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Australian Commission on Safety and Quality in Health Care

30 November 2025

For more information and how to interpret data see, safetyandquality.gov.au/practice-reflections or contact the Commission at: practicereflections@safetyandquality.gov.au

DR EVA EXAMPLE
EXAMPLE ST
SAMPLEVILLE
ZXY 7894

Dear Dr Example,

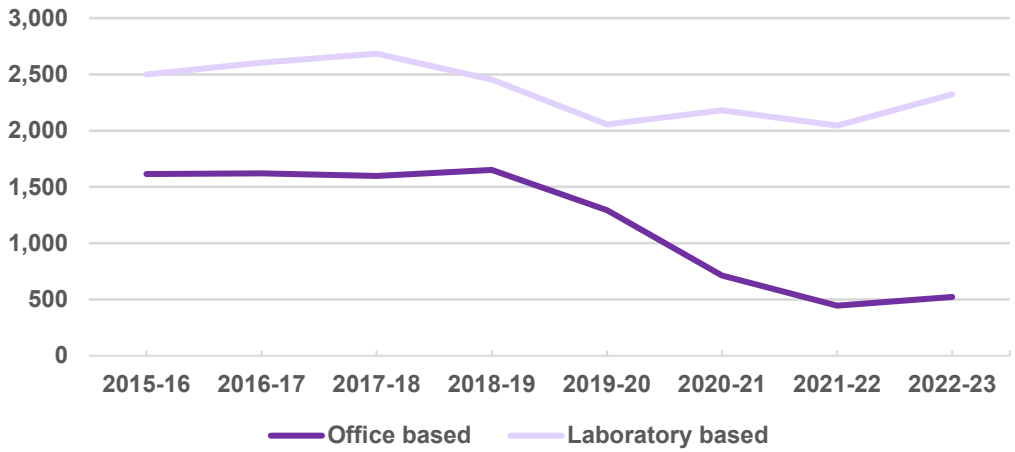
The Commission recognises and appreciates the critical work that GPs perform in delivering high quality primary care. To assist you in providing this care to your Chronic Obstructive Pulmonary Disease (COPD) patients, you are receiving a Practice Reflections report containing your MBS office spirometry data, alongside aggregated data of GP peers working in similar settings for comparison.

Your individualised Practice Reflections data is enclosed to support quality improvement. The data is not shared, retained or used for any other purpose.

Why focus on spirometry?

- COPD affects an estimated 1 in 13 Australians over the age of 40[1]. Spirometry is essential for accurate diagnosis of COPD[1]
- Differentiating asthma from COPD is important for correct pharmacological management; for asthma, inhaled corticosteroids are an early treatment option, while in COPD they should be reserved for patients with severe symptoms and/or at risk of exacerbations[2]
- The Commission's recent Atlas Focus report showed a 68% drop in rates of office spirometry nationally, compared with a 7% decrease in laboratory-based spirometry, between 2015–16 and 2022–23.[3] See Figure 1 below.

Figure 1. Number of MBS-subsidised spirometry tests claimed per 100,000 people aged 35 years and over



How to use this report

In October 2024, the Commission launched the COPD Clinical Care Standard[1]**.** Diagnosis with spirometry is the first quality statement in the Clinical Care Standard[1], which covers priority aspects of care for improving outcomes and reducing hospitalisations among patients with COPD. Consider your office spirometry data alongside the statement below to support your professional reflection.

COPD Clinical Care Standard Quality Statement 1: Diagnosis with spirometry

A person over 35 years of age with a risk factor and one or more symptoms of COPD receives high-quality spirometry to enable diagnosis. Spirometry is also performed for a person with a recorded diagnosis of COPD that has not yet been confirmed with spirometry.[1]

Refer to resources at Commissions COPD hub (see page 5).

N.B. There is no established benchmark for spirometry rates in primary care. The comparison rate provided here is a reference point for reflection rather than a target, noting that – spirometry rates in primary care are low overall.[4]

The data in this report focuses on office-based spirometry claims due to limitations in aligning laboratory spirometry referrals.

We note that multiple factors will impact your rate of claims for spirometry, including your patient characteristics, and whether you refer for spirometry or provide it in your practice.

We acknowledge there are challenges to providing spirometry in primary care, including cost, training and increased infection control during COVID. However, spirometry is the only way to accurately diagnose COPD.

We strive to improve Practice Reflections, if you would like to provide feedback or are interested receiving future Practice Reflections via email, please contact the team at practicereflections@safetyandquality.gov.au or via a short online survey by scanning the QR code at the bottom of this page.

Yours sincerely,

Conjoint Professor Carolyn Hullick

Chief Medical Officer, ACSQHC

Practice Reflections data

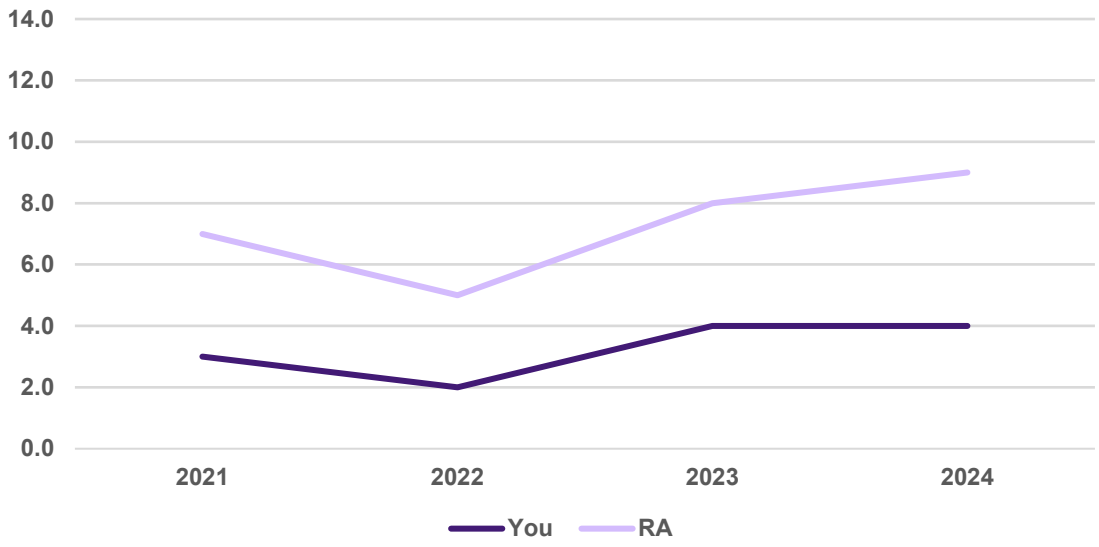
Data shown are aggregates from all your provider locations. The comparator group '**RA**' includes all GPs located in a similar remoteness area (e.g. city, regional or remote practices). RA comparison rate is calculated as the number of office spirometry tests claimed for every 1000 patients who had a GP consultation for all GPs in the RA.

Data shown are for spirometry MBS item numbers: Diagnosis – 11505, Monitoring – 11506. Your RA group is **Outer Regional**.

This data is provided to you only to support quality improvement and is not retained or used for any other purpose.

For FAQs and more information, see safetyandquality.gov.au/practice-reflections

Figure 2. Number of office spirometry tests claimed per 1,000 patients aged 35 years and over, 2021 to 2024

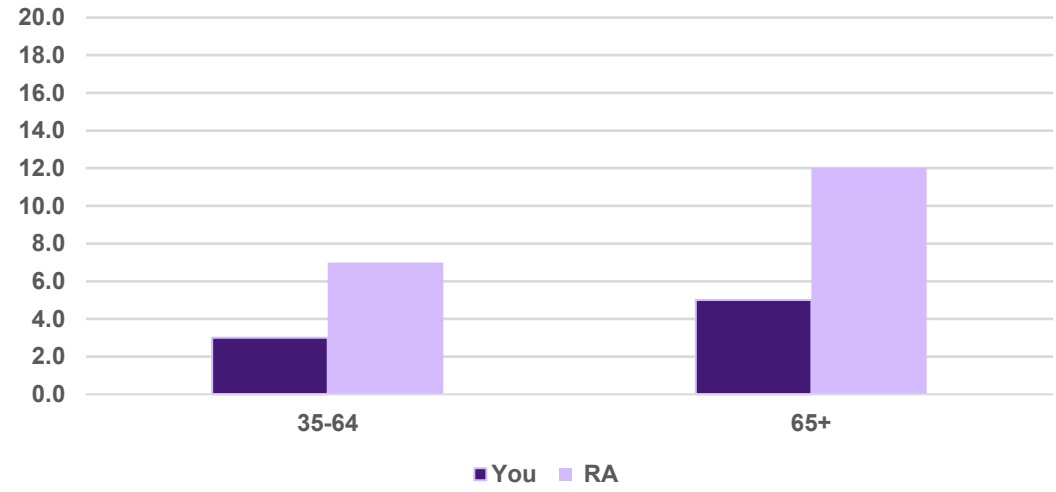


Question for reflection

Has your spirometry use improved since COVID?

Conduct pre and post-bronchodilator spirometry to confirm diagnosis in all people over 35 years with a risk factor for COPD (tobacco smoking, exposure to harmful chemicals, indoor/outdoor pollution, history of asthma etc) or a clinical diagnosis of COPD.

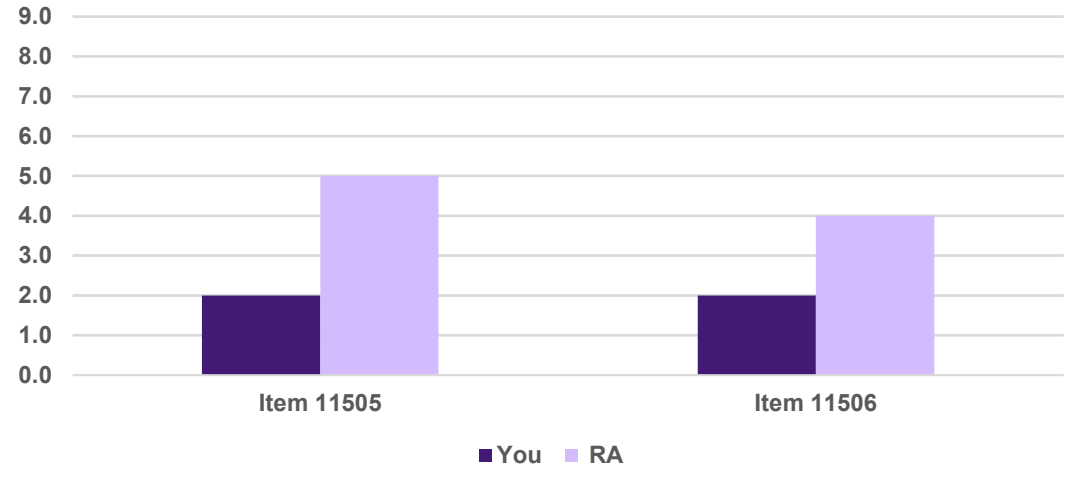
Figure 3. Number of office spirometry tests claimed per 1,000 patients, by patient age group, 2024



Question for reflection
Do your rates of office spirometry vary with age?

Provide the patient with information on what spirometry involves and how to prepare for the test. See the 'Getting ready for spirometry' fact sheet available on COPD hub (see page 5).

Figure 4. Number of office spirometry tests claimed (based on MBS item) per 1,000 patients aged 35 years and over, 2024



Question for reflection
When do you use office spirometry?

If spirometry is unavailable within the healthcare service, refer patients to a respiratory laboratory, respiratory specialist or pathology collection centre that offers spirometry. General practitioners can refer to their local HealthPathways for services that offer spirometry.

Key points

- Early recognition and diagnosis of COPD is critical to ensure appropriate management and to reduce the risk of lung function decline, exacerbations and mortality[1]
- COPD cannot be diagnosed based on clinical features or chest X-ray alone, the diagnosis can only be made with spirometry[2]
- Consider referral to a respiratory physician if spirometry results are unclear, although there are challenges in accessing them due to costs and lack of availability.

Resources

Access COPD Clinical Care Standards, Australian Atlas of Healthcare Variation Focus Report: COPD, Practice Reflections FAQs and more at COPD Hub (via QR code below).

Act on the data – MedicineInsight CPD activity

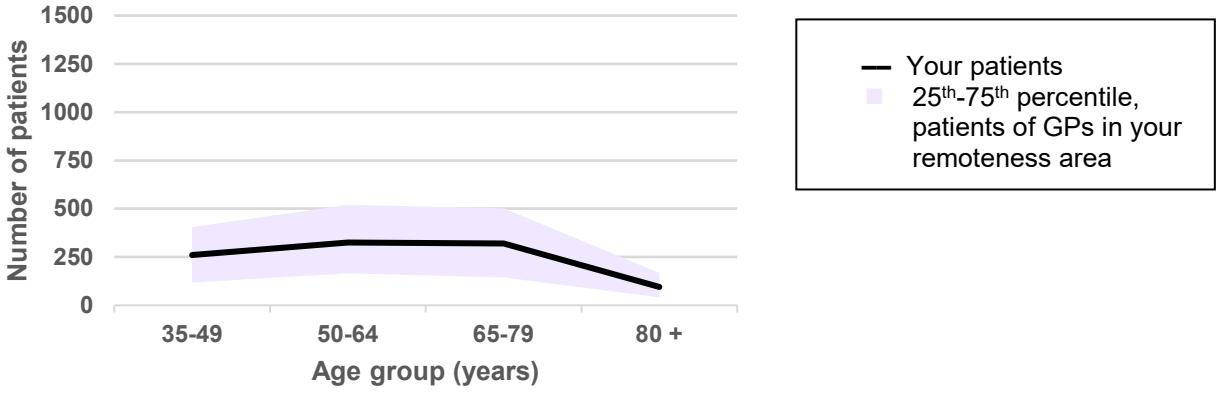
MedicineInsight is a primary care quality improvement program using data from participating Australian general practices. General practices participating in the free MedicineInsight program receive customised Practice Reports that concentrate on key health conditions. These reports provide individualised insights as well as aggregated comparisons against other Practices and GPs participating in the program.

A quality improvement guide is included with the MedicineInsight COPD report to help you act on the data provided and contribute to your "Reviewing Performance" Continuing Professional Development (CPD). To join the MedicineInsight program, email us at MedicineInsight@safetyandquality.gov.au or call 1300 721 726.

Your practice age profile

The age profile of your patients compared to those of other GPs can help you interpret your spirometry data. Your remoteness area peer group is **Outer Regional**.

Figure 5. Patient age profile and practice remoteness



References

1. COPD Clinical Care Standard, safetyandquality.gov.au/COPD-CCS
2. COPD-X Handbook, copdx.org.au
3. Australian Atlas of Healthcare Variation Focus Report – COPD, safetyandquality.gov.au/atlas-copd
4. Perret J, Yip SWS, Idrose NS, et al. BMJ Open Respir Res. 2023 Apr;10(1)

Updating your details

This Practice Reflections report was sent to your mailing address held by Services Australia.
To update your preferred mailing address with Services Australia: Log in to your Health Professional Online Services (HPOS) account using PRODA and change your details at https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos.
OR
Send your full name, provider number and new preferred mailing address to provider.registration@servicesaustralia.gov.au from a personal email address that clearly identifies you, or is the email address stored on the Medicare Provider Directory.

For more information

Please visit: safetyandquality.gov.au/practice-reflections