

National Healthcare Agreement: PI 25-Specialist services, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500445
Registration status:	Health , Retired 14/01/2015

Data quality

Data quality statement summary:

- This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).
- This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).
- Information about Indigenous status is not available for this indicator in 2010/11.
- 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.

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 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 Australian Institute of Health and Welfare (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 2010/11 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 areas 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 Medicare services. This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).

This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).

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, data does not necessarily reflect the location in which services were received.

For 2010|11, DVA clients comprised less than 8 per cent of people who received specialist 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 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.

The data provided are based on the date on which the 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.

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

DVA TAS data are not available by Indigenous status.

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 Australia.

Caution should be taken when interpreting Indigenous rates over time.

Data presented by Indigenous status for 2008|09 and 2009|10 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 25: Specialist services, 2011 QS
Health](#), Superseded 04/12/2012

**Indicators linked to this
Data Quality statement:**

[National Healthcare Agreement: PI 25-Specialist services, 2012
Health](#), Retired 25/06/2013