

Summary of changes by CIS for 1 January 2026 reporting round

Communicare

Communicare enhancement

Indicator	Enhancement	Anticipated outcome
TNATSIRC: Indigenous regular clients	Resolved a longstanding issue where clients with a sex at birth of 'Another term/Other' were incorrectly counted in the Total Number of Aboriginal and Torres Strait Islander Regular Clients (TNATSIRC) 'sex not recorded' category. These clients are now correctly included in the TNATSIRC 'sex recorded' categories.	Data will be more accurately aligned with the indicator specification – health services may see a slight increase in 'sex recorded' numbers and a corresponding decrease in 'sex not recorded' numbers.
PI05, PI06,	Expanded the search for some newly identified local pathology codes for HbA1c.	More complete reporting where laboratories are using these codes.
PI18, PI19	Expanded the search for some newly identified local pathology codes for ACR and eGFR.	More complete reporting where laboratories are using these codes.
PI07	Added new GPCCMP item numbers for plan preparation and review. Review items have now been included to reflect that original GPCCMP management plans no longer have an expiration date.	Accurate reporting to reflect indicator change to align with new GPCCMP framework.
PI19	Aligned with the updated CKD guidelines by replacing sex-specific uACR cut-offs used in risk categorisation with unified thresholds that apply to all clients, regardless of sex.	Reporting aligns with new clinical guidelines – it's possible that some clients may shift between risk categories.
PI22	Excluded cervical screening requests from being counted, ensuring that only cervical screening results are now included.	Data will be more accurately aligned with the indicator specification – health services may notice a decrease in numbers where requests have not been filled, or when results are not recorded.
PI25	Expanded free text test name searches and added new local pathology codes.	More complete reporting where laboratories are using these names or codes.
PI25	Added deprecated/retired LOINC codes for chlamydia and gonorrhoea that are still used by some pathology labs.	More complete reporting where laboratories are using these codes.
PI25	Excluded irrelevant tests generated by generic search parameters such as SPECIMEN, PIT Report, Comment SITE, Report.	Data will be more accurate – services may notice a decrease in numbers.
PI26	Added three new ear health clinical items.	More complete reporting.

PI26	Completed ear health qualifiers are now included, even when the clinical item remains marked as 'incomplete'.	Data will be more accurate and aligns with clinical workflow – services may notice an increase in numbers.
PI26	Aligned Communicare Report logic with GRT by including reference qualifiers only when a value is entered.	Numbers in both reports should align.
OSR/HCP	Reclassified multiple providers across OSR and HCP reports to align with appropriate specialty or staff categories, including specialists, doctors, SEWB staff, and allied health roles.	Health services may notice a shift in numbers between provider categories. Noting OSR is not due to be reported until 1 July 2026, services running adhoc reports may notice a change in timeseries data.

GRT updates

For health services using Communicare V23.2, the Communicare Data Updater enables direct updating of the latest GRT without assistance from the Service Desk. The updater also provides access to Central Data items, Australian Immunisation Register (AIR) rules and templates/report data. Both the GRT and the latest templates and report data should be downloaded to support nKPI January 2026 reporting. See the Knowledge Centre article [Communicare Data Updater](#) for more information.

Medical Director

Medical Director enhancements

Indicator	Enhancement	Anticipated outcome
PI05, PI06,	Expanded the search for some newly identified local pathology codes for HbA1c.	More complete reporting where laboratories are using these codes.
PI18, PI19	Expanded the search for some newly identified local pathology codes for ACR and eGFR.	More complete reporting where laboratories are using these codes.
PI05, PI06, PI07, PI18, PI19, PI21, PI22, PI23, PI24, PI26	Updated logic to identify conditions by using the diagnosis table (used in reason for contact, reason for medication and procedures) in addition to the patient history table.	More complete reporting – services may notice an increase in both the number of eligible clients (denominator) and the number of clients included in the indicator results (numerator).
PI07	Added new GPCCMP item numbers for plan preparation and review. Review items have now been included to reflect that original GPCCMP management plans no longer have an expiration date.	Accurate reporting to reflect indicator change to align with new GPCCMP framework.
PI14	Expanded the list of included Influenza vaccines.	More complete reporting – services may notice an increase in the number of clients who have been

		immunised against influenza.
PI19	Aligned with the updated CKD guidelines by replacing sex-specific uACR cut-offs used in risk categorisation with unified thresholds that apply to all clients, regardless of sex.	Reporting aligns with new clinical guidelines – it's possible that some clients may shift between risk categories.
PI25	Expanded free text test name searches and added new local pathology codes.	More complete reporting where laboratories are using these names or codes.
PI25	Updated logic to capture manually added pathology results, such as point-of-care testing (POCT) results. This enhancement builds in the logic used in the PI25 SQL search used for the 1 July 2025 round.	More complete reporting – services may notice an increase in the number of clients who have had a STI result recorded. The SQL search for PI25 is no longer required.

Medical Director pathology issue

In June 2025, we identified that manually entered pathology results when added via the Results tab in Medical Director were not being counted. This affects all pathology (HbA1c, eGFR, ACR, STIs). The issue has been resolved for STI results but was not fixed in time for this reporting round for HbA1c, eGFR and ACR results.

Services manually entering results should follow the guidance below:

- HbA1c, eGFR and ACR - follow the instructions in the Medical Director nKPI Technical Documentation to ensure the HbA1c and eGFR results are counted by MD Insights. Alternatively, enter the results into the Results tab and run the provided SQL query to generate the numbers to be entered into the Health Data Portal. At present, the SQL query is the only method for ensuring manually entered ACR results are counted.
- Chlamydia and Gonorrhoea - record them using one of the free text search terms listed in the vendor specifications document so they are included in the MD Insights report.

Best Practice

Best Practice enhancements

Indicator	Enhancement	Anticipated outcome
PI01, PI02, PI16, PI25, PI26	Added a service end date to the count of data to match the report end date – this resolved an unidentified but long-standing error that would result in an overcount of any service conducted between the end of the reporting round and the report date (ie the impact was greater, the later the report was run in the reporting round window).	Data will be more accurate – services may notice small change over time particularly if reports were previously run late in the reporting window.
PI05, PI06,	Expanded the search for some newly identified local pathology codes for HbA1c.	More complete reporting where laboratories are using these codes.
PI18, PI19	Expanded the search for some newly identified local pathology codes for ACR and eGFR.	More complete reporting where laboratories are using these codes.

PI07	Added new GPCCMP item numbers for plan preparation and review. Review items have now been included to reflect that GPCCMP original management plans no longer have an expiration date.	Accurate reporting to reflect indicator change to align with new GPCCMP framework.
PI19	Aligned with the updated CKD guidelines by replacing sex-specific uACR cut-offs used in risk categorisation with unified thresholds that apply to all clients, regardless of sex.	Reporting aligns with new clinical guidelines – it's possible that some clients may shift between risk categories.
PI25	Expanded free text test name searches and added new local pathology codes.	More complete reporting where laboratories are using these names or codes.
PI25	A newly identified error in the regular client calculation which as counting three or more visits in the last 12 months has been corrected to three or more visits in the last 24 months.	Data will be more accurate – services may notice an increase in numbers because more clients may qualify as regular. Previously, Health Data Portal validation flags appeared because denominators for PI25 did not align with PI03, PI09, PI14 and PI16 denominators across the corresponding age groups and sex. With this correction, these validation flags should no longer appear.
PI26	Counting will include the recently introduced new procedural codes/terms for ear health (as outlined in the Health Data Portal September email communique)	More complete reporting particularly for children with healthy ears providing the new codes/terms are used.

MMEx

MMEx enhancements

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PI05, PI06,	Expanded the search for some newly identified local pathology codes for HbA1c.	More complete reporting where laboratories are using these codes.
PI18, PI19	Expanded the search for some newly identified local pathology codes for ACR and eGFR.	More complete reporting where laboratories are using these codes.
PI07	Added new GPCCMP item numbers for plan preparation and review. Review items have now been included to reflect that GPCCMP original management plans no longer have an expiration date.	Accurate reporting to reflect indicator change to align with new GPCCMP framework.

PI19	Aligned with the updated CKD guidelines by replacing sex-specific uACR cut-offs used in risk categorisation with unified thresholds that apply to all clients, regardless of sex.	Reporting aligns with new clinical guidelines – it's possible that some clients may shift between risk categories.
PI25	Expanded free text test name searches and added new local pathology codes.	More complete reporting where laboratories are using these names or codes.