National Healthcare Agreement: PI 21-Treatment rate for mental illness, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500527
Registration status:	Health, Superseded 14/01/2015

Data quality

Data quality statement summary:

- State and Territory jurisdictions differ in their approaches to counting clients under care, including different thresholds for registering a client. Additionally, they differ in their capacity to provide accurate estimates of individual persons receiving mental health services. Therefore comparisons between jurisdictions need to be made with caution.
- The Indigenous status data should be interpreted with caution:
    - public sector community mental health services (Public) data: There is varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.
    - private sector admitted patient (Private) data: Indigenous status is not collected by the Private Mental Health Alliance (PMHA)
    - Medicare Benefits Schedule (MBS) data: have been adjusted for under-identification of Indigenous status in the Medicare Australia Voluntary Indigenous Identifier (VII) database
    - Department of Veterans' Affairs (DVA) data: is not available by Indigenous status.
- Persons can receive services from more than one type of service provider during the period. The extent to which this occurs is unknown. However, it is likely that there is considerable overlap between the private data and the Department of Health and Ageing (DoHA) MBS and the DVA Treatment Account System (TAS) data.
- A small number of persons receiving mental health treatment are not included in any of the data sources used for this performance indicator, so using these numbers to provide a count of individuals receiving services is cautioned.

Institutional environment: The AIHW prepared the denominator and calculated the indicator based on numerators supplied by other data providers. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Numerators for this indicator were prepared by State and Territory health authorities, the PMHA, DoHA and DVA and quality-assessed by the AIHW.

The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from State and Territory health authorities, PMHA, DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.

Public data

The State and Territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Private data

The PMHA's Centralised Data Management Service provided data submitted by private hospitals with psychiatric beds. The data are used by hospitals for activities such as quality improvement.

DoHA MBS and DVA TAS data

Medicare Australia (now Department of Human Services – Medicare) processes claims made under the *Medicare Australia Act 1973*. These data are then regularly provided to 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.

Timeliness: The reference period for these data is 2009–10.

Accessibility: Information is available in the COAG National Action Plan on Mental Health — progress report 2009–10.

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 SEIFA is not publicly available elsewhere.

Interpretability: Information is available for MBS data from:

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

Relevance:

Estimates are based on counts of individuals receiving care within the year, by each service type, where each individual is generally counted once regardless of the number of services received. Persons can receive services of more than one type within the year; a count of persons receiving services regardless of type is not available.

A number of persons receiving mental health treatment are not captured in these data sources. These include:

- individuals receiving only admitted and/or residential services from State and Territory public sector specialised mental health services.
- individuals receiving mental health services (other than as admitted patients in private hospitals) funded through other third party funders (e.g. transport accident insurers, workers compensation insurers) or out of pocket sources.

There is likely to be considerable overlap between the DoHA MBS and DVA TAS data and private data, as most patients accessing private hospital services would also access MBS services.

Public data

Person counts for State and Territory mental health services are counts of persons receiving one or more service contacts provided by public sector community mental health services. South Australia submitted data that were not based on unique patient identifier or data matching approaches.

Private data

Private hospital estimates are counts of individuals receiving admitted patient specialist psychiatric care in private hospitals.

DoHA MBS and DVA TAS data

Data are counts of individuals receiving mental health-specific MBS services for which Medicare Australia has processed a claim.

Analyses by State and 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, these data do not necessarily reflect the location in which services were received.

DVA clients comprised less than 2 per cent of people receiving Australian Government (Medicare Benefits Scheme- and DVA-funded) clinical mental health services.

Accuracy:

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider).

Public data

State and Territory jurisdictions differ in their capacity to provide accurate estimates of person receiving services (see above). Additionally, jurisdictions differ in their approaches to counting clients under care. For example, people who are assessed by a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others. Therefore, comparisons between jurisdictions should be made with caution.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. Indigenous status was missing or not reported for around 10 per cent of all clients.

Private data

Not all private psychiatric hospitals are included in the PMHA's Centralised Data Management Service (CDMS).

In 2009–10, those that are included account for approximately 85 per cent of all activity in the sector. The data provided are an estimate of overall activity.

Actual counts are multiplied by a factor that accounts for the proportion of data missing from the CDMS collection. That adjustment is performed at the level of State and Territory and also financial year, since non-participation rates varied from state to state and financial year.

Indigenous status information is not collected for these data.

DoHA MBS 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.

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.

People who received more than one type of service are counted once only in the calculations for this indicator.

DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. 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. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and DoHA for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006/07*.

DVA TAS data are not available by Indigenous status.

Coherence:

Public data

There has been no major change to the methodology used to collect the data in 2009–10 for the majority of jurisdictions, therefore data is comparable across years.

However, New South Wales implemented a state wide unique patient identifier for mental health care in 2009. New South Wales has indicated that there are differences in the completeness of coverage between areas and over time.

In 2009–10 Tasmania has implemented a system to reduce duplication of clients accessing mental health services across the state. This has resulted in an apparent decrease in the number of clients.

In past years there has been variation in the underlying concept used to allocate remoteness and socioeconomic status across jurisdictions (i.e. location of service provider, location of client or a combination of both). In addition, the underlying concordances used by jurisdictions to allocate remoteness may vary. In 2009–10, remoteness and socioeconomic status have been allocated using the SLA of the client at last contact. For 2009–10 data all jurisdictions have used the same concordance and proportionally allocated records to remoteness and SEIFA categories. Comparisons over time for remoteness and socioeconomic status should therefore be interpreted with caution.

Private data

There has been no change to the methodology used to collect the data in 2009–10. Therefore, the data are comparable to previous reporting periods.

DoHA MBS and DVA TAS data

The same methodology to attribute demographic information to the data has been used in 2009–10 as in previous reporting periods.

MBS items 81325 and 81355 were added from 1 November 2008. These items relate to mental health or psychological services provided to a person who identified as being of Aboriginal or Torres Strait Islander descent.

As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. Both of these items relate to the preparation of a GP mental health treatment plan.

Caution should be taken when interpreting Indigenous rates over time. All other data can be meaningfully compared across reference periods.

Other publications

The AIHW publication series *Mental health services in Australia* contains data that is comparable in coverage (using different MBS item splits) and includes a summary of MBS mental health-related items.

The data used in this indicator are also published in the *COAG National Action Plan on Mental Health — progress report 2009–10.* There may be some differences between the data published in these two sources as:

- rates may be calculated using different ERPs other than the June 2009 ERPs used for this indicator,
- in the *COAG National Action Plan on Mental Health — progress report 2009–10* the figures are based on preliminary data for the public and private sectors and may not cover the full financial year,
- MBS numbers are extracted using a different methodology. The *COAG National Action Plan on Mental Health — progress report 2009–10* counts a patient in each state they resided in during the reference period but only once in the total whereas this indicator counts a patient in only one State/Territory.

The indicator specifications and analysis methodology used for this report are equivalent to the *National Healthcare Agreement: Performance report for 2009–10*.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 21-Treatment rate for mental illness, 2011 QS
Health, Superseded 04/12/2012

Has been superseded by National Healthcare Agreement: PI 17-Treatment rate for mental illness, 2013 QS
Health, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 21-Treatment rates for mental illness, 2012
Health, Superseded 25/06/2013