

National Healthcare Agreement: PI 30-Proportion of people with diabetes who have a GP annual cycle of care, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500390
Registration status:	Health , Retired 14/01/2015

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 National Diabetes Services Scheme (NDSS) gives the best available approximation of people with diagnosed diabetes in Australia as at 30 June 2011 but it does not cover all people with diabetes and its uptake is lower in remote areas.

Institutional environment: DoHA MBS Statistics and DVA TAS data

Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the *Medicare Australia Act 1973*. These data are then regularly provided to Department of Health and Ageing (DoHA). Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.

NDSS

The NDSS is a subsidy scheme administered by Diabetes Australia Ltd, since its establishment in 1987, on behalf of DoHA.

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 www.diabetesaustralia.com.au/en/About-Diabetes-Australia/.

The tables for this indicator were prepared by DoHA and DVA and quality-assessed by the AIHW. DoHA 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 DoHA and DVA. 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:

DoHA MBS Statistics and DVA TAS data

Data used in this indicator relate to all claims processed in the 2010/11 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 2011.

Accessibility:

MBS

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by Socio-Economic Indexes for Areas (SEIFA) and Remoteness Area are not publicly available elsewhere.

NDSS

NDSS data are not publicly accessible.

Interpretability:

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Further information on the NDSS is available at www.ndss.com.au.

Relevance:DoHA MBS Statistics and DVA TAS data

The measure relates to specific identified MBS services for which Medicare Australia has processed a claim.

For 2010|11 DVA clients comprised less than 4 per cent of people who received a GP annual cycle of care.

Analyses by State/Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed 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. There were a small number of DoHA MBS records with a postcode that was invalid or did not map to a remoteness area (59 records) and/or SEIFA category (1,879 records). 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 (310 records) and/or SEIFA category (6,745 records).

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, 5,043 people diagnosed with 'other diabetes' were excluded in the 2010|11 data.

Accuracy:DoHA MBS Statistics and DVA TAS data

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

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.

Data are based on the date on which the MBS 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 term for the reference period.

NDSS

The AIHW estimates the number of duplicate records in the NDSS to be small (only 0.4 per cent of records from a subset of NDSS data as at June 2009). A number of people who have died are likely to be still 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 where the numerator is less than 10 to protect confidentiality.

Coherence:

The reference period is not consistent across the data sources: the MBS data relate to all claims processed over the 2010/11 financial year; while the NDSS data include all registrants on the database at a point in time (30 June 2011).

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: PI 30: Proportion of people with diabetes who have a GP annual cycle of care, 2011 QS](#)
[Health](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 30-Proportion of people with diabetes with a GP annual cycle of care, 2012](#)
[Health](#), Retired 25/06/2013