

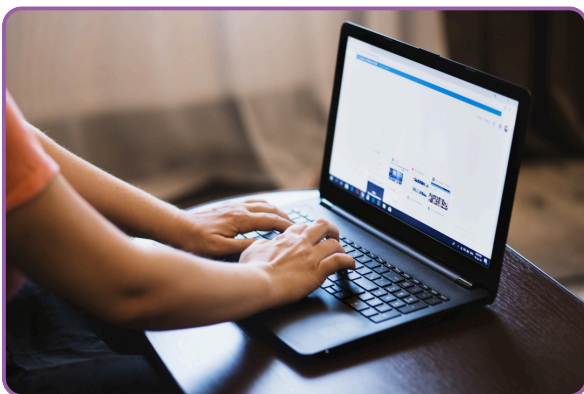


What's new in chronic conditions reporting?

This factsheet summarises the new and updated Chronic Conditions Care indicators and targets that will apply from **1 July 2026** under WAPHA's Performance Management Framework. It is designed to support commissioned providers to understand what has changed and what actions may be required.

What's new or changed in 2026?

WAPHA's Performance Management Framework has been updated, with Version 2.0 released in April 2026. The Performance Management Framework continues to set out WAPHA's approach to monitoring and managing the performance of Commissioned Service Providers. It provides a structured, transparent, and collaborative model that balances accountability with support, ensuring services deliver value for money, are person-centered, and contribute to healthier communities.



Updated reporting frequency

To support a more collaborative, ongoing conversation about service delivery, the required frequency of reporting Primary Health Chronic Conditions Data into the Commissioned Services Reporting Portal (CSRP) is **changing from 1 July 2026 from quarterly to monthly**. Monthly reporting ensures activity is accurately reflected throughout the year and allows both providers and WAPHA to respond earlier to changing service needs.

From 1 July 2026 data must be entered into the CSRP **within 31 days of the activity that generated the data**. A practical way to ensure that reporting frequency requirements are met is to report data monthly, by the last day of the month after which the activity occurred. For example, all service activity delivered in July must be entered into the CSRP by 31 August.

Updates to the primary health chronic conditions data specifications

The collection of items of the Primary Health Chronic Conditions (PHCC) data set remains unchanged. However, where some fields were optional for submission previously, all fields are now required. This means that all fields for episode, service contact, additional diagnosis (if applicable) and clinical tool files must be completed unless otherwise specified in the [PHCC Data Specifications](#).

Refreshed indicators and targets

Several Chronic Conditions Care performance indicators have been revised to better reflect how the services that WAPHA commissions are meeting our strategic priorities. This includes defining targets for performance indicators that previously had no target and placing greater emphasis on data quality, ensuring accurate event dates, correct use of no-show fields, and ensuring that individuals at the greatest risk of poor health have access to quality care. The full list of indicators and targets can be found at [Performance Indicators Chronic Conditions](#).

CC1.2 % Aboriginal Clients – defined targets

Service-specific targets for this indicator have been defined to reflect service models and target populations. Contract managers will communicate these service-specific targets and service agreements will reflect these changes.

CC1.3 % services delivered to Aboriginal clients being culturally appropriate – NEW cultural appropriateness indicator

Culturally safe, appropriate, and competent care is a key strategy for improving access to health services and improving health outcomes for Aboriginal people. This new indicator measures the percentage of services delivered to Aboriginal clients where the practitioner delivering the services identifies as Aboriginal themselves and/or has completed cultural training. Practitioner information reported into the CSRP is used to calculate this indicator, with the target being 100% of contact with Aboriginal clients is culturally appropriate.

CC2.1 Clients had access to this service when they needed it – updated definition and target

The definition of this indicator has been updated to measure the time between referral and first attended service contact dates. The target has been updated to more than 70% of episodes have a wait time of less than 21 days. Providers should ensure that referral and first contact dates are recorded accurately and monitor wait-times routinely.

CC4.1 Average cost per episode – defined target

The target for this indicator has been defined as on par or below previous year. Setting a cost-per-episode target and ensuring it does not exceed the previous year's cost provides a clear, practical way to support the Quintuple Aim of healthcare domain – Improved Cost Efficiency. It helps ensure that services are becoming more efficient over time, encouraging optimisation of care pathways, reducing avoidable variation, and making best use of existing resources.

CC4.2 Total number of episodes – defined target

The target for total number of episodes has been defined as $\geq 95\%$ of previous year. This reflects the maintenance of service access (equal to or higher than the previous year) or reduced by no more than 5%. This target supports improved access and responsiveness while remaining grounded in demonstrated service capacity. Using the prior year as the baseline ensures the target is realistic and achievable, reflecting existing workforce, infrastructure, and referral patterns.

What do commissioned service providers need to do?

Commissioned Service Providers should continue to report their service delivery data into the CSRP, at the updated reporting frequency from 1 July 2026, and with all required fields populated, as per their service agreement. Take a look at the updated Performance Management Framework and ensure that you are familiar with WAPHA's approach to monitoring and managing performance. For more information about Chronic Conditions reporting, expand the Chronic Conditions Providers section at the bottom of [WAPHA's Performance Management Framework](#) website. For any other questions or queries, please discuss these with your contract manager.