

National Healthcare Agreement: PI 30: Proportion of people with diabetes who have a GP annual cycle of care, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448185
Registration status:	Health , Superseded 04/12/2012

Data quality

Data quality statement summary:

- This indicator appears reliable at a national level. However comparisons between jurisdictions and population groups may be problematic due to different population structures (including relative prevalence of Type 1 and Type 2 diabetes) which have not been accounted for in the calculation of this indicator.
- Compared with other jurisdictions, results for the Australian Capital Territory and Northern Territory appear to be less reliable, perhaps due to their smaller population and lower coverage of services in the NT.
- The NDSS gives the best available approximation of people with diagnosed diabetes in Australia in 2009-10 but it does not cover all people with diabetes and its uptake is lower in remote areas.

Institutional environment: MBS

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. These data are then regularly provided to the Department of Health and Ageing.

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 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 2009-10 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 2010.

Accessibility:MBS

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.

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. This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009-10, it is estimated that DVA clients comprised less than 4 per cent of clients who received a GP annual cycle of care. 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.

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 residences during the reference period are allocated to the postcode of their address at the date the last service was received.

There were a small number of records with a postcode that was invalid or did not map to a remoteness area (less than 0.005 per cent) and/or SEIFA category (less than 1 per cent). These records were excluded from the analysis.

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 per cent to 90 per cent of people with diagnosed diabetes.

NDSS data allow for disaggregations by area (based on postcode). As with the MBS data, there were a small number of records with a postcode that was invalid or did not concord to a remoteness area (less than 0.1 per cent) and/or SEIFA category (less than 1 per cent).

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 per cent 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.

The denominator includes only Type 1 and Type 2 diabetes. Therefore, 4434 people diagnosed with 'other diabetes' were excluded in the 2009-10 data and 5235 people excluded in the 2008-09 data for this reason.

Accuracy:MBS

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.

Financial-year data 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.

NDSS

The AIHW estimates the number of duplicate records in the NDSS to be small (only 0.3 per cent 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 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 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.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence:

The reference period is not consistent across the data sources: the MBS data relate to all claims processed over the 2009-10 financial year; while the NDSS data include all registrants on the database at a point in time (30 June 2010).

Interpretation of rates over time should not be undertaken as the prevalence estimate (denominator) increases each year with the increased coverage of the NDSS.

Relational attributes**Related metadata references:**

Supersedes [National Healthcare Agreement: P30-Proportion of people with diabetes who have a GP annual cycle of care, 2010 QS](#)
Health, Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: PI 30-Proportion of people with diabetes who have a GP annual cycle of care, 2012 QS](#)
Health, Retired 14/01/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 30-Proportion of people with diabetes with a GP annual cycle of care, 2011](#)
Health, Superseded 31/10/2011