

National Health Performance Authority, Healthy Communities: Expenditure on GP attendances, 2013–14

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National Health Performance Authority, Healthy Communities: Expenditure on GP attendances, 2013–14

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Expenditure on GP attendances, 2013–14
METEOR identifier:	620159
Registration status:	National Health Performance Authority (retired) , Retired 01/07/2016
Description:	The total Medicare benefits expenditure for non-referred GP attendances claimed through the Medicare Benefits Schedule (MBS).
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
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Computation description: Medicare benefits expenditure on GP attendances per person

GP attendances are on 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 Groups 'A' – GP/VRGP non-referred attendances, 'M' - Enhanced Primary Care and 'B' Non-referred other attendances as published in official MBS statistics by the Department of Human Services and the Department of Health.

Expenditure on GP attendances does not include benefits paid for bulk billing items (MBS Items 10990, 10991, and 10992). These items are in 'Miscellaneous Services' (Category 9) in the MBS and are claimed as 'stand alone' items where the bulk billed service is a non-hospital unreferral service (other than pathology or diagnostic imaging) involving a person who is under 16 years of age or concessional. Since it is not always possible to determine the MBS item to which the incentive item relates expenditure on these items is included in 'Other MBS' (Broad Type of Service Group 'L') in official statistics.

For the year of processing expenditure on bulk billing incentive items (MBS Items 10990, 10991 and 10992) other than pathology and diagnostic imaging was \$542.6 million.

Rates are 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, processed by the Department of Human Services in 2013–14. All MBS services for each individual processed in 2013–14, were attributed this age. For MBS data, Primary Health Network (PHN) and SA3 were derived from the enrolment postcode for each person from the last MBS service of any type, processed by the Department of Human Services in 2013–14. All MBS services for each individual processed in 2013–14 were attributed to this postcode. MBS postcode level data were allocated to PHN and SA3 regions using concordance files provided by the Australian Bureau of Statistics (ABS).

SA3 level data for 2013-14 are not directly comparable to previous years due to a change in method for allocating post-office box (PO box) addresses to SA3 geographies. The change in method means that data for people with a PO box postcode recorded as their residential address may be included in SA3 totals.

Individual SA3 level data has been provided for the Northern Territory for 2013-14. Previously, this data was provided at the state level only.

Numerator data - Medicare (MBS) data provided by Department of Health for the financial year of processing, 2013–14.

Denominator data – Estimated Resident Population at 30 June 2013 provided by ABS.

Presented as average dollar amount per person.

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

Computation:

(Numerator ÷ Denominator)

Expenditure on GP attendances

Expenditure on GP attendances, age standardised

For more information about age-standardisation, please see:

</content/index.phtml/itemId/327276>

Numerator:

Total amount of claims for non-referred (GP) attendances claimed through the Medicare Benefits Schedule (MBS)

Numerator data elements:**Data Element / Data Set**

[Person—age, total years N\[NN\]](#)

Data Source

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

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Data Source

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

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Data Source

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

Guide for use

Data source type: Administrative by-product data.

Data Element / Data Set

[Person—Medicare Benefits Schedule \(MBS\) benefit for General Practitioner service, total Australian currency N\[N\(8\)\]](#)

Data Source

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

Guide for use

Data source type: Administrative by-product data

Denominator: Total estimated resident population (ERP)

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 Primary Health Network areas

Disaggregation data elements:

Data Element / Data Set

[Address—statistical area, level 3 \(SA3\) code \(ASGS 2011\) NNNNN](#)

Data Element / Data Set

[Administrative health region—Primary Health Network identifier, code AAANNN](#)

Data Element / Data Set

[Administrative health region—Primary Health Network identifier, code AAANNN](#)

Guide for use

Data source type: Administrative by-product data

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$NNNN.NN

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

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 Health Performance Authority - Performance and Accountability Framework

Organisation responsible for providing data: Department of Health

Accountability: National Health Performance Authority

Further data development / collection required:

Release date: 19/11/2015

Source and reference attributes

Submitting organisation: National Health & Performance Authority

Origin: Healthy Communities

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

Relational attributes

Related metadata references: Supersedes [National Health Performance Authority, Healthy Communities: Expenditure on GP attendances, 2012–13](#)
[National Health Performance Authority \(retired\)](#), Retired 01/07/2016