National Healthcare Agreement: PI 21-Treatment rate for mental illness, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448093
Registration status:	Health, Superseded 04/12/2012

Data quality

Data 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 11 per cent 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: Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- Persons can receive services from more than one type of these service providers during the period. 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, so using these numbers to provide a count of individuals receiving services is cautioned.

Institutional environment: The AIHW prepared the denominator and calculated the indicator based environment 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 DoHA and quality-assessed by the AIHW. The AIHW 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 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 2008-09.

Accessibility: Information is available in the COAG National Action Plan on Mental Health — progress report 2008-09. Medicare claims statistics are available at: http://www.health.gov.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/medica re-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 other third party funders (eg transport accident insurers, workers compensation insurers) or out of pocket sources.

There is likely to be considerable overlap between the MBS data and private 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 data are counts of individuals receiving mental health-specific Medicare services for which claims data are available.

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.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2008-09, it is estimated that DVA clients comprised less than 2 per cent of people receiving Australian Government (MBS- and DVA-reimbursed) clinical mental-health services. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

Accuracy:

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider).

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 11 per cent of all clients).

There is variation in the underlying concept used to allocate remoteness and socioeconomic status across jurisdictions (ie location of service provider, location of client or a combination of both). In addition, the underlying concordances used by

jurisdictions to allocate remoteness may vary. Disaggregation by remoteness and socioeconomic status should therefore be interpreted with caution.

Private data

Not all private psychiatric hospitals are included in the PMHA's CDMS.

Those that are included account for approximately 75 per cent 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.

Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07.

Coherence:

Public data

There has been no major change to the methodology used to collect the data in 2008-09 for the majority of jurisdictions, therefore their data is comparable to 2007-08. However New South Wales has recently implemented a state wide unique patient identifier for mental health care. During this phase of implementation, New South Wales has indicated that there are differences in the completeness of coverage between areas and over time.

South Australia has also advised that in 2008-09 several services spread across metropolitan Adelaide were consolidated into a single service located in a "least disadvantaged" area (SEIFA quintile 5). As a result this quintile is now reporting the highest age standardised rate of mental health illness.

Additionally, due to system-related issues impacting data quality, Tasmania is unable to provide data by remoteness and socioeconomic status for 2008-09.

Private data

There has been no change to the methodology used to collect the data in 2008-09. Therefore, the data is comparable to 2007-08.

MBS data

The same methodology to attribute demographic information to MBS data has been used in 2008-09 as in previous data.

There were no changes in items selected in 2008-09 compared to the previous period.

The AIHW publication series Mental health services in Australia contains data that is comparable in coverage (using different MBS item splits) and includes a summary of MBS mental health-related items.

The data used in this indicator are also published in the COAG National Action Plan on Mental Health — progress report 2008-09. 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 2008-09:

- rates may be calculated using different ERPs other than the June 2008 ERPs used for this indicator,
- the 2008-09 figures are based on preliminary data for the public and private sectors and may not cover the full financial year,
- MBS numbers are extracted using a different methodology. The COAG National Action Plan on Mental Health — progress report 2008-09 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.

The indicator specifications and analysis methodology used for this report are equivalent to the National Healthcare Agreement: Baseline performance report 2008-09.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P21-Treatment rates for mental illness, 2010 QS
Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 21-Treatment rate for mental illness, 2012 QS
Health, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 21-Treatment rates for mental illness, 2011
Health, Superseded 31/10/2011