

# **National Health Performance Authority, Healthy Communities: Seeing three or more health professionals, 2012–13**

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# National Health Performance Authority, Healthy Communities: Seeing three or more health professionals, 2012–13

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Seeing three or more health professionals, 2012–13
<b>METEOR identifier:</b>	601739
<b>Registration status:</b>	<a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016
<b>Description:</b>	Percentage of people over 15 years of age who saw three or more health professionals in the preceding 12 months.
<b>Indicator set:</b>	<a href="#">National Health Performance Authority: Healthy Communities: 2011–</a> <a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016

## Collection and usage attributes

<b>Population group age from:</b>	For this indicator an adult is defined as a person aged 15 years and over
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**Computation description:** Participants in the Australian Bureau of Statistics (ABS) Patient Experience Survey 2012–13 who reported they saw three or more health professionals in the preceding 12 months.

The numerator was calculated as the sum of calibrated sample weights for adults who responded they saw three or more health professionals in the preceding 12 months and who were enumerated within the particular Medicare local catchment.

Population is limited to persons aged 15 years and over.

The denominator was calculated as the sum of calibrated sample weights for persons aged 15 years and over who were enumerated within the Medicare Local catchment.

Person level survey weights were calibrated to independent estimates of the population of interest, referred to as 'benchmarks'. Weights calibrated against population benchmarks ensure that the survey estimates conform to independently estimated distributions of the population, rather than to the distribution within the sample itself. These benchmarks account for the distribution of people across state and territory, age group, and sex categories. Note: These benchmarks have not been calibrated for Medicare Local geography.

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of the person.

The measure is presented as a percentage.

95% confidence intervals and relative standard errors are calculated for rates.

The National Health Performance Authority developed a suppression protocol to ensure robust reporting of these data at small areas.

- These suppression rules are based on limits for Relative Standard Error<sup>1</sup> and Confidence Interval width of 30%, with additional cross-validation for estimates close to these limits, that is plus or minus 3% of the limits. If an estimate was marginal<sup>2</sup> with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal<sup>2</sup> with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor.
- Data were suppressed based on the following rules:
  - Relative Standard Error of 33% or greater, or
  - Confidence Interval (95%) width of 33% or greater, or
  - Relative Standard Error between 27% and 33%, with significantly<sup>3</sup> wider Confidence Interval width than the average for that indicator, or
  - Confidence Interval width between 27% and 33%, with significantly<sup>3</sup> wider Relative Standard Error than the average for that indicator.

1. For a dichotomous proportion, Relative Standard Error can be defined as the ratio of the standard error and the minimum of the estimate and its complement (100%–estimate).

2. In this context, marginal is defined as within 10% of the 30% limit, or +/- 3%

3. In this context, statistical significance is defined as at least two standard deviations above average.

**Computation:**  $100 \times (\text{Numerator} \div \text{Denominator})$

**Numerator:** Number of persons aged 15 years and over who reported seeing three health professionals in the preceding 12 months.

**Numerator data elements:****Data Element / Data Set**

[Person—age, total years N\[NN\]](#)

**Data Source**

[ABS Patient Experience Survey \(PEX\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

[Person—seen by three or more health professionals in the preceding 12 months indicator, yes/no code N](#)

**Data Source**

[ABS Patient Experience Survey \(PEX\)](#)

**Denominator:**

Total number of persons aged 15 years and over who were enumerated within the Medicare Local catchment.

**Denominator data elements:****Data Element / Data Set****Data Source**

[ABS Patient Experience Survey \(PEX\)](#)

**Guide for use**

Data source type: Survey

**Disaggregation:**

By Medicare Local catchments and Medicare Local peer groups.

**Disaggregation data elements:****Data Element / Data Set**

[Administrative health region—Medicare Local identifier, code AANNN](#)

**Data Element / Data Set**

[Administrative health region—Medicare Local peer group, code N](#)

## Representational attributes

**Representation class:** Percentage

**Data type:** Real

**Unit of measure:** Person

**Format:** N[NN].N

## Indicator conceptual framework

**Framework and dimensions:** [PAF-Equity of access](#)

## Data source attributes

**Data sources:****Data Source**[ABS Patient Experience Survey \(PEX\)](#)**Frequency**

Annual

**Data custodian**

Australian Bureau of Statistics

**Accountability attributes**

**Reporting requirements:** National Health Performance Authority - Performance and Accountability Framework

**Organisation responsible for providing data:** Australian Bureau of Statistics

**Accountability:** National Health Performance Authority

**Release date:** 19/03/2015

**Source and reference attributes**

**Submitting organisation:** National Health Performance Authority

**Origin:** Healthy Communities

**Reference documents:** National Health Performance Authority - Performance and Accountability Framework