



**Australian Government**

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**Department of Health,  
Disability and Ageing**

# **First Nations Health Reporting: OSR – MMEEx Data Limitations**

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## **Introduction**

The Online Services Report (OSR) collects data on the services your organisation provides, like Client Numbers, Client Contacts, Episodes of Care, and staffing levels. It also includes some contextual information about your organisation. Unlike the National Key Performance Indicators (nKPI) report, the OSR doesn't track health outcomes.

Most of the OSR information is entered manually through the Health Data Portal, but some data can be automatically reported via your clinical information system (CIS). This article focuses only on the measures that can be extracted from and reported by the CIS.

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 of the CIS limitations that may impact health service's data and some practical tips to help manage data.

## **MMEEx limitations and data quality tips**

### **Users with multiple profiles**

MMEEx supports and it is common for users to have multiple user profiles.

When users are logged in under one profile and record activity relevant to a different profile this can cause OOS to be counted but they will not be categorised. OOS created by uncategorised users will still contribute to the Episodes of Care and Client Numbers but not to Client Contacts. This can lead to a higher count for Episodes of Care compared to Client Contacts, which may trigger a validation flag in the Health Data Portal.

MMEEx provides a report of all activities that are uncategorised. Health services may wish to review these periodically or prior to reporting to ensure relevant services are recorded against relevant categories.

**TIP:** Always ensure you're logged in under the appropriate profile for the task. Clinical activities should be recorded using a clinical profile to maintain accurate and consistent reporting.

## 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 – OSR Report*'.

**NOTE:** OOS are referred to as 'Contacts' in the OSR 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 and OSR 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"> <li>• Home visit consultation</li> <li>• Hospital consultation</li> <li>• Hostel</li> <li>• Locum service</li> <li>• Nursing home consultation</li> <li>• Other</li> <li>• RACF (residential aged care facility) consultation</li> <li>• Surgery consultation</li> <li>• Telehealth (clinical)</li> </ul>	<ul style="list-style-type: none"> <li>• Email</li> <li>• Non-visit</li> <li>• Out of office</li> <li>• Practice admin</li> <li>• SMS</li> <li>• Telephone (non-clinical)*</li> </ul>

### 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).

## 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 asterix e.g. \*Smith.

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

### Key takeaways:

- Recording clinical activity under a non-clinical profile can result in the Episodes of Care count being higher than the Client Contacts count, which will trigger a validation flag in the Health Data Portal.
- Misconfiguration of MMEx OOS may inadvertently impact reports.
- Use the MMEx functionality to exclude test patients from OSR 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](#)