National Healthcare Agreement: PI 29-Private sector mental health services, 2012 QS

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# National Healthcare Agreement: PI 29-Private sector mental health services, 2012 QS

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| Identifying and definitional attributes | |
| Metadata item type: | Data Quality Statement |
| METEOR identifier: | 500393 |
| Registration status: | [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Retired 14/01/2015 |

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| Data quality | |
| Data quality statement summary: | * The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided. * Information about Indigenous status is not available for Medicare Benefits Schedule (MBS) data in 2010–11. * Department of Veterans’ Affairs (DVA) data is not available by Indigenous status. |
| Institutional environment: | Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the *Medicare Australia Act 1973*. These data are then regularly provided to Department of Health and Ageing (DoHA). Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans’ Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.  The Australian Institute of Health and Welfare (AIHW) prepared and calculated the indicator based on data supplied by other data providers. The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website. |
| Timeliness: | The indicator relates to all claims processed in the 2010–11 financial year. |
| Accessibility: | MBS statistics are available at:  [www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1](http://www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1)  [www.medicareaustralia.gov.au/statistics/mbs\_item.shtml](http://www.medicareaustralia.gov.au/statistics/mbs_item.shtml)  Disaggregation of MBS data by Socio-Economic Indexes for Areas (SEIFA) is not publicly available elsewhere.  The AIHW produces the annual series *Mental health services in Australia* (available in hard copy or electronically on the AIHW website). |
| Interpretability: | Information about services subsidised through Medicare is available from MBS online:  [www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1](http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1) |
| Relevance: | The measure relates to mental health-specific MBS services for which Medicare Australia has processed a claim.  Analyses by State/Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received. |
| Accuracy: | As with any administrative system a small degree of error may be present in the data captured.  DoHA MBS Statistics and DVA TAS data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.  The data provided are based on the date on which the MBS claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.  The MBS items used to construct this indicator include services that may be rendered in a hospital setting.  Information about Indigenous status for DoHA MBS data is not available for this indicator in 2010–11. The underlying data source for Indigenous status is the Medicare Australia Voluntary Indigenous Identifier (VII) database. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. Indigenous status statistics in previous CRC reports have therefore been adjusted to reflect demographic characteristics of the overall Indigenous population. The Indigenous population estimates required to determine the appropriate adjustments for 2010–11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.  DVA TAS data are not available by Indigenous status. |
| Coherence: | The data used in this indicator are routinely published in *Mental health services in Australia*. However, in that publication, rates may be calculated using different ERPs rather than June 2010 ERPs that are used for this indicator. Consequently, there may be some differences in the calculated rates.  DoHA MBS data presented by Indigenous status for 2008–09 and 2009–10 were adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Such adjustment is necessary because VII statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. VII statistics were therefore adjusted to reflect demographic characteristics of the overall Indigenous population and readers were advised that Indigenous rates were therefore modelled and should be interpreted with caution. The Indigenous population estimates required to determine the appropriate adjustments for 2010–11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.  All psychologist items have been reported under the general heading of Psychologist services in *Mental health services in Australia* whereas this indicator reports Clinical psychologists separately and all other psychologist items are reported as Other allied health.  As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. Both of these items relate to the preparation of a GP mental health treatment plan.  Caution should be taken when interpreting Indigenous rates over time. All other data can be meaningfully compared across reference periods. |
| Relational attributes | |
| Related metadata references: | Supersedes [National Healthcare Agreement: PI 29: Private sector mental health services, 2011 QS](https://meteor-uat.aihw.gov.au/content/448157)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Superseded 04/12/2012 |
| Indicators linked to this Data Quality statement: | [National Healthcare Agreement: PI 29-Private sector mental health services, 2012](https://meteor-uat.aihw.gov.au/content/435986)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Retired 25/06/2013 |