

National Health Performance Authority, Healthy Communities: Cost barriers to seeing a medical specialist, 2012–13

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Cost barriers to seeing a medical specialist, 2012–13
METEOR identifier:	601815
Registration status:	<ul style="list-style-type: none">• National Health Performance Authority (retired), Retired 01/07/2016
Description:	Percentage of people over 15 years of age who did not see or delayed seeing a medical specialist due to cost in the preceding 12 months.
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 from:	For this indicator an adult is defined as a person aged 15 years and over
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Computation description: Participants in Australian Bureau of Statistics (ABS) Patient Experience Survey 2011–12 who reported that they did not see or delayed seeing a medical specialist due to cost in the preceding 12 months.

The numerator refers to the number of adults who did not see or delayed seeing a medical specialist due to cost in the preceding 12 months.

The numerator was calculated as the sum of calibrated sample weights for adults who responded that they did not see or delayed seeing a medical specialist due to cost and who were enumerated within the particular Medicare local catchment.

Population is limited to persons aged 15 years and over.

The denominator was calculated as the sum of calibrated sample weights for persons aged 15 years and over who were enumerated within the Medicare Local catchment.

Person level survey weights were calibrated to independent estimates of the population of interest, referred to as 'benchmarks'. Weights calibrated against population benchmarks ensure that the survey estimates conform to independently estimated distributions of the population, rather than to the distribution within the sample itself. These benchmarks account for the distribution of people across state and territory, age group, and sex categories. Note: These benchmarks have not been calibrated for Medicare Local geography.

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of the person.

The measure is presented as a percentage.

95% confidence intervals and relative standard errors are calculated for rates.

The National Health Performance Authority developed a suppression protocol to ensure robust reporting of these data at small areas.

- These suppression rules are based on limits for Relative Standard Error¹ and Confidence Interval width of 30%, with additional cross-validation for estimates close to these limits, that is plus or minus 3% of the limits. If an estimate was marginal² with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal² with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor
- Data were suppressed based on the following rules:
 - Relative Standard Error of 33% or greater, or
 - Confidence Interval (95%) width of 33% or greater, or
 - Relative Standard Error between 27% and 33%, with significantly³ wider Confidence Interval width than the average for that indicator, or
 - Confidence Interval width between 27% and 33%, with significantly³ wider Relative Standard Error than the average for that indicator.

1. For a dichotomous proportion, Relative Standard Error can be defined as the ratio of the standard error and the minimum of the estimate and its complement (100%–estimate).

2. In this context, marginal is defined as within 10% of the 30% limit, or +/- 3%

3. In this context, statistical significance is defined as at least two standard deviations above average.

Computation: $100 \times (\text{Numerator} \div \text{Denominator})$

Numerator: Number of people over 15 years of age who did not see or delayed seeing a medical specialist due to cost in the preceding 12 months.

Numerator data elements:	<p>Data Element / Data Set</p> <p>Person—delayed visit to medical specialist due to cost, yes/no code N</p> <p>Data Source</p> <p>ABS Patient Experience Survey (PEX)</p> <p>Guide for use</p> <p>Data source type: Survey</p>
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Denominator: Total number of adults aged 15 years and over who saw or needed to see a medical specialist in the preceding 12 months and were enumerated within the Medicare Local catchment.

Disaggregation: By Medicare Local catchments and Medicare Local peer groups

Disaggregation data elements:	<p>Data Element / Data Set</p> <p>Administrative health region—Medicare Local identifier, code AANNN</p>
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<p>Data Element / Data Set</p> <p>Administrative health region—Medicare Local peer group, code N</p>

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	N[NN].N

Indicator conceptual framework

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

Data source attributes

Data sources:	<p>Data Source</p> <p>ABS Patient Experience Survey (PEX)</p> <p>Frequency</p> <p>Annual</p> <p>Data custodian</p> <p>Australian Bureau of Statistics</p>
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Accountability attributes

Reporting requirements:	National Health Performance Authority - Performance and Accountability Framework
Organisation responsible for providing data:	Australian Bureau of Statistics
Accountability:	National Health Performance Authority
Release date:	19/03/2015

Source and reference attributes

Origin: Healthy Communities

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

Relational attributes

Related metadata references: Supersedes [National Health Performance Authority, Healthy Communities: Cost barriers to seeing a medical specialist, 2011–12](#)

- [National Health Performance Authority \(retired\)](#), Superseded 19/03/2015