# National Healthcare Agreement: P24-GP-type services, 2010

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# National Healthcare Agreement: P24-GP-type services, 2010

## Identifying and definitional attributes

Metadata item type: Indicator

**Indicator type:** Output measure

**Short name:** GP-type services, 2010

METEOR identifier: 394776

**Registration status:** Health!, Superseded 08/06/2011

**Description:** GP-type service use per 1,000 population.

Indicator set: National Healthcare Agreement (2010)

Health!, Superseded 08/06/2011

Outcome area: Primary and Community Health

Health!, Standard 07/07/2010

Data quality statement: National Healthcare Agreement: P24-GP-type services, 2010 QS

Health!, Superseded 08/06/2011

## Collection and usage attributes

Computation description: Includes GP/VRGP non-referred attendances; Enhanced primary care; Practice

nurse services; Other non-referred attendances

The definition of non-referred (GP) attendances is kept consistent with Medical Benefits Schedule (MBS) classifications. GP-type services are defined by MBS

items under broad type of services groups A, B, M and O.

Presented per 1,000 population.

Rates are directly age-standardised to the Australian population as at 30 June

2001.

**Computation:** 1,000 x (Numerator ÷ Denominator)

**Numerator:** Number of non-referred (GP) attendances claimed through the Medicare Benefits

Schedule.

Numerator data elements: Data Element / Data Set-

MBS broad type of services groups

**Data Source** 

Medicare (MBS) data

Guide for use

Data source type: Administrative by-product data

#### Data Element / Data Set-

Person—government funding identifier, Medicare card number N(11)

**Data Source** 

Medicare (MBS) data

Guide for use

Data source type: Administrative by-product data

**Denominator:** Total population

Denominator data elements:

Data Element / Data Set-

Person—estimated resident population of Australia

**Data Source** 

ABS Estimated resident population (total population)

Guide for use

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

Disaggregation data elements:

Data Element / Data Set-

Person (address)—Australian postcode

**Data Source** 

Medicare (MBS) data

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness area and SEIFA of

residence

**Comments:** Specified disaggregation: Nationally and by state/territory (of residence of patient):

by Indigenous status, remoteness area and SEIFA of residence.

Available disaggregation: Nationally and by state/territory (of residence of patient):

by remoteness area and SEIFA of residence.

Data for 2008-09 will be available in 2009.

Most recent data available for 2010 CRC baseline report: 2008-09 with caveats

# Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: Person

NNNN.N

Indicator conceptual framework

Framework and dimensions:

Accessibility

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 Healthcare Agreement

Organisation responsible

for providing data:

Department of Health and Ageing / Australian Institute of Health and Welfare.

Further data development / collection required:

Specification: Long-term

Work needs to continue to improve the Voluntary Indigenous Identifier (VII) in the Medicare database. This includes the development of an adjustment factor using

data from a currently available sample.

Other issues caveats: MBS item numbers change over time and need to be updated as required.

Disaggregations within individual jurisdictions are subject to data quality considerations.

In order to enhance the value of the differential service use data, it would be helpful to analyse service use in relation to estimated need for services. For example, actual and need-adjusted service use rates could be compared (e.g. van Doorslaer et al 2004, 2006; Mathers 1994) across socioeconomic areas, remoteness areas or by Indigenous status. Need could be estimated based on population health survey data about, for example, self-assessed health status and long-term health conditions.

The Department of Veterans' Affairs (DVA) was identified as a data source, but due to lack of data availability it has not been included in the calculation this reporting cycle. Inclusion of DVA data in future reporting depends on advice from the department.

## Relational attributes

# Related metadata references:

Has been superseded by National Healthcare Agreement: PI 24-GP-type services, 2011

Health!, Superseded 30/10/2011

See also National Healthcare Agreement: P14-Waiting times for GP's, 2010 Health!, Superseded 08/06/2011

See also <u>National Healthcare Agreement: P16-People deferring recommended treatment due to financial barriers, 2010</u>

Health!, Superseded 08/06/2011

See also National Healthcare Agreement: P22-Selected potentially preventable hospitalisations, 2010

Health!, Superseded 08/06/2011

See also <u>National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010</u>

Health!, Superseded 08/06/2011

See also National Healthcare Agreement: P25-Specialist services claimed through Medicare, 2010

Health!, Superseded 08/06/2011

See also National Healthcare Agreement: P35-Waiting times for emergency department care, 2010

Health!, Superseded 08/06/2011

See also National Healthcare Agreement: P65-Net growth in health workforce, 2010

Health!, Superseded 08/06/2011