National Healthcare Agreement: PI 27-Optometry services, 2012 QS

Exported from METEOR (AIHW's Metadata Online Registry)
© Australian Institute of Health and Welfare 2024
This product, excluding the AlHW 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 AlHW 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: Pl 27-Optometry services, 2012 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 500438

Registration status: Health, Retired 14/01/2015

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.
- Information about Indigenous status is not available for this indicator in 2010 11.

Institutional environment:

Medicare Australia (now Department of Human Services – Medicare) processes claims made through the Medicare Benefits Scheme (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 Department of Veterans' Affairs (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.

The tables for this indicator were prepared by DoHA and DVA and quality-assessed by the AlHW. 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 AlHW, in consultation with DoHA and DVA. The AlHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AlHW website.

Timeliness: The indicator relates to all claims processed in the 2010**I**11 financial year.

Accessibility: 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.

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

Relevance: The measure relates to specific identified MBS services.

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 processed 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.

For 2010 111, DVA clients comprised less than 2 per cent of people who received

optometry services.

Accuracy:

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

DoHA MBS Statistics and DVA TAS 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.

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 produce little difference in the total number of persons included in the numerator for the reference period.

Information about Indigenous status is not available for this indicator in 2010 I11. The underlying data source for Indigenous status is the Medicare Australia Voluntary Indigenous Identifier (VII) database. 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. Indigenous status statistics in previous CRC reports have therefore been adjusted to reflect demographic characteristics of the overall Indigenous population. The Indigenous population estimates required to determine the appropriate adjustments for 2010 I11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

Coherence:

DVA TAS data are not available by Indigenous status.

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 Australia.

Caution should be taken when interpreting Indigenous rates over time.

Data presented by Indigenous status for 2008 109 and 2009 110 were adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Such adjustment is necessary because VII 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. VII statistics were therefore adjusted to reflect demographic characteristics of the overall Indigenous population and readers were advised that Indigenous rates were therefore modelled and should be interpreted with caution. The Indigenous population estimates required to determine the appropriate adjustments for 2010 11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 27: Optometry services, 2011 QS Health, Superseded 04/12/2012

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 27-Optometry services, 2012 Health, Retired 25/06/2013