

Indigenous Better Cardiac Care measure: 4.2-Chronic disease management, 2016

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Indigenous Better Cardiac Care measure: 4.2- Chronic disease management, 2016

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	4.2-Indigenous chronic disease management, 2016
METEOR identifier:	657056
Registration status:	Health! , Standard 17/08/2017
Description:	<p>Number and proportion of patients with a cardiac condition who received the following Medicare Benefits Schedule (MBS) chronic disease management item(s), by Indigenous status:</p> <ul style="list-style-type: none">• Team Care Arrangement (TCA) (measure 4.2.1)• General Practitioner Management Plan (GPMP) (measure 4.2.2)• allied health service item(s) (measure 4.2.3).

Rationale:	<p>This measure falls within Priority area 4 of the Better Cardiac Care project—optimisation of health status and provision of ongoing preventive care. It is based on the premise that all Aboriginal and Torres Strait Islander people with cardiac conditions should receive ongoing multidisciplinary primary health care and specialist physician follow-up as required, to prevent further illness and optimise health status.</p> <p>Secondary prevention, which encompasses a broad range of multidisciplinary interventions and management (such as TCAs and GPMPs), helps reduce the recurrence of cardiac events or complications of disease in patients with an established diagnosis of cardiac disease. These interventions have been shown to reduce hospital readmission and mortality rates (NHFA 2010).</p> <ul style="list-style-type: none">• Number and proportion of patients with documented evidence of receiving a Medicare chronic disease management item (such as a Team Care Arrangement, General Practitioner Management Plan or allied health service item) within 3 months of discharge from hospital, by Aboriginal and Torres Strait Islander status and region. <p>Full reporting against this indicator is not possible using available data. In particular, data are not available specifically for patients discharged from hospital within a specified period.</p>
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Indicator set:	Better Cardiac Care measures for Aboriginal and Torres Strait Islander people (2016) Health! , Standard 17/08/2017
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Collection and usage attributes

Computation description: The number of people with a cardiac condition who received an MBS chronic disease management item of:

- TCA (measure 4.2.1)
- GPMP (measure 4.2.2)
- allied health service item(s) (measure 4.2.3).

Data are presented separately for each of 3 item types listed above.

Data are presented as a number and percentage.

Crude rates are calculated for Indigenous Australians.

Age-standardised rates are calculated for comparisons between Indigenous and non-Indigenous Australians, and for analysis of change over time.

Data are based on financial years.

Definitions:

People with a cardiac condition—identified as those who had received 1 or more of the following cardiac-related MBS items for 2014–15 data: 11708–11712, 11722, 38200, 38203, 38206, 38215–38246, 38285, 38300–38318, 38497–38504, 55113, 55114, 55116–55119, 55120, 55122, 55123, 55125.

TCA—a care plan for people with a chronic or terminal medical condition who also have complex care needs and require treatment from 2 or more other health-care providers. These plans are designed to help coordinate more effectively the care the person needs from their GP and other health or care providers. MBS item number is 723.

GPMP—a care plan for people with a chronic or terminal medical condition. It provides an organised approach to care, identifying health and care needs, setting out services to be provided by the GP, and listing actions that the individual can take to help manage their condition. MBS item number is 721.

Allied health service items—a broad range of allied health services such as diabetes education, audiology, exercise physiology, dietetics services, mental health services, occupational therapy, podiatry, chiropractic services, osteopathy, psychology, psychological therapy services, allied health services specifically for Indigenous Australians who have had a health check, and speech pathology. MBS item group numbers are M03, M06, M07, M08, M09, M11 and M15.
Number: Numerator

Computation:

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

Age-standardised rate: calculated using the direct method, and the Australian standard population as at 30 June 2001.

Numerator:

Estimated number of people with a cardiac condition who received an MBS chronic disease management item of:

- TCA (measure 4.2.1)
- GPMP (measure 4.2.2)
- allied health service item(s) (measure 4.2.3)

within the financial year.

Numerator data elements:

Data Element / Data Set

[Service event—Medicare Benefits Schedule \(MBS\) processing date, DDMMYYYY](#)

Data Source

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

Guide for use

Used to identify claims processed in the financial year.

Data source type: Administrative by-product data

Data Element / Data Set

[Person—Medicare personal identifier number, N\(9\)](#)

Data Source

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

Guide for use

Used to uniquely identify/count individuals who have accessed a Medicare claimable service event.

Data source type: Administrative by-product data.

Data Element / Data Set

[Service event—Medicare Benefits Schedule \(MBS\) item identifier, NN\[NNN\]](#)

Data Source

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

Guide for use

Data source type: Administrative by-product data.

Denominator:

Estimated number of people with a cardiac condition.

Denominator data elements:

Data Element / Data Set

[Service event—Medicare Benefits Schedule \(MBS\) processing date, DDMMYYYY](#)

Data Source

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

Guide for use

Used to identify claims processed in the financial year.

Data source type: Administrative by-product data

Data Element / Data Set

[Person—Medicare personal identifier number, N\(9\)](#)

Data Source

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

Guide for use

Used to uniquely identify/count individuals who have accessed a Medicare claimable service event.

Data source type: Administrative by-product data.

Data Element / Data Set

[Service event—Medicare Benefits Schedule \(MBS\) item identifier, NN\[NNN\]](#)

Data Source

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

Guide for use

Data source type: Administrative by-product data.

Disaggregation:

Current period (2014–15), each MBS chronic disease management item(s)—that is, TCA, GPMP and allied health service items—by:

- Indigenous status
- Indigenous status, sex and age group (0–34, 35–44, 45–54, 55–64, 65+)
- Indigenous status and state/territory
- Indigenous status and remoteness area.

Time series (2005–06 to 2014–15), each MBS chronic disease management item(s), by:

- Indigenous status.

Disaggregation data elements:

Data Element / Data Set

Person—Indigenous status

Data Source

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

Guide for use

Indigenous status is based on the Medicare Voluntary Indigenous Identifier (VII).

Data source type: Administrative by-product data.

Data Element / Data Set

[Person—date of birth, DDMMYYYY](#)

Data Source

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

Guide for use

Used together with 'processing date' to calculate age. Age is calculated as at the date of processing for the last service processed for that patient within the financial year.

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

Used to disaggregate data by state/territory and remoteness area. This data item is based on the patient's Medicare enrolment address, as at the date of processing for the last service processed for that patient within the financial year.

Data source type: Administrative by-product data

Data Element / Data Set

[Service event—Medicare Benefits Schedule \(MBS\) processing date, DDMMYYYY](#)

Data Source

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

Guide for use

Used together with 'date of birth' to calculate age. Age is calculated as at the date of processing for the last service processed for that patient within the financial year.

Data source type: Administrative by-product data

Data Element / Data Set

[Person—sex, code A](#)

Data Source[Medicare \(MBS\) data](#)**Guide for use**

Data source type: Administrative by-product data.

Comments:**General:**

The data for this measure are drawn from MBS data. For 2016 reporting, the most recent data available are for 2014–15. MBS data reflect MBS claims processed and not necessarily all services rendered. For example, MBS data do not generally capture equivalent service provided by jurisdictional-funded primary health care or by public hospitals.

The data are based on the date of processing of claims. The claim may have been made by the patient (or their representative) or by the health-care provider. If a service was rendered but not claimed within the reference period, then that service will not be included in those data.

Indigenous identification:

The identification of Indigenous Australians in MBS data is not complete. Since 2002, individuals who choose to identify as being of Aboriginal and/or Torres Strait Islander origin have been able to have this information recorded on the Medicare database through the VII. VII Indigenous identification is through either a Medicare VII form or a tick-box on a Medicare enrolment form. Both methods indicate that identifying as Indigenous is optional. As at March 2016, an estimated 65% of the Indigenous population had identified as being of Aboriginal and/or Torres Strait Islander origin through the VII process (AIHW 2016).

Use of the VII in calculations for this measure

For this measure, Indigenous status is determined using the VII. As not all Indigenous Australians have recorded their Indigenous status with Medicare, the MBS data based on the VII were scaled up by the Australian Government Department of Health to reflect the size of the total Indigenous population. Estimates for non-Indigenous Australians were derived by subtracting the adjusted Indigenous estimates from the total number of people for whom the relevant MBS items were claimed.

Estimate of people with a cardiac condition from MBS data:

Since MBS data do not include information about whether people have a cardiac condition, this was estimated based on people who had claimed 1 or more of the cardiac-related MBS items in the relevant financial year (see 'Computation description' for definition and item numbers). As some of these MBS items are diagnostic, not all people with these items would have cardiac conditions (as some of the tests would have been negative).

Representational attributes

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

Data source attributes

Data sources:**Data Source**

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

Frequency

Annually

Data custodian

Department of Health

Accountability attributes

Reporting requirements: Annual reporting by the Australian Institute of Health and Welfare (AIHW 2015, 2016).

Organisation responsible for providing data: Australian Government Department of Health

Further data development / collection required: National data on the receipt of MBS services within a specified period following discharge from hospital are not available. Such an analysis would require linkage of data from the MBS with data from the National Hospital Morbidity Database.

Release date: 24/11/2016

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: AIHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no. IHW 169. Canberra: AIHW

Reference documents: AIHW (Australian Institute of Health and Welfare) 2015. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: first national report 2015. Cat. no. IHW 156. Canberra: AIHW.

AIHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no. IHW 169. Canberra: AIHW.

NHFA (National Heart Foundation of Australia) 2010. Secondary prevention of cardiovascular disease. Canberra: NHFA.