

National Health Performance Authority, Healthy Communities: Very high GP attenders, 2012–13

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Very high GP attenders, 2012–13
METEOR identifier:	601536
Registration status:	<ul style="list-style-type: none">• National Health Performance Authority (retired), Retired 01/07/2016
Description:	Percentage of people who attended a GP 20 times or more in the year.
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: Very high GP attenders are persons who had 20 or more GP attendances between 1 July 2012 and 30 June 2013.

GP attendances are 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 Group 'A' – GP/VRGP non-referred attendances, 'M' – non-referred Enhanced Primary Care and 'B' – Non-referred other attendances as published in quarterly and annual Medicare Benefits Schedule (MBS) statistics by the Department of Human Services and the Department of Health.

Counts of persons who utilised services on the MBS in 2012–13, were created using the unique Medicare Patient Identification Numbers (PINs). Persons who had 20 or more GP attendances in 2012–13 (year of service) were allocated to this cohort at the Australia level, based on the number of GP attendances in the reference year for the PIN in question.

Rates (expressed as a percentage) were directly age-standardised to the 2001 Australian population. In undertaking age standardisation of MBS data, the age of each person was determined from the last MBS service of any type for each PIN, processed by the Department of Human Services up to and including 30 June 2014 for records with a date of service in 2012–13. Where the age for an individual was clearly invalid, it was classified as a data error and excluded in performing the age standardisation process. All MBS services for each individual provided in 2012–13 and processed by 30 June 2014, were attributed to the five year age group (0–4, 5–9, 10–14, ..., 80–84, 85+) in question.

In producing age-standardised results for a Medicare Local catchment or SA3, the following conditions were required as a minimum:

- A denominator of at least 30 per age group
- A total number of patients in the population of at least 20
- A total population count of at least 2,500 for the Medicare Local/SA3

For MBS data, Medicare Local and SA3 were determined using the enrolment postcode for each person from the last MBS service of any type, provided in 2012–13 and processed by the Department of Human Service by 30 June 2014. All MBS services for each individual provided in 2012–13 and processed by 30 June 2014, were attributed to the postcode in question. Since some postcodes cross regional boundaries, MBS postcode level data were allocated to Medicare Local and SA3 regions using concordance files provided by ABS showing the percentage of the population in each postcode in each region – however each person's cohort was as determined at the Australia level.

In the postcode to SA3 geographic correspondence file obtained from the ABS, the percentages of the population in a region for a number of postcodes either did not equal or sum to 100%. This was due to boundary misalignment between the original postcode and other maps. Where necessary, the Authority has rescaled these percentages to ensure totals sum to 100%. A small number of postcodes which did not map to a Medicare Local catchment were categorised separately as 'Other' and excluded – these individual numbers were very low.

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 or
 - one patient receives more than 85% of services or two patients receive more than 90% of services
- If data on number of services are confidential, corresponding data on other measures such as MBS benefit paid is also regarded as confidential.

Computation: 100 x (Numerator ÷ Denominator)

[Age standardised](#) using the direct method.

$$SR = \frac{\sum (r_i P_i)}{\sum P_i}$$

Numerator: Number of people who had 20 or more GP attendances in the year.

Numerator data elements:

Data Element / Data Set

Data Element

Medicare Personal Identification Number (PIN) number

A unique identifier for each person who is entitled to receive Medicare benefits. The Medicare PIN number does not reveal personal information of the individual and is not based on the Medicare card number.

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Person—age, total years N\[NN\]](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Data Source

[Medicare \(MBS\) data](#)

Denominator: Total population

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](#)

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Person

Format: NN.N

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

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 Agreement

Organisation responsible for providing data: Department of Health

Accountability: National Health Performance Authority

Further data development / Specification: Long-term
collection required:

Release date: 19/03/2015

Source and reference attributes

Submitting organisation: National Health Performance Authority

Origin: Healthy Communities

Reference documents: National Health Performance Authority-Performance and Accountability Framework.

Healthy Communities: Frequent GP attenders and their use of health services in 2012–13, Technical Supplement.