National Healthcare Agreement: Pl 25-Specialist



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National Healthcare Agreement: Pl 25-Specialist services, 2011

Identifying and definitional attributes

Metadata item type: Indicator

Indicator type: Output measure

Short name: PI 25-Specialist services, 2011

METEOR identifier: 421642

Registration status: Health, Superseded 30/10/2011

Description: Differential rates for specialist service use (out-of-hospital private patient) per

1,000 population.

Indicator set: National Healthcare Agreement (2011)

Health, Superseded 31/10/2011

Outcome area: Primary and Community Health

Health, Standard 07/07/2010

Data quality statement: National Healthcare Agreement: PI 25: Specialist services, 2011 QS

Health, Superseded 04/12/2012

Collection and usage attributes

Computation description:

MBS items for specialist services (approximately 5,000 item numbers).

The definition of specialist services is all items in the Department of Health and Ageing and Medicare Australia broad type of service groups for:

Specialist attendances

MBS items: 85, 88, 94, 100, 102-152, 154-159, 177, 189, 300-338, 342-370, 385-388, 410-417, 501-536, 820-866, 887-893, 10801 to 10816 and 17603.

Obstetrics

MBS items: Group T4 of the Schedule and Item 9011.

Anaesthetics

MBS items: Groups T5, T6 (excluding Items 17600 and 17603), T7, T10 and Items 9021 to 9060.

Pathology

MBS items: Category 6 of the Schedule.

Diagnostic imaging

MBS items: ultrasound (791, 793, 794, 910, 911, 913, 990-993, 995 and 999 and Group I1), CT (Group I2) Radiology (Group I3), MRI (Group I5), Nuclear Medicine Imaging (Group I4), and Group I6 (Items 64990 and 64991).

Operations

MBS items: Group T8 of the Schedule and Items 9401-9409, 9415-9435, 9440-9449, 9458, 9476-9850.

Assistance at operations

MBS items: Group T9 of the Schedule.

Radiotherapy

MBS items: radiotherapy and therapeutic nuclear medicine (Groups T2 and T3) of the Schedule.

 Other medical MBS services (excluding optometry, other allied health services and the Dental Benefits Schedule)

MBS items: miscellaneous, oral and maxillofacial surgery (Category 4), cleft lip and palate (Category 7), Category 2, Group T1, Group T11, the bulk billing incentive Items 10990, 10991 and 10992, and Group B1 (Dental Benefits Schedule).

Rates directly age-standardised.

Analysis by state and territory, remoteness and SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) is based on usual residence of person.

Presented per 1,000 population.

Computation: 1,000 × (Numerator ÷ Denominator).

Numerator: Number of specialist services claimed through the Medicare Benefits Schedule

(MBS) or Department of Veterans' Affairs (DVA).

Numerator data elements:

Data Element / Data Set-

Medicare item number

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-

Person—estimated resident population of Australia

Data Source

ABS Estimated resident population (total population)

Guide for use

Data source type: Census-based plus administrative data

Data Element / Data Set-

Person—estimated resident population of Australia

Data Source

ABS Indigenous experimental estimates and projections (2001 Censusbased)

Guide for use

Data source type: Census-based plus administrative data

Disaggregation:

2008–09 and 2009–10—Nationally, by SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) deciles

2008-09 and 2009-10-State and territory, by:

- remoteness
- SEIFA IRSD quintiles
- · Indigenous status

Disaggregations within individual jurisdictions are subject to data quality considerations. Some disaggregations may result in numbers too small for publication.

Disaggregation data elements:

-Data Element / Data Set-

Person—area of usual residence

Data Source

Medicare (MBS) data

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA IRSD

Data Element / Data Set

Person—Indigenous status

Data Source

Medicare (MBS) data

Guide for use

Data source type: Administrative by-product data

Comments: This indicator presents rates for total specialist numbers (including all item numbers

specified in calculation conditions).

Specialist Services do not include GP/VRGP non-referred attendances, Primary care, Other non-referred attendances, Practice nurse Items, Allied health (including Dental) or Optometry services.

MBS item numbers change over time and need to be updated as required.

MBS items stated above include some historic item numbers not in the current

Medicare Benefits Schedule.

There may be overlap between this and other indicators (e.g. Medicare claims for private sector mental health services are also presented in indicator 28).

Inclusion of services reimbursed through DVA, pending advice from DVA.

Most recent data available for 2011 CRC report: 2008–09 (updated to include DVA data) and 2009–10 with caveats.

Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: servicesType
Format: NNNN.N

Indicator conceptual framework

Framework and

Accessibility

dimensions:

Data source attributes

Data sources:

Data Source

ABS Estimated resident population (total population)

Frequency

Quarterly

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

Data Source

ABS Indigenous experimental estimates and projections (2001 Censusbased)

Frequency

Periodic

Data quality statement

ABS Indigenous experimental estimates and projections, QS

Data custodian

Australian Bureau of Statistics

Accountability attributes

Organisation responsible for providing data:

Department of Health and Ageing/Australian Institute of Health and Welfare

Further data development / Specification: Proxy collection required:

Other issues caveats:

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P25-Specialist services claimed through Medicare, 2010

Health, Superseded 08/06/2011

Has been superseded by <u>National Healthcare Agreement: PI 25-Specialist services</u>, 2012

Health, Retired 25/06/2013

See also <u>National Healthcare Agreement: PI 16-People deferring access to GPs, medical specialists or prescribed medications due to cost, 2011</u>

Health, Superseded 30/10/2011

See also National Healthcare Agreement: PI 24-GP-type services, 2011
Health, Superseded 30/10/2011

See also National Healthcare Agreement: PI 26-Dental services, 2011 Health, Superseded 31/10/2011

See also National Healthcare Agreement: PI 27-Optometry services, 2011 Health, Superseded 31/10/2011

See also <u>National Healthcare Agreement: PI 28-Public sector community mental</u> <u>health services, 2011</u>

Health, Superseded 31/10/2011

See also National Healthcare Agreement: PI 29-Private sector mental health services, 2011

Health, Superseded 30/10/2011

See also National Healthcare Agreement: PI 37-Waiting times for radiotherapy and orthopaedic specialists, 2011

Health, Superseded 31/10/2011

See also <u>National Healthcare Agreement</u>: <u>PI 46-Rates of services</u>: <u>Outpatient occasions of service</u>, <u>2011</u>

Health, Superseded 31/10/2011