

Indicator: Continuity of primary care

Indicator Definition

Proportion of residents with a high continuity of primary care

Indicator Specification

Numerator data source

MBS

Numerator

Number of residents with a Usual Provider Continuity index ≥ 0.75 . Usual Provider Index is calculated using attendance from MBS groups (Table 1) and is defined as the proportion of attendances that is provided by the most frequently seen primary healthcare practitioner.

Table 1. MBS codes

Description	MBS Codes
General practitioner attendances to which no other item applies	A01
Other non-referred attendances to which no other item applies	A02
Prescribed medical practitioner health assessments	A7
	MBS sub-group: A0705, A0706
Health assessments	A14
GP management plans, team care arrangements, multidisciplinary care plans	A15
Domiciliary and residential management reviews	A17
General practitioner after-hours attendances to which no other item applies	A22
Other non-referred after-hours attendances to which no other item applies	A23
Services for patients in residential aged care facilities	A35
Telehealth and phone attendance services	A40
Care recipients of a residential aged care facility planning and contribution items	A43

MBS: Medicare Benefits Schedule

Denominator

Number of residents with 3 or more primary care attendances during the previous two years up to the date of exit from home care or the end of the reporting period, whichever occurred first

Exclusions

Residents with <3 encounters with GP during the period of two years prior to the reporting period

Covariates

None

Stratifications

None

Comments

MBS items with the same provider on a single day are counted as a single encounter.

Urgent after-hours primary care attendances (MBS group A11) are not included.

If the resident has been in aged care for less than 2 years, then attendances from prior to aged care entry are also included in the calculation. MBS Items are reviewed each reporting year to ensure that all items utilised in the reporting year are included.

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