

# 4 Development and data quality of AODTS–NMDS

This chapter describes the changes that will be made to the AODTS–NMDS for the 2001–02 period and the quality of data received in 2000–01. The IGCD NMDS Working Group is committed to the continued improvement of the data collection. A vital part of such continuous improvement is the review of the usefulness of the information obtained from the data items and the quality of the data transferred from service providers to the central health authority and then to the AIHW.

## 4.1 Move to ‘treatment episodes’ for 2001–02

The IGCD NMDS Working Group agreed that more useful information would be captured by the data set if ‘treatment episodes’ were reported, instead of the registration-based collection that was in place for the 2000–01 collection period. A treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment provider. It is the intention that completed (closed) treatment episodes will be the unit of measurement used by the national collection for all future years. The Working Group noted that the use of treatment episodes reflects clinical practice within the alcohol and other drug treatment sector. The inclusion of a treatment episode concept at the national level will enhance the quality of information on service utilisation.

### New data items and concepts for 2001–02

The following data items and concepts have been included in the 2001–02 national collection and will be reported in next year’s report. The addition of these new data items will capture information directly related to ‘treatment services’ including the type of treatment that each client receives, the duration of each treatment episode and the number of service contacts attached to each treatment episode.

#### Data items

- Date of cessation of treatment episode for alcohol and other drugs
- Main treatment type for alcohol and other drugs
- Number of service contacts within a treatment episode for alcohol and other drugs
- Other treatment type for alcohol and other drugs
- Reason for cessation of treatment episode for alcohol and other drugs
- Treatment delivery setting for alcohol and other drugs

#### Supporting data item concepts

- Service contact
- Treatment episode for alcohol and other drugs

All jurisdictions supported the inclusion of the above data items and concepts in the NMDS, on the condition that a phased uptake of the revised data set be adopted with a commencement from 1 July 2001 and all jurisdictions complying by 1 July 2002.

## **4.2 Data quality in 2000–01**

This section describes the quality of the data received by AIHW from the service providers via their central health authorities. The Technical Notes section in Appendix 2 provides information on the editing processes that were undertaken to maximise comparability of data between the States and Territories.

### **Background**

A range of activities was undertaken to maximise the quality of the data collected, including:

- Following the National Health Information Agreement process, which established agreed definitions and agreed National Minimum Data Sets.
- Communication between the AIHW and jurisdictions prior to the supply of data, including written guidelines and file specifications.
- Jurisdictions established their own data quality and checking mechanisms, and provided training to their service providers and written guidelines for collecting the NMDS.
- The validation processes that occurred within each jurisdiction prior to forwarding the data to AIHW, and within AIHW on receipt of the data.

### **Comprehensiveness of collection**

All States and Territories except Queensland provided data for the 2000–01 AODTS–NMDS. In addition, data were provided from many of the agencies funded under the Commonwealth National Illicit Drugs Strategy Non-Government Organisation Treatment Grants Program. These agencies are also within scope of this collection.

Excluding Queensland, data were provided from 393 (93%) of the 421 agencies that are currently in scope for this collection. It is anticipated that most of the 7% of agencies not included in 2000–01 will be included for 2001–02. However, there are also some Indigenous services not currently included in this collection (see below).

### **Indigenous data undercount**

There are a number of Commonwealth-funded agencies that are not currently collected in the AODTS–NMDS (see Section 1.6). These are Indigenous substance use services (41 agencies), and those Indigenous primary health care services that also deliver substance use services. Data reports are available on both these services (see Section 3.2).

These reports provide additional data on treatment services for those Indigenous clients who are not represented in the AODTS–NMDS. Both reports have a number of limitations. For example, the questionnaires collected a set of broad indicators only, not a comprehensive set of statistics; the data for episodes of care and service population figures were often estimates; and some services did not respond to the entire questionnaire. However, these reports can be

used, in addition to the data in this report, to obtain a more comprehensive picture of the number of Indigenous clients.

### **Collection basis undercount**

The 2000–01 AODTS–NMDS was intended to be a client registration-based data collection with a change to a treatment episode-based data collection occurring in 2001–02 (see Section 4.1). However, New South Wales, Victoria and the Australian Capital Territory provided all their 2000–01 data based solely on completed treatment episodes, with a further three jurisdictions including some treatment episode-based data within their client registration-based data.

As a result, many clients with open records at 30 June 2001 were not included. This resulted in an undercounting of actual client numbers from these jurisdictions for the 2000–01 collection period, as clients with open records were to be included under the client registration-based system. Refer to the Technical notes in Appendix 2 for more details on this topic.

### **Data quality—selected data items**

This report summarises data collected for the first year of the AODTS–NMDS. The new national minimum data set has required an enormous amount of effort from the Commonwealth and all States and Territories to change their collection systems to reflect the new reporting requirements. Understandably, not all data/collection systems were fully converted to the new format in time to supply all NMDS data items in the manner specified. It is expected this conversion process will take some time to complete given the resources required to do this work. However, there should be a progressive improvement in data quality as these changes take place.

There were specific data quality issues associated with a number of data items and these are outlined below. The Technical Notes (see Appendix 2) provide more information on the editing process that was undertaken to enhance the quality and comparability of the data.

### **Geographical location**

The definition of this data item states that for establishments with more than one geographical location, the location should be defined as that of the main administrative centre. As most administrative centres are located in a metropolitan area, the number of services located in rural and remote areas are likely to be under-represented compared to services located in metropolitan areas. A change to how agency location is recorded for future collections (i.e. location of each service outlet rather than the administrative centre) should improve the quality and usefulness of this data.

### **Indigenous status**

The total number of Indigenous clients is under-represented in this collection for two reasons. First, not all of the data from Indigenous substance use services and from Indigenous health services that provide treatment for alcohol and other drug problems were supplied.

Second, 8.5% of all responses to Indigenous status were 'not stated'. Some of these could have been from Indigenous clients. Reduction in the proportion of 'not stated' responses is expected for this data item in future years as collection procedures improve.

## **Client type**

Not all jurisdictions provided data for this variable so the numbers in each category will be understated to varying degrees at the national level.

Client type has three categories: Own drug use, Other's drug use, or Both own and other's drug use. Data from the Western Australian Government provider had a higher than average proportion of 'not stated' responses as this variable was only collected toward the end of the reporting period. Victoria, Northern Territory and the Australian Capital Territory did not collect Both own and other's drug use.

As not all categories of Client type were collected by all jurisdictions it was decided to include Both own and other's drug use (comprises 0.6% of total Client type records) within the Own drug use category for reporting purposes.

## **Source of referral**

Several jurisdictions excluded or combined a number of categories from this data item. Exclusions were generally based on the fact that there were none or few responses for these categories. In order to present the data in a more meaningful way, and because of small cell sizes, some categories have been combined in the source of referral tables A4.9 and A4.13.

The following cases of exclusions and combinations of categories are relevant to the quality of this data item: New South Wales excluded residential community mental health care unit (category 9). However, this category represents a very small part of the total nationally (0.25%).

South Australia combined all residential categories together under Other residential community care unit (category 9) and all non-residential categories under Other non-residential community health care agency (category 13). As a result, the South Australian data for the source of referral categories: community mental health; alcohol and other drug treatment services; and other community health/care services are misleading.

## **Injecting drug use**

There was a higher than average proportion of 'not stated' responses for this data item (16.6%). Those jurisdictions with a particularly high number of 'not stated' responses for injecting drug use expect that the data quality problems will be addressed for the next collection.

## **Principal drug of concern**

A number of jurisdictions used their own short lists and then mapped the data to the *Australian Standard Classification of Drugs of Concern (ASCDC)* (ABS 2000). Several jurisdictions had higher than average proportions of their data coded to 'Other', but future improvements in coding practices are expected to reduce these proportions. Not all of the codes used could be correctly coded to the ASCDC. However, because of the small numbers involved and the particular categories affected, the impact on the quality of this data item was low.

## Other drugs of concern

Jurisdictions were asked to provide up to five Other drugs of concern, however the range of responses provided was one to 12 with seven jurisdictions providing at least five Other drugs of concern. Data from Victoria were not included in this report but will be in future collections. Data from Northern Territory (up to 12 Other drugs were provided) were collected as Other drugs of use not Other drugs of concern. Their proportion of the total national collection however, is very small (2.3% of all Other drugs reported on in this report) so the impact is minimal.

## Not stated responses

Proportions of those responses that were 'not stated', 'missing' or 'unknown' data responses are given for each State and Territory and nationally in Table 4.1, as a proportion of total responses for each data item.

Not stated responses for the Indigenous status and Injecting drug use data items have already been discussed. Jurisdictions that have higher than average 'not stated' responses for other data items have indicated that they will be investigating the reasons for this and aiming to improve the quality of their data. Experience with other AIHW collated data sets suggests that, with appropriate support and follow-up for data priorities, the proportion of 'not stated', 'missing' or 'unknown' responses does decline as a new collection beds down and becomes more established.

**Table 4.1: Not stated/missing/unknown responses<sup>(a)</sup> for data items by jurisdiction<sup>(b)</sup>, 2000–01**

Data item	NSW	Vic	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Other <sup>(d)</sup>	Total
<b>Client data items</b>	<b>(Per cent)</b>								
Client type	1.6	3.4	13.7	0.4	4.9	—	0.2	2.1	3.9
Country of birth	1.6	5.5	1.6	0.4	—	0.2	3.0	5.6	2.9
Date of birth/Age	0.3	2.9	<0.1	0.4	0.3	1.4	—	14.2	1.5
Indigenous status	6.2	7.1	7.9	31.0	9.2	0.5	4.3	4.6	8.5
Preferred language	1.0	5.1	11.1	13.8	—	3.9	27.4	3.0	5.8
Sex	<0.1	3.4	0.1	—	0.2	—	—	0.5	1.2
Source of referral	1.8	1.0	9.7	1.7	1.6	3.2	3.4	4.6	2.8
<b>Drug data items</b>									
Injecting drug use	13.6	10.8	24.1	32.5	38.0	23.3	24.6	13.4	16.6
Method of use	3.3	17.8	13.4	17.5	5.5	2.1	1.7	2.3	11.0
Other drugs of concern	0.4	n.a.	1.0	1.0	0.1	—	—	5.6	0.9
Principal drug of concern	<0.1	1.9	3.5	1.4	3.6	—	—	3.9	1.4

(a) Proportion of not stated of all responses for data item.

(b) Excludes Queensland.

(c) The question for 'preferred language' was only introduced at NT agencies after the collection period had begun. Therefore, a 'not stated' response was recorded for all clients who registered early in the collection period. This explains the higher than expected proportion of 'not stated' responses for this item.

(d) Other NGOTGP services not currently reported through a specific State or Territory collection.

n.a. not available

Note: Includes inadequately described for all data items except (Age) and (Indigenous status).