

# Organisation—type of health or health-related function, code NNN

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](mailto: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](mailto:meteor@aihw.gov.au).

# Organisation—type of health or health-related function, code NNN

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Type of health or health-related function
<b>METEOR identifier:</b>	533041
<b>Registration status:</b>	<a href="#">Health</a> , Standard 04/12/2013
<b>Definition:</b>	A description of the type of activities or programs with a health or health-related function provided by an organisation, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Organisation—type of health or health-related function</a>
<b>Value Domain:</b>	<a href="#">Health or health related-function code NNN</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	NNN
<b>Maximum character length:</b>	3

	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	101	Admitted patient care – Mental health program
	102	Admitted patient care – Non-mental health program
	199	Admitted patient care – Not further defined
	201	Residential care – Mental health program
	202	Residential care – Non-mental health program
	299	Residential care – Not further defined
	301	Ambulatory care – Mental health program
	302	Ambulatory care – Emergency department
	303	Ambulatory care – General practitioner
	304	Ambulatory care – Medical specialist
	305	Ambulatory care – Imaging/pathology
	306	Ambulatory care – Dental service
	307	Ambulatory care – Optometry service
	308	Ambulatory care – Allied health service
	309	Ambulatory care – Community health service
	388	Ambulatory care – Other
	399	Ambulatory care – Not further defined
	401	Public health – Communicable disease control
	402	Public health – Selected health promotion
	403	Public health – Organised immunisation
	404	Public health – Environmental health

405	Public health – Food standards and hygiene
406	Public health – Breast cancer screening
407	Public health – Cervical screening
408	Public health – Bowel cancer screening
409	Public health – Prevention of hazardous and harmful drug use
410	Public health – Public health research
488	Public health – Other public health
499	Public health – Not further defined
501	Health-related care – Patient transport
502	Health-related care – Patient transport subsidies
503	Health-related care – Medications
504	Health-related care – Aids and appliances
505	Health-related care – Health administration
506	Health-related care – Health research
588	Health-related care – Other
599	Health-related care – Not further defined
601	Other function – Home and community care
602	Other function – Aged care
603	Other function – Other welfare
688	Other function – Other
699	Other function – Not further defined

## Collection and usage attributes

### Guide for use:

CODE 101 Admitted patient care – Mental health program

An [admission](#) to a mental health program includes:

The component of the mental health program that provides admitted patient care. These services are delivered through specialised psychiatric hospitals and designated psychiatric units located within hospitals that are not specialised psychiatric hospitals.

NOTE: This is the admitted patient component of the mental health care program reported to the Mental health establishments NMDS.

Excludes residential care mental health programs, [ambulatory care](#) mental health programs which are provided as [outpatient](#) and [emergency department](#) care to non-admitted patients, and community-based (non-hospital) mental health programs.

CODE 102 Admitted patient care – Non-mental health program

An admitted patient non-mental health program includes:

All services, excluding mental health services, provided to admitted patients, including acute care, rehabilitative care, palliative care, geriatric evaluation and management, psychogeriatric care, maintenance care, newborn care and any other admitted patient care, e.g. organ procurement – posthumous. Also includes admitted patient services where service delivery is contracted to private hospitals or treatment facilities and [hospital-in-the-home](#) services.

Excludes emergency department and outpatient care provided to non-admitted patients, and community-based (non-hospital) care.

CODE 199 Admitted patient care – Not further defined

Comprises admitted patient care services that could be a combination of Codes 101 and 102 but which could not be further disaggregated.

State and territory health authorities are only to report admitted patient care under Codes 101 or 102.

CODE 201 Residential care – Mental health program

A residential mental health care program includes:

The component of the specialised mental health program that provides residential care. A [resident](#) in one [residential mental health service](#) cannot be concurrently a resident in another residential mental health service. A resident in a residential mental health service can be concurrently a patient admitted to a hospital.

Comprises the residential component of the mental health care program reported to the Mental health establishments NMDS.

Excludes residential aged care services, residential disability, alcohol and other drug treatment health care services and residential type care provided to admitted patients in hospitals. Also excludes mental health programs provided to admitted patients, emergency and outpatient care patients, and community health (non-hospital) and other ambulatory care patients.

CODE 202 Residential care – Non-mental health program

A residential non-mental health care program includes alcohol and other drug treatment health care services.

Excludes residential mental health care program services, residential aged care services, residential disability services and residential type care provided to admitted patients in hospitals. Also excludes services provided to admitted patients and patients receiving ambulatory care.

CODE 299 Residential care – Not further defined

Comprises residential care services that could be a combination of Codes 201 and 202 but which could not be further disaggregated.

State and territory health authorities are only to report residential care under Codes 201 or 202.

CODE 301 Ambulatory care – Mental health program

The component of a specialised mental health program supplied by a specialised mental health service that provides [ambulatory health care](#).

Comprises the ambulatory component of the mental health care program reported to the Mental health establishments NMDS, i.e. specialised mental health program services provided by emergency departments, outpatient clinics and community-based (non-hospital) services.

Excludes specialised mental health care provided to admitted and residential patients.

CODE 302 Ambulatory care – Emergency department

Comprises emergency department services provided in an [emergency department](#).

Excludes specialised mental health services provided by emergency departments, outpatient clinics and community-based (non-hospital) services. Also excludes residential and admitted patient services.

CODE 303 Ambulatory care – General practitioner

This item is not currently required to be reported by state and territory health authorities.

The definition relates to the broad type of non-referred general practitioner services

as specified on the Medicare Benefits Schedule website. These services comprise general practitioner attendances, including General Practitioner, Vocationally Registered General Practitioner (GP/VRGP) and other non-referred attendances, to non-admitted patients, and services provided by a practice nurse or registered Aboriginal Health Worker on behalf of a general practitioner.

This category is not limited to services funded by Medicare Australia. It also includes services funded from other sources such as Motor Vehicle Third Party Insurance and Workers Compensation Insurance, among others. Therefore, general or nurse practitioner services such as vaccinations for overseas travel are included regardless of their funding source. These non-referred general practitioner services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.

Excludes mental health care services reported under Code 301 and services provided to non-admitted patients in an emergency department.

#### CODE 304 Ambulatory care – Medical specialist

This item is not currently required to be reported by state and territory health authorities.

Specialist attendances, obstetrics, anaesthetics, radiotherapy, operations and assistance at operations care. These services are defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.

Includes salaried medical officers.

Excludes mental health care services reported under Code 301 and services provided to non-admitted patients in an emergency department.

#### CODE 305 Ambulatory care – Imaging/pathology service

This item is not currently required to be reported by state and territory health authorities.

Pathology and diagnostic imaging services as defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.

Excludes services provided to admitted or residential care patients and non-admitted patients in an emergency department.

#### CODE 306 Ambulatory care – Dental service

Includes any non-admitted patient and community dental services, including dental assessments, preventative services and treatments, regardless of funding source. Oral and maxillofacial services and cleft lip and palate services, as defined in the current Medicare Benefits Schedule, are also included in this category.

Includes dental services funded from a range of sources such as Medicare Benefits Scheme, Motor Vehicle Third Party Insurance and dental services funded by vouchers for dental care.

These dental services are provided in private or group practices in dental clinics, community health care centres or hospital outpatient clinics.

Excludes dental care provided to admitted patients in hospitals (same day or overnight) or to non-admitted patients in an emergency department.

#### CODE 307 Ambulatory care – Optometry service

This item is not currently required to be reported by state and territory health authorities.

Optometry services as defined in the current Medicare Benefits Schedule. Includes

services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are mainly provided in private or group practices, but may be provided in hospital outpatient centres.

Excludes optometry services provided to admitted or residential care patients or to non-admitted patients in an emergency department.

#### CODE 308 Ambulatory care – Allied health service

Includes services provided by the following allied health items. Aboriginal health worker, diabetes educator, audiologists, exercise physiologist, dietician, mental health worker, occupational therapist, physiotherapist, podiatrist or chiropodist, chiropractor, osteopath, psychologist and speech pathologist. These services are defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments.

Excludes allied health services provided to admitted or residential care patients or to non-admitted patients in an emergency department.

#### CODE 309 Ambulatory care – Community health services

Includes community health services such as family, maternal, child and youth health (including well baby clinics) as well as Aboriginal and Torres Strait Islander and migrant health services. Also includes health care for people with acute, post-acute, chronic and end of life illnesses, alcohol and drug treatment services, child psychology services, community midwifery, community nursing, school and district nursing, community rehabilitation, continence services, telehealth, dietetics, family planning and correctional health services.

Excludes mental health services reported under Code 301 and services provided to admitted and residential care patients and non-admitted patients in an emergency department. Also excludes services already reported under Codes 303 to 308.

#### CODE 388 Ambulatory care – Other

Comprises ambulatory care services other than those reported under Codes 301 to 309.

#### CODE 399 Ambulatory care – Not further defined

Comprises ambulatory care services that could be a combination of Codes 301 to 309 and 388, but which could not be further disaggregated, such as public outpatient services.

#### CODE 401 Public health – Communicable disease control

This category includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.

Expenditure on Communicable disease control is recorded using three sub-categories:

- HIV/AIDS, hepatitis C and sexually transmitted infections
- Needle and syringe programs
- Other communicable disease control.

The **public health** component of the HIV/AIDS, hepatitis C and sexually transmitted infections strategies includes all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS, hepatitis C and sexually transmitted infections.

Expenditure on treatment or diagnostic services is not included.

#### *HIV/AIDS, hepatitis C and sexually transmitted infections*

##### Inclusions

- Implementation of health promotion strategies aimed at increasing safe behaviour among at-risk populations including people living with HIV/AIDS (including through

community sector agencies)

- provision of sexual health services to at-risk populations to reduce prevalence of sexually transmitted infections, including testing for sexually transmitted infections (including HIV and hepatitis C), pre-test counselling for all sexually transmitted infections (including HIV), broad-based screening programs and contact tracing
- programs toward prevention of sexually transmitted infections (STIs) and blood borne viruses (BBVs), including genital herpes, hepatitis B and C, human papilloma virus, chlamydia, gonorrhoea and syphilis
- Indigenous health programs targeting STIs and BBVs
- consultation with community sector agencies regarding program priorities and delivery
- promotion of access to culturally appropriate services
- minimisation of the risk of transmission through occupational and non-occupational exposure through prophylaxis
- support of targeted training to ensure provision of best practice sexual health services for at-risk populations
- surveillance
- development of and participation in relevant committees
- diagnostic services
- peer support programs immediately following diagnosis which promote safe sex practices and inform patients and carers about how to live with HIV/AIDS, blood borne viruses, hepatitis C and sexually transmitted infections
- provision of high-quality data to health professionals to improve service delivery
- participation in or initiation of research to establish data to inform service provision
- funding to NGOs (for example, hepatitis councils, HIV/AIDS councils)
- support of volunteer programs through access to training
- management of people with HIV who place others at risk

#### Exclusions

- treatment for sexually transmitted infections
- pharmaceuticals
- HIV testing following diagnosis
- specialist GPs for primary management of HIV/AIDS
- access to HIV treatments and viral load testing
- outpatient and ambulatory services
- dental health services
- welfare and housing referral services
- admitted patient services
- mental health services
- community and home-based care services
- palliative and respite care services
- maternity services
- hepatitis B and HPV immunisation (included in *Other organised immunisation*)
- Safe sexual health messages (included in *Selected health promotion*).

#### *Needle and syringe programs*

Needle and syringe programs aim to reduce and prevent the transmission and spread of infectious diseases to individuals and the broader community through the provision of sterile injecting and disposal equipment, education, consultation and referral processes.

#### Inclusions

- education and training of the labour force
- provision of safe injecting equipment, including the cost of equipment, transport and staff to deliver the service
- administration of the program, including identifying new sites, negotiating services
- costs, addressing public concerns and policy development
- negotiation with pharmacies to support initiatives
- consultation with community agencies operating needle and syringe program sites.

#### *Other communicable disease control*

This sub-category includes all other communicable disease control activities not assigned to the *HIV/AIDS*, *hepatitis C* and *sexually transmitted infections* or *Needle and syringe program* sub-categories as defined above.

#### Inclusions

- surveillance systems, screenings, recording, notification and reporting systems
- case response, contact tracing, investigation and disease outbreak planning and management
- policy and support services specifically related to communicable disease control programs
- provision and administration of vaccines for the management of disease outbreaks
- provision of advice and education on all other communicable diseases
- initial counselling for people tested
- funding to NGOs for the provision of operating prevention programs
- human quarantine-related services
- OzFoodNet programs.

#### Exclusions

- clinical and treatment services for communicable disease infections including sexually transmitted infections
- provision and administration of vaccines for immunisation programs as defined in the *Organised immunisation* category
- referral, treatment and associated counselling for communicable disease infections
- staff screening programs, staff immunisation and staff education
- infection control activities in hospitals
- funding to NGOs for the provision of treatment-based programs.

#### CODE 402 Public health – Selected health promotion

This category includes those activities fostering healthy lifestyle and a healthy social environment overall, and health promotion activities targeted at health risk factors which lead to injuries, skin cancer and cardiovascular disease (for example, diet or inactivity) that are delivered on a population-wide basis. The underlying criterion for the inclusion of health promotion programs within this category was that they are population health programs promoting health and wellbeing.

#### Inclusions

- State government funding for health promotion councils or NGOs
- organised population programs, or programs with a population focus (for example, programs on lifestyle risk factors, population level interventions targeting eating and physical activity, and Healthy communities, children and workers Cities and Healthy Schools programs)
- development, administration, implementation and evaluation of policy, programs, guidelines and legislation
- development and maintenance of health promotion databases (including data collection), where they can be separated from 'non-public health' databases
- health sector input to cross-sector health education
- organised population health screening of risk factors for preventable chronic disease
- communication information and advice to the public
- supportive environments for healthy living
- Innovative Health Services for homeless youth.

#### Exclusions

- opportunistic health checks of individuals, activities for heart disease risk factors (stress, blood pressure, cholesterol)
- information programs on management of specific diseases post-diagnosis
- community nurse activity (for example, ad-hoc talking to schools about nutrition)
- individual counselling including health education on an ad-hoc basis
- compliance with safety codes and maintenance of healthy environments
- treatment for stress or other mental health disorders (for example, anxiety)
- school education ad-hoc, school health nurses and school dental services
- well baby clinics, domiciliary care and home nursing services
- neighbourhood watch programs
- occupational health and safety education (included under 'Public health-related activities')
- population health programs directed at domestic, family and general violence
- population health programs providing a safe sexual health message—these are included in the *Communicable disease control* category
- public health education campaigns and school health education programs funded outside the health sector

- health promotion activities that are associated with core public health categories—these are classified in the relevant categories (for example, safe drinking programs should be classified in the *Prevention of hazardous and harmful drug use* category).

#### CODE 403 Public health – Organised immunisation

This category includes immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.

Expenditure on organised immunisation is recorded using three sub-categories:

- Organised childhood immunisation (as defined by the NHMRC National Immunisation Schedule)
- Organised pneumococcal and influenza immunisation
- All other organised immunisation (for example, tetanus)—as opposed to ad-hoc or opportunistic immunisation.

##### Inclusions

- promotion, distribution, provision and administration of vaccines as listed
- immunisation clinics and school immunisation programs
- immunisation education and public awareness
- immunisation databases and information systems
- staff vaccination programs where part of *Organised immunisation* and NHMRC schedule for all tetanus immunisation.

##### Exclusions

- immunisation after possible infection or on detection of illness (for example, rabies vaccine)—this expenditure should be included in the *Communicable disease control* expenditure category.

#### CODE 404 Public health – Environmental health

This category relates to health protection education (for example, safe chemical storage, water pollutants), expert advice on specific issues, development of standards, risk management and public health aspects of environmental health protection. The costs of monitoring and regulating are to be included where costs are borne by a regulatory agency and principally have a public health focus (for example, radiation safety, and pharmaceutical regulation and safety).

Environmental health includes the following characteristics:

- vector control
- chemical regulation and safety
- radiation safety and control
- public health aspects of water quality control and fluoridation
- Legionella control
- public health input to contaminated sites and unhealthy land
- public health aspects of water environment control
- public health input to hazardous materials management
- public health aspects of waste water and solid waste
- public health input to disaster management
- public health contribution to environmental sampling, health impact statements and risk assessment
- radiation regulation, water quality regulation, lead and asbestos regulation
- environmental health monitoring.

##### Inclusions

- development, review and administration of legislation, policy and/or regulations health protection education (for example, safe chemical storage, water pollutants) and expert advice on specific issues
- response to health complaints and investigation of breaches of legislation and disease outbreaks
- surveillance, inspections and investigations to maintain standards (for example, water quality testing, sampling)
- expert advice and provision of professional and technical support services on specific issues
- administration of relevant legislation, such as the licensing of operators or conducting pest control examinations
- maintenance of related databases (for example, issuing radiation licenses, and

national notification of agricultural, veterinary and industrial chemicals and pesticides)

- regulation and management of water fluoridation (includes addition of fluoride to water supplies)
- public health component of assessment, remediation and management of contaminated land
- public health input to land development applications
- public health input to emergency management and disaster response management, including planning and emergency response teams
- public health contribution to environmental sampling, health impact statements and risk assessment
- public health input to control activities for vectors (for example, landfill, spraying, baiting, eradication)—to be included only if undertaken by regulatory agency
- poisons regulation
- pharmaceutical and therapeutic goods regulation
- public health input to air and noise pollution control
- training of environmental health workers
- public health aspects of manufacture and distribution of medicines.

#### Exclusions

- costs borne by private or government industry in complying with regulations and legislation such as public health and environmental health acts
- hospital infection control
- treatment for infections (for example, Ross River fever or encephalitis treatment)
- workplace testing or monitoring
- installation and maintenance of systems (for example, waste disposal, storm water pollution, air-conditioning units)
- management of land development applications
- compliance with regulation which protects water courses and national parks
- recycling programs
- infectious waste control (for example, medical wastes and sharps) and disposal
- environmental health protection research (to be included under Code 410, Public health research).

#### CODE 405 Public health – Food standards and hygiene

This category includes the development, review and implementation of food standards, regulations and legislation as well as the testing of food by the regulatory agency.

#### Inclusions

- development, review and implementation of food standards, regulations, legislation, policy and standards
- surveillance (including inspections/audits), monitoring and enforcement of food legislation, policy and standards (including food premises registers, food safety programs, food safety supervisors and food safety auditing)
- testing of prescribed contaminants in food by regulatory agency
- education such as food safety awareness campaigns for suppliers and/or consumers
- training and education for food handlers (including LGAs)
- education and advice on food standards/requirements (for example, for food premises)

#### Exclusions

- compliance costs of industry associated with food regulations (for example, labelling and safe food handling practices)
- testing of food by industry.

#### CODE 406 Public health – Breast cancer screening

This category relates to Breast cancer screening and includes expenditure for the complete breast cancer screening pathway through organised programs.

The breast cancer screening pathway includes such activities as recruitment, screen taking, screen reading, assessment (this includes fine needle biopsy), core biopsy, open biopsy, service management and program management.

#### Inclusions

- State-wide coordination and planning
- Strategic policy development and implementation

- Service development and support
- Management of state registers
- Capital procurement and capacity planning
- Quality management and monitoring (management of registries, communication and education, including social marketing, workforce development, training and monitoring, evaluation and research).

#### Exclusions

- Treatment and surveillance for five years after diagnosis
- Post diagnosis follow up counselling and support
- Pathology services associated with treatment
- Breast cancer research collaboratives (to be included under Code 410, Public health research)

#### CODE 407 Public health – Cervical screening

This category relates to organised cervical screening programs such as the state cervical screening programs and rural access programs, including coordination, provision of screens and assessment services.

Cervical screening, funded through Medicare, for both screening and diagnostic services is also included.

#### Inclusions

- State-wide coordination and planning
- Strategic policy development and implementation
- Service development and support
- Management of state Pap smear registers
- Quality management and monitoring
- Communication and education, including social marketing
- Monitoring, evaluation and research

#### Exclusions

- colposcopy services and related histopathology
- counselling and/or treatment for patients diagnosed with cervical cancer (the differences between abnormalities and malignant carcinomas are described in Screening to Prevent Cervical Cancer: Guidelines for the Management of Women with Screen Detected Abnormalities. NHMRC 2005)
- In some jurisdictions, some aspects of cervical screening are provided by third parties. In reporting expenditure for this category, jurisdictions should note if this is the case and whether or not this expenditure is included in the estimates they provide.

#### CODE 408 Public health – Bowel cancer screening

This category relates to the organised National Bowel Cancer Screening Program (NBCSP). The screening pathways include:

- Self-administered Faecal occult blood test (FOBT)
- the National Register functions including letters of invitation and reminders (Commonwealth to provide costs)
- follow up assessment colonoscopy services (public and private)
- follow up officers (state-based/Commonwealth funded) tests for analysis
- program coordination and management

#### CODE 409 Public health – Prevention of hazardous and harmful drug use

This category includes activities targeted at the general population with the aim of preventing or reducing harmful use of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. The Australian Standard Classification of Drugs of Concern includes analgesics, sedatives and hypnotics, stimulants and hallucinogens, anabolic agents and selected hormones, antidepressants and anti-psychotics, and also miscellaneous drugs of concern.

Report for each sub-category as below, the aggregate of which will be total expenditure on Prevention of hazardous and harmful drug use:

- Alcohol
- Tobacco
- Illicit and other drugs of dependence

- Mixed.

### *Alcohol*

#### Inclusions

- alcohol regulation, labelling, control and licensing
- prevention strategies to encourage low risk alcohol use (as described in NHMRC guidelines) and discourage harmful use
- formulating alcohol policy
- social marketing
- alcohol harm reduction strategies

#### Exclusions

- any alcohol interventions programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example, night shelters)
- services considered to be almost entirely providing accommodation and food services (for example, halfway houses).

### *Tobacco*

#### Inclusions

- formulating tobacco policy
- social marketing
- smoke free policies in the workplace
- policies relating to smoke-free eating places and other public facilities
- tobacco control legislation and enforcement
- quit smoking programs such as Quitline
- smoking prevention strategies for children and youth

#### Exclusions

- activities designated as treatment services.

### *Illicit and other drugs of dependence*

#### Inclusions

- policy and health promotion strategies to discourage illicit drug use
- social marketing
- control activity to limit supply and availability for misuse

#### Exclusions

- any illicit drug interventions with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example, night shelters)
- services considered to be almost entirely providing accommodation and food services (for example, halfway houses).

### *Mixed*

#### Inclusions

- social marketing
- policy and health promotion strategies to improve behaviour
- public health activities with regard to poly drug use.

#### Exclusions

- any anti-drug and alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example, night shelters)
- services considered to be almost entirely providing accommodation and food services (for example, halfway houses)

CODE 410 Public health – Public health research

Research and development (R and D) is defined according to the OECD standard as comprising creative work undertaken on a systematic basis in order to increase

the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications. An R and D activity is characterised by originality. It has investigation as a primary objective, the outcome of which is new knowledge, with or without a specific application, or new or improved materials, product, devices, processes or services. R and D ends when work is no longer primarily investigative. (Pink & Geoff 2008).

#### Inclusions

- *Communicable disease control* research
- *Selected health promotion* research
- *Organised immunisation* research
- *Environmental health* research
- *Food standards and hygiene* research
- *Breast cancer screening* research
- Cervical screening research
- Prevention of hazardous and harmful drug use research
- Population health surveys
- health status research
- Major public health research which cannot be allocated to one of the above categories.

#### Exclusions

- public health evaluations

#### CODE 488 Public health – Other public health

Comprises public health functions not reported to the National Public Health Expenditure Project.

#### CODE 499 Public health – Not further defined

Comprises public health services that could be a combination of Codes 401 to 410 but which could not be further disaggregated.

#### CODE 501 Health-related care – Patient transport

This item comprises transportation in a specially-equipped surface vehicle or in a designated air ambulance to and from facilities for the purposes of receiving medical and surgical care.

Includes all government ambulance services and transport provided by the Royal Flying Doctor Service, CareFlight and similar services, emergency transport services of public fire rescue departments or defence that operate on a regular basis for civilian emergency services (not only for catastrophe medicine).

Includes transport between hospitals or other medical facilities and transport to or from a hospital or other medical facility and a private residence or other non-hospital/medical services location.

The provider of this service could be a public or private hospital or an ambulance service.

#### CODE 502 Health-related care – Patient transport subsidies

Government subsidies to private ambulance services, for example, patient transport vouchers, support programs to assist isolated patients with travel to obtain specialised health care.

It also includes transportation in conventional vehicles, such as taxis, when the latter is authorised and the costs are reimbursed to the patient (for example, for patients undergoing renal dialysis or chemotherapy).

#### CODE 503 Health-related care – Medications

This item is not currently required to be reported by state and territory health authorities.

Includes pharmaceuticals and other medical non-durables, prescribed medicines and over-the-counter pharmaceuticals. Included within these categories are: medicinal preparations, branded and generic medicines, drugs, patent medicines, serums and vaccines, vitamins and minerals and oral contraceptives, prescribed

medicines exclusively sold to customers with a medical voucher, irrespective of whether it is covered by public or private funding. Includes branded and generic products, private households' non-prescription medicines and a wide range of medical non-durables such as bandages, condoms and other mechanical contraceptive devices, elastic stockings, incontinence articles and toothbrushes, toothpastes and therapeutic mouth washes.

#### CODE 504 Health-related care – Aids and appliances

This item is not currently required to be reported by state and territory health authorities.

This item comprises glasses and other vision products, orthopaedic appliances and other prosthetics, hearing aids, medico-technical devices including wheelchairs and all other miscellaneous medical durables not elsewhere classified such as blood pressure instruments.

#### CODE 505 Health-related care – Health administration

Administrative services which cannot be allocated to a specific health good and service. Those unallocatable services might include, for example, maintaining an office of the Chief Medical Officer; a Departmental liaison officer in the office of the Minister; or a number of other agency-wide items for which it is not possible to derive appropriate or meaningful allocations to particular health programs.

#### CODE 506 Health-related care – Health research

Includes all research on health topics that is not included in Public health research (Code 410). That is, it includes all research classified under ABS Australian Standard Research Classification code 320000, excluding code 321200.

Excludes public health research and non-health related research.

#### CODE 588 Health-related care – Other

Includes, for example, services provided by health and health-related call centres and e-health information services.

Excludes health-related care reported under Codes 501 to 506 and health assessments provided under the Aged Care Assessment Program which are reported under Code 602.

#### CODE 599 Health-related care – Not further defined

Comprises health-related care that could be a combination of Codes 501 to 506 but which could not be further disaggregated.

State and territory health authorities are only to report health-related care under Codes 501 to 506.

#### CODE 601 Other function – Home and community care

This item is not currently required to be reported by state and territory health authorities.

Comprises Home and Community Care services reported under the Home and Community Care (HACC) NMDS.

Information on these service categories is available in the following report:

*National classifications of community services. Version 2.0. AIHW Cat. No. HWI 40. Canberra: Australian Institute of Health and Welfare, 2003.*

Excludes services reported under Codes 602 to 603.

#### CODE 602 Other function – Aged care

This item is not currently required to be reported by state and territory health authorities.

Includes residential care aged care programs, aged care assessment programs and other non-health aged care programs, such as respite care and day care

activities.

Excludes services provided under the HACC program.

CODE 603 Other function – Other welfare

This item is not currently required to be reported by state and territory health authorities.

Includes services delivered to clients, or groups of clients with special needs such as the young or the disabled. Excludes aged care services reported under Code 602.

CODE 688 Other function – Other

This item is not currently required to be reported by state and territory health authorities. Includes for example, car parking, accommodation for staff or for patients' relatives, or non-health-related research.

CODE 699 Other function – Not further defined

This item is not currently required to be reported by state and territory health authorities.

Comprises other functions that could be a combination of Codes 601 to 603 but which could not be further disaggregated.

## Source and reference attributes

**Submitting organisation:** Health Expenditure Advisory Committee

**Reference documents:** Pink, B. & Geoff, B. 2008. Australian and New Zealand standard research classification (ANZSRC). ABS Cat. no. 1297.0. Canberra: ABS.

Australian Government Department of Health and Ageing. Medicare Benefits Schedule Book. Viewed 1 November 2006, <http://www.health.gov.au/mbsonline>

Australian Institute of Health and Welfare 2003. National classifications of community services. Version 2.0. AIHW cat. no. HWI 40. Canberra: AIHW.

Australian Institute of Health and Welfare 2007. National public health expenditure report 2004–05. Health and welfare series expenditure series no. 29. cat. no. HWE 36. Canberra: AIHW.

## Data element attributes

### Source and reference attributes

**Submitting organisation:** Health Expenditure Advisory Committee

### Relational attributes

**Related metadata references:** Supersedes [Organisation—type of health or health related function, code NNN Health](#), Superseded 04/12/2013

**Implementation in Data Set Specifications:**

[Government health expenditure function revenue data element cluster](#)

[Health](#), Standard 04/12/2013

[Government health expenditure organisation expenditure capital consumption data element cluster](#)

[Health](#), Standard 04/04/2013

[Government health expenditure organisation expenditure data element cluster](#)

[Health](#), Standard 04/12/2013

[Government health expenditure organisation expenditure employee related data element cluster](#)

[Health](#), Standard 04/12/2013

[Government health expenditure organisation expenditure purchase of goods and services data element cluster](#)

[Health](#), Standard 04/12/2013