

# Medical Indemnity National Collection (Public Sector) 2012-13

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# Medical Indemnity National Collection (Public Sector) 2012-13

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>Synonymous names:</b>	MINC (PS)
<b>METEOR identifier:</b>	581968
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Standard 11/07/2014

## Data quality

### Data quality statement summary:

The Medical Indemnity National Collection (Public Sector), or MINC (PS), is a dataset that contains information on the number, nature and costs of public sector medical indemnity claims in Australia. These claims are claims for compensation for harm or other loss allegedly due to the delivery of health care.

Data on medical indemnity claims may change over the life of a claim as new information becomes available or the reserve amount set against the likely cost of closing the claim is revised.

Western Australia's data are not available for the MINC (PS) for the 2012–13 year. Otherwise, coverage was 100% in terms of the claims that reporting jurisdictions considered to fall within the scope of the collection.

Although there are coding specifications for national medical indemnity claims data, there are some variations between jurisdictional health authorities that are party to the MINC (PS) in how they report their medical indemnity claims.

### Description

The MINC (PS) contains information on medical indemnity claims against providers covered by public sector medical indemnity arrangements. The health service may have been provided in settings such as hospitals, outpatient clinics, private general practitioner surgeries, community health centres, residential aged care facilities or mental health-care establishments or during the delivery of ambulatory care.

States and territories use their data to monitor the costs incurred from claims of harm or other loss allegedly caused through the delivery of health services covered by public sector medical indemnity arrangements.

The MINC (PS) includes:

- basic demographic information on the patient at the centre of an alleged health-care incident
- information on the alleged incident, such as the incident date, a description of what allegedly 'went wrong', the clinical service context and the clinician specialties involved
- the alleged harm to the patient
- when the reserve was set and for how much
- the status of the claim along the process towards being closed
- for closed claims, when and how they were closed, the cost of closing the claim and the details of any payments to claimants (whether the patient or a related party).

**Institutional environment:** The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* (Cwlth) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website [www.aihw.gov.au](http://www.aihw.gov.au).

State and territory health authorities supply data to the AIHW for the MINC (PS) under the terms of the MINC (PS) Agreement. The MINC (PS) Agreement governs the AIHW's collection and use of the MINC (PS) data. The Agreement includes the state and territory health authorities (excluding Western Australia since January 2011), the Australian Government Department of Health, and the AIHW as cosignatories. Representatives from all of these agencies make up the Medical Indemnity Data Working Group (MIDWG), which oversees the MINC.

**Timeliness:** The reference period for this data set is 2012–13. Participating states and territories agreed to provide 2012–13 data to the AIHW by August 2013. The initial transmission was completed by October 2013 and all data were transmitted in their final form by January 2014.

The data were originally planned for publication in May 2014 and were published in July 2014.

**Accessibility:** *Australia's medical indemnity claims 2012–13* includes two chapters dedicated to public sector claims data. There are 10 previous AIHW reports on public sector medical indemnity claims between 2002–03 (6 months only) and 2011–12. All are available without charge on the AIHW website. Links to the reports are listed sequentially at: <http://www.aihw.gov.au/publications/medical-indemnity/>.

Interactive data cubes for MINC PS 2012–13 data will follow the release of the *Australia's medical indemnity claims 2012–13* report. Interactive data cubes for earlier years are available at:

<http://www.aihw.gov.au/medical-indemnity-datacubes/>.

Release or publication of MINC data requires the unanimous consent of the MIDWG. Interested parties can request access to MINC (PS) aggregated data not available online or in reports via the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to [info@aihw.gov.au](mailto:info@aihw.gov.au).

**Interpretability:** Information to aid in the interpretation of the public sector data in *Australia's medical indemnity claims 2012–13* is presented in Chapter 2 and Appendix A, and in the Medical Indemnity Data Set Specification 2012–14 at:

</content/index.phtml/itemId/329638>.

**Relevance:**

The MINC (PS) includes data for January to June 2003 and for each financial year from 2003–04 to 2012–13. The 2012–13 data cover the period from 1 July 2012 to 30 June 2013. Western Australian data were not available for 2012–13.

The MINC (PS) includes information on medical indemnity claims against the public sector including 'potential claims'. A potential claim is a matter considered by the relevant authority as likely to materialise into a claim and that has had a reserve placed against it. The MINC (PS) does not include information on health-care incidents or adverse events that do not result in an actual claim (commenced claims) or that are not treated as potential claims.

Western Australia did not report any data to the MINC (PS) for 2012–13 and so the available national data excludes Western Australia for 2012–13. This was also the case for 2010–11 and 2011–12.

There is some variation between reporting jurisdictions in terms of which cases fall within the scope of the MINC (PS), due to different reserving practices. For 2012–13, as for 2010–11 and 2011–12, 100% of all public sector claims considered by reporting jurisdictions to fall within scope were reported to the AIHW. All jurisdictions including Western Australia reported nearly or exactly 100% of their claims data between 2007–08 and 2009–10.

Many of the data items in the MINC (PS) collect information on the patient at the centre of the health-care incident that is the basis for the claim, and who may have suffered, or did suffer, harm or other loss as a result. The patient may or may not be a claimant, that is, the person/s pursuing the claim. In the case of potential claims there may be no claimant. Information is not collected on the claimant as such.

The MINC (PS) 2012–13 data covers new claims that had a reserve amount set against them between 1 July 2012 and 30 June 2013, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

**Accuracy:**

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

New claims are of particular interest to the MINC because they reflect differences between the year being reported on and previous years in terms of claim characteristics. However, the information that health authorities can provide for new claims may be less reliable than the information that can be provided for claims from previous years. This is because it takes time to investigate the circumstances of a claim and to ascertain the information collected during preliminary investigations. Also, some claim characteristics, such as the extent of harm to a patient and the body function or structure primarily affected, may change during the lifetime of a claim. Only a minority of data items, such as the date of an alleged incident and the patient's demographic information, can be reliably established for the great majority of public sector claims at an early stage in the investigations.

Information on patients' Indigenous identification was collected in 2011–12 and again in 2012–13. Several jurisdictions do not routinely collect this information for their claims, and it was reported for just 25% of 2012–13 claims. Accordingly, the data quality is too low to be considered for reporting.

**Coherence:**

MINC data pertain to a particular reporting period and record, to the jurisdictions' best knowledge, their data at the close of the reporting period. Jurisdictions report a data item as *Not known* if the information is not currently available but may become available during the lifetime of a claim. Data items may also become *Not known* when a previously closed claim is reopened. For instance, total claim size for a reopened claim is *Not known* because the additional cost that will be incurred in reclosing the claim should be aggregated with the previously reported cost of closing the claim. These sorts of changes to the data are registered in the AIHW MINC (PS) master database, which holds the most up-to-date information available on Australia's public sector medical indemnity claims.

The jurisdictions may also advise the AIHW on an ad hoc basis of updates that should be made to their data on the master database. For instance, several jurisdictions audited their medical indemnity claims collections in the late 2000s. Jurisdictions have also advised the AIHW of changes that should be made to unit records, including requests to remove previously transmitted records; for instance, if they involve public liability rather than medical indemnity. As a result of these changes, the data reported by the AIHW on medical indemnity claims for any particular year are subject to change.

There have been a number of enhancements to the MINC (PS) specifications since the initial data collection in 2003. While the enhancements have been designed to retain comparability with previously collected data, there are certain changes to the 2009–10 to 2011–12 data specifications that were carried on for the 2012-13 data specifications. These changes are detailed in the 2011-12 MINC (PS) data quality statement at </content/index.phtml/itemId/528745>

Also, a number of MINC (PS) data items are identical or similar to the National Claims and Policies Database (NCPD) data items collected on private sector medical indemnity claims by the Australian Prudential Regulation Authority. The MINC (Private Sector) held at the AIHW is based on data items in common between the MINC (PS) and the data formerly collected by Insurance Statistics Australia for its own version of the NCPD. Public and private sector data for 2012–13 are jointly reported in the AIHW's *Australia's medical indemnity claims 2012–13* report.

The public sector and private sector differ in how they deal with claims against multiple clinicians. In the public sector, in most cases a single claim record is created for each health-care incident or chain of health-care incidents, and the involvement of multiple clinician specialties is recorded by recording up to three additional specialties as well as the principal specialty. For medical indemnity insurers (MIs), it is a common practice to open more than one claim for a single health-care incident if more than one clinician was involved in the incident that gave rise to the allegation of harm or other loss. As a result, individual claim sizes will often be less than the aggregated total cost incurred by the MI(s) for a single allegation of harm or other loss. Thus the reported cost of an individual claim in the private sector may not reflect the total payment made by insurers in respect of the claimants. Also, where clinician specialty data are combined across the public and private sectors, the public sector claim record may include multiple clinician specialties, and so the total number of recorded clinician specialties will exceed the number of claims.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Reference documents:** Australian Institute of Health and Welfare 2014. *Australia's medical indemnity claims 2012–13*. Safety and quality of health care series no. 15. Cat. no. HSE 149. Canberra: AIHW.

## Relational attributes

**Related metadata references:** Supersedes [Medical Indemnity National Collection \(Public Sector\) 2011-12 AIHW Data Quality Statements](#), Standard 01/07/2013