National Health Performance Authority, Healthy Communities: Expenditure on GP attendances, 2012–13

Exported from METEOR (AIHW's Metadata Online Registry)

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Expenditure on GP attendances, 2012–13
METEOR identifier:	547154
Registration status:	National Health Performance Authority (retired), Retired 01/07/2016
Description:	The total Medicare benefits expenditure for non-referred GP attendances claimed through the Medicare Benefits Schedule (MBS).
Indicator set:	National Health Performance Authority: Healthy Communities: 2011– National Health Performance Authority (retired), Retired 01/07/2016

Collection and usage attributes

Population group age to:	All ages

Computation description: Medicare benefits expenditure on GP attendances per person

GP attendances are on Medicare benefit-funded patient/doctor encounters, such as visits and consultations, for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.

In terms of 'Broad Type of Service' Groups, GP attendances comprise all items in Broad Type of Service Groups 'A' – GP/VRGP non-referred attendances, 'M' - Enhanced Primary Care and 'B' Non-referred other attendances as published in official MBS statistics by the Department of Human Services and the Department of Health.

Expenditure on GP attendances does not include benefits paid for bulk billing items (MBS Items 10990, 10991, and 10992). These items are in 'Miscellaneous Services' (Category 9) in the MBS and are claimed as 'stand alone' items where the bulk billed service is a non-hospital unreferred service (other than pathology or diagnostic imaging) involving a person who is under 16 years of age or concessional. Since it is not always possible to determine the MBS item to which the incentive item relates expenditure on these items is included in 'Other MBS' (Broad Type of Service Group 'L') in official statistics.

For the year of processing expenditure on bulk billing incentive items (MBS Items 10990, 10991 and 10992) other than pathology and diagnostic imaging was $542.6 million.

In undertaking age standardisation of MBS data, the age of each person was determined from the last MBS service of any type, processed by the Department of Human Services in 2012–13. All MBS services for each individual processed in 2012–13, were attributed to the age in question.

For MBS data, Medicare Local and SA3 were determined having regard to the enrolment postcode for each person from the last MBS service of any type, processed by the Department of Human Services in 2012–13. All MBS services for each individual processed in 2012–13, were attributed to the postcode in question.

MBS postcode level data were allocated to Medicare Local and SA3 regions using concordance files provided by the ABS.

Numerator based on Medicare (MBS) data provided by Department of Health for the financial year of processing, 2012–13.

Denominator data – Estimated Resident Population at 30 June 2012 provided by ABS.

Presented per person.

Before MBS data are published by NHPA all confidential data cells are suppressed.

The current definition of confidential data is as follows:

- For number of MBS services:
    - if number of services is less than 6 or if number of services is equal to or greater than 6 but
        - one provider provides more than 85% of services
          or two providers provide more than 90% of services
        - one patient receives more than 85% of services
          or two patients receive more than 90% of services.
- If data on number of services is confidential, corresponding data on other measures such as MBS benefit paid is also regarded as confidential.

Computation:	(Numerator ÷ Denominator)
	Medicare Benefits Scheme data
	Expenditure on GP attendances
	Expenditure on GP attendances, age standardised
	Expenditure on GP attendances variation within Medicare Locals
	Expenditure on GP attendances variation within Medicare Locals, age standardised
Numerator:	Total amount of claims for non-referred (GP) attendances claimed through the Medicare Benefits Schedule (MBS)

Numerator data elements:

Data Element / Data Set

[Person—age, total years N[NN]](#)

Data Source

[Medicare (MBS) data](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Address—Australian postcode, Australian postcode code (Postcode datafile) {NNNN}](#)

Data Source

[Medicare (MBS) data](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Person—General Practitioner MBS health assessment indicator, yes/no code N](#)

Data Source

[Medicare (MBS) data](#)

Guide for use

Data source type: Administrative by-product data.
A count of Yes's is used for the numerator.

Data Element / Data Set

[Person—Medicare Benefits Schedule (MBS) benefit for General Practitioner service, total Australian currency N[N(8)]](#)

Data Source

[Medicare (MBS) data](#)

Guide for use

Data source type: Administrative by-product data

Denominator: Total estimated resident population (ERP)

Denominator data elements:	**Data Element / Data Set**

[Person—estimated resident population of Australia, total people N[N(7)]](#)

Data Source

[ABS Estimated resident population (total population)](#)

Guide for use

Data source type: Census based plus administrative by-product data

Disaggregation:	By Medicare Local catchments, Medicare Local peer groups and SA3

Disaggregation data elements:

Data Element / Data Set

[Address—statistical area, level 3 (SA3) code (ASGS 2011) NNNNN](#)

Data Element / Data Set

[Administrative health region—Medicare Local identifier, code AANNN](#)

Data Element / Data Set

[Administrative health region—Medicare Local peer group, code N](#)

Guide for use

Data source type: Administrative by-product data

Representational attributes

Representation class:	Mean (average)
Data type:	Monetary amount
Unit of measure:	Currency
Format:	$NNNN.NN

Indicator conceptual framework

Framework and dimensions:	[PAF-Equity of access](#)

Data source attributes

Data sources:

Data Source

[ABS Estimated resident population (total population)](#)

Frequency

Quarterly

Data quality statement

[ABS Estimated resident population (total population), QS](#)

Data custodian

Australian Bureau of Statistics

Data Source

[Medicare (MBS) data](#)

Frequency

Annually

Data custodian

Department of Health

Accountability attributes

Reporting requirements:	National Health Performance Authority - Performance and Accountability Framework
Organisation responsible for providing data:	Department of Health
Accountability:	National Health Performance Authority
Further data development / collection required:	

Source and reference attributes

Submitting organisation:	National Health Performance Authority
Origin:	Healthy Communities
Reference documents:	National Health Performance Authority - Performance & Accountability Framework

Relational attributes

Related metadata references:	Has been superseded by [National Health Performance Authority, Healthy Communities: Expenditure on GP attendances, 2013–14](#) [National Health Performance Authority (retired)](#), Retired 01/07/2016