

Background

The National Minimum Data Set (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 attending the forum agreed that a lack of comparable data for alcohol and other drug treatment services was limiting the overall effectiveness of service provision. The Commonwealth Department of Health and Family Services then funded the first phase of the current NMDS project—a joint feasibility study conducted by the National Drug and Alcohol Research Centre and the Alcohol and other Drugs Council of Australia.

On completion of the feasibility study, the National Drug Strategy Unit in the Commonwealth Department of Health and Aged Care took responsibility to oversee carriage of phase two—the development of the NMDS for alcohol and other drug treatment services. In September 1998 the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two, comprising representatives from four jurisdictions (New South Wales, Victoria, Queensland and South Australia), the Australian Institute of Health and Welfare (AIHW), the National Drug and Alcohol Research Centre and the Commonwealth Department of Health and Aged Care.

The NMDS for alcohol and other drug treatment services has since become a national project of the IGCD Working Group. Current membership has increased with the inclusion of representatives from all other jurisdictions (Tasmania, West Australia, the Northern Territory and the Australian Capital Territory) and the Australian Bureau of Statistics (ABS). Development of the data elements for the NMDS continued throughout 1999 and the data set was subsequently endorsed by the IGCD. In December 1999 the Commonwealth and State and Territory Governments, through the National Health Information Management Group, endorsed the current version of the NMDS for alcohol and other drug treatment services and collection was agreed to commence on 1 July 2000.

What is a NMDS?

A NMDS is a minimum set of data elements agreed by the National Health Information Management Group 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 agencies and service providers from collecting additional data to meet their own specific needs (AIHW 2000).

Key words that describe a NMDS are:

Minimum—Standards—Agreement—Collection—Reporting

Arguably, the most important aspect of a NMDS is the *agreement*. Without agreement between all relevant parties, a NMDS does not exist. A NMDS agreement includes specified data elements as well as the scope of the application of those data elements. The agreement to collect a specified set of data elements is essentially a policy issue.

Justification for the NMDS

At present it is not possible to compare or combine data about the clients and activities of alcohol and other drug treatment service providers within different States and Territories (Rankin & Copeland 1997). The NMDS is essentially a response to this lack of nationally consistent information and ultimately aims to contribute national data that will be used to inform planning and policy developments designed to reduce drug-related harm.

The NMDS will make it possible to compare and aggregate information nationally on drug problems, service utilisation and treatment programs for a variety of clients, communities and service settings. It will also 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 this national collection will be considered in conjunction with other information sources to inform debate, policy decisions and strategies that occur within the alcohol and drug treatment sector.

An overview of the NMDS data elements

At present, the NMDS for alcohol and other drug treatment services is a registration-based data collection that consists of an establishment-level component and a patient-level component. The establishment-level data elements collect information about the type and location of the service provider. The patient-level data elements collect demographic and drug-related information about clients using the target services.

It is intended that the NMDS will continue to be developed, and in future more treatment-based and service delivery setting information is likely to be collected in comparison to the first round of data collection in 2000–01.

Below is a list of all data elements currently included in the NMDS for alcohol and other drug treatment services. See Appendix A for the complete definitions and collection details for each data element.

Establishment level

Establishment identifier (which consists of the following components):

- *State identifier*: a unique identifier for each State and Territory.
- *Establishment sector*: a section of the health care industry.
- *Region code*: a numeric code for the location of the service.
- *Establishment number*: a unique number for each service in a State or Territory.

Establishment type: the type of service provider.

Geographic location of establishment: an ABS numerical code for statistical local area that

includes the location of the service.

Patient level

Establishment identifier: as above.

Person identifier: a client's unique identifier within a service.

Sex: the sex of the client.

Date of birth: the date of birth of the client.

Country of birth: an ABS numeric code for the country in which the client was born.

Indigenous status: a numeric code indicating whether or not a client is of Aboriginal and/or Torres Strait Islander origin.

Preferred language: an ABS numeric code to indicate the language most preferred by the client for communication.

Client type: the status of a person in terms of whether contact with the service concerns their own alcohol and/or other drug use or that of another person.

Date of commencement of treatment: the date on which treatment commences.

Source of referral to alcohol and other drug treatment service: the source from which the person was transferred or referred to the service.

Principal drug of concern: the drug that has led a person to seek treatment or seek advice from the service, as stated by the client.

Other drugs of concern: any drugs, apart from the principal drug of concern, which the client perceives as being a health concern.

Method of use for principal drug of concern: the client's usual method of administering the principal drug of concern as stated by the client.

Injecting drug use: the client's use of injection as a method of administering drugs.

The NMDS collection will include all new clients and former clients returning with a new or recurring problem in the reporting period. Data will be collected at assessment, and will be reported as a single unit record for each client commencing treatment (as defined by the data concept 'commencement of treatment') consisting of 14 patient-level data elements.

For each new registration of a client, the NMDS collects:

- an administrative data item that indicates the State/Territory, sector and region of the service provider;
- demographic items about the client; and
- case management items and information about why the client is accessing the service.

Figure 1 presents a diagrammatic representation of the data elements to be collected.

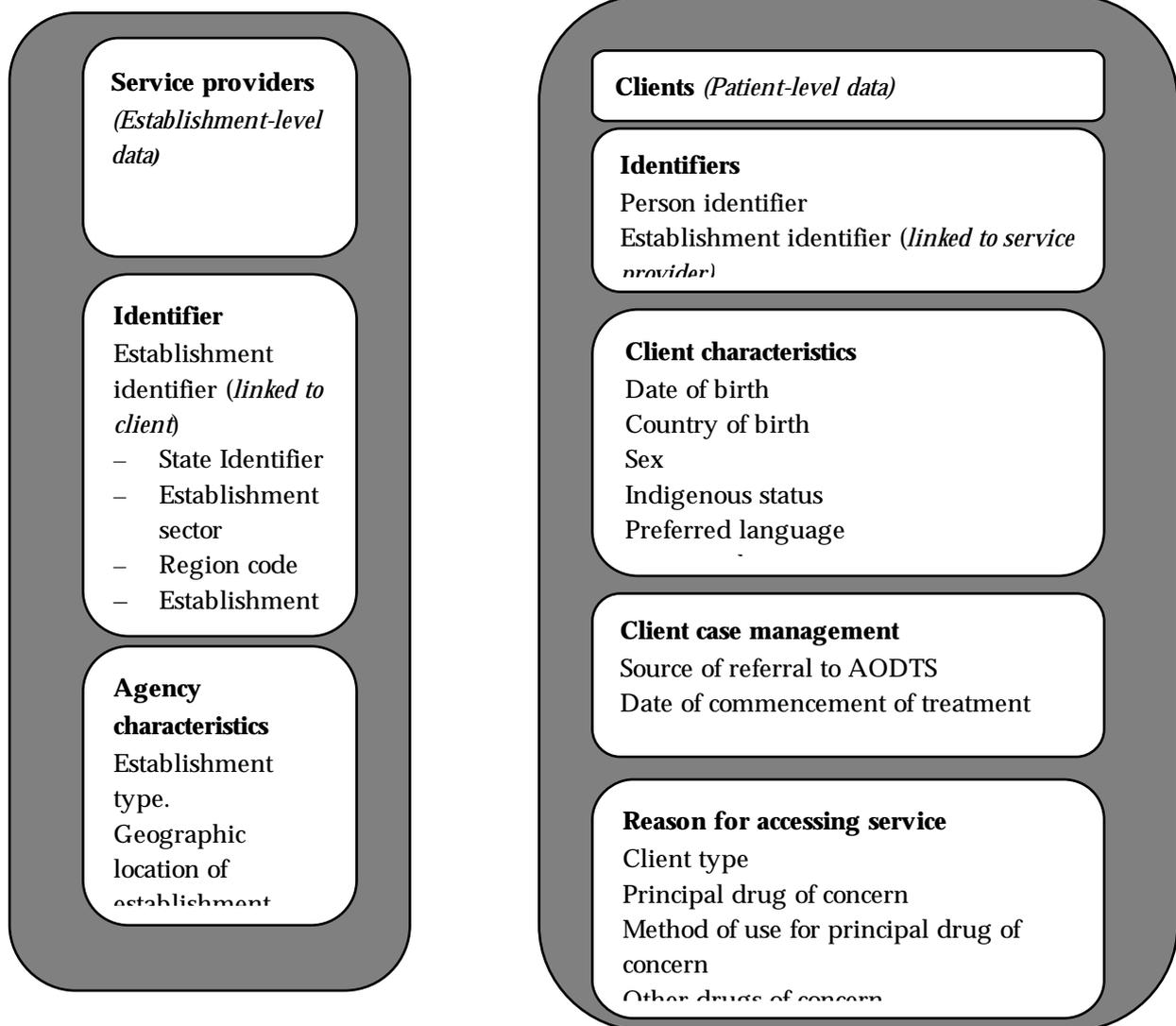
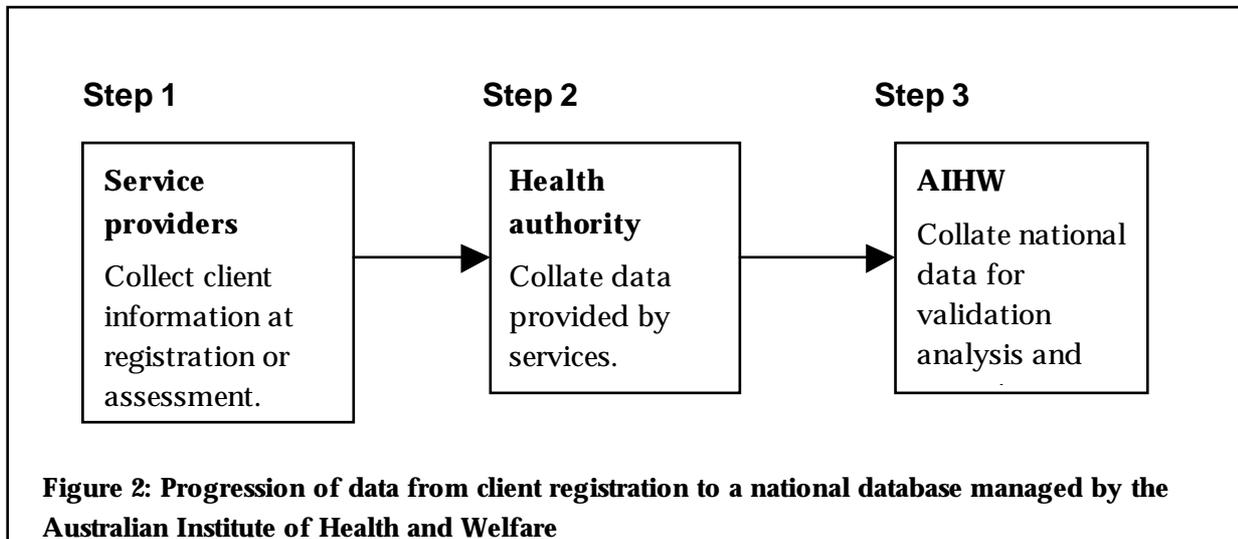


Figure 1: Information collected by the NMDS for service providers and for clients

Three steps for collection of the NMDS

The collection process for the NMDS data involves three distinct steps (Figure 2). The first step is the collection of the client's information at the initial registration or assessment stage by the service provider. The second step requires service providers to forward their collected information to the designated health authority for collation. The third step involves the designated health authority forwarding the collated data to the AIHW for national collation, validation, analysis and reporting. **No data is to be directly submitted by**

service providers to the AIHW. Note also that the information transferred from service providers to health authorities and then to the AIHW does not include client names, only a code that is generated by the service provider.



Key considerations for health authorities and service providers

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 NMDS is effectively implemented, these authorities need to:

- allocate establishment identifiers. It is the responsibility of the relevant health authority to assign agencies with an establishment identifier. Health authorities should consult with agencies about this issue before assigning establishment type and geographical location of establishments;
- establish a coding system to be used for the person identifier, whether it be unique to the service, or be implemented in cooperation with other services in the region, the district or across the State or Territory;
- establish a suitable process for collecting client registration information (e.g. use of data entry software or registration document), and a process for delivering the data to the Commonwealth, State or Territory authority;
- establish timelines for the data delivery to the relevant health authority; and
- establish a process of data checking and validation.

Scope of the NMDS collection

It is critical that service providers are aware which of their component services are included in the NMDS collection. Agencies may provide services that fall both inside and outside the intended scope of the NMDS. In these situations, only clients accessing a service that falls

within the intended scope need to have their registration information recorded and forwarded.

Alcohol and other drug treatment service providers included within the scope of the NMDS comprise the following:

- All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist treatment services to people with alcohol and/or other drug problems. Treatment services can range from early, brief intervention to long-term residential treatment. The NMDS intends to cover a wide variety of treatment interventions and among others includes detoxification and rehabilitation programs, therapeutic communities and pharmacological and psychological treatments.

The following are *not* within the scope of the collection:

- agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters';
- agencies that provide services primarily concerned with a preventative or educational emphasis such as needle and syringe exchanges;
- clients in treatment services based in prison or other correctional institutions;
- clients receiving methadone maintenance treatment; and
- admitted patients in psychiatric hospitals or general hospital wards.

Methadone treatment services are excluded because of the complexity of the service delivery structure and the range of agencies and practitioners in private and general practice settings. Information required about patients in hospitals will be extracted from currently available admitted patient data. Following initial implementation of the collection, consideration will be given to expanding the coverage to include prison treatment and other programs.

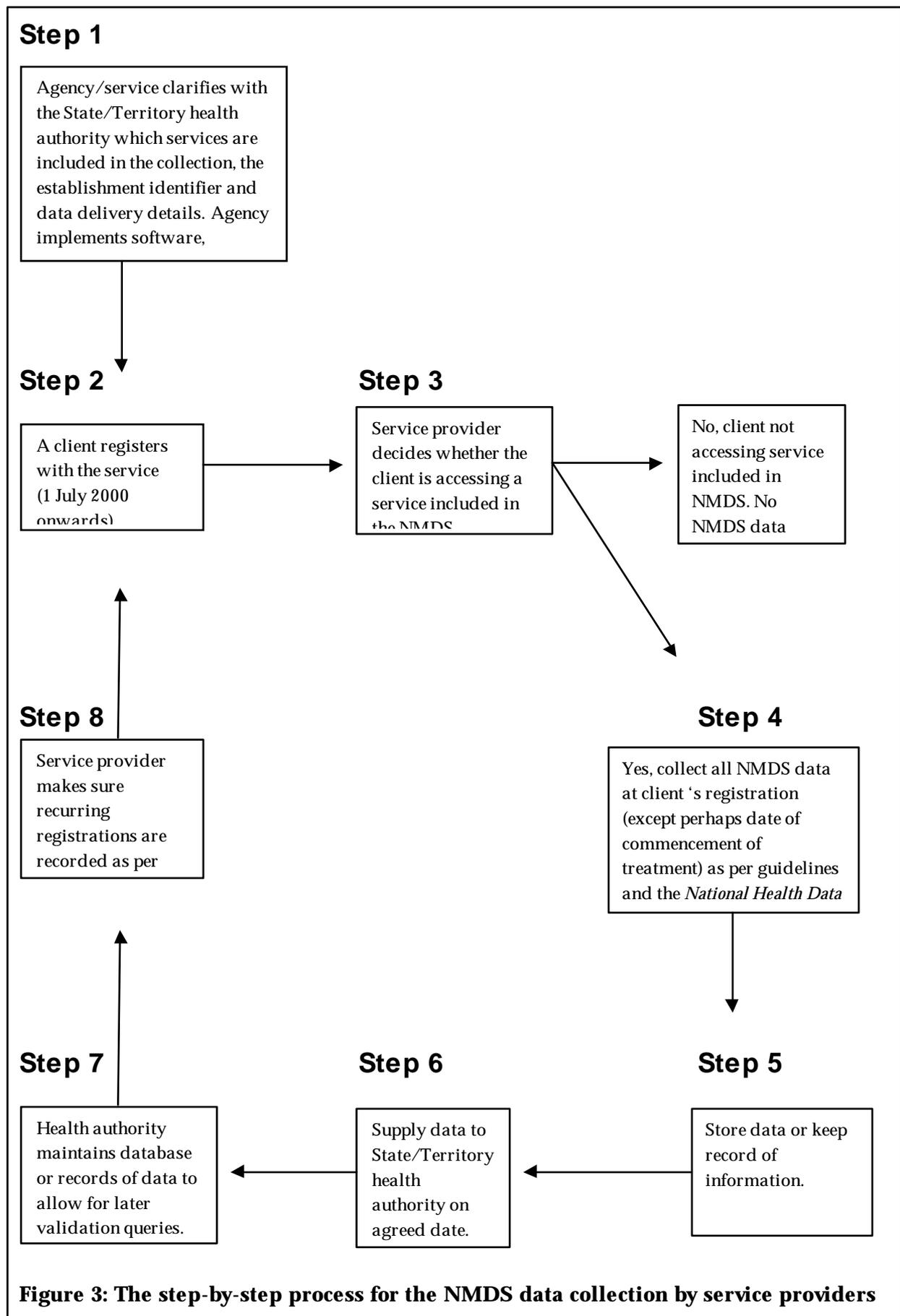
Figure 3 explains the step-by-step process for the NMDS collection by service providers.

Supply of data to AIHW

The data will need to be forwarded to the AIHW annually by each State and Territory. The data will be requested for each financial year reference period (1 July to 30 June). In collating the data into a national database, a formal validation process will be followed to maximise data quality. A report will then be prepared which will include results at both the national and at the State/Territory level. No individual service provider or individual client will be identified in the report.

Data for the period 1 July 2000 to 30 June 2001 will be requested by the AIHW early in 2001. It is expected that State and Territory health authorities will supply these data to the AIHW by December 2001. This data will then be reported during 2002.

Data security is vitally important to the AIHW. The *Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data held and managed by the Institute. The AIHW Act provides for strict penalties (including imprisonment) for breaches of confidentiality. AIHW staff—including those in collaborating units—cannot be forced to reveal confidential AIHW data, even in a court of law.



To reinforce the protection of data, the AIHW Health Ethics Committee was established under the AIHW Act in 1987 to monitor access to identifiable data for health research purposes. The arrangements are similar to those applying to medical research authorised under section 95 of the *Privacy Act 1988*. Researchers who are given access to identifiable information must sign an undertaking that binds them to the confidentiality provisions of the AIHW Act.

Future data development

Further development of the NMDS for alcohol and other drug treatment services will be ongoing and directed by the requirements of the IGCD, in consultation with States and Territories and the AIHW. Development will include making amendments to existing data elements as well as formulating new data elements for inclusion. Development on existing data elements includes refining definitions, data domains, and the directions provided in the 'guide for use' sections as stakeholders identify problems. Development on potential data elements will be conducted with the aim of increasing both the quantity and quality of the data collected by the NMDS.

References

- Australian Institute of Health and Welfare 2000. National health data dictionary. Version 9. AIHW Catalogue No. HWI 24. Canberra: Australian Institute of Health and Welfare.
- Rankin J & Copeland J 1997. The National Minimum Data Set Project for Alcohol and Other Drug Treatment Services: Phase one report on current data management, phase two proposal to develop data standards. Kensington, NSW: National Drug and Alcohol Research Centre, University of New South Wales.