Medical Indemnity National Collection (Public Sector) 2010-11

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	MINC (PS)
METEOR identifier:	482047
Registration status:	AIHW Data Quality Statements, Standard 18/05/2012

Data quality

Data quality statement summary:

The Medical Indemnity National Collection (Public Sector), or MINC (PS), is a dataset that contains information on the number, nature and costs of public sector medical indemnity claims in Australia. Medical indemnity claims are claims for compensation for harm or other loss allegedly due to the delivery of health care.

Data on medical indemnity claims may change over the life of a claim as new information becomes available or the reserve amount set against the likely cost of closing the claim is revised.

Western Australia withdrew from the MINC (PS) for the 2010–11 year.

Although there are coding specifications for national medical indemnity claims data, there are some variations in how jurisdictional health authorities that are party to the MINC (PS) report medical indemnity claims.

The MINC (PS) contains information on medical indemnity claims against providers covered by public sector medical indemnity arrangements. The health service may have been provided in settings such as hospitals, outpatient clinics, private general practitioner surgeries, community health centres, residential aged care facilities or mental health-care establishments or during the delivery of ambulatory care.

States and territories receive their data from public sector medical indemnifiers and government health service providers. They use their data to monitor and regulate the costs incurred from claims of harm or other loss allegedly caused through the delivery of health services covered by public sector medical indemnity arrangements.

The MINC (PS) includes:

- basic demographic information on the ‘claim subject’ (patient) at the centre of an alleged health-care incident
- related information such as the type of incident or allegation, the health service context and the clinician specialties involved
- the reserve amount set against the likely cost of settling the medical indemnity claim
- the time between setting the reserve and closing the medical indemnity claim, and
- the cost of closing the medical indemnity claim and the nature of any compensatory payments.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988*, (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au.

Data for the MINC (PS) are supplied to the AIHW by state and territory health authorities under the terms of the MINC (PS) Agreement. The MINC (PS) Agreement governs the AIHW's collection and use of the MINC (PS) data. The Agreement includes the state and territory health authorities, the Australian Government Department of Health and Ageing, and the AIHW as co-signatories. Representatives from all of these agencies make up the Medical Indemnity Data Working Group (MIDWG), which oversees the MINC.

The MINC (PS) includes data for January to June 2003 and for each financial year from 2003–04 to 2010–11. The 2010–11 data covers the period from 1 July 2010 to 30 June 2011.

Timeliness:

According to the MINC (PS) Agreement, data are provided annually by August following the financial year to which the data relate. Data cleaning and validation are scheduled for completion during the following October. For the 2010–11 year, data were received between August 2011 and February 2012, and validation was completed in February 2012.

The AIHW's publication of the MINC (PS) data in Australia's medical indemnity claims 2010–11 was originally planned for release in June 2012. It is being released in August 2012.

Accessibility:

Australia's medical indemnity claims 2010–11 is the nineth report in its series. All are available without charge on the AIHW website. Links to the reports are listed sequentially at: http://www.aihw.gov.au/aihw-statistical-information-on-medical-indemnity-claims-in-australia/.

Interactive data cubes for MINC PS 2010–11 data will follow the release of the *Australia's medical indemnity claims 2010–11* report.

Release or publication of MINC data requires the unanimous consent of the MIDWG. Interested parties can request access to MINC (PS) aggregated data not available online or in reports via the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to info@aihw.gov.au.

Interpretability:

Information to aid in the interpretation of the data in *Australia's medical indemnity claims 2010–11* is presented in Chapter 2 and 'Appendix 1: MINC data items and key terms' of the report.

Relevance:

Scope and coverage

The MINC (PS) includes information on medical indemnity claims against the public sector including 'potential claims'. A potential claim is a matter considered by the relevant authority as likely to materialise into a claim and that has had a reserve placed against it. The MINC (PS) does not include information on health-care incidents or adverse events which do not result in an actual claim (commenced claims) or which are not treated as potential claims.

Western Australia did not report any data to the MINC (PS) for 2010–11 and so the available national data, excludes Western Australia for 2010–11.

There is some variation between reporting jurisdictions in terms of which cases fall within the scope of the MINC (PS), due to different reserving practices. For 2010–11, 100% of all public sector claims considered by reporting jurisdictions to fall within scope were reported to the AIHW.

Many of the data items in the MINC (PS) collect information on the patient or 'claim subject', the person who received the health-care service and was involved in the health-care incident that is the basis for the claim, and who may have suffered, or did suffer, harm or other loss as a result. The patient may or may not be a claimant, that is, the person(s) pursuing the claim. In the case of potential claims there may be no claimant. Information is not collected on the claimant as such.

Reference period

The MINC (PS) 2010–11 data covers new claims that had a reserve amount set against them between 1 July 2010 and 30 June 2011, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

Indigenous identification

Information on Indigenous identification was not collected in 2010–11.

Accuracy:

Data quality

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Not known responses

The time required to collect all the information relevant to a medical indemnity claim can be lengthy. A coding of *Not known* is used when information is not currently available but may become available during the lifetime of a claim. When claims are new, the *Not known* rates for some data items can be quite high. This means that the proportions for the coded values for these same claims will change in the future as *Not known* codings are replaced with the relevant information.

Not applicable responses

The circumstances of a claim may make a data item not applicable; for instance, 'specialty of clinicians closely involved in incident' would be *Not applicable* if no clinician was involved. For the data items 'nature of claim—loss to claim subject' and 'nature of claim—loss to other party/parties' the difference between *Not known* and *Not applicable* is sometimes not clear-cut and the codes have sometimes been used interchangeably.

Incident/allegation category definitions

Three incident/allegation categories, *Treatment, Medication-related* and *Procedure*, have not been fully defined. There appear to be some interventions recorded as *Treatment* by some jurisdictions but as *Medication-related* or *Procedure* by other jurisdictions.

Coherence:

The master database holds the most up-to-date information available on Australia's public sector medical indemnity claims. Several jurisdictions have audited their medical indemnity claims collections in recent years, or detected changes that should be made to the coded data, and all changes are reflected in the master database. Occasionally, a health authority has requested the AIHW to remove a

previously transmitted record, for instance if it involves public liability rather than medical indemnity. As a result of these changes, the data reported by the AIHW on medical indemnity claims for any particular year is subject to change.

There have been a number of enhancements to the MINC (PS) specifications since the initial data collection in 2003. While the enhancements have been designed to retain comparability with previously collected data, the following changes to the 2009–10 data specifications require comment.

Mode of claim finalisation
A new *Discontinued potential claim* coding option was introduced. Discontinuation means that the claim file is closed without there being any court decision or negotiated settlement with a claimant. Prior to 2009–10, to discontinue a potential claim data providers were required to also give it a claim commencement date, and report it as a *Discontinued commenced claim*.

Status of claim
A new coding option *Rescinded—not a medical indemnity claim* was introduced for erroneous claim records and potential claims that in retrospect should not have had a reserve set against them because their likelihood of eventuating into an actual claim was low. Prior to 2009−10, when data providers wanted to remove these sorts of claim records from their list of current claims, they either reported the claim as closed or requested the AIHW to delete the claim from the master database. This coding option has resulted in a marked drop in the proportion of claims discontinued for $0 compared with the data published for previous years.

Nature of claim—loss to claim subject/other parties
For both data items, *Medical costs* was recognised as a separate category rather than being subsumed under *Other loss*. This change improves the alignment of these data items with the 'Gross Claim Payments by Heads of Damage' data item (No. 25) in the Australian Prudential Regulation Authority (APRA) National Claims and Policies Database (NCPD).

Extent of harm
Three of the 'extent of harm' categories were changed to bring them into alignment with the World Health Organization's International Classification of Functioning, Disability and Health, and also to allow the codes recognised for NCPD data item 17 ('Severity of injury') to be mapped on to the MINC (PS) codes. Analysis of the claims data demonstrated continuity between the 2009−10 and 2010−11 categories and those of previous years. By and large, claims that used to have an extent of harm *Temporary—duration of less than 6 months* were now coded *Mild injury*, and claims that used to have an extent of harm *Minor, with duration of 6 months or more* or *Major, with duration of 6 months or more* were now respectively coded *Moderate injury* and *Severe injury*.

Claim subject's date of birth
Prior to 2009–10, only the claim subject's year of birth was collected. Collection of the claim subject's date of birth allows more accurate calculation of the claim subject's age at the time of the incident.

Claim record particulars flag
The great majority of claim records involve a single reserve amount set for a single health-care incident or chain of health-care incidents, with the total costs to the health authority (both legal/investigative and claimant payments) recorded as part of the claim record. The exceptions to the general rule are notified with the 'claim record particulars flag' data item introduced in 2009–10.

Use of *Not known* as a coding option for closed claims
The option to record *Not known* for closed claims was restricted to rare circumstances only. Consequently there was a marked drop in the *Not known* rates for claims closed in 2009–10 compared to previous years. There was also greater consistency between jurisdictions in using the *Not applicable* coding option (rather than *Not known*) to record the absence of any compensatory payment to the claim subject, and/or another party, when a claim was closed.

Comparison with other collections
A number of MINC (PS) data items are identical or similar to NCPD data items collected on private sector medical indemnity claims by APRA and by Insurance Statistics Australia (ISA) on behalf of APRA. The Medical Indemnity National

Collection (Private Sector) held at the AIHW is based on data items in common between the MINC PS and the NCPD data collected by ISA. Public and private sector data for 2010–11 are jointly reported in the AIHW's *Australia's medical indemnity claims 2010–11* report, and in previous reports in the same series for earlier years.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: Australian Institute of Health and Welfare 2012. Australia's medical indemnity claims 2010−11. Safety and quality of health care series no. 12. Cat. no. HSE 120. Canberra: AIHW.

Relational attributes

Related metadata references:

See also Medical Indemnity National Collection (Private Sector) 2010-11 AIHW Data Quality Statements, Standard 18/05/2012

See also Medical Indemnity National Collection (Private Sector) 2011-12 AIHW Data Quality Statements, Standard 01/07/2013