

National Healthcare Agreement: PI 13-Proportion of children with 4th year developmental health check, 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 13-Proportion of children with 4th year developmental health check, 2012 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement
METEOR identifier: 500670
Registration status: [Health](#), Retired 14/01/2015

Data quality

Data quality statement summary:

- The Medicare Benefits Schedule (MBS) items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.
- The analyses by State and Territory, remoteness and Socio-Economics Indexes for Areas (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date the last service was 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.
- No adjustment was made to this indicator to account for under-identification of Indigenous children in Medicare data.

Institutional environment: Medicare Australia 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).

The indicator was calculated by DoHA, using a denominator supplied by the Australian Institute of Health and Welfare (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. 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: 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 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:	<p>The measure relates to specific identified MBS services for which Medicare Australia has processed a claim.</p> <p>The MBS items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.</p> <p>The figures for the Northern Territory exclude children receiving Northern Territory Emergency Response Child Health Checks.</p> <p>Analyses by State and Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date the last service was 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.</p>
Accuracy:	<p>As with any administrative system a small degree of error may be present in the data captured.</p> <p>MBS 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.</p> <p>The data provided are based on the date on which a Medicare 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.</p> <p>Children who received more than one type of health check are counted once only in the calculations for this indicator. Where a child received both a Healthy Kids Check and an Aboriginal and Torres Strait Islander People's Health Assessment during the reference period, the child was counted once against the Aboriginal and Torres Strait Islander health assessment.</p> <p>The MBS data presented for Aboriginal and Torres Strait Islander Peoples Health Assessments have not been adjusted to account for known under-identification of Indigenous status.</p> <p>Cells have been suppressed where numerator is less than 10 to protect confidentiality.</p>
Coherence:	<p>Claims for historical MBS items (708, 709 and 711) may still be processed by Medicare Australia and extracted for this indicator but will not impact on the time series. Details of the changes to MBS items are set out below.</p> <p>As of 1 May 2010, the Healthy Kids Check Item 709 was replaced with four new MBS health assessment items (based on time and complexity) that cover all ages — Items 701 (brief), 703 (standard), 705 (long) and 707 (prolonged).</p> <p>Under these new reporting arrangements it is possible that health assessments for refugees and humanitarian entrants and for people with an intellectual disability (previously claimed under items 714, 718 or 719 and now claimed under the new MBS health assessment items) have been counted. This is likely to have little impact on the totals reported as the usage rates for these health assessments are low to extremely low for children aged 3–5 years.</p> <p>A Healthy Kids Check provided by a practice nurse or a registered Aboriginal health worker on behalf of a medical practitioner (previously item 711) has been retained under a new MBS item number – 10986. The change to the MBS item number does not impact time series analysis.</p> <p>The Aboriginal and Torres Strait Islander Child Health Check (previously item 708) has been replaced by the Aboriginal and Torres Strait Islander People's Health Assessment (715) that has no designated time or complexity requirements and covers all ages. The change to the MBS item number does not impact time series analysis.</p>

Source and reference attributes

Submitting organisation: Australian Insititute of Health and Welfare

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI 13-Proportion of children with 4th year developmental health check, 2011 QS](#)
[Health](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement: [National Healthcare Agreement: PI 13-Proportion of children with 4th year developmental health check, 2012](#)
[Health](#), Retired 25/06/2013