First Nations Health Reporting:

PI19 – kidney function test result changes

Introduction

In July 2024, Kidney Health Australia released the *Chronic Kidney Disease (CKD) Management in Primary Care Handbook – 5th Edition*. The updated guidelines included changes to CKD risk categorisation, including the removal of sex-specific thresholds for urine albumin-creatinine ratio (uACR).

The previous PI19 specification used sex-specific uACR cut-offs, which no longer aligned with the revised national guidelines. To address this, updates to PI19, the National Key Performance Indicator (nKPI) that measures the CKD risk result, were approved by the Health Services Data Advisory Group (HS DAG), which governs the nKPI program.

This paper outlines how the changes impact PI19 reporting.

What's changed and reporting implications

What's changed, when, and how does this affect nKPI reporting?

Alignment with CKD guidelines

PI19 has been updated to align with the revised CKD Management in Primary Care guidelines. The most significant change is that sex-specific uACR thresholds have been replaced with a single set of values that apply to all clients.

Risk	Current PI19 (Sex-specific ACR)	Updated PI19 (Unified ACR)
Normal	eGFR ≥60 and ACR <2.5 (M) eGFR ≥60 and ACR <3.5 (F)	eGFR ≥60 and ACR <3.0
Low	eGFR ≥45–<60 and ACR <2.5 (M) eGFR ≥45–<60 and ACR <3.5 (F) eGFR ≥60 and ACR ≥2.5–25 (M) eGFR ≥60 and ACR ≥3.5–35 (F)	eGFR ≥45–<60 and ACR <3.0 eGFR ≥60 and ACR ≥3.0 but ≤30
Moderate	eGFR ≥45–<60 and ACR ≥2.5–25 (M) eGFR ≥45–<60 and ACR ≥3.5–35 (F) eGFR ≥30–<45 and ACR ≤25 (M)	eGFR ≥45–<60 and ACR ≥3.0 but ≤30 eGFR ≥30–<45 and ACR ≤30

	eGFR ≥30–<45 and ACR ≤35 (F)	
High	eGFR ≥30 and ACR >25 (M) eGFR ≥30 and ACR >35 (F) eGFR <30 and any ACR result (M and F)	eGFR ≥30 and ACR >30 eGFR <30 and any ACR result

The number of data categories (also known as measure codes) for PI19 have not changed and disaggregation by sex continues in reported outputs, even though the thresholds themselves are now uniform.

Updating CIS reports

The Specifications for nKPI and OSR and the Australian Institute of Health and Welfare's (AIHW) METEOR specification for PI19 have been updated to include the revised uACR thresholds.

Clinical information system (CIS) vendors – Best Practice, Communicare, Medical Director and MMEx – have updated the PI19 reporting logic in their respective reporting tools to reflect the new thresholds.

Following this update, the overall number of clients counted in each CKD risk category is not expected to change significantly. However, some clients may shift between categories even when their test results haven't changed. For example, some males may be classified into a lower risk group, and some females into a higher one.

It's important to note that these updates to the reporting tool logic do not impact the current quality of pathology data. Existing data quality issues, such as missing results, are being addressed separately through ongoing improvement work. Similarly, any pathology-related limitations previously outlined in the nKPI limitations education articles (see link below in resources) remain.

The PI19 changes in the CIS reporting tools have been thoroughly checked for accuracy.

Interim reports

All CIS vendors have now released their updated reporting tools, which include the revised unified ACR thresholds for PI19. Health services using these updated tools will see the new thresholds fully reflected in PI19 counts.

However, any interim or early reports run before the reporting tools were released in December 2025 will still results based on the previous sex-specific thresholds. As a result, those reports may classify client risk differently compared to reports generated with the updated tools.

TIP: To ensure you are using the latest validated reporting tool, check the vendor scorecard (link in Resources section below) for the most recent version and confirm that your system is running the same version or higher. This will ensure all new PI19 thresholds are correctly applied to your reports.

Key takeaway(s):

- **PI19 now uses a single set of uACR thresholds:** Sex-specific uACR cut-offs have been removed and replaced with unified values, in line with the latest CKD guidelines.
- **Small changes in risk category counts are possible:** Clients near the old sex-specific thresholds may shift categories, potentially altering the number in each risk group.
- **Updated PI19 logic:** Reports run before the updated tools were released in December 2025 will still use outdated thresholds and may reflect different risk categories.

Resources

For more detail or explanation, the following resources are also available:

- **Specifications for nKPI and OSR:** This document is intended for health services and clinical information system vendors. It provides a detailed overview of foundation data elements (including differences between nKPI and OSR) and a full explanation of each indicator - covering inclusions, exclusions, counting rules and disaggregation points (including the related data 'measure codes' that you may see in your CIS reports). It also highlights variances in vendor implementation for some data. You can access the Specifications here: https://www.solvinghealth.au/specifications or by following Projects > then Specifications from the home page. Make sure you have the most recent version as the specifications are updated periodically.
- **Vendor scorecard:** The vendor scorecard is a one page visual that compares results for nKPI and OSR across CIS: https://www.solvinghealth.au/scorecard
- **CIS User Guides:** These explain how each vendor reports PI19 and where data need to be recorded 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.

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