

National Healthcare Agreement: PI 53-Older people receiving aged care services, 2012 QS

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

National Healthcare Agreement: PI 53-Older people receiving aged care services, 2012 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500114
Registration status:	Health , Retired 14/01/2015

Data quality

Data quality statement summary:

- The Department of Health and Ageing (DoHA) Ageing and Aged Care data warehouse is derived from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the numbers of clients, their age and Indigenous status.
- Information about geographical location (remoteness) is based on location of service provider for all programs except Home and Community Care (HACC) and Veterans' Home Care (VHC) (where remoteness is based on location of client).
- VHC data are not available by Indigenous status; therefore all VHC data are reported for total persons aged 70 years and over only.
- HACC data are not as complete as the data presented for other aged care programs.

Institutional environment: [HACC National Data Repository](#)

The HACC program is funded and governed through a cooperative working agreement between the Australian and State and Territory governments. Service providers receiving funding under the HACC program are required to provide data to populate the HACC Minimum Data Set (MDS) to the State and Territory governments. This is supplied to the National Data Repository managed by the DoHA.

[Ageing and Aged care data warehouse](#)

Approved providers submit data to Medicare Australia to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* (the Act) and *Aged Care Principles* (the Principles). These data are provided to the DoHA and are stored in the Ageing and Aged Care data warehouse.

The flexible care places used in the Transition Care Program are legislated by the Act and the Principles made under the Act. The Transition Care Program is funded and governed in partnership between the Australian and State and Territory governments. Service providers submit claims to Medicare Australia to claim for services delivered under the Transition Care Program. These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.

[DVA Veterans' Home Care data](#)

The in-house VHC system records and processes claims for payments made to Assessment/Coordination Agencies and Service Providers under the *Veterans' Entitlements Act 1986*. All claiming data complies with all requirements of the Chief Executive's Instruction no 8.5 on Internal Controls CEI 5.4 Payments of Accounts and associated Statements of Approved Systems Controls.

The data quality statement was developed by the DoHA and includes comments from the Australian Institute of Health and Welfare (AIHW) and Department of Veterans' Affairs (DVA). The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Timeliness:HACC NMDS

HACC data is submitted to the HACC MDS National Data Repository (NDR) on a quarterly basis. HACC Agencies in Qld, SA, WA and the ACT send HACC MDS data directly to the NDR. Agencies in other jurisdictions send their data to the NDR via a State Data Repository.

Aged care data warehouse

Claims are submitted by service providers on a monthly basis for services delivered under residential aged care and residential respite care, Community Aged Care Package (CACP), Extended Aged Care at Home (EACH), Extend Aged Care at Home Dementia (EACHD), and Transition Care. Data for the current reporting period is available October each year.

Accessibility:

Further information on definitions is available in the: *Aged Care Act 1997* and *Aged Care Principles*; the *Residential Aged Care Manual 2009*; *Residential Respite Care Manual*; draft *Community Packaged Care Guidelines 2007*; the *HACC Data Dictionary*; and the *Transition Care Guidelines*.

Interpretability:

Aggregated data items are published in the Steering Committee for the Review of Government Service Provision's (SCRGSP's) *Report on Government Services*, the *Reports on the Operation of the Aged Care Act 1997* prepared by the Department of Health and Ageing, and in the AIHW *Aged care statistics* series.

Aggregated HACC data are published in the *HACC MDS Statistical Bulletin* on an annual basis.

Relevance:

HACC: In 2010-11, 97 per cent of all providers receiving funding under the HACC program submitted data to the HACC MDS. There is no information about the characteristics nor quantity of clients of the non-reporting agencies. Therefore, it is difficult to assess the impact these non-reporting agencies have on the reported data.

Other programs: The data provides complete coverage of aged care services subsidised by the Australian Government under the programs identified above.

Data linkage is needed to estimate the number of individuals receiving aged care services across aged care programs.

People receiving services under Multi-purpose services or the Aboriginal and Torres Strait Islander Aged Care Strategy are not included since data are collected on places only (i.e. not people).

Accuracy:

HACC: Around 6 per cent of HACC data for clients aged 70 year or more is missing Indigenous status. Missing data for clients aged 70 year or more for remoteness and age is less than 1 per cent.

Other programs (except VHC): Subsidies to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to Medicare Australia. Service providers' claims are audited annually.

The data presented against this indicator is people who have accessed a service delivered under that program in the financial year. Because a person may receive services under more than one program in a year, the number of unique individuals accessing aged care is less than the total of people accessing the services listed above. The methodology to link individuals is under development.

A client may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 months period. Australian total is not necessarily the total sum of its components.

Coherence:

The data items used to construct this performance indicator will be consistent and comparable over time.

Indigenous population projections have been calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years.

Information about Indigenous status is not available for VHC data. Population rates for VHC data are calculated for the total population aged 70 and over only.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 53: Older people receiving aged care services, 2011 QS](#)
[Health](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 53-Older people receiving aged care services, 2012](#)
[Health](#), Retired 25/06/2013