

Data and Divisions

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GPDV is a QIC accredited organisation

Overview

- Why do Divisions and GPDV want data?
- What data are we looking for?
- Current sources of data
- Creating data
- GPDV advocacy around data
- Current state of play
- What needs to happen next



Why do divisions and GPDV want data?

- Needs identification
- Good program design
- Evaluation
- Informing programs 'in progress' (PDSA)

Demonstrate impact and effectiveness to funders and stakeholders

- **Reporting**
- **Accountability**
- **Accreditation**

Examples of types of data requested

Levels

- Practice
- Division
- Postcode & LGA
- State and National



Practice level

- Measurable data which can inform improvement
- Practice reports for CDM items similar to GPII
- Pts with HbA1C
- Women overdue for pap smear
- Data for PDSA cycles

Division level

Practice specific

- CDM item number activity, cervical screening coverage, diabetes ACC coverage (Similar to GPPII)
- Practice nurse subsidy
- PIP sign up
- Accreditation status
- Practice capacity

Division level

Practice specific

- Registered practices (Medical Board)
- PKI/HIC Online registration
- BOIMH registered GPs
- FTE GPs in practices
- Level of after hours billing
- EPC activity

Division level

Practice non-specific

- Level of bulkbilling and average gap charged
- Access and equity - ? Gap charged to disadvantaged groups
- % of diabetics receiving Annual Cycles of care
- % of eligible women receiving timely pap smears (registry vs HIC)

Division level

Practice non-specific

- No. of practice nurses
- EPC, BOIMH, Aged Care items, HMR etc
- Disease notification
- Registers of HIC registered allied health providers, accredited pharmacists and specialists

Division level

Demographic

- Disease prevalence
- SEIFA by postcode
- CALD population
- ATSI population
- Risk factor prevalence

Postcode and LGA level

- Similar to Division level but where data not expected to be provided at a Division level i.e. audience wider than divisions

State and National level

- PIP/SIP sign up
- SIP/HMR/Aged care item/EPC activity level
- % of diabetics receiving ACC
- % of asthmatic with Asthma 3+
- Coverage of women with timely pap smears
- Real data vs proxy data
- Capacity to define divisions with high activity levels/coverage etc

State and National level

- Increase in practice capacity???
- Billing patterns
- Division benchmarking
- SBO benchmarking

Sources

HIC

- Internet – Division level
 - MBS
 - PBS
 - PIP
 - SIP
- Special request
 - Range of information – fee charged

Health Care Providers



About HIC
Your Health
Health Care Providers
Health Software Vendors



HEALTH STATISTICS

You are here: [HOME](#) > [HEALTH STATISTICS](#) > [STATISTICAL REPORTING](#) > [MEDICARE](#) > [REPORTS](#)

Use of Health Information

HIC Statistical Reporting

Medicare

Pharmaceutical Benefits Scheme

Child Care Rebate

Australian Organ Donor Register

Australian Childhood Immunisation Register

Divisions of General Practice

Practice Incentives Program

GP Immunisation Coverage

Monthly & Quarterly Standard Reports

Frequently Asked Questions

Privacy & Security

HIC Statistic Contacts

General Practice Statistics Reports

Use this form to produce General Practice statistics from Medicare, Pharmaceutical Benefits Scheme (PBS) or Practice Incentives Program (PIP) for a particular geographical area.

General Practice Reports

[Important information](#)

Select your report options:

1. Area:
- Sort by: ☒ Division ☐ Code
2. Report on:
3. Format report:
4. Time period:
5. Start date: End date:

Important Information About General Practice Statistics Reports

- It is extremely important to read all caveats prior to interpreting statistical reports otherwise incorrect conclusions could be made.
- These reports produce Medicare, PBS or PIP statistics for a specified geographical area.
- To obtain the statistics, choose from the drop-down menus in each field on the form. You can jump in the drop-down list by keying the first letter of the area. Then click the 'Create Report' button to submit your request.
- Data for Central West Queensland Division of General Practice (415) is included only for periods before 1 July 2003.
- Your report may take up to two minutes to be created and displayed, depending on the workload of the server and the volume of traffic on the Internet.

Sources cont.

- ABS – SEIFA, CALD, ATSI
- DOHA
- DHS – Burden of disease, infectious disease notification
- Healthwiz
- PHCRIS
- AIHW
- BEACH data
- AGPAL/GPA
- Vic Cervical Screening Registry
- Universities

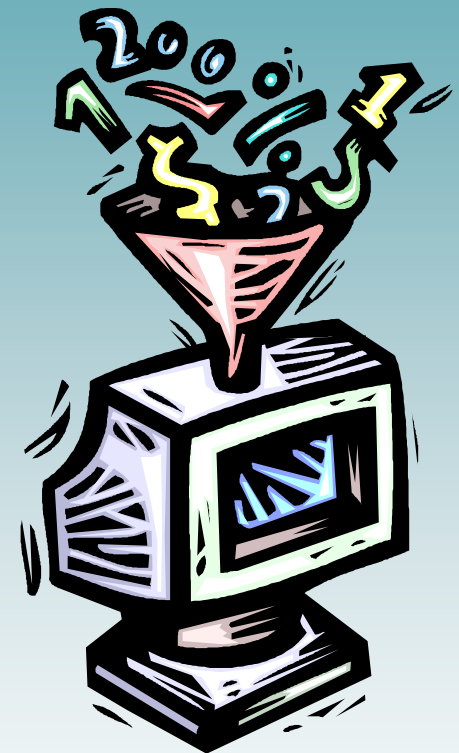
Create data

- Data aggregation
- Collaboratives
- Surveys
- Practice audits
- Division database



Issues

- Timeliness
- How to pull it all together
- Who pulls it together
- Different capacities of divisions/SBOs
- Time consuming
- Expertise
- Privacy/HIC
- Proxy vs real data
- Lack of forethought in program rollouts



What has GPDV done

- GPDV has provided Stats package for Divisions since 2002 including:
 - PIP
 - SIP (inc.% estimated Diabetic receiving an ACC)
 - GPII
 - AGPAL accreditation etc.
- Run regular Population Health workshops for division staff, including computer training on accessing HIC website for data

GPDV Advocacy

- Many emails, phone calls and meetings!!!
- November 2003 DOHA CDM Data meeting
- Defined problems, data needs and tasks
- Gone nowhere (possibly backwards)
- Two SBOs insufficient driver for change
- JAG Data workshop in November 2003



Current state of play

- No PIP/SIP data since May
- [Robyn Milthorpe](#) developing 'Guide for divisions' as result of JAG data workshop

What needs to happen

- Centralised collection of data required by divisions provided in a timely manner which can inform programs in progress
- Education and resources on using available data
- Alignment of program expectations and access to data
- Data aggregation locally
- Legislative change at HIC level?!
- Other suggestions?