Data Sources

Data is vital for service planning yet there are many limitations to data sets currently available.

Change to data is a longer term planning initiative which can lose priority in addressing immediate service needs.

COMMONWEALTH WIDE SYSTEM DATA

Health Insurance Commission

- Consultations by after hours MBS items.
- PIP payments, after hours components.
- GPs by population.

Limitations

- Consultations by after hours MBS items are limited in that they do not cover extended hours clinics only home visits and one off return visits to the clinic out of hours.
- MBS items do not adequately identify GP services provided in EDs after hours, particularly in rural areas.
- A significant number of surgeries currently do not provide a service consistent with their PIP payments (up to 30% in some audited divisions) and only accredited practices or those registered for accreditation are eligible.

Dept of Health & Ageing - BEACH Study

- The BEACH© program continuously collects information about the patients seen, reasons people seek medical care, problems managed and treatments provided in general practice in Australia.
- It is an on-going data collection process. There are 20 GPs recording per week and overall a random sample of 1000 GPs annually across Australia. From each GP 100 consecutive consultations from are recorded, including indirect consultations. There is a sample where the start and finish time of the consultation is recorded which is of value in considering after hours care.
- http://www.fmrc.org.au/beach.htm#1

HealthWiz

- Is a national social health statistical database. It is compiled from various systems including Australia's hospital systems, cause of death registries, population censuses, cancer registries, aged care, child care and Medicare
- http://www.prometheus.com.au/healthwiz/hwiz.htm

STATE SYSTEM WIDE DATA

Hospital ED Data

(This varies from state to state and the degree to which it can be localised also varies). In Victoria consider the Victorian Emergency Minimum Data set (VEMD) and the Victorian Admitted Episodes Data Set (VAED).

- The data of most interest is triage category 4 and 5, however it is important to remember that this is a classification of urgency and it does not equate to general practice vs hospital type presentations. In fact most hospital admissions come from triage categories 4 and 5.
- There are some ways of coming closer to defining which patients might be (more appropriately) treated in general practice. One definition is walk in (arrival transport mode), walk out (departure transport mode), not referred by a health professional (referral source), treatment time less than 6hrs (first seen by doctor to departure time).

There are problems however with the hospital data collection:

- for example Austin hospital data showed only 1.2% of triage categories (TC) 4 & 5 to be referred by a GP but on a group of 76 patients interviewed whilst waiting for assessment 36% said they had been referred by their GP and there was a similar finding of in hours TC 4 & 5 in 1999 at the same hospital (38%)
- Data often not collected in rural areas

REGIONALISED DATA

- Divisional data
- Ambulance
- PCPs
- Municipal Health Plans
- Deputising Agencies

CHALLENGES FOR SYSTEMIC DATA ACCESS

System Issues

- Poor comparability between data sets
- Data often linked to service accountability rather than a planning focus.
- Privacy issues may limit localised data access.
- Lack of standardised definition for after hours

Collection Issues

- Collectors usually focused on service delivery not planning, not immediate need
- compulsory fields not used to their potential

Retrieval Issues

- Cost

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