

1 Introduction

These guidelines have been prepared as a reference for those involved in collecting and supplying the data for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). It should be particularly useful to staff in Commonwealth, state and territory departments, and alcohol and other drug treatment agency staff directly involved in the collection and reporting of the data set.

This publication is intended to:

- provide some history on the collection’s development and outline the overall collection process;
- provide information about changes and variations made to the data set from the previous year’s collection;
- provide working definitions of all data elements included in the data set;
- provide an up-to-date reference to ensure that the collection can run in a coordinated and timely fashion; and
- to provide information about the data validation procedures that are undertaken by the Australian Institute of Health and Welfare (AIHW).

1.1 Why do we need a national collection?

A National Minimum Data Set (NMDS) is a minimum set of data elements agreed by the National Health Information Management Group (NHIMG) for mandatory collection and reporting at the national level. One NMDS may include data elements that are included in another NMDS, thereby extending consistency of data standards across related fields. A NMDS is contingent upon a national agreement to collect uniform data and supply it as part of the national collection, but does not preclude health jurisdictions and individual agencies and service providers from collecting additional data to meet their own specific needs. In fact, for most states and territories the AODTS–NMDS is a sub-section of a larger data set that is collected by the health jurisdiction for management purposes. The intention, however, is that the AODTS–NMDS data items have standardised definitions and collection methods across all states and territories so that this information may be compared and used to inform planning and policy developments for the reduction of drug-related harm.

The aim of the AODTS–NMDS is to aggregate standardised Commonwealth, state and territory data so that national information about clients accessing alcohol and other drug treatment, service utilisation and treatment programs can be reported. It is also expected that the collection will provide agencies with access to basic data relating to particular types of communities, drug problems and treatment responses that are relevant to their own circumstances. The data derived from the national collection will be considered with information from other sources (e.g. admitted-patient data and national surveys) to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

1.2 Brief history of the national collection

The AODTS–NMDS emanated from the national forum *‘Treatment and research – where to from here?’* held in 1995 by the Alcohol and other Drugs Council of Australia. Clinicians,

researchers and government administrators who attended the forum agreed that a lack of comparable national data for alcohol and other drug treatment services was limiting the overall effectiveness of service provision. The then Commonwealth Department of Health and Family Services funded the first phase of the current AODTS–NMDS project – a joint feasibility study conducted by the National Drug and Alcohol Research Centre (NDARC) and the Alcohol and other Drugs Council of Australia.

On completion of the feasibility study, the National Drug Strategy Unit in the then Commonwealth Department of Health and Aged Care took responsibility for overseeing the carriage of phase two – the development of the AODTS–NMDS. In September 1998 the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two. The initial working group comprised representatives from four jurisdictions (New South Wales, Victoria, Queensland and South Australia), the AIHW, NDARC and the Commonwealth Department of Health and Aged Care.

The AODTS–NMDS has since become a national project of the IGCD NMDS Working Group. Current membership has increased with the inclusion of representatives from all other jurisdictions (Tasmania, Western Australia, the Northern Territory and the Australian Capital Territory) and the Australian Bureau of Statistics (ABS). Development of the data elements for the national collection continued throughout 1999 and the data set was subsequently endorsed by the IGCD. In December 1999 the Commonwealth Government and state and territory Governments, through the NHIMG, endorsed the AODTS–NMDS and collection commenced on 1 July 2000. A number of reports were released by the AIHW in 2002 from this first year of data collection. These include *Alcohol and Other Drug Treatment Services in Australia 2000–01: First Report on the NMDS*; *Alcohol and Other Drug Treatment Services in Australia: Findings from the National Minimum Data Set 2000–01*; and a number of state and territory data briefings e.g. *Alcohol and Other Drug Treatment Services in New South Wales: Findings from the National Minimum Data Set 2000–01*.

The IGCD has supported the continued development of the AODTS–NMDS since its inception. The AIHW has maintained a coordinating role in the project, including providing the Secretariat and the Chair for the NMDS Working Group, undertaking data development work, and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the collection.

1.3 Roles and responsibilities

IGCD NMDS Working Group

The IGCD NMDS Working Group is responsible for the development and implementation of the AODTS–NMDS. Members include representatives from each state and territory, the AIHW, the ABS, NDARC, and the Commonwealth’s National Drug Strategy Unit and Illicit Drugs Section. The working group reports to the IGCD, and works closely with expert national health information bodies such as the National Health Data Committee (NHDC) and the NHIMG. The majority of Working Group members also play a role in coordinating the collation of data from service providers within their jurisdiction and forwarding these data to the AIHW for the national data set. The Working Group will also have a large input into the national report that will be produced by the AIHW. Working Group members are responsible for providing approval for their jurisdiction’s data to be analysed. The names and contact details of the NMDS Working Group (current at June 2003) are provided at Appendix A.

Other committees

The AODTS-NMDS has been developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the commonwealth, states and territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA aims to ensure that the compilation and interpretation of national information is appropriate to government and community requirements and that data are collected and reported efficiently. The NHIA operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The NHIMG and the National Health Data Committee (NHDC), in consultation with other national working groups such as the IGCD NMDS Working Group, provide the mechanism for state and territory endorsement of data standards and collections (AIHW 1994).

All data elements and supporting data element concepts that form the AODTS-NMDS are included in the *National Health Data Dictionary*. Any revisions to the data elements or changes to the AODTS-NMDS must be endorsed by the NHDC and the NHIMG.

Brief details about the key committees involved in the NHIA and the development of the AODTS-NMDS are provided below:

- AHMAC – is a committee of the heads of the Commonwealth, state and territory health authorities and the Commonwealth Department of Veterans' Affairs. AHMAC advises the Australian Health Ministers' Conference on resource matters and financial issues.
- IGCD – is a Commonwealth and state/territory Government forum that acts as one of the advisory bodies supporting the Ministerial Council on Drug Strategy. It consists of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and other people with expertise in identified priority areas.
- MECC – provides high-level expert advice to the IGCD on the development of a National Drug Monitoring and Evaluation Strategy for the National Drug Strategic Framework 1998–99 to 2003–04. They are a sub-committee of the IGCD and act as a conduit between the IGCD and the IGCD NMDS WG.
- NHIMG – directs the implementation of the NHIA and comprises a representative from each of the signatory organisations and a Chair appointed by the AHMAC. The New Zealand Ministry of Health has observer status. The AIHW supports the Management Group not only through membership but also by providing the Secretariat.
- NHDC – is a standing committee of the NHIMG. The primary role of the NHDC is to assess data definitions proposed for inclusion in the *National Health Data Dictionary* (NHDD) and recommend to the NHIMG, revisions and additions to each successive version of the Dictionary. The NHDD is the authoritative source of national health data definitions. The NHDD contains the definitions of data elements (or discrete items of information) that have been described according to a standard set of rules, and endorsed by the NHIMG as the national standard to apply whenever this information is collected in the health field.

Government health authorities

The AODTS-NMDS is a set of standard data elements which the Commonwealth, states and territories have agreed to collect. The Commonwealth, state and territory departments have custodianship of their own data collections under the NHIA. It is the responsibility of the Commonwealth and state and territory health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the AODTS-NMDS is effectively implemented and collected, these authorities need to:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate;
- assign agencies with appropriate codes (after consultation) for the data element *Geographical location of service delivery outlet*;
- establish a coding system to be used for the person identifier, whether it be unique to the agency, or be implemented in cooperation with other agencies in the region, the district or across the state or territory;
- establish a suitable process for collecting client-level information (e.g. use of data entry software) and a process for agencies to deliver the data to the Commonwealth, state or territory authority;
- establish time lines for the delivery of data to the relevant health authority; and
- establish a process to check and validate data at the state/territory level and, where possible, assist and advise on data quality at the agency level.

Governmental health authorities also need to ensure that appropriate information security and privacy procedures are in place. Health authorities are responsible for ensuring that the collection, use, disclosure, storage and handling of the information contained in the AODTS–NMDS comply with the standards outlined in the Information Privacy Principles for Commonwealth agencies, and the National Privacy Principles for private sector organisations (see Chapter 7). In particular, data custodians are responsible for ensuring that their data holdings are protected from unauthorised access, alteration or loss. Health authorities are also responsible for ensuring that their procedures comply with any existing legislation within their state or territory.

AODT Service providers

Service providers whose data will be included in the national collection are responsible for collecting the agreed data elements and forwarding this information to the appropriate health authority as arranged. Service providers are responsible for ensuring that the required information is accurately recorded, and should inform their health authority if they have difficulty collecting the information. Service providers are responsible for ensuring that their clients are generally aware of the purpose for which the information is being collected; the fact that the collection of the information is authorised or required; and whether any personal information is passed on to another agency. Service providers are also responsible for ensuring that their data collection and storage methods comply with the standards as outlined in the Information Privacy Principles (for Commonwealth agencies) and the National Privacy Principles (for private sector organisations). In particular, they are responsible for maintaining the confidentiality of their clients and need to ensure that their procedures comply with any existing legislation within their state or territory.

The AIHW

The AIHW is responsible for collating data from jurisdictions into a national data set and analysing and reporting on that data. The IGCD NMDS Working Group is responsible for overseeing the development, implementation and collection of the AODTS–NMDS and the AIHW is responsible for managing this process. The AIHW is also the data custodian of the national collection and is responsible for the timely reporting of the information, as well as enabling research access to the data (subject to confidentiality constraints). As data custodian, the AIHW is responsible for ensuring that appropriate security procedures are in place for the storage, use and release of the information. See Chapter 7 for further details about AIHW policy and procedures on information and security.