National Health Performance Authority, Healthy Communities: Cost barriers to GP care, 2013–14



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National Health Performance Authority, Healthy Communities: Cost barriers to GP care, 2013–14

Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

Short name: Cost barriers to GP care, 2013–14

METEOR identifier: 611270

Registration status: National Health Performance Authority (retired), Retired 01/07/2016

Description: Percentage of people over 15 years of age who reported they did not see or

delayed seeing a GP 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

Computation description:

Participants in the Australian Bureau of Statistics (ABS) Patient Experience Survey 2013–14 who reported that they did not see or delayed seeing a GP due to cost in the preceding 12 months.

The numerator refers to the number of adults who reported that they did not see or

delayed seeing a GP 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 GP due to cost in the preceding 12 months and who were enumerated within the particular Primary Health Network 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 that saw a GP or needed to see a GP in the preceding 12 months and who were enumerated within the Primary Health Network 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 Primary Health Network 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.

A small number of estimates for this indicator have a point estimate that is very close to 0%, and a 95% confidence interval that includes the estimate of 0%. For these cells the upper bound of the 95% confidence interval is shown only, indicating that there is 95% confidence that the true value is less than this upper bound.

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 supressed 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 significantly wider Confidence Interval width than the average for that indicator, or
 - Confidence Interval width between 27% and 33%, with significantly 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%
- In this context, statistical significance is defined as at least two standard deviations above average.

The ABS Patient Experience survey does not include individuals living in discrete indigenous communities. As a result, estimates derived for Northern Territory may not be adequately representative. Results for Northern Territory have been excluded from the tables and maps on the www.MyHealthyCommunities.gov.au website. Data for Northern Territory (excluding discrete indigenous communities) are available in the excel downloads available via the www.MyHealthyCommunities.gov.au website.

Computation: (Numerator ÷ Denominator) x 100

Numerator: Number of people over 15 years of age who reported they did not see or delayed

seeing a GP due to cost in the preceding 12 months.

Numerator data elements:

Data Element / Data Set-

Person—delayed visit to GP due to cost indicator, yes/no code N

Data Source

ABS Patient Experience Survey (PEx)

Guide for use

Data source type: Survey

Denominator:

Total number of adults aged 15 years and over who saw a GP or needed to see a GP who were enumerated within the Primary Health Network catchment.

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Denominator data elements:

-Data Element / Data Set-

Data Source

ABS Patient Experience Survey (PEx)

Guide for use

Data source type: Survey

Disaggregation: By Primary Health Network catchments.

Disaggregation data elements:

-Data Element / Data Set-

Administrative health region—Primary Health Network identifier, code

AAANNN

Representational attributes

Representation class: Percentage

Data type:RealUnit of measure:PersonFormat:N[NN].N

Indicator conceptual framework

Framework and

PAF-Equity of access

dimensions:

Data source attributes

Data sources: Data Source

ABS Patient Experience Survey (PEx)

Frequency
Annual

Data custodian

Australian Bureau of Statistics

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: 01/10/2015

Source and reference attributes

Submitting organisation: National Health Performance Authority

Origin: Healthy Communities

Reference documents: National Health Performance Authority - Performance and Accountability

Framework

Relational attributes

Related metadata Supersedes National Health Performance Authority, Healthy Communities: Cost

references: <u>barriers to GP care, 2011–12</u>

National Health Performance Authority (retired), Superseded 19/03/2015