

National Healthcare Agreement: P13- Proportion of children with 4th year developmental health checks, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	392615
Registration status:	<ul style="list-style-type: none">Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P13-Proportion of children with 4th year developmental health check, 2010 Health , Superseded 08/06/2011
--	---

Data quality

Quality statement summary:	<ul style="list-style-type: none">The Medicare Benefits Schedule (MBS) items included in this indicator do not cover all developmental health check activity such as that conducted through state and territory early childhood health assessments in preschools and community health centres.The analyses by state/territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received.No adjustment was made to this indicator to account for under-identification of Indigenous children in Medicare data
----------------------------	--

Institutional environment: The MBS claims data is based on administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.

Medicare Australia collects the MBS data under the *Medicare Australia Act 1973*. This data is then regularly provided to the Department of Health and Ageing.

The numerator for this indicator was prepared by the Department of Health and Ageing and quality-assessed by the Australian Institute of Health and Welfare (AIHW). The AIHW prepared the denominator and calculated the indicator based on numerators supplied. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Timeliness: MBS claims data are available within 14 days of the end of a month. The indicator relates to all claims processed in the 2008–09 financial year.

Accessibility: Information is available for MBS Claims data from:

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1>

Interpretability: Medicare claims statistics are available at:

<http://www.nhhrc.org.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1>

https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Relevance: The measure relates to specific identified Medicare services, for which claims data are available. Medicare data allows disaggregation by the demographic of the person and area (based on postcode) using data held on the Medicare system.

The MBS items included in this indicator do not cover all developmental health check activity such as that conducted through state and territory early childhood health assessments in preschools and community health centres.

4th year development health checks can be received when children are aged 3 to 5 years old.

Data for MBS items 709 and 711 includes Indigenous children who received Healthy Kids Checks. Consequently, it has not been possible to produce an Indigenous disaggregation. A disaggregation by 'type of health check' has been reported instead.

Data for total children was calculated using the total number of patients with MBS items 709, 711 or 708.

The figures for the Northern Territory exclude children receiving Northern Territory Emergency Response Child Health Checks.

The analyses by state/territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved location during the reference period are allocated to the postcode of their address at date of last service received.

Accuracy: As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed, rather than when the service was rendered, produces little difference in the total number of persons included in the numerator for the reference period.

Children who received more than one type of health check (MBS items 709, 711 and 708) are counted once only in the calculations for this indicator. Where an Indigenous child received more than one Aboriginal and Torres Strait Islander population Child Health Check during the reference period, the child was only counted once in the numerator.

Where a child has received more than one health check during the relevant period, the residence at the time of the last service is used to allocate them to a remoteness and SEIFA category.

Medicare data presented by Indigenous status have not been adjusted to account for known under-identification of Indigenous status in MBS data.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence: The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change.

Disaggregation by SEIFA and remoteness area are not publicly available elsewhere.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: PI 13-Proportion of children with 4th year developmental health check, 2011 QS](#)

- [Health](#), Superseded 04/12/2012

© Australian Institute of Health and Welfare 2015–2022

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at www.aihw.gov.au/copyright. The full terms and conditions of this licence are available at <http://creativecommons.org/licenses/by3.0/au/>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.