



Australian Government

Department of Health, Disability and Ageing

First Nations Health Reporting: nKPI - MMEx Data Limitations

Introduction

The National Key Performance Indicators (nKPI) is a suite of process of care and health outcome indicators focussing on maternal and child health, preventive health, and chronic disease management for First Nations people. Accurate reporting is essential to support continuous quality improvement in primary health care delivery.

Differences in how clinical information systems (CIS) capture and report data (whether due to system capability, reporting limitations, or both) can affect the accuracy and completeness of these indicators. Understanding these system-specific limitations and how they translate into CIS reports, as well as knowing where to record data within the CIS, is critical for ensuring your activities are comprehensively reported and results interpreted correctly.

This article outlines some key CIS limitations that may impact health service's data and some practical tips to help manage data.

MMEx limitations and data quality tips

Using Care Plans

MMEx counts a client towards a chronic condition cohort if they have an nKPI-tagged care plan or a medical history record corresponding to the diagnosis of interest. However, MMEx care plans themselves make no connection between the care plan and medical history items like diagnoses or conditions. This means there are no controls to limit which clients are included when counting by care plans alone.

For example, if a diabetes care plan with the nKPI reporting tag is used for a Type 1 diabetes client, it will also count towards the Type 2 diabetes client count. Additionally, nKPI tags can be added to any locally created care plan. While this offers flexibility, it also introduces a potential risk: if tags are applied inconsistently or without clear guidance, it may lead to an overcount of client cohorts for certain chronic diseases. Over time, this could affect data quality and trend analysis. Services should take care to ensure that only appropriately trained staff assign nKPI tags and that tagging practices are consistent and aligned with clinical intent.

TIP: Regularly review the assignment of nKPI tags on care plans to ensure accurate reporting and educate clinical staff on how chronic disease cohorts are counted in MMEEx to reduce the risk of overcounting and optimise consistency of data over time.

Occasions of service (OOS)

MMEEx is highly configurable and can be customised at the local level to meet health services' needs.

MMEEx has multiple ways to count Occasions of service (OOS); these are explained in the MMEEx user guide '*Data Mapping – nKPI Report*'.

NOTE: OOS are referred to as 'Visits' in the nKPI program and program documentation.

One of the ways OOS is counted is via Progress Notes. MMEEx contains a default list of visit types that can be applied to Progress Notes. Each of these default values is pre-configured with an attribute of either:

- Consultational – these attributes are counted towards nKPIs
- Non-Consultational - these attributes are NOT counted towards nKPIs

These default settings align with the specifications for nKPI reporting:

Contact Type / Visit Type	
Individual Contact	Consultational
Group Contact	Non-Consultational
Case Conference	Consultational
Administrative	Non-Consultational
No Contact – DNA	Non-Consultational

The attributes for all Progress Notes (including the default list) are configurable by health services. Changing the default attributes may result in an inaccurate reflection of health services activities, i.e. either an over or under count of OOS which may impact the clients reported in each nKPI and the total number of Aboriginal or Torres Strait Islander regular clients.

TIP: Editing the default Consultational and Non-Consultational attributes of Progress Notes may result in inaccurate nKPI reports.

MMEEx allows new/bespoke Contact Types / Visit Types to be added. For these to be counted towards reporting they should be allocated the relevant Consultational or Non-Consultational attribute. When adding the attribute health services are advised to follow the nKPI program specification for OOS (i.e. nKPI Visit Type) as outlined in the following table:

Visit Type	
Counted as a visit / client contact	Not counted as a visit / client contact
<ul style="list-style-type: none"> • Home visit consultation • Hospital consultation • Hostel • Locum service • Nursing home consultation • Other • RACF (residential aged care facility) consultation • Surgery consultation • Telehealth (clinical) 	<ul style="list-style-type: none"> • Email • Non-visit • Out of office • Practice admin • SMS • Telephone (non-clinical)*

TIPs:

- Due to the highly configurable functionality of MMEx Progress Notes caution is advised when creating new Contact Types / Visit Types to ensure the allocation of Consultational or Non-Consultational attribute aligns with the nKPI program specifications and therefore accurately reflects those services reported to the Health Data Portal.
- Health services may wish to review the attributes they have allocated to existing Progress Notes.

OOS are also counted via Calendar Appointments that have been marked as Attended.

TIP: Only calendar appointments marked as attended are counted.

NOTE: If you have two OOS for the same patient on the same day, for example a Progress Note and a Calendar Appointment (marked as attended) this counts as one OOS not two.

Further guidance is provided in the MMEx user guides and the nKPI and OSR Specifications (see the Resources section below).

Cervical Screening (HPV) – PI22

MMEx counts cervical screening via any care plan that includes an activity name containing 'HPV Test' or 'Cervical Screening' completed during the reporting period. Results received electronically must be actioned, just like other pathology results.

When viewing a result that is received from a pathology laboratory, click on 'Show Processed Observation Results'. If the pathology result has a valid LOINC code and a recorded value, it will automatically populate the client's medical record. If the result cannot be automatically processed e.g. free text results or has no LOINC code, MMEx will display a red text alert indicating that it could not interpret the result and a button will be displayed to allow manual entry.

From the 'Observation list' drop-down menu, choose 'Cervical Screening', then click 'Add Observation'. Once added, the appropriate result can be selected from the drop-down field, followed by clicking 'Update Observation Results'. Once recorded as an Observation in the client's medical record, the cervical screening result will automatically update the related care plan activity and mark it as complete.

Self-collected screening and results performed elsewhere should be added manually. If results are received electronically where the health service has been copied in by the original requestor, they are managed in the same way as other electronically received pathology. If confirmation of screening elsewhere is received via routine correspondence, such as in referral letters, it must be manually entered in order to be counted.

TIPs:

- Ensure all female clients aged 25 to 74 have a care plan that includes an activity name containing 'HPV Test' or 'Cervical Screening'.

- When checking cervical screening results, remember to add them as an Observation if it has not been done automatically.

Pathology results – PI05, PI06, PI18, PI19, PI25

Electronic pathology results are received via the HL7 interface. Providing the results contain appropriate codes, MMEx will automatically match the result to the patient data types with relevant system flags. Where it can't be automatically matched it will remain in the Results Worklist until actioned.

TIP: To ensure all relevant pathology results are available for reporting, regularly check the Results Worklist to identify any unmatched results and action them accordingly.

Point of Care Tests (POCTs) and pathology results that are received in correspondence and scanned into the record, i.e. stored as a document, will not be counted. Manually enter these results as new observation records so the results can be counted towards nKPI reports.

Instructions are provided in the MMEx user guide '*Data Mapping – nKPI Report*'.

MMEx test patients

Test patient data can inflate reported numbers if steps aren't taken to ensure their data is excluded. MMEx has a function that enables exclusion of Test Patients from reports. To exclude Test Patients from reports, prefix the patients surname with an asterisk e.g. *Smith.

TIP: Make use of the Test Patient labelling function to ensure they are excluded from nKPI reports.

Key takeaways:

- MMEx includes clients in chronic condition cohorts based on nKPI-tagged care plans or relevant medical history, but overcounts can occur if care plans are added too broadly, since care plans aren't directly linked to diagnoses.
- POCT and pathology results not received electronically may need to be manually entered.
- Misconfiguration of MMEx OOS may inadvertently impact reports.
- Use the MMEx functionality to exclude test patients from nKPI reports.

Resources

Links to supporting documents, information and further reading:

- **Specifications for nKPI and OSR:** This document is for service providers and clinical information system vendors. It gives a detailed overview of foundation data concepts, related data, and a full explanation of each measure—covering inclusions, exclusions, counting rules, measure code disaggregation points, and the nKPI Condition and Pathology Coding Frameworks. It also highlights variances in vendor implementation for selected measures. You can access the Specifications here: <https://www.solvinghealth.au/specifications>
- **CIS User Guides:** These explain how vendors report indicators and where data need to be recorded in the CIS to optimise reporting. Refer to the article CIS User Guides for links or visit the link in the Specifications (dot point above) which has links to vendor documents at the end of the web page.

- **Vendor scorecard:** The vendor scorecard is a one page visual that compares results for nKPI and OSR across CIS: <https://www.solvinghealth.au/scorecard>

For more data management tips see the other articles in this series available at: [Clinical Information System \(CIS\) Education Articles](#)