Public Health Association of Australia
submission on National Primary Health Care Data Asset

Contact for recipient:
Nicolee Martin
Primary Health Care Data Unit
Australian Institute of Health and Welfare
E: primaryhealthcare@aihw.gov.au
T: (02) 6249 5054

Contact for PHAA:
Terry Slevin – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au T: (02) 6285 2373
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Preamble

1. The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

2. Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

3. Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
PHAA Response to the data development plan

Introduction

1. **What do you see as the key areas of opportunity in developing the National Primary Health Care Data Asset?**

The development of a National Primary Health Care Data Asset provides the opportunity to capture nationally consistent data to identify population health needs, priorities and gaps. We strongly support the focus on equity in the proposed plan. Equity in access to primary health care, and health outcomes is critical, particularly as Australia has experienced a dramatic increase in health inequities over recent decades. The items on Aboriginal and Torres Strait Islander status, concession/pension status, country of birth, language spoken at home, and geographical identifier will be valuable in ongoing monitoring of the equity performance of our primary health care system, and identification of gaps and concerns.

Development of a new Asset also provides an opportunity to re-visit scope and definitions. PHAA recommends the inclusion of Aboriginal Community Controlled Health Services (ACCHSs) in the initial ‘general practice’ stage, as well as the inclusion of oral health data. It will be important to include ACCHSs in the initial phase to ensure the data systems are appropriate and useful for these services, as well as in private general practice. ACCHSs typically have a comprehensive, holistic approach to primary health care, which is markedly different to mainstream general practice, including in terms of community participation, and balancing treatment of existing illness with a focus on disease prevention, health promotion and action on the social determinants of health. A data asset that can reflect this comprehensive, multidisciplinary and health promoting approach would be very valuable.

2. **What are your top primary health care data needs?**

Currently there is a paucity of outcomes data, and this should be a focus of the new data asset.

3. **Please rank in order of importance the following topics from the Data Development Plan**

- 5 Data sources
- 1 data governance
- 6 data flow models
- 2 data element selection
- 3 data indicators
- 4 reporting requirements

4. **From your perspective, what are the top three key barriers and their enablers in developing the National Primary Health Care Data Asset?**

A key barrier will be private practice general practitioners, with the enabler being making compliance a quality and safety standard.

5. **In order of priority rank the following uses of the National Primary Health Care Data Asset**

- 5 Support quality improvement
- 1 Enable better population health planning
- 2 Help identify gaps in the provision of primary health care services
- 3 Shape primary health care programs and policies
- 7 Provide the best evidence to be able to reduce hospitalisation and emergency department attendance
• 6 Facilitate increased efficiencies in care delivery through comparison of patient outcomes and services across geographic and socioeconomic gradients
• 4 Improve patient outcomes and experiences

Data sources

1. Which is your preferred model of data flow from general practice to the Data Asset (Figure 3.2)?
   General practice direct to data asset
   General practice to primary health network to data asset ✓
   General practice to clinical information system to data asset
   General practice to data collator to data asset
   General practice to primary health network to state and territory health department to data asset
   Other

2. What are the implications, opportunities and challenges for the proposed general practice data flow models?
   Primary health networks (PHNs) will require expertise and resources.

3. What potential data flow models could capture other primary health care data sources: allied health, community, dental?
   PHNs should be in a position to capture the data if and when they are primary health care networks and not just general practice networks.

4. Are there additional sources of primary health care data you would like to see included?
   Patients/clients should contribute information on experience and outcomes.

5. How satisfied are you with the decision making matrix for assessment of new data sources?
   No comments

6. Do you have any additional comments or suggestions regarding data sources?
   No comments

Data governance

1. How satisfied are you with the proposed data governance arrangements?
   Highly satisfied, satisfied ✓, somewhat satisfied, dissatisfied, strongly dissatisfied

2. Do you have any additional comments or suggestions regarding data governance?
   It will be important that data are available and easily accessible to the general public, including by PHN/locality, in recognition of the community-ownership of the data.

Data requirements

1. How much to you agree with the proposed list of core data elements suggested in Table 5.1?
   No comments
2. How much do you agree with the potential indicators for general practice outlined in Table 5.3?

Strongly agree, agree, somewhat agree ✓, disagree, strongly disagree

The proposed indicators focus strongly on activity, process and health status. PHAA recommends the inclusion of indicators with a focus on outcomes.

3. Please list any primary health care data gaps not identified in the Data Development Plan

The data development plan does not currently include data on health outcomes and economic data on cost effectiveness.

4. Do you have any additional comments or suggestions regarding data requirements?

One of the strengths of ACCHSS and other comprehensive primary health care models is a social view of health that takes into account and responds to people’s living circumstances, as well as biomedically treating ill health. At the moment, the encounter variables listed risk focusing only on a biomedical approach to primary health care. If there is scope to introduce consideration of social determinants of health including housing, family violence, employment/unemployment, and socioeconomic status alongside ‘health problems’ or behavioural ‘risk factors’ such as alcohol and smoking, that would greatly add to the value of the data asset and support its goals of examining equity and contributing to a more people-centred view of health system performance. It would also be valuable in understanding comprehensive models of primary care, and health needs from a social perspective. PHAA recommends expanding the demographic information to include more social determinants of health information.

While some of this information may already be collected, we understand there may be issues with what data is recorded against such concerns, and how it is recorded. However, inclusion in the data asset may have the potential to improve capture of such data over time – much like the proportion of practices reporting in Table 5.3 might improve the capture of height, weight, smoking and other indicators over time.

Oral health should also be included, and may be based on the National Oral Health Plan baseline monitoring report.2 Medicare data on dental services provided for some children under the Child Dental Benefits Schedule should be considered.

Summary

1. From your perspective, what else should the AIHW be considering in the development of the Data Asset?

From PHAA’s perspective, the most important issues are compliance when dealing with private practitioners, quality and accuracy of data, ownership and accessibility by community, and inclusion of holistic practices and social determinants of health.

2. What do you see as the biggest risks in developing a National Data Asset and how would you mitigate them?

No comments

3. Do you have any final advice or comments for the AIHW?

No comments
Conclusion

PHAA supports the development of a National Primary Health Care Data Asset. However, we are keen to ensure the opportunities this presents are fully utilised in line with this submission. We are particularly keen that the following points are highlighted:

- ACCHSs should be included in the initial ‘general practice’ phase
- Data items on social determinants of health should be included
- Oral health should be included

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improved primary health care data in Australia.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

Terry Slevin  
Chief Executive Officer  
Public Health Association of Australia  
26 June 2019

Dr Gwyn Jolley  
PHAA Convenor  
Primary Health Care Special Interest Group
References

1. PHIDU Torrens University Australia. Inequality graphs: time series
   graphs-time-series#chronic-disease-and-conditions-estimates2018 [cited 2019 26 June].

   Commonwealth of Australia; 2017.