, respectively) in the five jurisdictions combined. Between 2001 and 2010, the Indigenous infant mortality rate declined by 46%, from about 6 to 4 infant deaths per 1,000 live births.



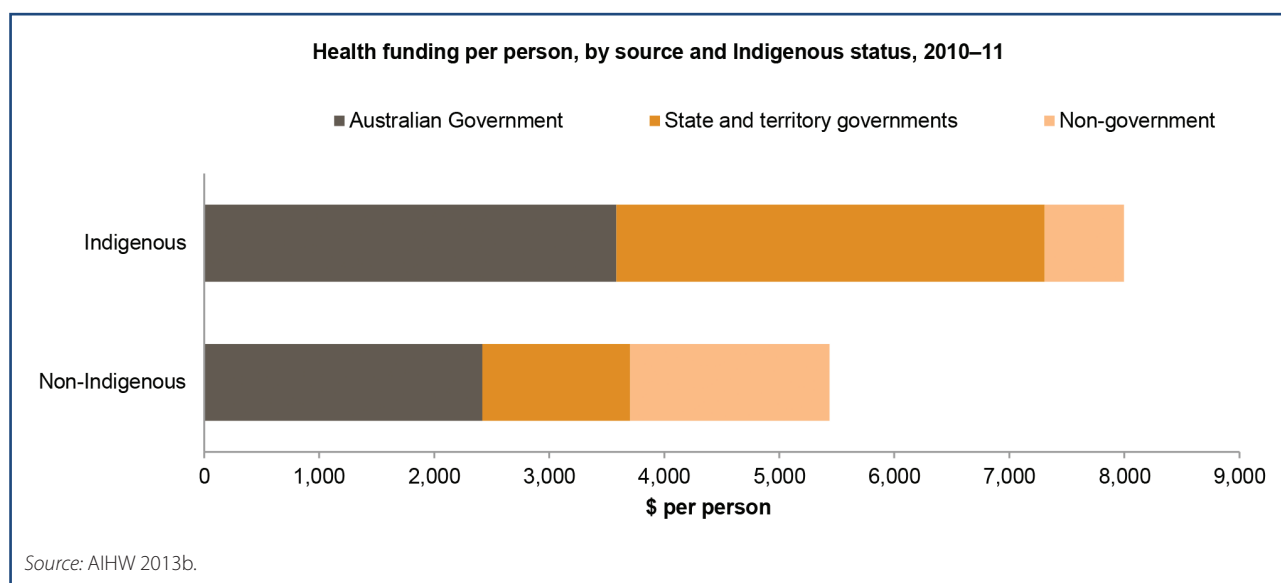
Prevalence of diabetes and kidney disease

The Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results showed that 11.1% of Indigenous adults had diabetes, making them more than three times as likely as non-Indigenous people to have it (ABS 2014a). Of the Indigenous people with diabetes in the survey, more than 1 in 10 did not know they had diabetes and were diagnosed as part of the biomedical testing, indicating that there are a large number of Indigenous people with undiagnosed diabetes. An additional 4.7% had blood test results that indicated they were at high risk of diabetes. Over half of those with diabetes (53.1%) also had signs of chronic kidney disease. In total, 17.9% of Indigenous adults had signs of chronic kidney disease. Those in remote areas were more than twice as likely as those in urban areas to have signs of chronic kidney disease (ABS 2014a).

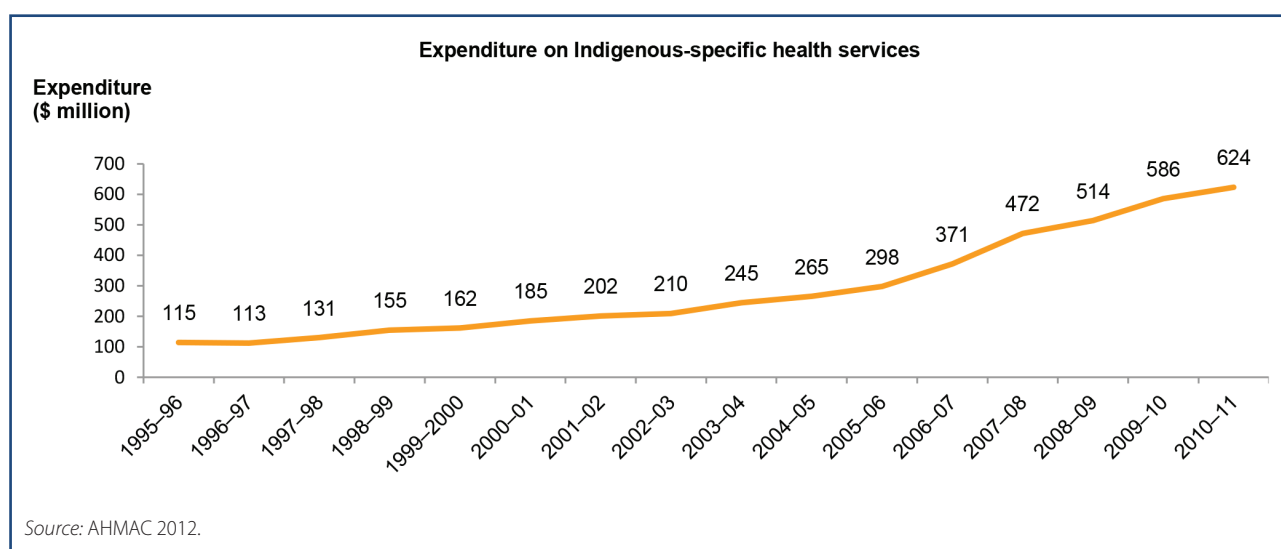
How much money is spent by Australian governments on the health of Indigenous Australians?

An estimated \$4.55 billion was spent on Indigenous health in 2010–11. This was 3.7% of total Australian health expenditure. In terms of average health funding per person:

- Australian Government funding for Indigenous Australians, per person, was 1.5 times that of non-Indigenous Australians (\$3,584 compared with \$2,418 per person)
- state and territory government funding for Indigenous Australians (\$3,722 per person) was nearly 3 times as high as for non-Indigenous Australians (\$1,286 per person)
- non-government health funding for Indigenous Australians was less than half the funding for non-Indigenous Australians (\$689 compared with \$1,733 per person).



In 2010–11, total Australian Government expenditure on Indigenous-specific programs was \$624 million. This was an increase of 265% since 1995–96, taking inflation into account (AHMAC 2012).



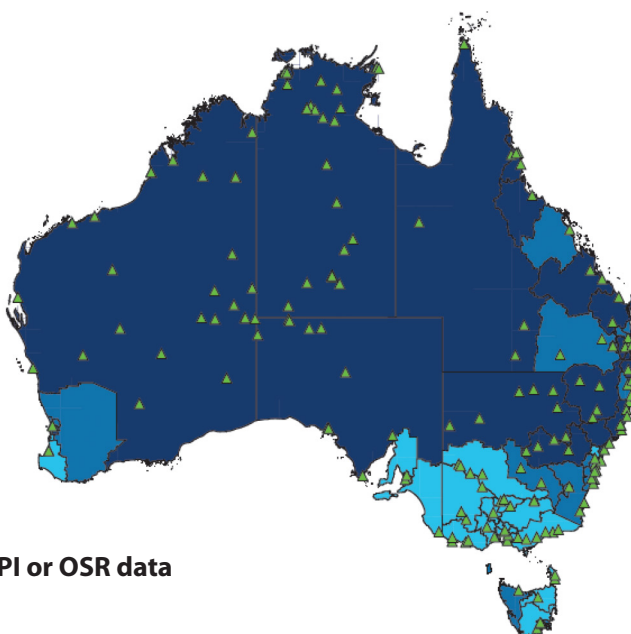
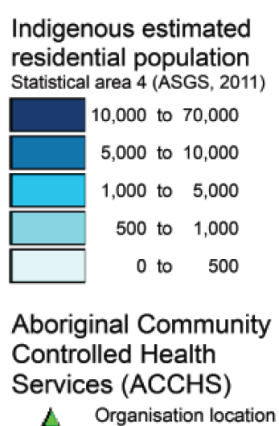
Aboriginal Community Controlled Health Services (ACCHS)

In 2012–13, 205 primary health care services provided OSR data (AIHW 2014a), with 141 of them being ACCHS.

In total, 316,269 clients attended 134 ACCHS in 2012–13 and of these clients, 80% were Aboriginal and Torres Strait Islander people. In the following section data are presented for ACCHS that submitted data in 2012–13, which ranged from 134 to 141 services, depending on the type of information (See Box 1 for more details).

The OSR collection mainly includes data on clinical and non-clinical staffing, both paid by the service and visiting; primary health care services delivered, including health prevention; numbers of clients; and episodes of care. Contextual information such as governance, accreditation and access to technology are also from OSR:

- Most ACCHS were located in *Inner and Outer regional* and *Very Remote* areas, followed by *Remote* areas.
- Most ACCHS had governing bodies that were 100% Indigenous.
- Most services had fixed line broadband, while a minority had satellite internet access.
- The average ACCHS size was highest in *Major cities* (4,519 clients) and smallest in *Very remote* areas (1,534).
- The total number of clients attending ACCHS was highest in Inner regional areas, followed by those in *Remote* areas, *Outer regional* areas, and *Major cities*. ACCHS in *Very remote* areas had the fewest total clients.
- Although client numbers were lowest in *Very remote* areas, these ACCHS had the highest number of health staff per 1,000 clients, as well as the highest number of non-health staff per 1,000 clients:
 - The availability of nurses/midwives was highest in *Very remote* areas.
 - The number of CEOs/managers/supervisors per 1,000 clients was highest in *Very remote* and *Outer regional* areas.
 - The number of administrative staff per 1,000 clients was relatively high in *Very remote* and *Outer regional* areas.
- The distribution of doctors and drivers/field officers was similar in all regions.

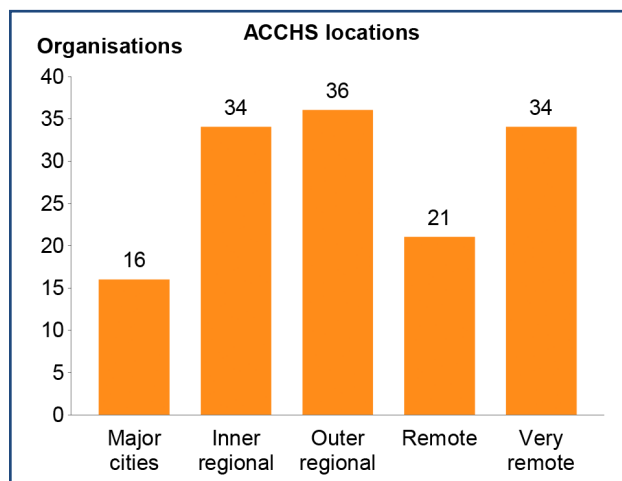


Map showing ACCHS that provided nKPI or OSR data

ACCHS locations

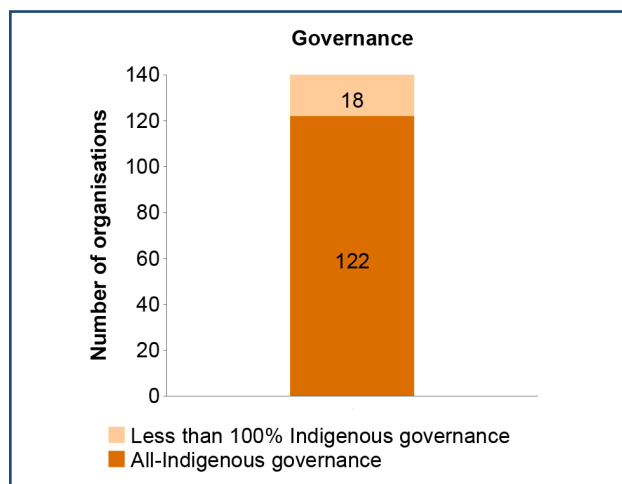
Of the 141 ACCHS reporting OSR data in 2012–13, the majority were in *Outer regional*, *Inner regional* and *Very remote* areas of Australia (36, 34 and 34 services, respectively). There were 21 ACCHS in *Remote areas* and 16 in *Major cities*.

Note that regions are defined using the ABS's Australian Standard Geographical Classification (ASGC) remoteness classification. Accordingly, for example, in Queensland, services in Brisbane are classified as being located in a *Major city*, those in Dalby as *Inner regional*, in Chinchilla as *Outer regional* and in Roma and Longreach as *Remote* and *Very remote* areas respectively.



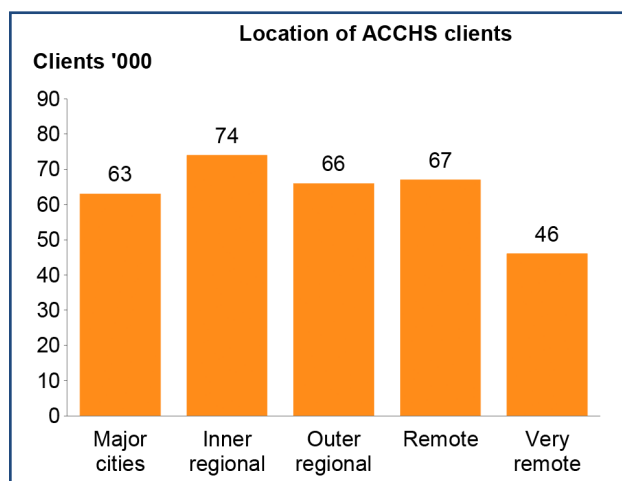
ACCHS Indigenous governance

The majority of the 140 ACCHS that provided valid data on governance reported governance structures entirely controlled by Indigenous people.



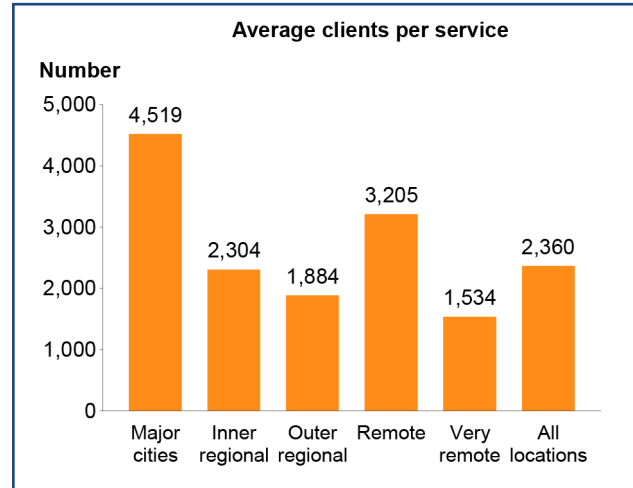
ACCHS client locations

In total, 134 ACCHS participating in OSR provided valid data on the number of clients in 2012–13. There were 316,269 clients in total. ACCHS in *Inner regional* areas had a total of 73,729 clients, more than any other single remoteness area category, but somewhat similar to the numbers in the *Remote areas*, *Outer regional* areas and *Major cities*. In contrast, *Very remote* ACCHS had 46,031 clients in total, fewer than any other remoteness area.



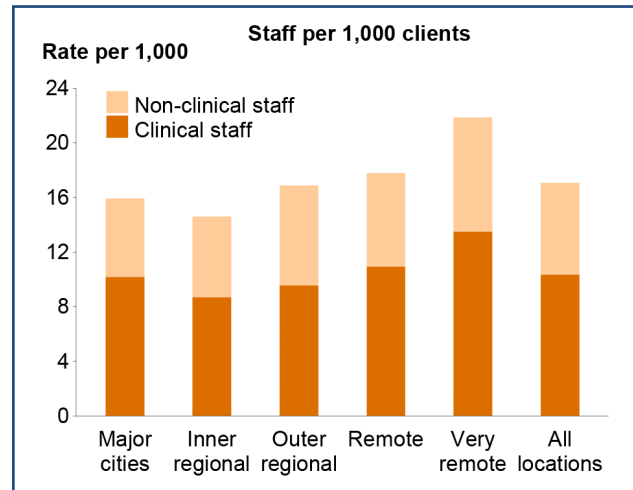
Average ACCHS size

The average number of clients at each ACCHS was highest in *Major cities* (4,519) followed by *Remote* areas (3,205). The average was lowest in *Very remote* and *Outer regional* areas (1,534 and 1,884, respectively). Valid data on the number of clients was provided by 134 ACCHS.



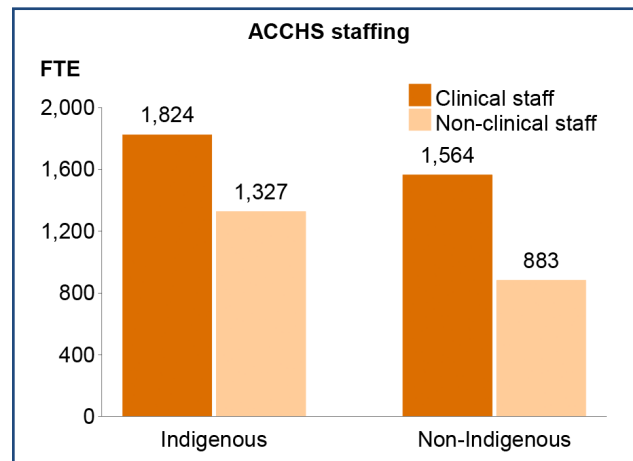
Staffing per client in ACCHS

ACCHS in *Very remote* Australia had the most clinical staff per 1,000 clients and the most non-clinical staff per 1,000 clients in 2012–13. ACCHS in *Inner regional* areas had the lowest ratios of both clinical and total staff to clients, while ACCHS in *Major cities* had the lowest ratio of non-clinical staff to clients. Valid data on staffing and clients were provided by 134 ACCHS.



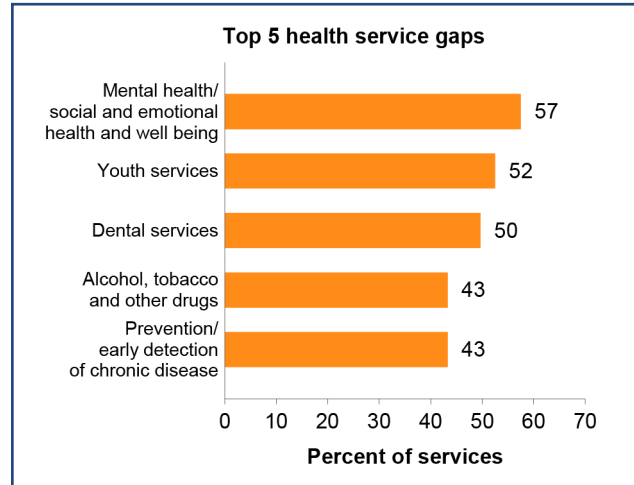
Indigenous staffing

More than half of the full-time equivalent (FTE) staff at ACCHS, including both paid and unpaid, were Indigenous. In total, ACCHS had 3,151 FTE Indigenous staff, compared with 2,447 FTE non-Indigenous staff. The majority of both Indigenous and non-Indigenous staff were in clinical rather than non-clinical roles. However, the proportion of Indigenous staff in clinical roles (58%) was lower than the proportion of non-Indigenous FTE staff in clinical roles (64%). Valid data were provided by 141 ACCHS.



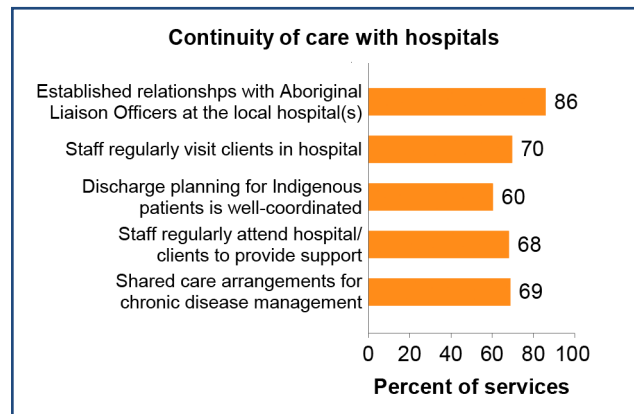
Health service gaps

ACCHS reported on gaps in service provision to Indigenous clients, and had the capacity to list up to five gaps. The most commonly reported gap was mental health/social and emotional health and wellbeing, which was reported by 57% of organisations. Youth services and dental services were also cited as gaps by at least half of the ACCHS. Services for alcohol, tobacco and other drugs, and prevention/early detection of chronic disease, were each listed as gaps by 43% of ACCHS. Valid data on health service gaps were provided by 141 ACCHS.



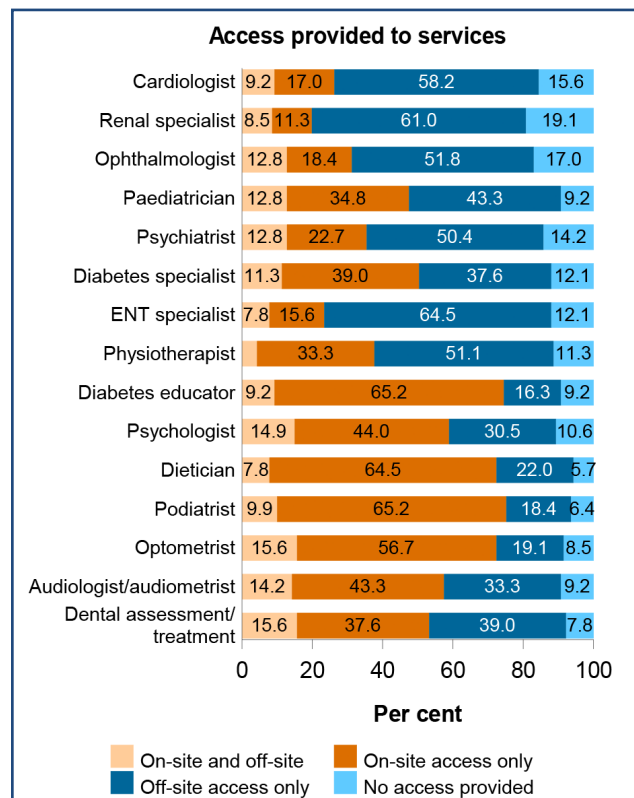
Continuity of care with hospitals

Most ACCHS had mechanisms to ensure continuity of care for patients in hospitals. For instance, 86% of ACCHS had established relationships with Aboriginal Liaison Officers at the local hospital(s). Staff at 70% of ACCHS regularly visited clients in hospital, and 60% of ACCHS indicated discharge planning for Indigenous patients was well-coordinated. Valid data on continuity of care were provided by 141 ACCHS.



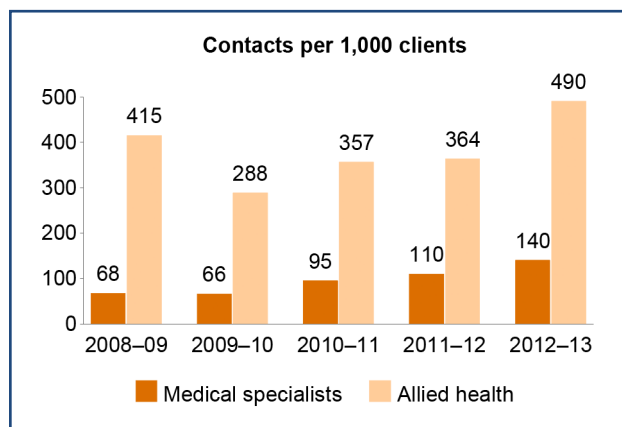
Access to allied health and dental services

Most ACCHS provided access to various allied health and dental services. The proportion of ACCHS ranged from 81% providing access to renal specialists to 94% providing access to dieticians and podiatrists. Many ACCHS facilitated access to allied health and dental services that were off-site. Valid data on access to allied health and dental care were provided by 141 ACCHS.



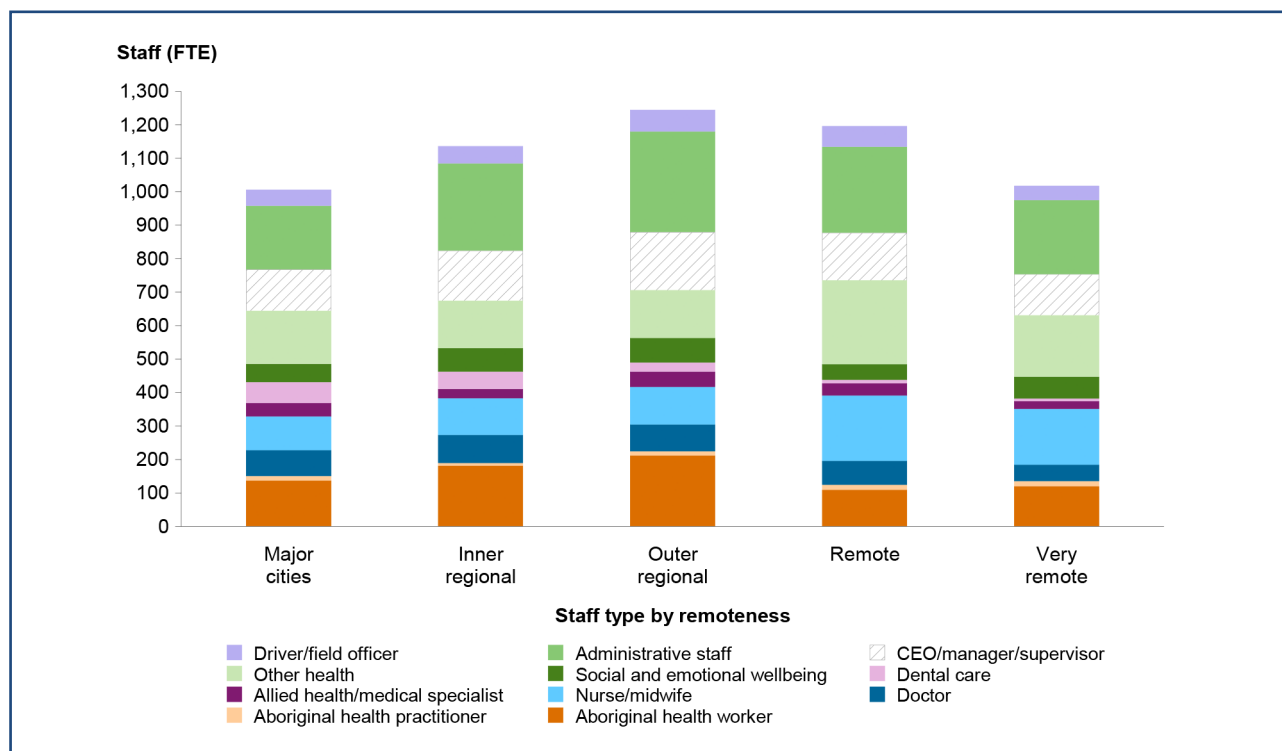
Access to medical specialists and allied health services over time

The number of client contacts with medical specialists per 1,000 clients fell slightly from 68 in 2008–09 to 66 in 2009–10, before rising to 140 in 2012–13. The number of client contacts with allied health staff per 1,000 clients fell from 415 in 2008–09 to 288 in 2009–10 before rising to 490 in 2012–13. The number of organisations with valid client contact data for these kinds of access varied with each reporting period, ranging from 78 in 2008–09 to 135 in 2012–13.



Types of staff

The number of staff of various types varied by remoteness. There were more total FTE staff employed in *Outer regional* areas (1,244) than other regions. *Outer regional* areas also had the highest number of FTE Aboriginal health workers (211). The number of FTE doctors was similar in *Major cities*, *Inner regional* and *Outer regional* areas (between 78 and 83), and was lower in *Remote* (72) and *Very remote* (49) areas. Valid data on staffing were provided by 134 ACCHS.



Box 1: Online Services Reporting (OSR) collection data quality issues

In 2012–13, a total of 205 primary health care services provided data for OSR, with 141 of these being ACCHS. Valid data were available from 141 ACCHS for indicators on service location, and computer use, 140 for governance, and 138 for episodes of care. In total, 316,269 clients (252,038 Indigenous and 57,301 non-Indigenous) attended 134 ACCHS in 2012–13, and of these 80% were Aboriginal and Torres Strait Islander clients.

A total of 2,425,568 episodes of care (2,053,992 Indigenous and 319,244 non-Indigenous) were provided to clients attending the 138 reporting ACCHS in 2012–13.

In some ACCHS data on the number of clients, episodes of care and visiting staff were based on estimates rather than actual counts of these events. This may lead to an over- or under-estimation of the actual numbers of these events.

As ACCHS participating in the OSR collection are a subset of total services, they may not be representative of all services participating in the OSR collection.

National Key Performance Indicators (nKPIs) for primary health care

Summary of results for ACCHS

Measure	Change in proportion Dec 2012–Dec 2013	Change in count Dec 2012–Dec 2013
'Process of care' measures		
First antenatal visit (at <13 weeks) ^(a)	↑	↑
Birthweight recorded	↑	↑
MBS health assessments		
0–4 years	↑	↑
25 years and over	↑	↑
Cervical screening ^(a)	~	↑
Clients aged 50+ immunised against influenza ^(a)	~	↑
Clients with type 2 diabetes immunised against influenza ^(a)	↑	↑
Clients with COPD immunised against influenza ^(a)	↑	↑
Clients with type 2 diabetes with an MBS General Practice Management Plans in the last 2 years	↑	↑
Clients with type 2 diabetes with an MBS Team Care Arrangements in the last 2 years	↑	↑
Clients with type 2 diabetes with anHbA1c test recorded in the last 6 months	~	↑
Clients with type 2 diabetes with kidney function test recorded ^(a) in the last 12 months	~	↑
Clients with CVD with kidney function test recorded ^(a) in the last 12 months	~	↑
Clients with type 2 diabetes with blood pressure test recorded in the last 6 months	↓	↑
Smoking status recorded	↑	↑
Alcohol consumption recorded in the last 2 years	↑	↑
Outcome measures		
Birthweight result (normal) ^(a)	~	↑
HbA1c result ≤7% in the last 6 months	↑	↑
Clients with type 2 diabetes with blood pressure ≤130/80 mmHg	~	↑
Smoking status result (never smoked) ^(a)	~	↑
BMI result (overweight or obese)	↑	↓

(a) Indicator has data for two time periods only, June and December 2013.

↑ favourable trend; ↓ unfavourable trend; ~ no change for the proportion, less than 1.00 percentage points change for process of care indicators, less than 0.50 percentage points change for outcome indicators, change of less than 1.00% for the national count.

The results presented in this report are for the nKPIs for primary health care, which measure a number of essential components of primary care delivery, but do not fully capture the breadth of culturally-appropriate care provided by ACCHS. This report reflects only those Aboriginal and Torres Strait Islander people who are regular clients of ACCHS, not the entire Indigenous population. Comparison data, some of which may be more reflective of national trends, are available in Appendix C of *Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2012–13* (AIHW 2014c).

Box 2: Interpreting trends in numbers and proportions in ‘process of care’ indicators

Over the three reporting periods from December 2012 to December 2013 (periods ending in December 2012, June 2013 and December 2013), both the number of processes (numerator) and the population (denominator, regular clients) for which the events were counted have either increased or decreased. Depending on the relative changes in processes of care and population, the proportions for each indicator may also either increase or decrease.

Some changes in the number of processes of care or proportion are so small that they can be interpreted as no change. In this report, the number is considered to have stayed the same if it changed by less than 1%, and the proportion is considered to have stayed the same if it changed by less than 1 percentage point.

These caveats aside, there are four possible types of result, described below, with examples where possible:

Both the number and proportion increased—the number of clients with type 2 diabetes who had a General Practice Management Plan (numerator) increased from 8,156 in December 2012 to 10,146 in December 2013. Over the same period, the number of clients with type 2 diabetes at these services (denominator) increased from 19,528 to 21,826. Since the numerator increased to a greater extent than the denominator, the proportion increased from 42% to 46% over this period. For indicators with this pattern, it is considered that ACCHS showed improvement over time.

The number increased and the proportion decreased—the number of clients with type 2 diabetes who had their blood pressure recorded in the last 6 months (numerator) increased from 13,148 to 14,328; however, the number of clients with type 2 diabetes at these services (denominator) increased to greater extent over time from 19,509 to 21,838. Although both the numerator and denominator increased over the period, the resulting proportion decreased from 67% to 66%. For indicators with this pattern, ACCHS increased the volume of processes of care, but due to a greater rise in the number of clients for whom this process was relevant, the proportion of relevant clients who had the process decreased.

The number decreased and the proportion increased—there were no process of care indicators where the number of events decreased and the proportion increased. However, this could occur where the number of events decreased and the number of regular clients decreased by more than the number of events.

Both the number and proportion decreased—there were no process of care indicators where both the number of events and the proportion decreased. However, this could occur where the number of events decreased and the number of regular clients increased, stayed the same, or decreased less than the numerator did.

Interpreting improvement

For indicators where both the number of processes of care undertaken and the proportion of relevant clients who had the care increased, performance improved. ACCHS achieved this for 10 of 16 process of care indicators. These indicators are discussed in the next section of this report.

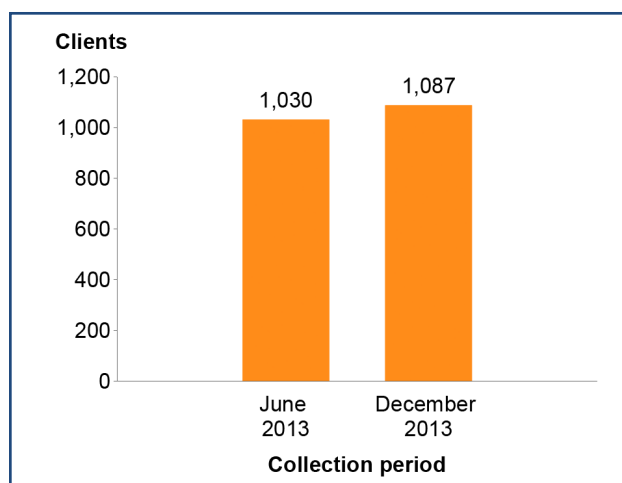
For indicators where the number of processes of care undertaken increased but the proportion of relevant clients who had the care decreased or remained the same, interpretation must be more nuanced. If the focus is on the total volume of work undertaken by ACCHS, then ACCHS can be considered to have improved against the indicators where the number of processes of care increased, regardless of the proportion of clients who had them. If the focus is client-centred, then indicators which show a decrease or no change in the proportion of clients receiving processes might be judged not to have improved. Of the 16 process of care indicators, 6 exhibited this pattern. Depending on the focus, they may be areas where further improvement is warranted.

Increased number and proportion of clients receiving processes of care

First antenatal visit before 13 weeks

The number of women who had their first antenatal visit before 13 weeks increased from 1,030 to 1,087 between June and December 2013.

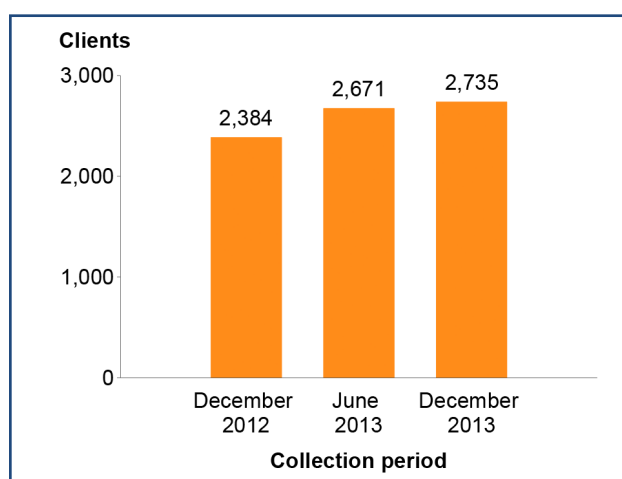
The proportion of women who had their first antenatal visit before 13 weeks increased from 36% to 38%.



Birthweight recorded

The number of babies whose birthweight was recorded increased from 2,384 in December 2012 to 2,735 in December 2013.

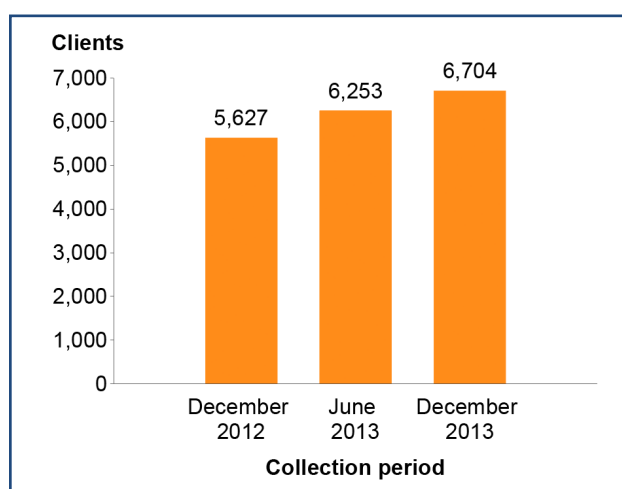
Over the same period, the proportion of babies whose birthweight was recorded increased from 48% to 57%.



MBS health assessments for children

The number of children aged 0–4 who had an MBS health assessment (item 715) in the last year increased from 5,627 in December 2012 to 6,704 in December 2013.

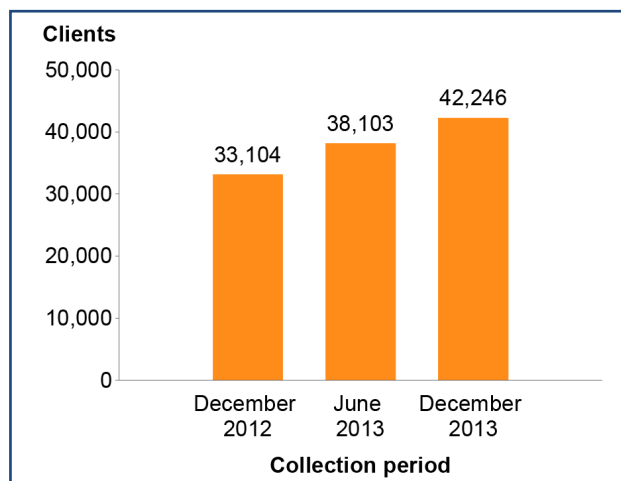
The proportion of children who had a health assessment was 26% in December 2012 and 29% in December 2013.



MBS health assessments for adults

The number of adults aged 25 and over who had an MBS health assessment (item 715) in the last 2 years increased from 33,104 in December 2012 to 42,246 in December 2013.

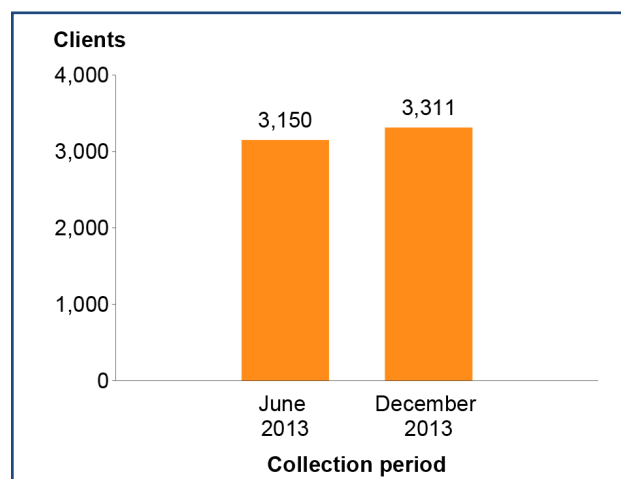
The proportion of adults who had a health assessment increased from 37% to 43% over the three periods.



Type 2 diabetes—immunised against influenza

The number of clients with type 2 diabetes who were immunised against influenza increased from 3,150 in June 2013 to 3,311 in December 2013.

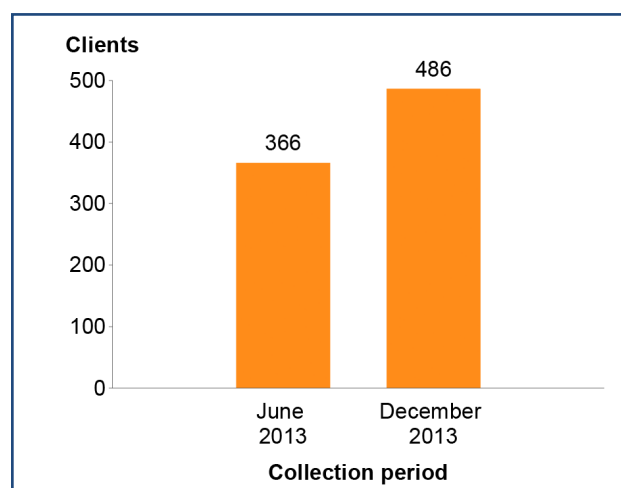
Over the same period, the proportion of clients with type 2 diabetes who were immunised against influenza increased from 35% to 36%.



COPD—immunised against influenza

The number of clients with COPD who were immunised against influenza increased from 366 to 486 between June and December 2013.

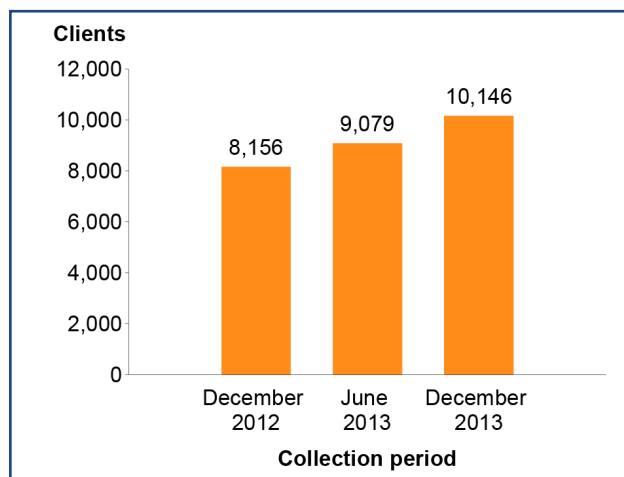
The proportion who were immunised increased from 33% to 40% over the same period.



Type 2 diabetes—MBS GP Management Plans (GPMPs)

The number of clients with type 2 diabetes who had an MBS GPMP (item 721) in the last 2 years increased substantially from 8,156 in December 2012 to 10,146 in December 2013.

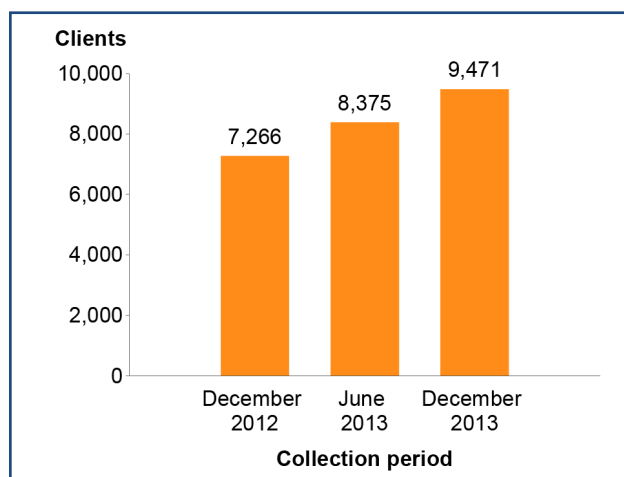
The proportion of clients with type 2 diabetes who had an MBS GPMP also increased, from 42% to 46%.



Type 2 diabetes—MBS Team Care Arrangements (TCAs)

The number of clients with type 2 diabetes who had an MBS TCA (item 723) in the last 2 years increased substantially from 7,266 to 9,471 between December 2012 and December 2013.

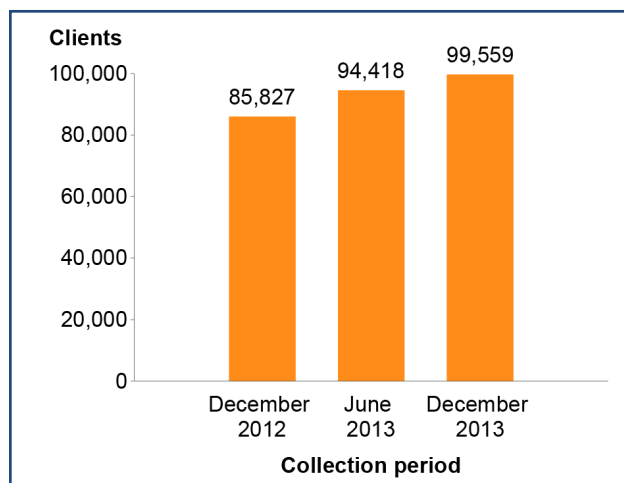
The proportion of clients with type 2 diabetes who had an MBS TCA rose from 37% to 43%.



Smoking status recorded

The number of clients aged 15 and over whose smoking status was recorded increased from 85,827 in December 2012 to 99,559 in December 2013.

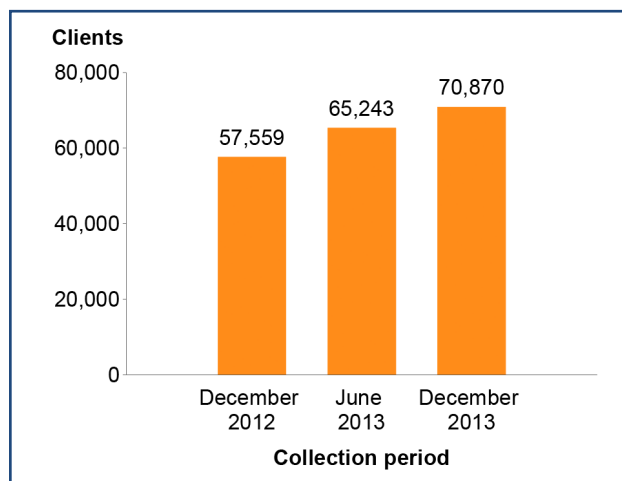
The proportion of clients with their smoking status recorded increased from 72% to 77%.



Alcohol consumption recorded

The number of clients aged 15 and over whose alcohol consumption was recorded in the last 2 years increased from 57,559 in December 2012 to 70,870 in December 2013.

The proportion of clients with their alcohol consumption recorded increased from 47% to 53%.

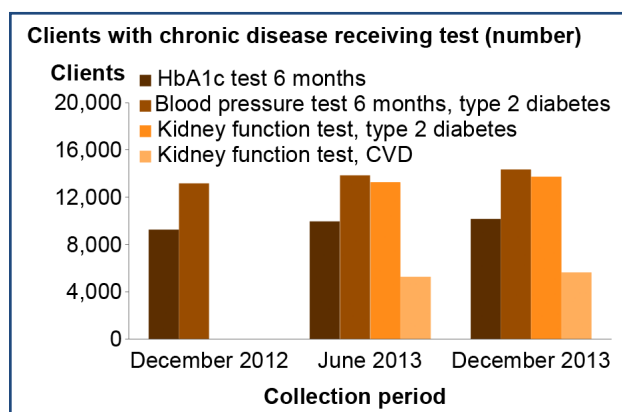
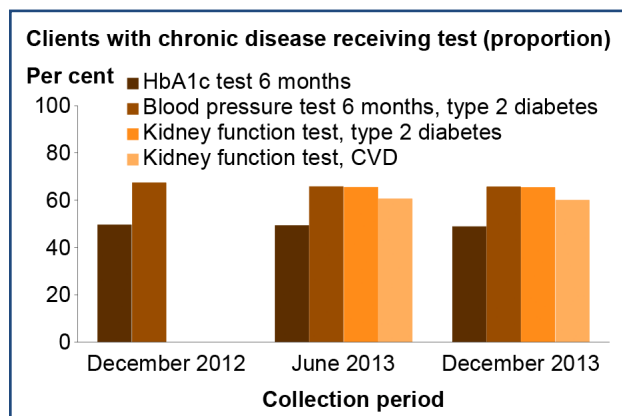


Areas for further improvement in nKPI processes of care

Testing clients with a chronic disease

1. The proportion of clients with type 2 diabetes who had an HbA1c test (for diabetes) recorded in the last 6 months was virtually the same in December 2012 and December 2013.
2. The proportion of clients with type 2 diabetes who had a blood pressure test recorded in the last 6 months decreased between December 2012 and December 2013.
3. The proportion of clients with type 2 diabetes who had a kidney function test recorded in the last 12 months was virtually the same in June 2013 and December 2013.
4. The proportion of clients with CVD who had a kidney function test recorded in the last 12 months was virtually the same in June 2013 and December 2013.

While the *proportion* of Indigenous regular clients who had these tests either declined or remained stable, the *number* of relevant clients who received these tests increased for all four of the tests, reflecting additional activity on the part of ACCHS.



Other areas for improvement

- Women who received a cervical screening test in the in past 2 years—the proportion was unchanged between June and December 2013, but the number increased.
- Clients aged 50 and over who were immunised against influenza—the proportion was stable between June and December 2013, while the number increased.

Health outcomes

ACCHS work to improve health outcomes for their clients. Health outcomes are influenced by many factors outside the control of primary health care services, which can be improvements more difficult to achieve, especially in the short term.

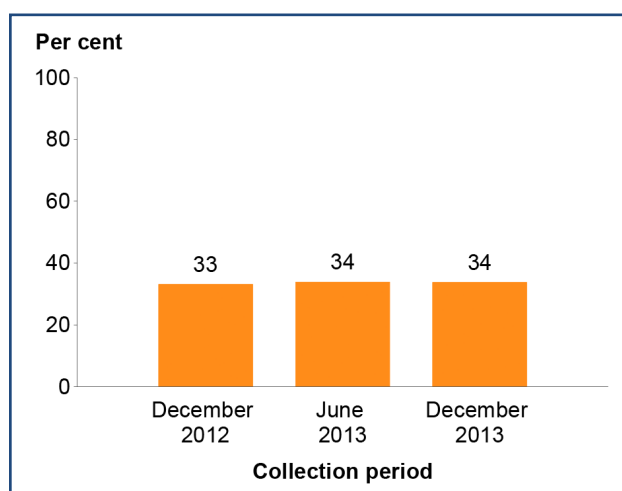
Despite these difficulties, improvements were evident in two out of five nKPI health outcome measures. The proportion did not increase by 0.5% in the other three measures.

With health outcomes, the *proportion* of clients with positive health outcomes is usually a better measure of progress than the *number* of clients who had positive health outcomes—the latter is likely to be determined by changes in the number of people who had an outcome recorded. For this reason, the graphs in this section show the proportion of clients with particular health outcomes, rather than the number as shown for processes of care.

HbA1c result $\leq 7\%$

The proportion of clients with type 2 diabetes who had an HbA1c result in the last 6 months of less than or equal to 7% increased slightly, from 33% to 34%, between December 2012 and December 2013.

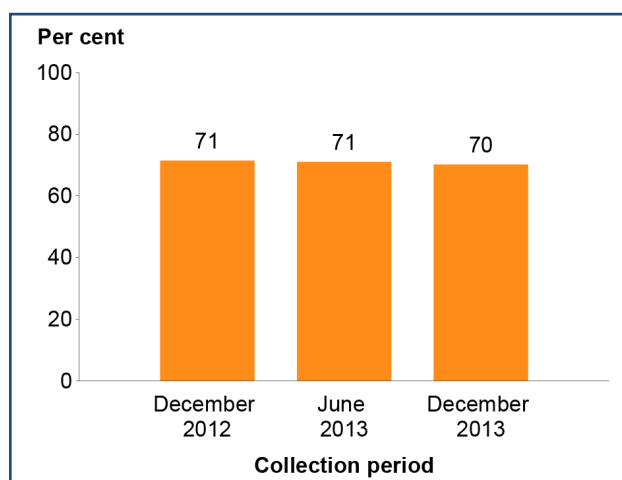
The number of clients who had a result less than or equal to 7% increased from 3,052 to 3,417.



Body mass index result (overweight or obese)

The proportion of clients aged 15 years and over who were overweight or obese decreased from 71% in December 2012 to 70% in December 2013.

The number of clients who were overweight or obese increased from 42,402 to 46,618, due to an increase in the number of clients whose BMI was recorded.



Box 3: nKPI data quality

In the period ending December 2013, 137 ACCHS provided services to 212,679 Indigenous regular clients. Data on the nKPIs in this report card are for ACCHS that submitted valid data for each indicator in every reporting period since the period ending December 2012 to the reporting period ending in December 2013.

Only services with valid data in every reporting period (three reporting periods for most indicators, and two for those which were introduced in June 2013) were included in the analysis presented in this report. The number of these services ranged from 113 to 127 services, depending on the indicator.

As ACCHS participating in the nKPI collection are a subset of total services, and we reported on ACCHS only, there is a selection bias towards the ACCHS services relative to non-ACCHS organisations.

In addition, the trend analysis focused on a subset of ACCHS where valid data were consistently provided for the nKPIs over the 3 reporting periods. This may have resulted in a selection bias for this subset of services relative to ACCHS organisations reporting nKPIs that were not included in this analysis, or not reporting on some nKPIs at all.

Organisations that were unable to report valid data may be more likely to use paper than electronic records, or more likely to have a non-standard service delivery model. Organisations that are unable to provide valid data may also have greater difficulty performing well against the nKPIs.

Clients may attend more than one nKPI health service during a reference period. As a result, some clients are likely to be counted in multiple services. More information on double counting in the nKPIs can be found in Appendix 3 of *National key performance indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013* (AIHW 2014b).

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During 2012–13, Aboriginal Community Controlled Health Services (ACCHS) saw just over 250,000 Indigenous clients, who received about 2.1 million episodes of care.

Over 210,000 Indigenous people were regular clients of ACCHS. This report shows increases in the proportion of clients receiving appropriate processes of care for 10 of the 16 primary health care indicators.