



**Australian Government**  
**Department of Health**

# **Practice Incentives Program Quality Improvement Measures**

## Quality Improvement

Quality improvement is foundational to contemporary high performing primary care. It includes team based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

## Practice Incentives Program Quality Improvement Incentive

The Practice Incentives Program (PIP) Quality Improvement (QI) Incentive is a payment to general practices for activities that support continuous quality improvement in patient outcomes and the delivery of best practice care. General practices enrolled in the PIP QI Incentive commit to implementing continuous quality improvement activities that support them in their role of managing their patients' health. They also commit to submitting nationally consistent, de-identified general practice data, against ten key Improvement Measures that contribute to local, regional and national health outcomes. The Improvement Measures allow general practices to understand which patients may benefit from preventative treatments, or may need recall to ensure effective management of a specified chronic disease (e.g. diabetes). This can help delay progression of the condition, improve quality of life, increase life expectancy, and decrease the need for high cost interventions.

## Quality Improvement Measures

The collection of the de-identified Improvement Measures that form the PIP Eligible Data Set are part of a system of quality improvement that includes reflective practice, a common data baseline, and data analysis. The Improvement Measures are not designed to assess individual general practice or general practitioner performance. They do support a regional and national understanding of chronic disease management in areas of high need, and future iterations will respond to emerging evidence on areas of high need.

The Improvement Measures are:

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza
7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result.

## **QIM 01 - Proportion of patients with diabetes with a current HbA1c result**

### **Definition**

Proportion of regular clients who have Type 1 or Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months.

### **Rationale**

Diabetes was the underlying cause of around 10% of all deaths in Australia in 2016 and recent reports show death rates for people with Type 2 diabetes are rising. As part of their care, people with Type 1 and 2 diabetes should have their glycosylated haemoglobin (HbA1c) measured at least every 12 months, or more frequently depending on the level of blood glucose control. Effective management of chronic disease can delay the progression of disease, improve quality of life, increase life expectancy, and decrease the need for high-cost interventions.

## **QIM 02- Proportion of patients with a smoking status result**

### **Definition**

Proportion of regular clients aged 15 years and over whose smoking status has been recorded as one of the following: current smoker; ex-smoker; or never smoked.

### **Rationale**

In Australia, smoking continues to be the behavioural risk factor responsible for the highest levels of preventable disease and premature death. Recording systems that document tobacco use almost double the rate at which clinicians intervene with smokers leading to higher rates of smoking cessation.

## **QIM 03 - Proportion of patients with a weight classification**

### **Definition**

Proportion of regular clients aged 15 years and over and who have had their Body Mass Index (BMI) classified as obese, overweight, healthy, or underweight within the previous 12 months.

### **Rationale**

Being overweight, obese or underweight is associated with higher rates of morbidity and overweight and obesity is now a major public health issue in Australia. Being overweight and obese is a risk factor for Type 2 diabetes, cardiovascular disease, hypertension, osteoarthritis, some cancers and gallbladder disease. Being overweight or obese is also associated with certain psychosocial problems, functional limitations and disabilities. Being underweight means you may be malnourished and develop compromised immune function, respiratory disease, digestive diseases, cancer and osteoporosis. Australia's obesity rate now ranks fifth among Organisation for Economic Co-Operation and Development (OECD) countries (OECD 2017). BMI continues to be a common measure to identify adults who may be at an increased risk of morbidity and mortality due to their weight.

Note: As BMI does not differentiate between body fat and muscle mass, there are some exceptions to the BMI guidelines, including people with high muscle mass, people of different ethnic groups, height and physical disabilities. It is useful to include a person's waist circumference as this can indicate health risk for chronic diseases.

## **QIM 04 - Proportion of patients aged 65 and over who were immunised against influenza**

### **Definition**

Proportion of regular clients aged 65 years and over who were immunised against influenza in the previous 15 months.

### **Rationale**

The administration of influenza vaccine to persons at risk of complications of infection is the single most important measure in preventing or attenuating influenza infection and preventing mortality. There is evidence that influenza vaccine reduces hospitalisations from influenza and pneumonia and all-cause mortality in adults aged  $\geq 65$  years of age. While best practice guidelines recommend annual immunisation, a 15 month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine.

## **QIM 05 - Proportion of patients with diabetes who were immunised against influenza**

### **Definition**

Proportion of regular clients with diabetes who were immunised against influenza in the previous 15 months.

### **Rationale**

Diabetes was the underlying cause of around 10% of all deaths in Australia in 2016. People with diabetes are considered to be at high risk of complications from influenza. During recent influenza epidemics, diabetes was considered a significant risk factor for hospitalization. The administration of influenza vaccine to persons at risk of complications is the single most important measure in preventing or attenuating influenza infection and preventing mortality. While best practice guidelines recommend annual immunisation, a 15 month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine.

## **QIM 06 - Proportion of patients with COPD who were immunised against influenza**

### **Definition**

Proportion of regular clients who are aged 15 years and over, are recorded as having chronic obstructive pulmonary disease (COPD), and were immunised against influenza in the previous 15 months.

### **Rationale**

People with COPD are considered to be at high risk of complications from influenza. Data from several studies also provide evidence that influenza vaccination has a clinically important protective effect on influenza-related COPD exacerbations, and probably an effect on the total number of exacerbations in COPD patients. The administration of influenza vaccine to persons at risk of complications is the single most important measure in preventing or attenuating influenza infection and preventing mortality. While best practice guidelines recommend annual immunisation, a 15 month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an 'enhanced' vaccine.

## **QIM 07 - Proportion of patients with an alcohol consumption status**

### **Definition**

Proportion of regular clients who are aged 15 years and over who have had their alcohol consumption status recorded.

### **Rationale**

Excessive consumption is associated with health and social problems in all populations. Many chronic conditions share common risk factors that are largely preventable, including excessive alcohol consumption. While fewer Australians are drinking at levels that contribute to alcohol-related harm, about 26% of people drink more than is recommended on a single occasion, and they do this at least once each month.

## **QIM 08 - Proportion of patients with the necessary risk factors assessed to enable CVD assessment**

### **Definition**

Proportion of regular clients aged 45 to 74 years with information available to calculate their absolute CVD risk.

### **Rationale**

Assessment of absolute CVD risk based on multiple risk factors is more accurate than that based on individual risk factors due to the cumulative nature of risk effects. Basing patient management decisions on this approach should improve CVD outcomes.

## **QIM 09 - Proportion of female patients with an up-to-date cervical screening**

### **Definition**

Proportion of female regular clients aged 25 to 74, who have not had a hysterectomy and who have had a cervical screening [human papillomavirus (HPV) test] after 1 December 2017 and within the previous 5 years.

### **Rationale**

Australia has the lowest mortality rate and the second lowest incidence of cervical cancer in the world. The success of the cervical screening program is dependent upon the recruitment of women. Higher participation in cervical screening means that more women with precancerous abnormalities can have these detected and treated, which is necessary for achieving the overall aim of reducing incidence and mortality from cervical cancer.

# **QIM 10 - Proportion of patients with diabetes with a blood pressure result**

## **Definition**

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

## **Rationale**

Diabetes was the underlying cause of around 10% of all deaths in Australia in 2016 and recent reports show death rates for people with Type 2 diabetes are rising. For people with Type 1 or Type 2 diabetes, monitoring blood pressure can help assure appropriate medical care to lower the risk of macro vascular (stroke, heart attack and heart failure) and microvascular (kidney disease, eye disease and peripheral neuropathy) complications.