National Healthcare Agreement: P21-Treatment rates for mental illness, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	392640
Registration status:	• Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P21-Treatment rates for mental illness, 2010 Health, Superseded 08/06/2011

Data quality

Quality statement summary:

- State and territory jurisdictions differ in their approaches to counting clients under care, including different thresholds for registering a client. Additionally, they differ in their capacity to provide accurate estimates of individual persons receiving mental health services. Therefore comparisons between jurisdictions need to be made with caution.
- The Indigenous status data should be interpreted with caution:
  - Public sector community mental health services (Public) data: There is varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 10% of all clients).
  - Private sector admitted patient (Private) data: Indigenous status is not collected by the Private Mental Health Alliance (PMHA).
  - Medicare Benefits Schedule (MBS) data: MBS data on Indigenous status are not published for this performance indicator. Indigenous identification is reported voluntarily by Indigenous Medicare enrolees and there is good evidence that the data significantly under-enumerates Indigenous persons.
  - Persons can receive services from more than one type of these service providers. The extent to which this occurs is unknown. However, it is likely that there is considerable overlap between the private data and the MBS data.
- A small number of persons receiving mental health treatment are not included in any of the data sources used for this performance indicator.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) prepared the denominator and calculated the indicator based on numerators supplied by other data providers. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Numerators for this indicator were prepared by state and territory health authorities, the PMHA and the Department of Health and Ageing (DoHA) and quality-assessed by the AIHW.

The AIHW and DoHA drafted the initial data quality statement. The statement was finalised by AIHW following input from state and territory health authorities, PMHA and DoHA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.

Public data

The state and territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Private data

The PMHA's Centralised Data Management Service (CDMS) provided data submitted by private hospitals with psychiatric beds. The data are used by hospitals for activities such as quality improvement.

MBS data

Medicare Australia collects the MBS data under the *Medicare Australia Act 1973*. These data are then regularly provided to DoHA. The MBS claims data are an administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.

Timeliness: The reference period for these data is 2007–08.

Accessibility: Information is available in the COAG National Action Plan on *Mental Health—progress report 2007–08.*

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

Disaggregation of MBS data by SEIFA is not publicly available elsewhere.

Interpretability: Information is available for MBS claims data from:

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

Relevance:

Estimates are based on counts of individuals receiving care within the year, by each service type, where each individual is generally counted once regardless of the number of services received. Persons can receive services of more than one type within the year; a count of persons receiving services regardless of type is not available.

A number of persons receiving mental health treatment are not captured in these data sources. These include:

- individuals receiving only admitted and/or residential services from state and territory public sector specialised mental health services.
- individuals receiving mental health services (other than as admitted patients in private hospitals) funded through Department of Veterans' Affairs, other third party funders (for example, transport accident insurers, workers compensation insurers) or out of pocket sources.

There is likely to be considerable overlap between the MBS data and private hospital data, as most patients accessing private hospital services would access MBS items in association with the private hospital service.

Public data

Person counts for state and territory mental health services are counts of persons receiving one or more service contacts provided by public sector community mental health services. South Australia and Tasmania submitted data that were not based on unique patient identifier or data matching approaches.

Private data

Private hospital estimates are counts of individuals receiving admitted patient specialist psychiatric care in private hospitals.

MBS data

MBS are counts of individuals receiving mental health specific Medicare services for which claims data are available.

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, these data do 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.

MBS claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

Accuracy:

Public data

State and territory jurisdictions differ in their capacity to provide accurate estimates of person receiving services (see above). Additionally, jurisdictions differ in their approaches to counting clients under care. For example, people who are assessed for a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others. Therefore, comparisons between jurisdictions should be made with caution.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes patients where Indigenous status was missing or not reported (around 10% of all clients).

Private data

Not all private psychiatric hospitals are included in the PMHA's CDMS. Those that are included accounted for approximately 75% of all activity in the sector. The data provided are an estimate of overall activity. Actual counts are multiplied by a factor that accounts for the proportion of data missing from the CDMS collection. That adjustment is performed at the level of state and territory, since non-participation rates varied between jurisdictions.

Indigenous status information is not collected for these data.

MBS Data

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

Medicare claims data used for statistical purposes are 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.

People who received more than one type of MBS service are counted once only in the calculations for this indicator.

MBS data on Indigenous status are not published for this performance indicator. Indigenous identification is reported voluntarily by Indigenous Medicare enrolees and there is good evidence that the data significantly under-enumerates Indigenous persons.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be 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 used in this indicator are also published in the *COAG National Action Plan on Mental Health—progress report 2007–08*. There may be some differences between the data published in these two sources as in the *COAG National Action Plan on Mental Health—progress report 2007–08*:

- rates may be calculated using different Estimated Resident Populations (ERP) rather than the June 2007 ERPs that are used for this indicator,
- the 2007–08 figures are based on preliminary data for the public and private sectors and may not cover the full financial year, and
- MBS numbers are extracted using a different methodology. The *COAG National Action Plan on Mental Health—progress report 2007–08* counts a patient in each state they resided in during the reference period but only once in the total whereas this indicator counts a patient in only one state/territory.

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 21-Treatment rate for mental illness, 2011 QS

- Health, Superseded 04/12/2012