National Healthcare Agreement: P24-GP-type services, 2010

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Output measure
Short name:	GP-type services, 2010
METEOR identifier:	394776
Registration status:	Health, Superseded 08/06/2011
Description:	GP-type service use per 1,000 population.
Indicator set:	National Healthcare Agreement (2010) Health, Superseded 08/06/2011
Outcome area:	Primary and Community Health Health, Standard 07/07/2010
Data quality statement:	National Healthcare Agreement: P24-GP-type services, 2010 QS Health, Superseded 08/06/2011

Collection and usage attributes

Computation description:	Includes GP/VRGP non-referred attendances; Enhanced primary care; Practice nurse services; Other non-referred attendances
	The definition of non-referred (GP) attendances is kept consistent with Medical Benefits Schedule (MBS) classifications. GP-type services are defined by MBS items under broad type of services groups A, B, M and O.
	Presented per 1,000 population.
	Rates are directly age-standardised to the Australian population as at 30 June 2001.
Computation:	1,000 x (Numerator ÷ Denominator)
Numerator:	Number of non-referred (GP) attendances claimed through the Medicare Benefits Schedule.

Numerator data elements:	Data Element / Data Set
	Data Element
	MBS broad type of services groups
	Data Source
	Medicare (MBS) data
	Guide for use
	Data source type: Administrative by-product data
	Data Element / Data Set
	Person—government funding identifier, Medicare card number N(11)
	Data Source
	Medicare (MBS) data
	Guide for use
	Data source type: Administrative by-product data
Denominator:	Total population
Denominator data elements:	Data Element / Data Set
elements.	Data Element
	Person—estimated resident population of Australia
	Data Source
	ABS Estimated resident population (total population)
	Guide for use
	Data source type: Census based plus administrative by-product data
Disaggregation data	Data Element / Data Set
elements:	Data Element
	Person (address)—Australian postcode
	Data Source
	Medicare (MBS) data
	Guide for use
	Data source type: Administrative by-product data Used for disaggregation by state/territory, remoteness area and SEIFA of residence
Comments:	Specified disaggregation: Nationally and by state/territory (of residence of patient): by Indigenous status, remoteness area and SEIFA of residence.
	Available disaggregation: Nationally and by state/territory (of residence of patient): by remoteness area and SEIFA of residence.
	Data for 2008-09 will be available in 2009.
	Most recent data available for 2010 CRC baseline report: 2008-09 with caveats
Representational attributes	

Representation class:	Rate
Data type:	Real
Unit of measure:	Person
Format:	NNNN.N

Indicator conceptual framework

Framework and	Accessibility
dimensions:	

Data source attributes

Data sources:

ABS Estimated resident population (total population) Frequency Quarterly	
Quarterly	
Data quality statement	
Data quality statement	
ABS Estimated resident population (total population). QS	
Data custodian	
Australian Bureau of Statistics	
Data Source	
Medicare (MBS) data	
Frequency	
Annually	
Data custodian	
Department of Health	

Accountability attributes

Reporting requirements:	National Healthcare Agreement
Organisation responsible for providing data:	Department of Health and Ageing / Australian Institute of Health and Welfare.
Further data development / collection required:	Specification: Long-term Work needs to continue to improve the Voluntary Indigenous Identifier (VII) in the Medicare database. This includes the development of an adjustment factor using data from a currently available sample.

Other issues caveats: MBS item numbers change over time and need to be updated as required.

Disaggregations within individual jurisdictions are subject to data quality considerations.

In order to enhance the value of the differential service use data, it would be helpful to analyse service use in relation to estimated need for services. For example, actual and need-adjusted service use rates could be compared (e.g. van Doorslaer et al 2004, 2006; Mathers 1994) across socioeconomic areas, remoteness areas or by Indigenous status. Need could be estimated based on population health survey data about, for example, self-assessed health status and long-term health conditions.

The Department of Veterans' Affairs (DVA) was identified as a data source, but due to lack of data availability it has not been included in the calculation this reporting cycle. Inclusion of DVA data in future reporting depends on advice from the department.

Relational attributes

Related metadata references:	Has been superseded by <u>National Healthcare Agreement: PI24-GP-type services</u> , 2011 <u>Health</u> , Superseded 30/10/2011
	See also <u>National Healthcare Agreement: P14-Waiting times for GP's, 2010</u> <u>Health</u> , Superseded 08/06/2011
	See also <u>National Healthcare Agreement: P16-People deferring recommended</u> <u>treatment due to financial barriers, 2010</u> <u>Health</u> , Superseded 08/06/2011
	See also <u>National Healthcare Agreement: P22-Selected potentially preventable</u> <u>hospitalisations, 2010</u> <u>Health</u> , Superseded 08/06/2011
	See also <u>National Healthcare Agreement: P23-Selected potentially avoidable GP-</u> <u>type presentations to emergency departments, 2010</u> <u>Health</u> , Superseded 08/06/2011
	See also <u>National Healthcare Agreement: P25-Specialist services claimed through</u> <u>Medicare, 2010</u> <u>Health</u> , Superseded 08/06/2011
	See also <u>National Healthcare Agreement: P35-Waiting times for emergency</u> <u>department care, 2010</u> <u>Health</u> , Superseded 08/06/2011
	See also <u>National Healthcare Agreement: P65-Net growth in health workforce,</u> 2010 <u>Health</u> , Superseded 08/06/2011