

National Hypertension Data Roundtable

Mapping Australia's blood pressure data landscape

The George Institute for Global Health, Sydney • 25 June 2026

Purpose

The Roundtable brought together stakeholders from across the health system to examine the datasets that bear on the measurement and monitoring of blood pressure control in Australia, and to begin shaping a practical means of tracking national progress against the goal of 70% control by 2030.

Background

Hypertension is the leading risk factor for premature death in Australia, contributing to cardiovascular disease, stroke, kidney disease and dementia. In response, the National Hypertension Taskforce was established in 2022, with a goal to lift blood pressure control rates to 70% by 2030. Its national roadmap is built on three pillars: prevention, detection and effective treatment.¹

There has been measurable progress. Australia's control rate has improved from 32% in 2022, when the Taskforce was formed, to 40% in 2026.² However, it remains well short of the 70% control rates achieved in Canada and comparable OECD countries.

Currently, our blood pressure control rate figures are drawn from the ABS National Health Survey, a sample of around 20,000 households conducted only every three to four years. Measuring and monitoring progress is critical to reaching the 2030 target, and will require more timely, and national, population coverage. Relevant data exists across the health system and the community, but it is fragmented and underused. Closing that gap was the purpose of the Roundtable.

The Roundtable

Held at The George Institute for Global Health on 25 June 2026, the Roundtable brought together 30 participants from across Australia, representing academia, government, industry, pharmacy, peak bodies and clinical practice. It provided an opportunity to map existing datasets and to explore how they might be drawn together to support timely tracking of the Taskforce's progress, including the potential for a shared national dashboard.

Findings: mapping the data landscape

Working in breakout groups, participants set out to identify where more usable and timely blood pressure data might already exist across Australia's clinical and community settings, and to consider how it could be accessed, shared and ultimately used to track progress. Sources were assessed against three questions: how representative each is of the population, the quality of the data, and whether it can realistically be shared.

The exercise confirmed that a credible national picture is within reach. A range of sources already capture blood pressure at scale, from general practice and pharmacy using primary care extraction tools such as PenCS, POLAR and Primary Sense, and LUMOS (NSW), through to opportunistic screening initiatives such as SiSU Health kiosks, May Measurement Month and Australia's Biggest Blood Pressure Check. The constraints are less about the existence of data and more about access, governance and the agreements needed to bring sources together. The main sources considered are summarised below.

¹Schutte AE et al. National Hypertension Taskforce of Australia: a roadmap to achieve 70% blood pressure control in Australia by 2030. *Med J Aust* 2024; 221(3): 126–134.

²Australian Bureau of Statistics, National Health Survey. [Insert specific release year and catalogue number.] The 32% baseline derives from the same survey series in 2022.

Table 1. Blood pressure data sources: representativeness, quality and sharing potential

Data source	Population representativeness	Data quality [^]	Sharing potential
Clinical and routine sources			
General practice (via clinical software)	Yes	Good, with considerations	Possible, subject to governance
Pharmacy	Yes	Good, with considerations	Possible, subject to agreements
Home blood pressure monitoring (potential)	No	Unknown	Possible, with considerations
Wearable devices	Partial	Limited	Unknown
Aged care	No	Unknown	Unknown
National survey			
ABS National Health Survey	Yes (c. 20,000 households)	Good (imputed)	Yes
Opportunistic screening			
SiSU Health kiosks	Yes	Good, with considerations	Yes
May Measurement Month (MMM)	No	Good	Yes
Australia's Biggest Blood Pressure Check	No	Good	Yes
Community programs (gyms, workplaces)	No	Unknown	Unknown
Lifeblood (Red Cross)	Unknown	Unknown	Unknown

Further research-based sources, including the PHASES program in Queensland, were also identified for follow-up. Assessments above reflect the working view of participants on the day and are intended to guide further investigation rather than to serve as a final determination.

[^]*Data quality assessments are based on discussions from the day. Post-workshop feedback highlighted the need for further review and refinement of data quality through criteria such as standardisation, coverage, and representativeness to determine an overall 'usefulness' score.*

Treatment and medication data

Alongside blood pressure measurement, participants identified medication data as a complementary means of understanding progress. Control depends not only on detection but on whether people are treated and stay on treatment, and dispensing data give a direct view of this. Two national routes were noted: linked Pharmaceutical Benefits Scheme (PBS) data, which offers the prospect of enduring linkage but is confined to subsidised medicines; and pharmacy dispensing software, which captures both subsidised and non-subsidised medicines in near real time, subject to sharing agreements. Together these can illuminate treatment initiation, adherence, persistence and the uptake of newer regimens such as single-pill combinations, and they are among the more timely sources available.

Towards a set of indicators

Bringing these threads together, participants began to set out the indicators a national dashboard might track, and the sources that could populate each. The result, summarised in Table 2, spans control, awareness, checks and medication, and assesses each candidate indicator against its data source, the access required, its coverage and how current it is. It shows that much of what a dashboard would need already exists, and that the binding constraints are access and timeliness rather than the absence of data.

Table 2. Candidate indicators and data sources

Indicator	Source	Access	Coverage	Timeliness
Blood pressure control				
BP control rate	ABS / AIHW National Health Survey	Yes, requires approval	Survey (~20,000 households)	Every 3-4 years
	GP practice data	Yes, with considerations	National	Near real-time (extraction timing unknown)
	SiSU Health kiosk data	Yes, requires approval	National	Near real-time
Prevalence, controlled	ABS / AIHW National Health Survey	Yes, requires approval	Survey (~20,000 households)	Every 3-4 years
	GP practice data	Yes, with considerations	National	Near real-time (extraction timing unknown)
	Prescription data (PBS, MedAdvisor)	Yes, requires approval	National (PBS and non-PBS)	Near real-time
	Lumos data	Yes, requires approval	NSW only for opted-in practices	Unknown
	PHASES with Primary Sense (research project)	Yes, with agreement	QLD (majority), WA, TAS, NT, NSW, ACT (13/31 PHNs use Primary Sense software)	Unknown
Prevalence, uncontrolled	ABS / AIHW National Health Survey; GP practice data	Yes, requires approval	NHS survey; national (GP)	Every 3-4 years
	Opportunistic screening (SiSU, MMM, ABBPC)	Yes, requires approval	SiSU national; MMM and ABBPC local	SiSU near real-time; MMM and ABBPC annual
	Prescription data (non-adherence), tentative	Yes, requires approval	National	Near real-time
	Lumos data	Yes, requires approval	NSW only for opted-in practices	Unknown
	PHASES with Primary Sense (research project)	Yes, with agreement	QLD (majority), WA, TAS, NT, NSW, ACT (13/31 PHNs use Primary Sense software)	Unknown
Incidence of hypertension	GP practice data	Yes, requires approval	National	Near real-time (extraction timing unknown)
	Opportunistic screening (SiSU, MMM, ABBPC)	Yes, requires approval	SiSU national; MMM and ABBPC local	SiSU near real-time; MMM and ABBPC annual
	Lumos data	Yes, requires approval	NSW only for opted-in practices	Unknown
	PHASES with Primary Sense (research project)	Yes, with agreement	QLD (majority), WA, TAS, NT, NSW, ACT (13/31 PHNs use Primary Sense software)	Unknown
Blood pressure awareness				
Number of screening events	SiSU Health kiosk data	Yes, requires approval	National	Near real-time
	MMM; ABBPC	Yes, requires approval	Local, working towards national reach	Annual
Campaign statistics (audience reach)	ABBPC	Unknown	National	Annual
Blood pressure checks				

Indicator	Source	Access	Coverage	Timeliness
AOBP measurement implementation	Unknown	Unknown	Unknown	Unknown
Proportion checked in last 12 months	SiSU kiosk data	Yes, requires approval	National	Near real-time
	GP practice data	Yes, requires approval	National	Near real-time (extraction timing unknown)
Annual number of BP checks	SiSU kiosk data	Yes, requires approval	National	Near real-time
	GP practice data	Yes, requires approval	National	Near real-time (extraction timing unknown)
	PHASES with Primary Sense (research project)	Yes, with agreement	QLD (majority), WA, TAS, NT, NSW, ACT (13/31 PHNs use Primary Sense software)	Unknown
Proportion of GP visits with BP checked	GP practice data	Yes, requires approval	National	Near real-time (extraction timing unknown)
	PHASES with Primary Sense (research project)	Yes, with agreement	QLD (majority), WA, TAS, NT, NSW, ACT (13/31 PHNs use Primary Sense software)	Unknown
Medication				
Number of BP medication prescriptions	PLIDA-PBS	Yes, requires approval	National (PBS only)	PLIDA data refreshed every 3 months
	Pharmacy software (MedAdvisor)	Yes, requires approval	National (PBS and non-PBS)	Near real-time
Medication persistence	Pharmacy software (MedAdvisor)	Yes, requires approval	National (PBS and non-PBS)	Near real-time
Medication adherence	Pharmacy software (MedAdvisor)	Yes, requires approval	National (PBS and non-PBS)	Near real-time
Annual uptake of single-pill combination (SPC)	PLIDA-PBS	Yes, requires approval	National (PBS only)	Currency unknown; potential lag
	Pharmacy software (MedAdvisor)	Yes, with agreement	National (PBS and non-PBS)	Near real-time
Rate of uptake of 60-day dispensing	PLIDA-PBS	Yes, requires approval	National (PBS only)	Currency unknown; potential lag
	Pharmacy software (MedAdvisor)	Yes, requires approval	National (PBS and non-PBS)	Near real-time

Access reflects the position assessed on the day; “requires approval” denotes data available subject to application and governance. Coverage and timeliness reflect participants’ working knowledge and are to be confirmed.

Agreed direction

Participants agreed that the priority is to move from mapping to demonstration. The shared next steps are to:

- Develop a draft dashboard that draws together the most promising sources across both measurement and treatment, including dispensing and PBS linkage data, as a basis for review and refinement.
- Test the quality and timeliness of clinical and screening data, including primary care software and opportunistic screening, and cross-validate where sources overlap.
- Pursue the access and governance arrangements needed to share data, recognising these as the principal constraint rather than the data itself.
- Work towards continued population-level measurement, including home blood pressure measurement within national survey collection.

- Reconvene shortly to maintain momentum and confirm responsibilities.

Taken together, these steps mark a shift from establishing what data exists to demonstrating what a timely, credible national picture of blood pressure control could look like.

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