



Data Availability and Use  
Productivity Commission  
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The creation of the Tropical Australian Academic Health Centre (TAAHC) has created many unique and exciting opportunities for the people of Northern Australia, in terms of access to cutting edge, research informed healthcare. TAAHC is a joint collaboration between the Australian Institute of Tropical Health and Medicine (AITHM), James Cook University, the Northern Queensland Primary Health Network and all five of the Northern Queensland Hospital and Health Services. This presents a remarkable opportunity whereby research translation can occur across tertiary and primary health care boundaries.

Access to linked health administrative data is one of the key initial priority areas for TAAHC, with this project being driven by Professor Damon Eisen and Dr Emily Callander.

Central to the success of this project is negotiating access to **high value data sets** including the following administrative data held by Queensland Health:

- Admitted Patient Data Collection,
- Non-Admitted Patient Data Collection,
- Emergency Department Information System,
- Perinatal Data Collection,
- Cancer Registry;

plus the administrative data held by each Health and Hospital Service:

- Patient Flow Manager
- Hospital Based Corporate Information System
- Enterprise-wide Liaison Medication System
- Discharge Medication Record;

plus Federal Department of Health held administrative data:

- Medicare Benefits Schedule,
- Pharmaceutical Benefits Scheme.

When linked, these datasets provide a holistic picture of an individual's contact with the health system – crossing jurisdictional boundaries. There are two substantial **impediments**



**to utilising** these datasets; negotiating the administrative requirements of each dataset custodian, and the cost to researchers requesting access to Medicare MBS and PBS data,.

The **key characteristics of these datasets that make them high value** are the ability to link each source at the individual level, plus the ability to obtain a census of patients. Some of the greatest inequalities in healthcare outcomes within Australia occur for those of low socio-economic status, those residing in rural areas, and those identifying as Aboriginal and/or Torres Strait Islander. Ironically, however, these are the patient groups who are most often under-represented in patient surveys, and those most likely to drop out of studies. As such, any research projects that seek to recruit patients to collect data will likely have an under-representation of these vulnerable groups. The use of administrative health data overcomes this weakness by capturing all health service use, of all individuals. As such, this is the most robust means of ensuring accurate representation of such groups.

Furthermore, by making use of data that is already routinely collected, researchers are able to undertake projects without the need to recruit patients. This represents a significant cost saving and avoids duplication of data collection. The information collected is also potentially more detailed and accurate than what could be collected from patient recall of healthcare access, expenses, and outcomes.

With this background we suggest that streamlining of the process involved in accessing administrative data and reassessing the cost of Medicare MBS and PBS data be addressed.

With best wishes,

Professor Damon Eisen and Dr Emily Callander