National Healthcare Agreement: PI 24: GP-type services, 2011 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 448117

Registration status: Health, Superseded 04/12/2012

Data quality

Data quality statement summary:

- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.
- Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- 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, this data does not necessarily reflect the location in which services were received.
- Medical claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

Institutional environment: The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems.

Medicare Australia collects the MBS data under the Medicare Australia Act 1973. The data are then regularly provided to the Department of Health and Ageing.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the 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: The indicator relates to all claims processed in the 2009-10 financial year.

Accessibility: Medicare claims statistics are available at: https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml Disaggregation by SEIFA and remoteness area are not publicly available elsewhere.

Interpretability: Information about services subsidised through Medicare is available from the Medicare Benefits Schedule online: http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medica re-benefits-schedule-mbs-1

Relevance:

The measure relates to specific identified Medicare services.

The 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, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009-10, it is estimated that DVA services comprised less than 3 per cent of Australian Government (MBS and DVA-reimbursed) GP-type 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:

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

Medicare claims data used for statistical purposes is 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.

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:

The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare.
Caution should be taken when interpreting Indigenous rates over time.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P24-GP-type services, 2010 QS
Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 24-GP-type services, 2012 QS
Health, Retired 14/01/2015

Indicators linked to this Data Quality statement:

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