

National Healthcare Agreement: P30-Proportion of people with diabetes who have a GP annual cycle of care, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	392818
Registration status:	<ul style="list-style-type: none">• Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P30-Proportion of people with diabetes who have a GP annual cycle of care, 2010 Health , Superseded 08/06/2011
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Data quality

Quality statement summary:	<ul style="list-style-type: none">• The indicator appears reliable at a national level. However, comparison between jurisdictions and population groups may be problematic due to different population structures (include relative prevalence of Type 1 and Type 2 diabetes) which have not been accounted for in the calculation of this indicator.• Compared with other states, results for the ACT and NT appear to be less reliable, perhaps due to their smaller population and lower coverage of services in the NT.• The National Diabetes Services Scheme (NDSS) gives the best available approximation of people with diagnosed diabetes in Australia in 2008–09 but it does not cover all people with diabetes and its uptake is lower in remote areas.
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Institutional environment: Medicare Benefits Schedule (MBS)

The MBS claims data are 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*. These data are then regularly provided to the Department of Health and Ageing.

National Diabetes Services Scheme (NDSS)

The NDSS is a subsidy scheme administered by Diabetes Australia Ltd, since its establishment in 1987, on behalf of the Australian Government Department of Health and Ageing.

At the point of registration with the Scheme, people provide demographic data, details of the type of diabetes they have and how it is treated. This information is held on a central database by Diabetes Australia Ltd and is uploaded monthly.

Diabetes Australia Ltd is a national federated body supporting people with diabetes and professional and research bodies concerned with the treatment and prevention of diabetes; see <http://www.diabetesaustralia.com.au/en/About-Diabetes-Australia/>.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the Australian Institute of Health and Welfare (AIHW). 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

The MBS data used in this indicator relate to all claims processed in the 2008–09 financial year.

NDSS

NDSS data are updated continuously. Data are available on a monthly basis from Diabetes Australia Ltd. The NDSS data used for this indicator relate to all registrants as at 30 June 2009.

Accessibility:

MBS

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 by SEIFA of residence and remoteness area are not publicly available elsewhere.

NDSS

NDSS data are not publicly accessible.

Interpretability:

Information is available for MBS claims data from:

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

Further information on the NDSS is available at <http://www.ndss.com.au>.

Relevance:MBS

The measure relates to specific identified Medicare services.

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

MBS Indigenous status is based on a Voluntary Indigenous Identifier and therefore understates the services received by Indigenous persons.

MBS geographic location is based on patient enrolment postcode which does not perfectly match the Australian Bureau of Statistics (ABS) Post Office Area used to concord the claims data to SEIFA and remoteness area.

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. 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.

NDSS

The number of registrants on the NDSS can be counted to estimate diabetes prevalence. However, registration is voluntary and therefore it is likely that a proportion of people with diagnosed diabetes are not registered with the Scheme. Diabetes Australia estimates that the NDSS covers 80% to 90% of people with diagnosed diabetes.

NDSS data allow for disaggregations by Indigenous status and area (based on postcode). The Indigenous status rates should be interpreted with caution due to the relatively high missing/not reported records in some jurisdictions. As with the MBS data, there were a small number of records that did not concord to a SEIFA quintile or remoteness area and were therefore excluded from the analysis.

The indicator aggregates people with Type 1 and Type 2 diabetes (as using data linkage to disaggregate the data would raise Privacy Act concerns). However, while people with Type 1 diabetes are significantly more likely to require a care plan, Type 2 diabetes comprises around 85% of all records. Consequently, aggregating data does not give an accurate proportion of persons with each type of diabetes who have an MBS annual cycle of care.

Accuracy:MBS

As with any administrative system a small degree of error may be present in the data captured. These errors may include a service being attributed to the wrong person on a Medicare Card (for example, the mother rather than child) in a small number of instances.

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 produce little difference in the total number of persons included in the numerator term for the reference period.

MBS data for this indicator have not been adjusted to account for under-identification of Indigenous people in the dataset. Approximately 50% of the Indigenous population are estimated to have identified under the Voluntary Indigenous Identifier.

NDSS

The AIHW estimates the number of duplicate records in the NDSS to be small (only 0.3% of records from a subset of NDSS data as at June 2008). A small number of people who no longer have diabetes or who have died are likely to still be in the database.

The NDSS requires certification of a diagnosis of diabetes before an individual can register. This eliminates any self-report bias, but excludes those people with undiagnosed diabetes.

The NDSS may underestimate the number of Indigenous people with diabetes because of, for example, under-reporting of Indigenous status on NDSS records and low registration rates among Indigenous people. Indigenous status is missing or not reported on 4% of all records (ranging from 2% in NSW and Queensland to 11% in Tasmania as of 30 June 2009). NDSS data have not been adjusted to account for under-identification of Indigenous people.

The NDSS may also underestimate the prevalence of diabetes in remote areas due to a shortage of doctors/diabetes educators needed to approve registration application.

Postcodes (used for disaggregation by SEIFA of residence and remoteness area) relate to the registrant's place of residence as recorded at the point of registration. This is likely to be accurate, as registrants have an incentive to update this information if and when they move so as to ensure products supplied to them under the NDSS are delivered to their correct place of residence.

Coherence:

The reference period is not consistent across the data sources: the MBS data relate to all claims processed over the 2008-09 financial year; while the NDSS data include all registrants on the database at a point in time (30 June 2009).

While both data sources are likely to under-report estimates for Indigenous Australians, the degree of under-reporting is likely to be different.

The data items for each data source are consistently collected and support assessment of annual change.

Relational attributes**Related metadata references:**

Has been superseded by [National Healthcare Agreement: PI 30: Proportion of people with diabetes who have a GP annual cycle of care, 2011 QS](#)

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