Primary Health Chronic Conditions (PHCC) Data Specifications

v1.3 February 2025

Primary Health Chronic Conditions (PHCC) – Data Specifications

1. Introduction

The Primary Health Chronic Conditions (PHCC) data set collects episode and service-contact level data from WAPHA-funded Chronic Conditions Commissioned Service Providers. The requirements of these data, including data types, required fields and allowable values are detailed in this Data Specification. Data may be entered directly into the Commissioned Services Reporting Portal (CSRP) web forms or may be uploaded as four comma-separated files as described below.
There are two ways to submit data to CSRP:

1. Manual data entry for each episode using web forms
2. Bulk upload of data via a set of four comma separated value (csv) files, combined in a .zip file
    a. Episode file
    b. Additional Diagnosis
    c. Clinical Tool file
    d. Service Contact file

Whether you choose to enter data directly to the CSRP via web forms, or upload a .zip file, the data specifications described below apply.

For more information about how to submit your data to the CSRP, including csv templates for each of the data items, see https://portal.wapha.org.au/csp-home. The portal website will be available when CSRP goes live (currently planned for July 2023). Training sessions will also be held with providers and contract officers prior to this date.

The tables in Section 2 of this document can be used as a guide for data item requirements if your organisation chooses to supply data using csv files, combined into a .zip file. They are broken down into the Episode file, Additional Diagnosis file, Clinical Tool file and Service Contact file. Where the data type of a field is "integer", include in the csv only the integer (number) corresponding to the intended value.

If your organisation would prefer to enter data into the portal web forms for each episode, further information about the required fields is included in Section 4: Field Definitions.

2. Key concepts

The following key concepts are pivotal to the information supplied to WAPHA. If you have any questions around these, or the data definitions to follow, please contact your contract officer.

Contract Number
Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.

Episode
An Episode of Care is a defined as a continuous period of contact between a client and a provider organization/clinician that is commissioned by a Public Health Network (PHN) entity. The episode commences from the initial point of contact and concludes at the point of discharge. The episode is composed of a series of one or more Service Contacts. This structural framework facilitates a systematic data collection protocol that delineates the specific data elements to be collected, the timing of data collection, and the responsible personnel for data collection. Some items are only collected once at the episode level, while others are collected at each Service Contact.

Client
The term "Client" refers to the individual who is the recipient of a Chronic Conditions (CC) service.

Service Contact
Service Contacts (occasions of service) are defined as the provision of a service by a PHN commissioned CC service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client. *Business Rules: (1) A Service Contact must involve at least two persons, one of whom must be a service provider. (2) Service Contacts can be either with the client or with a third party, such as a carer or family member, and/or other professional or worker, or other service provider. (3) Service Contacts are not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication. (4) Service provision is only regarded as a Service Contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).

3. Comma Separated Files Requirements

The following tables outline the data requirements of fields when submitting data via a .zip file, comprised of four comma separated files. Please ensure that the column headers in these files remain intact and are consistent with the templates provided. If a field is listed as "Required", a valid value, as described in the "Format/Values" section must be entered. If a field is listed as "not required", the corresponding cell in the csv may be filled in with a valid value or left blank. You may name the files as you wish, for example adding the date in the title, but it is recommended that you name them in a way that you remember which file corresponds to which template.

Table 1: Episode file

Data Item	Data Item Definition	Data Type	Required	Format/ Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider	string	Yes	If your contract starts with "CON", include the full contract number (e.g., CON12345). If your contract does not start with "CON", only enter the digits (e.g., 12345).
EpisodeIdentifier	Episode Identifier unique at the organisation level.	string	Yes	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers and must be unique at the organisation level. **Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.**
ClientIdentifier	A unique identifier for a person receiving the chronic conditions service.	string	Yes	Unique ID generated by Provider **Reuse of client identifiers will result in client information being overwritten and unrecoverable, so ensure that you do not create two independent clients that share the same identifier.**
ClientSLK581	A key that enables two or more records belonging to the same individual to be brought together. It is represented by a code consisting of the second, third and fifth characters of a person's family name, the second and third letters of the person's given name, the day, month, and year when the person was born and the sex of the person, concatenated in that order.	string	No	The structure of the complete SLK-581 element is: XXXXXDDMMYYYYN. The SLK-581 is made up of four elements: 1. The second, third and fifth letters of the consumer's family name (total 3 letters) 2. The second and third letters of the consumers given name (total 2 letters) 3. Date of birth (in format [DDMMYYYY) 4. Sex (1= Male; 2 = Female; 9 = Unknown)

Data Item	Data Item Definition	Data Type	Required	Format/ Values
				For more detailed information about generating a client's SLK-581, see SLK-581 Guide For Use
ClientSex	The biological distinction between male and female, as represented by a code.	integer	No	1: Male 2: Female 3: Another term 9: Not stated
ClientGender	How a client describes their gender, which relates to social and cultural differences in identity, expression, and experience as a man, boy, woman, girl, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.	integer	No	1: Man, or boy, or male 2: Woman, or girl, or female 3: non-binary 4: Different term 5: Prefer not to answer 9: Not stated/inadequately described
ClientIndigenousStatus	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	No	1: Aboriginal but not Torres Strait Islander origin 2: Torres Strait Islander but not Aboriginal origin 3: Both Aboriginal and Torres Strait Islander origin 4: Neither Aboriginal nor Torres Strait Islander origin 9: Not stated
ClientSuburb	The suburb, town or locality of the client's last known home address at the start of the treatment episode.	string	Yes	Suburb name. A list of valid Towns, Suburbs and localities in Australia (and associated postcodes) can be found on the Australia Post website: https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data If ClientPostcode is 9997 or 9998, this field can be left blank.
ClientPostcode	The postcode of the client's last known home address at the start of the treatment episode.	integer	Yes	Valid Postcode selected from: https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data Acceptable values when client has no fixed address or postcode is not stated: 9997: No fixed address 9998: Not stated or inadequately described
ClientBirthDate	Client Date of Birth	date	No	DD/MM/YYYY If the client's birthday is unknown or missing, estimate it. If it remains unknown, record it as 01/01/1900.
ClientDateAccuracyIndicator	Date accuracy indicator indicates the accuracy of a client's date of birth. Date accuracy indicator is a 3-	string	No	AAA: Day, month and year are accurate UUE: Day and month are unknown, year is estimated

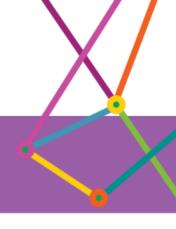| Data Item	Data Item Definition	Data Type	Required	Format/ Values
	character code that indicates the extent to which the recorded Date of birth is accurate, estimated, or unknown. Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date of birth.			UUU: Day, month and year are unknown AAE: Day and month are accurate, year is estimated AAU: Day and month are accurate, year is unknown AEE: Day is accurate, month and year are estimated AEU: Day is accurate, month is estimated, year is unknown AUU: Day is accurate, month and year are unknown AUA: Day is accurate, month is unknown, year is accurate AUE: Day is accurate, month is unknown, year is estimated AEA: Day is accurate, month is estimated, year is accurate EAA: Day is estimated, month and year are accurate EAE: Day is estimated, month is accurate, year is estimated EAU: Day is estimated, month is accurate, year is unknown EEA: Day and month are estimated, year is accurate EEE: Day, month and year are estimated EEU: Day and month are estimated, year is unknown EUA: Day is estimated, month is unknown, year is accurate EUE: Day is estimated, month is unknown, year is estimated EUU: Day is estimated, month and year are unknown UAA: Day is unknown, month and year are accurate UAE: Day is unknown, month is accurate, year is estimated UAU: Day is unknown, month is accurate, year is unknown UEA: Day is unknown, month is estimated, year is accurate UEE: Day is unknown, month and year are estimated UEU: Day is unknown, month is estimated, year is unknown UUA: Day and month are unknown, year is accurate"
ClientMainLanguageCode	The language (including sign	integer	No	A numeric 4-digit ABS code from the ABS

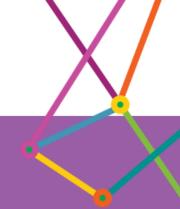| Data Item	Data Item Definition	Data Type	Required	Format/ Values
	language) most preferred by the person for communication, as represented by a code.			[Australian Standard Classification of Languages](#) (ASCL) (ABS cat. no. 1267.0, 2016 version). Not stated is allowed using code '002'. If uploading with Excel, please ensure that the column is formatted as text to avoid any data conversion issues.
ClientEnglishProficiency	The self-assessed level of ability to speak English, asked of people whose first language is a language other than English or who speak a language other than English at home.	integer	No	1: Not applicable (persons under 5 years of age or who speak only English) 2: Very well 3: Well 4: Not well 5: Not at all inadequately described 9: Not stated When the client is <= 5 years old or when the client's main language is English, choose 1: Not applicable, do not leave blank.
ClientEmploymentParticipation	Indication of a client's employment status, as represented by a code.	integer	No	1: Full-time 2: Part-time 3: Not applicable - not in the labour force 9: Not stated/inadequately described
ClientHealthCareCard	An indication of whether the person is a current holder of a Health Care Card that entitles them to a range of concessions for Government funded health services.	integer	No	1: Yes 2: No 3: Not Known 4. Not Stated
ClientNdisParticipant	Is the client a participant in the National Disability Insurance Scheme, as represented by a code.	integer	No	1 = Yes 2 = No 9 = Not stated/inadequately described
ReferralMadeOn	The date the referrer made the referral.	date	Yes	DD/MM/YYYY **ReferralMadeOn** must be on or before **StartedOn**. If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both **ReferralMadeOn** and **ReferralReceivedOn**.
ReferralReceivedOn	The date the provider receives the referral.	date	Yes	DD/MM/YYYY **ReferralReceivedOn** must be on or after **ReferralMadeOn**. If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both **ReferralMadeOn** and **ReferralReceivedOn**.
StartedOn	The date on which a treatment episode for Chronic conditions	date	Conditional	DD/MM/YYYY

Data Item	Data Item Definition	Data Type	Required	Format/ Values
	services starts.			If populated, **StartedOn** must be on or after **ReferralReceivedOn**. If **StartedOn** is left blank, the date of first service contact will be considered as episode start date.
EndedOn	The date on which a treatment episode for Chronic conditions services ends.	date	Conditional	DD/MM/YYYY Required when Episode Completion Status is 2-9: Closed. **EndedOn** must be on or after **StartedOn**
GpCarePlan	Does the client have a GP Care Plan for the episode of care?	integer	No	1: Yes 2: No
PrincipalDiagnosis	The primary condition that this episode of care aims to treat or manage	integer	Yes	1: Diabetes 2: Asthma 3: COPD 4: Cardiac 5: Arthritis 6: Muscular Skeletal 7: Chronic Pain 8: Back Pain 9: Cancer 10: Obesity 11: Osteoporosis 12: Chronic Kidney Disease 99: Other
Homelessness	An indication of whether the client has been homeless in the 4 weeks prior to the current service episode.	integer	No	1: Sleeping rough or in non-conventional accommodation 2: Short-term or emergency accommodation 3: Not homeless 9: Not stated / Missing
ClientConsent	An indication that the client has consented to their anonymized data being provided to the Department of Health for statistical purposes in planning and improving chronic condition services.	integer	No	0: No 1: Yes
CompletionStatus	Completion status of episode.	integer	No	0: Episode Open 1: Episode Closed: Client better self-managing condition 2: Episode closed Administratively: Client could not be contacted 3: Episode closed Administratively: Client declined further contact 4: Episode closed Administratively: Client moved out of area 5: Episode closed Administratively: Deceased 6: Episode closed Administratively: Transferred to internal provider 7: Episode closed Administratively: Transferred to external provider 8: Episode Closed Administratively: Unknown

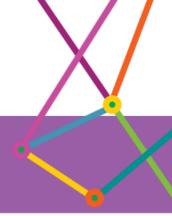| Data Item	Data Item Definition	Data Type	Required	Format/ Values
				9: Episode Closed Administratively: Other Reason 99: Episode not started

Table 2: Additional Diagnosis

The Additional Diagnosis csv file may be left blank, with headers intact, if no additional diagnoses are recorded for any of the episodes in the Episode csv file
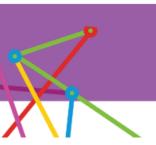
Data Item	Data Item Definition	Data Type	Required	Format/Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider	string	No	Contract Number Format CONXXXXX
EpisodeIdentifier	Episode identifier, unique at the organisation level.	string	No	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers, and must be unique at the organisation level. **Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.**
Diagnosis	The main additional conditions or complaints co-existing with the Principal Diagnosis or arising during the episode of care.	integer	No	1: Diabetes 2: Asthma 3: COPD 4: Cardiac 5: Arthritis 6: Muscular Skeletal 7: Chronic Pain 8: Back Pain 9: Cancer 10: Obesity 11: Osteoporosis 12: Chronic Kidney Disease 99: Other

Table 3.1: Clinical Tool File (Specifications for Partners in Health Organisations)

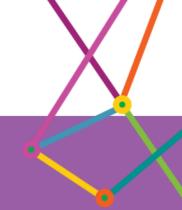| Data Item	Data Item Definition	Data Type	Required	Format / Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.	string	Yes	Contract Number Format CONXXXXX
EpisodeIdentifier	Episode identifier, unique at the organisation level.	string	Yes	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers, and must be unique at the organisation level. **Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create**

				two independent episodes that share the same identifier.
CollectedOn	Date tool was administered	date	Yes	DD/MM/YYYY
CollectionReason	Why tool was administered	integer	Yes	1: Assessment 2: Review
KnowledgeOfCondition	Qu 1: Overall, what I know about my health condition(s) is	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
KnowledgeOfTreatment	Qu 2: Overall, what I know about the treatment, including medications of my health conditions is	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
AbilityToTakeMedication	Qu. 3: I take medications or carry out the treatments asked by my doctor/health worker	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
AbilityToShareDecisions	Qu. 4: I share in decisions made about my health condition(s) with my doctor/health worker	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
AbilityToDealHealthProfessionals	Qu 5: I am able to deal with health professionals to get the services I need that fit with my culture, values and beliefs	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
AbilityToAttendAppointments	Qu 6: I attend appointments as asked by my doctor or health worker	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
AbilityToMonitorRecord	Qu 7: I keep track of my symptoms and early warning signs (e.g. blood sugar levels, peak flow, weight, shortness of breath, pain, sleep problems, mood)	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
AbilityToManageSymptoms	Qu 8: I take action when my early warning signs and symptoms get worse	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
ManagePhysicalImpact	Qu 9: I manage the effect of my health condition(s) on my physical activity (i.e. walking, household tasks)	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
ManageEmotionalImpact	Qu 10: I manage the effect of my health condition(s) on how I feel (i.e. my emotions and spiritual wellbeing)	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing
ManageSocialImpact	Qu 11: I manage the effect of my health condition(s) on my	integer	Yes	Scaled response 0: Not very well 8: Very well

Data Item	Data Item Definition	Data Type	Required	Format / Values
	social life (i.e. how I mix with other people)			99: Invalid/missing
ProgressHealthyLifestyle	Qu 12: Overall, I manage to live a healthy life (e.g. no smoking, moderate alcohol, healthy food, regular physical activity, manage stress)	integer	Yes	Scaled response 0: Not very well 8: Very well 99: Invalid/missing

Table 3.2: Clinical Tool File (Specifications for My Health My View Organisations)

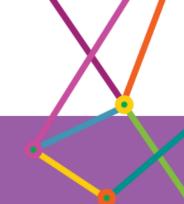| Data Item	Data Item Definition	Data Type	Required	Format / Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.	string	Yes	Contract Number Format CONXXXXX
EpisodeIdentifier	Episode Identifier unique at the organisation level	string	Yes	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers and must be unique at the organisation level. **Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.**
CollectedOn	Date tool was administered	date	Yes	DD/MM/YYYY
CollectionReason	Why tool was administered	integer	Yes	1: Assessment 2: Review
KnowledgeOfCondition	Qu 1: I know about my health problem	integer	Yes	Scaled response 0: Not much 8: A lot 99: Invalid/missing
KnowledgeOfTreatment	Qu 2: I know about my medicines and treatment	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
AbilityToTakeMedication	Qu 3: I take my medications when I should	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
AbilityToShareDecisions	Qu 4: My doctor, or health worker and I listen and talk well together	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
AbilityToDealHealthProfessionals	Qu 5: My health service providers respect me, my beliefs and culture	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing

Data Item	Data Item Definition	Data Type	Required	Format / Values
AbilityToAttendAppointments	Qu 6: I attend all my health appointments	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
AbilityToMonitorRecord	Qu 7: I know when I am getting sick by watching things such as: blood sugar, weight,shortness of breath, pain, sleep problems, mood changes	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
AbilityToManageSymptoms	Qu 8: I know what to do when I am getting sicker	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
ManagePhysicalImpact	Qu 9: I am able to move around easily and do things that I like	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
ManageEmotionalImpact	Qu 10: I cope with how my health effects my feelings	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
ManageSocialImpact	Qu 11: I can easily visit my family and friends	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing
ProgressHealthyLifestyle	Qu 12: Overall I lead a healthy life	integer	Yes	Scaled response 0: Not much 8: Very well 99: Invalid/missing

Table 4: Service Contact

Population of the Service Contact csv file is non-mandatory. This file must still be included in your .zip file uploaded to the portal, but if you are unable to provide service contact information, it may be uploaded with only the header row in-tact and all other rows left blank. If you do include service contact data in this file, the Required Data Items listed in this table will apply.

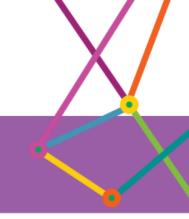| Data Item	Data Item Definition	Data Type	Required	Format / Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.	string	Yes	Contract Number Format CONXXXXX
EpisodeIdentifier	Episode Identifier unique at the organisation level.	string	Yes	Unique ID generated by Provider. Episode identifier may be a combination of letters and numbers, and must be unique at provider level.

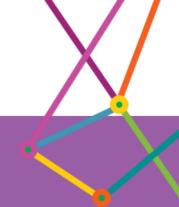| Data Item	Data Item Definition	Data Type	Required	Format / Values
				Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.
ServiceContactIdentifier	A unique identifier for each service contact within an episode.	string	Yes	Unique ID generated by Provider. Service Contact Identifier may be a combination of letters and numbers, and must be unique at episode level. **Reuse of service contact identifiers will result in service contact information being overwritten and unrecoverable, so ensure that you do not create two independent service contacts that share the same identifier.**
ContactOn	The date of each chronic conditions service contact between a health service provider and patient/client.	date	Yes	DD/MM/YYYY **ContactOn** must be on or after episode **StartedOn.** If **StartedOn** is not provided, **ReferralReceived** is used.
Type	The main type of service provided in the service contact, as represented by the service type that accounted for most provider time.	integer	Conditional	0: No contact took place 1: Assessment 2: Clinical care coordination 3: Health education 4: Clinical care If **Attendance** = 2: Did Not Attend, **Type** must be 0: No contact took place.
Modality	How service contact was delivered.	integer	Conditional	0: No contact took place 1: Face to face 2: Telephone 3: Video 4: Internet-based (i.e., web chat and other online communication not covered by telephone/video) If **Attendance** = 2: Did Not Attend, **Modality** must be 0: No contact took place.
Suburb	The Australian suburb where the service contact took place.	string	Conditional	Suburb name. A list of Towns, Suburbs and localities in Australia (and associated postcodes) can be found on the Australia Post website: https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data If **Modality** is 1: Face to face, **Suburb** must not be blank If **Attendance** is 2: Did not attend, then **Suburb** must be blank

Data Item	Data Item Definition	Data Type	Required	Format / Values
Postcode	The postcode of the location where the service contact took place.	Integer	Conditional	Valid Postcode selected from: https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data Required when Suburb is provided.
Venue	Where the service contact was delivered.	integer	Conditional	0: No contact took place 1: Client's Home 2: Service provider's office 3: GP Practice 4: Other medical practice 5: Other primary care setting 6: Public or private hospital 7: Residential aged care facility 8: School or other educational centre 9: Client's Workplace 10: Other 11: Aged care centre - non-residential 12: Aboriginal Community 98: Not applicable (Service Contact Modality is not face to face) If **Attendance** = 2: Did Not Attend, **Venue** must be 0: No contact took place.
Duration	The time from the start to finish of a service contact.	integer	Conditional	0: No contact took place 1: 1-15 mins 2: 16-30 mins 3: 31-45 mins 4: 46-60 mins 5: 61-75 mins 6: 76-90 mins 7: 91-105 mins 8: 106-120 mins 9: over 120 mins If **Attendance** = 2: Did Not Attend, **Duration** must be 0: No contact took place.
Attendance	Indication of whether the client attended a scheduled appointment.	integer	Yes	1: Attended appointment 2: Did Not Attend
PractitionerIdentifier	Unique identifier for the primary practitioner of the service contact	string	Yes	Unique ID generated by Provider **Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two independent Practitioners that share the same identifier**
PractitionerIndigenousStatus	Whether a practitioner identifies as being of Aboriginal	integer	Yes	1: Aboriginal but not Torres Strait Islander origin 2: Torres Strait Islander but not Aboriginal origin

Data Item	Data Item Definition	Data Type	Required	Format / Values
	or Torres Strait Islander origin, as represented by a code.			3: Both Aboriginal and Torres Strait Islander origin 4: Neither Aboriginal nor Torres Strait Islander 9: Not stated/inadequately described
PractitionerCategory	The Labour classification of the practitioner. In most cases, Practitioner Category will be determined by the training and qualifications of the practitioner. However, in some instances, a practitioner may be employed in a capacity that does not necessarily reflect their formal qualifications.	integer	Yes	1: Registered Nurse 2: Enrolled Nurse 3: Dietitian 4: Credentialled Diabetes Educator 5: Physiotherapist 6: Exercise Physiologist 7: Podiatrist 8: Allied Health Assistant 9: Other 99: Not stated
PractitionerCulturalTraining	Indicates whether a practitioner has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.	integer	Yes	1: Yes 2: No 3: Not Required 4: Missing/Not recorded If the provider/practitioner identifies as Aboriginal or Torres Strait Islander themselves, choose 3: Not Required.

4. Field Definitions

All fields that comprise the web forms in the CSRP are defined in this section, listed in alphabetical order. Their corresponding field in the csv file (where applicable) is listed as "Field name".

Aboriginal Status

Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.

Field name: ClientIndigenousStatus, PractitionerIndigenousStatus
Required: No

Values: 1: Aboriginal but not Torres Strait Islander origin
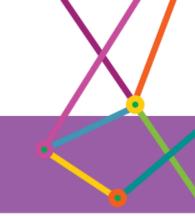   2: Torres Strait Islander but not Aboriginal origin
                3: Both Aboriginal and Torres Strait Islander origin
                4: Neither Aboriginal nor Torres Strait Islander origin
                9: Not stated

Additional Diagnosis

The main additional conditions or complaints co-existing with the Principal Diagnosis or arising during the episode of care.

Field name: Diagnosis
Required: Yes

Values: 1: Diabetes
                     2: Asthma
                     3: COPD
                     4: Cardiac
                     5: Arthritis
                     6: Muscular Skeletal
                     7: Chronic Pain
                     8: Back Pain
                     9: Cancer
                     10: Obesity
                     11: Osteoporosis
                     12: Chronic Kidney Disease
                     99: Other

Attendance

Indication of whether the client attended a scheduled appointment.

Field name: Attendance
Required: Yes

Values: 1: Attended appointment
                     2: Did Not Attend

Client Consent

An indication that the client has consented to their anonymized data being provided to the Department of Health for statistical purposes in planning and improving chronic condition services.
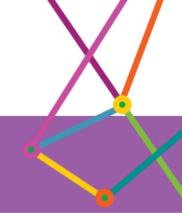
Field name: ClientConsent
Required: No

Values: 0: No

1: Yes

Client Identifier

Client identifier unique at the Organisation Level that fully specifies the client receiving care.

Field name: ClientIdentifier
Required: Yes

Value: Client Identifier must be generated by the organization to be unique at the
                    provider organization level and must persist across time. It must be valid
                    Unicode characters.
                    **Reuse of client identifiers will result in client information being
                    overwritten and unrecoverable, so ensure that you do not create two
                    independent clients that share the same identifier.**

Contract Number

Parent contract number that identifies the contractual agreement between WAPHA and a
commissioned service provider.

Field name: ContractNumber
Required: Yes

Values: CONXXXXX

Contract Name

Name of the service.

Field name: Service Name
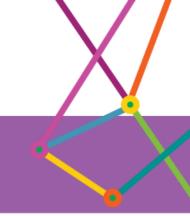Required: No

Cultural Training

Indicates whether a service provider/practitioner has fulfilled an approved training program in
providing culturally secure services to Aboriginal and Torres Strait Islander populations. If the
provider/practitioner identifies as Aboriginal or Torres Strait Islander themselves, choose 3: Not
Required.

Field name: CulturalTraining

Required: Yes

Values: 1: Yes
                 2: No
                 3: Not Required
                 4: Missing/Not recorded

Date Accuracy Indicator

Date accuracy indicator indicates the accuracy of a client's date of birth. Date accuracy indicator is a 3-character code that indicates the extent to which the recorded Date of birth is accurate, estimated, or unknown. Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date of birth.

Field name: ClientDateAccuracyIndicator
Required: No

Values: AAA: Day, month and year are accurate
                 UUE: Day and month are unknown, year is estimated
                 UUU: Day, month and year are unknown
                 AAE: Day and month are accurate, year is estimated
                 AAU: Day and month are accurate, year is unknown
                 AEE: Day is accurate, month and year are estimated
                 AEU: Day is accurate, month is estimated, year is unknown
                 AUU: Day is accurate, month and year are unknown
                 AUA: Day is accurate, month is unknown, year is accurate
                 AUE: Day is accurate, month is unknown, year is estimated
                 AEA: Day is accurate, month is estimated, year is accurate
                 EAA: Day is estimated, month and year are accurate
                 EAE: Day is estimated, month is accurate, year is estimated
                 EAU: Day is estimated, month is accurate, year is unknown
                 EEA: Day and month are estimated, year is accurate
                 EEE: Day, month and year are estimated
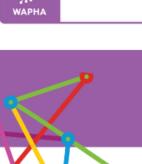   EEU: Day and month are estimated, year is unknown
                 EUA: Day is estimated, month is unknown, year is accurate
                 EUE: Day is estimated, month is unknown, year is estimated
                 EUU: Day is estimated, month and year are unknown
                 UAA: Day is unknown, month and year are accurate
                 UAE: Day is unknown, month is accurate, year is estimated
                 UAU: Day is unknown, month is accurate, year is unknown
                 UEA: Day is unknown, month is estimated, year is accurate

UEE: Day is unknown, month and year are estimated
UEU: Day is unknown, month is estimated, year is unknown
UUA: Day and month are unknown, year is accurate

Date of Birth

The date of birth of a client.

Field name: ClientBirthDate
Required: No

Values: DD/MM/YYYY

Date of Collection

The date when the tool was administered.

Field name: CollectedOn
Required: Yes

Values: DD/MM/YYYY

Date of Service Contact

The date of each chronic conditions service contact between a health service provider and patient/client.

Field name: ContactOn
Required: Yes

Values: DD/MM/YYYY
                     Must be on or after episode **Start Date**

Employment Participation

Indication of a client's employment status, as represented by a code.

Field name: ClientEmploymentParticipation
Required: No

Values:
1: Full-time
2: Part-time
3: Not applicable - not in the labor force
9: Not stated/inadequately described

End Date

The date on which an Episode of Care is formally or administratively ended.

Field name: EndedOn
Required: Required when episode completion status is 2-9: Closed

Value: DD/MM/YYYY
                  Must be on or after **Start Date**

English Proficiency

The self-assessed level of ability to speak English, asked of people whose first language is a language other than English or who speak a language other than English at home.

Field name: ClientEnglishProficiency
Required: Conditional

Values:
1: Not applicable (persons under 5 years of age or who speak only English)
2: Very well
3: Well
4: Not well
5: Not at all inadequately described
9: Not stated

When the client is <= 5 years old or when the client's main language is English, choose 1: Not applicable, do not leave blank.
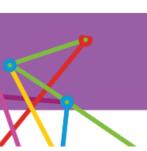
Episode Completion Status

An indicator that denotes the state of completion of an episode of care is referred to.

Field name: CompletionStatus
Required: No

Values:
0: Episode Open
1: Episode Closed: Client better self-managing condition
2: Episode closed Administratively: Client could not be contacted
3: Episode closed Administratively: Client declined further contact
4: Episode closed Administratively: Client moved out of area
5: Episode closed Administratively: Deceased
6: Episode closed Administratively: Transferred to internal provider
7: Episode closed Administratively: Transferred to external provider
8: Episode Closed Administratively: Unknown
9: Episode Closed Administratively: Other Reason
99: Episode not started

Episode Identifier

This is a number or code assigned to each episode. The Episode Identifier is unique and stable for each episode at the level of the organization.

Field name: EpisodeIdentifier
Required: Yes

Values: Episode identifier must be generated by the organization to be unique at the provider organization level and must persist across time. It is must be valid Unicode characters.
Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.

Gender

How a client describes their gender, which relates to social and cultural differences in identity, expression, and experience as a man, boy, woman, girl, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.

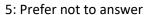Field name: ClientGender
Required: No

Values:
1: Man, or boy, or male
2: Woman, or girl, or female
3: Non-binary
4: Different term

5: Prefer not to answer
9: Not stated/inadequately described

GP Care Plan

Does the client have a GP Care Plan for the episode of care?

Field name: GpCarePlan
Required: No

Values: 1: Yes
                 2: No

Health Care Card

An indication of whether the person is a current holder of a Health Care Card that entitles them to a range of concessions for Government funded health services.

Field name: ClientHealthCareCard
Required: No

Values: 1: Yes
                 2: No
                 3: Not known
                 4: Not stated

Homelessness Flag

An indication of whether the client has been homeless in the 4 weeks prior to the current service episode.

Field name: Homelessness
Required: No

Values: 1: Sleeping rough or in non-conventional accommodation
                 2: Short-term or emergency accommodation
                 3: Not homeless
                 9: Not stated / Missing

Main Language

The language reported by a client as the main language spoken by that client in his/her home (or most recent private residential setting occupied by the client) to communicate with other residents of the home or setting and regular visitors, as represented by a code.

Field name:	ClientMainLanguageCode
Required:	No

Values:	A numeric 4-digit ABS code from the ABS Australian Standard Classification of Languages (ASCL) (ABS cat. no. 1267.0, 2016 version).

Modality

How service contact was delivered.

Field name:	Modality
Required:	Conditional

Values:	0: No contact took place
	1: Face to face
	2: Telephone
	3: Video
	4: Internet-based (i.e., web chat and other online communication not covered by telephone/video)
	If Attendance = 2: Did Not Attend, Modality must be 0: No contact took place.

NDIS Participant

Is the client a participant in the National Disability Insurance Scheme, as represented by a code.

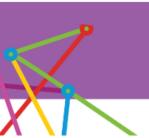|	
Field name:	ClientNdisParticipant
Required:	No

Values:	1: Yes
	2: No
	9: Not stated/inadequately described

Postcode

The postcode of the client's last known home address at the start of the treatment episode.

Field name:	ClientPostcode
Required:	Yes

Value: A valid postcode selected from https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data
Acceptable values when client has no fixed address or postcode is not stated:
9997: No fixed address
9998: Not stated or inadequately described

_____

Practitioner Category

The Labor classification of the practitioner. In most cases, Practitioner Category will be determined by the training and qualifications of the practitioner. However, in some instances, a practitioner may be employed in a capacity that does not necessarily reflect their formal qualifications.

Field name:	Category
Required:	Yes

Values:
1: Registered Nurse
2: Enrolled Nurse
3: Dietitian
4: Credentialled Diabetes Educator
5: Physiotherapist
6: Exercise Physiologist
7: Podiatrist
8: Allied Health Assistant
9: Other
99: Not stated

Practitioner

Unique identifier for the primary practitioner of the service contact

Field name:	PractitionerIdentifier
Required:	Yes

Values: Practitioner ID must be unique at provider level.

Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two independent Practitioners that share the same identifier

Principal Diagnosis

The primary condition that this episode of care aims to treat or manage

Field name: PrincipalDiagnosis
Required: Yes

Values: 1: Diabetes
2: Asthma
3: COPD
4: Cardiac
5: Arthritis
6: Muscular Skeletal
7: Chronic Pain
8: Back Pain
9: Cancer
10: Obesity
11: Osteoporosis
12: Chronic Kidney Disease
99: Other

Reason for Collection

Why the clinical tool (Partners in Health or My Health My View) was administered

Field name: CollectionReason
Required: Yes

Values: 1: Assessment
2: Review

Referral Made Date

The date the referrer made the referral for treatment. If this is the same as Referral Received Date,

enter the same date for both.

Field name:	ReferralMadeOn
Required:	Yes
Values:	DD/MM/YYYY

Referral Made Date must be on or before **Start Date**. If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both **Referral Made Date** and **Referral Received Date**.

Referral Received Date

The date service provider received the referral for treatment. If this is the same as Referral Made Date, enter the same date for both.

Field name:	ReferralReceivedOn
Required:	Yes
Values:	DD/MM/YYYY

Referral Received Date must be on or after **Referral Made Date**. If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both **Referral Made Date** and **Referral Received Date**.

Service Contact Duration

The time from the start to finish of a service contact.

Field name:	Duration
Required:	Conditional
Values:	0: No contact took place
	1: 1-15 mins
	2: 16-30 mins
	3: 31-45 mins
	4: 46-60 mins
	5: 61-75 mins
	6: 76-90 mins

7: 91-105 mins
8: 106-120 mins
9: over 120 mins

If Attendance = 2: Did Not Attend, Service Contact Duration must be 0: No
contact took place.

Service Contact Identifier

A unique identifier for each service contact within an episode.

Field name:	ServiceContactIdentifier
Required:	Yes

Values: Service Contact Identifier can be a combinations of letters and numbers, and must be unique at the episode level.
Reuse of service contact identifiers will result in service contact information being overwritten and unrecoverable, so ensure that you do not create two independent service contacts that share the same identifier.

Service Contact Suburb

The Australian suburb where the service contact took place.

Field name:	Suburb
Required:	Conditional

Values: Suburb code, determined from suburb name, chosen from an options set.

A list of Towns, Suburbs and localities in Australia (and associated postcodes) can be found on the Australia Post website:

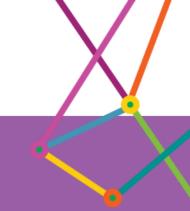https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data
If Service Contact Modality is 1: Face to face, Suburb must not be blank.
If Attendance is 2: Did not attend, then Suburb must be blank.

Service Contact Venue

Where the service contact delivered.

Field name: Venue
Required: Conditional

Values: 0: No contact took place
1: Client's Home
2: Service provider's office
3: GP Practice
4: Other medical practice
5: Other primary care setting
6: Public or private hospital
7: Residential aged care facility
8: School or other educational centre
9: Client's Workplace
10: Other
11: Aged care centre - non-residential
12: Aboriginal Community
98: Not applicable (Service Contact Modality is not face to face)

If Attendance = 2: Did Not Attend, Service Contact Venue must be 0: No contact took place.

Service Type

The main type of service provided in the service contact, as represented by the service type that accounted for most provider time.

Field name: Type
Required: Conditional

Values: 0: No contact took place
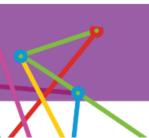1: Assessment
2: Clinical care coordination
3: Health education
4: Clinical care

If Attendance = 2: Did Not Attend, Service Type must be 0: No contact took place.

Sex

The biological distinction between male and female, as represented by a code.

Field name:	ClientSex
Required:	No

Values:	1: Male
	2: Female
	3: Another term
	9: Not stated

SLK-581

A key that enables two or more records belonging to the same individual to be brought together. It is represented by a code consisting of the second, third and fifth characters of a person's family name, the second and third letters of the person's given name, the day, month, and year when the person was born and the sex of the person, concatenated in that order.

Field name:	ClientSlk581
Required:	No

Values:	The structure of the complete SLK-581 element is: XXXXXDDMMYYYYN.
	The SLK-581 is made up of four elements:
	(1) The second, third and fifth letters of the consumer's family name (total 3 letters)
	(2) The second and third letters of the consumers given name (total 2 letters)
	(3) Date of birth (in format [DDMMYYYY)
	(4) Sex (1= Male; 2 = Female; 9 = Unknown)
	For more detailed information about generating a client's SLK-581, see SLK-581 Guide For Use

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Start Date

The date on which this episode of treatment for the chronic condition began.

Field name:	StartedOn
Required:	No

Values:	DD/MM/YYYY

If populated, **Start Date** must be on or after **Referral Received Date**. If **Start Date** is left blank, the date of first service contact will be considered as episode start date.

Suburb

The suburb, town, or locality of the client's last known home address at the start of the treatment episode.

Field name: ClientSuburb
Required: No

Value: Suburb code, determined from suburb name, chosen from an options set.

                   A list of Towns, Suburbs and localities in Australia (and associated postcodes) can be found on the Australia Post website:

https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data