

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 ELLA EXAMPLE
EXAMPLE AVENUE
EXAMPLEVILLE
EFG 5678

Dear Dr Example,

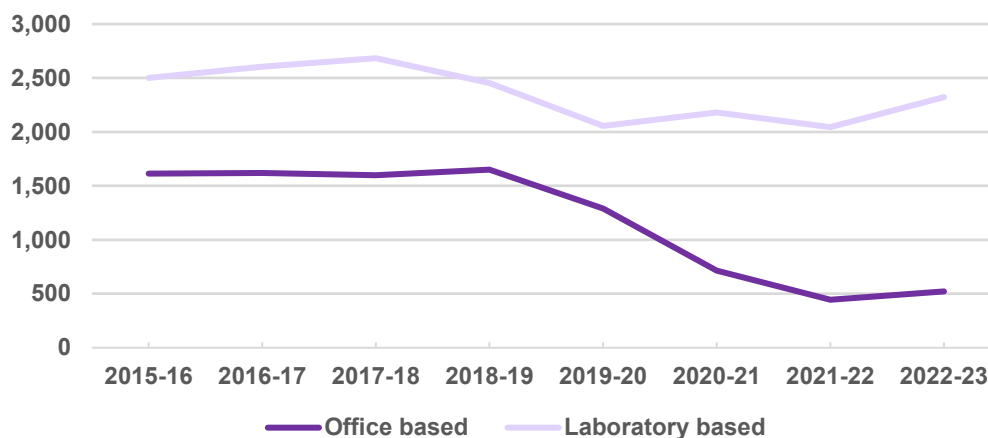
The Commission recognises and appreciates the critical work that GPs perform in delivering high quality primary care. To assist you in providing this care to your Chronic Obstructive Pulmonary Disease (COPD) patients, you are receiving a Practice Reflections report containing your MBS office spirometry 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 40¹. Spirometry is essential for accurate diagnosis of COPD¹
- 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 exacerbations²
- 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 Standard¹. Diagnosis with spirometry is the first quality statement in the Clinical Care Standard¹, 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 4).

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 **Very Remote**.

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

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

Year	You	RA
2021	1	3
2022	1	2
2023	2	3
2024	3	5

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.

Table 2. Number of office spirometry tests claimed per 1,000 patients, by patient age group, 2024

Age	You	RA
35–64	2	4
65 +	4	7

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 below).

Table 3. Number of office spirometry tests claimed (based on MBS item) per 1,000 patients aged 35 years and over, 2024

MBS item	You	RA
11505	1	3
11506	1	2

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 mortality¹
- COPD cannot be diagnosed based on clinical features or chest X-ray alone, the diagnosis can only be made with spirometry²
- 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 **Very Remote**.

Table 4. Patient age profile and practice remoteness (number of patients)

Age group (years)	You	25 th percentile	75 th percentile
35–49	131	93	170
50–64	148	103	194
65–79	96	45	150
80 +	27	< 6	48

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.

Disclaimer

This Practice Reflections report was produced by the Australian Commission on Safety and Quality in Health Care to support the delivery of appropriate care for a defined condition, based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consider the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information from the clinical care standard. The Commission does not accept any legal liability for any injury, loss or damage incurred by the use of, or reliance on, this document.

Confidentiality

The Commission has a contract with Services Australia for the extraction of MBS data which contain individual provider names and numbers, and aggregated patient data. Commission staff do not have access to this data. This information is securely held in Australia and is protected using multiple layers of accredited security controls, including best-practice encryption methods for de-identification. This information is only accessed in accordance with current legislations and strict information security protocols by the Services Australia's staff who have obtained an Australian Government security clearance and by duly authorised personnel at Services Australia's accredited mail house provider.

For more information

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

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