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| Victorian Alcohol and Drug Collection |
| Frequently Asked Questions (September 2018) |

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# About the VADC

## What is the Victorian Alcohol and Drug Collection?

The Victorian Alcohol and Drug Collection (VADC) is the new data collection specification for all DHHS Victorian funded Alcohol and other drug (AOD) treatment providers. The VADC is a list of data elements (or types of information) that AOD treatment providers will be required to report from their own client management systems (CMS) to the Department of Health and Human Services (the department).

The VADC is a streamlined way of collecting data and reporting on alcohol and other drug treatment services that are funded by the department.

## What is the purpose of the VADC?

The VADC is principally designed to meet the department’s funding acquittal and performance monitoring requirements. By facilitating consistent data capture and reporting, the VADC will also support the sharing of information between providers. It will also inform service system development and catchment-based planning, demand modelling, program evaluation and research.

The purpose of the specification is to provide a common set of concepts, data elements and validation rules which form the basis of data collection and reporting for alcohol and other drug treatment services to the department.

## Why has the VADC been developed?

The need for an effective data collection and reporting process was a priority action highlighted in the Independent Review of New Arrangements for the Delivery of Mental Health Community Support Services and Drug Treatment Services (the Aspex Review) and in subsequent consultation with the AOD treatment sector.

The Victorian Auditor-General’s Report *Managing Drug and Alcohol Prevention and Treatment Services* also recommended prioritising the replacement of the AOD data collection system, ADIS.

Both the Aspex Review and the Victorian Auditor-General recognised that the ADIS data collection no longer meets the requirements of the department for the contemporary management of the AOD treatment sector.

## Why does the current data collection need to change?

The Alcohol and Drug Information System (ADIS) data collection and associated ‘FullADIS’ application were established in the 1990s. The last significant changes to FullADIS and the ADIS collection were made in 2007. FullADIS is no longer a supported application, which means that it can no longer be updated.

Since ADIS was introduced, there have been significant changes in AOD treatment service system design, funding models and performance management, including a greater focus on client outcomes. Information technologies have also changed rapidly during this time.

## How was the VADC developed?

The AOD Data Collection Redevelopment Project commenced in June 2016. The goal of the project was to develop new data requirements for the AOD sector to ensure that the department has the necessary data to fulfil its function as system manager.

In addition, the project aimed to:

* identify a more efficient and user friendly method for data submission
* minimise the data collection burden on service providers
* ensure data collection flexibility over time to meet emerging policy and funding initiatives.

The AOD Data Collection Redevelopment Project has resulted in the development of the VADC.

## How was the AOD sector involved in developing the VADC?

The Project Reference Group for the AOD Data Collection Redevelopment Project included AOD service providers, the Victorian Alcohol And Drug Association (VAADA) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). The Project Reference Group played a significant role in shaping the new collection.

Input from the reference group was supplemented by individual engagement with a number of AOD treatment providers and a sector-wide online survey.

## What are the main new data elements in the VADC?

The VADC focuses on capturing information that will assist in treatment planning for particular cohorts and understanding risk for both clients and family members, including the identification of:

* family violence and relevant relationships for people engaged with the system
* vulnerable dependent children and associated child protection orders
* acquired brain injury (ABI)
* pre-existing mental health diagnoses
* gender identity and sexual orientation
* refugee status.

The VADC will also capture both baseline and outcome measures across a range of domains including:

* substance dependence
* mental health
* physical health
* employment
* quality of life.

## Does the VADC involve more or fewer data items than ADIS?

There are approximately 80 data elements in the VADC specification; this is less than half that in the current ADIS collection. These items better reflect current service delivery, and align with national minimum data set reporting requirements.

Consultation with AOD treatment providers during the redevelopment project highlighted a need to reduce the number of data elements collected to reduce the reporting burden wherever possible.

## How will the VADC benefit clients and improve service delivery?

The VADC more closely aligns with a client’s journey through the AOD service system. The VADC captures each type of engagement that a client might have with the service system, including:

* presentation
* assessment
* treatment
* support
	+ follow up.

The VADC requires less reportable data than the current ADIS collection. Simplified data submission processes should free up time and resources that can be directed towards clients, service improvements and providing greater support for staff.

Importantly, the new approach to data collection will allow all stakeholders to develop a better understanding of the way clients move through the system. In addition, improving data quality will allow for more accurate assessment of system performance and client trends.

## Do the Intake and Assessment forms map to data elements in the VADC?

Yes. Mapping of the AOD intake form to the VADC can be found in the “[Victorian AOD intake tool - Turning Point audit](https://www2.health.vic.gov.au/Api/downloadmedia/%7B7EC989A1-F488-4884-8E40-7F394B504DB3%7D)" available to download from the AOD Intake process and tools webpage located here:

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment>

# Transitioning to the VADC

## When will the transition to the VADC take place?

The new arrangements are being implemented over an 18 month period to allow time for providers to transition to the new collection. All treatment providers are expected to have their CMSs aligned with the VADC specification and be submitting valid data from the end of the first quarter of 2018–19 (that is, by 1 October 2018 at the latest). This means that the latest the department expects to receive initial files from service providers is 15 November 2018 when data for October 2018 is due.

## Where do I find the new VADC data specification?

The VADC Data Specification, accompanying Compilation and Transmission Specification and data model can be found on the VADC webpage located at: <http://go.vic.gov.au/awXeql>

Treatment providers should be evaluating what changes are be required for their internal systems to align with this specification.

## What is the process for transitioning from ADIS to VADC reporting?

Details of the steps that organisations will need to take as they transition to the VADC are provided in the VADC Implementation Guide which is available on the project website.

The exact process for implementing the VADC will vary between Service Providers depending on a range of factors including whether the service provider is updating an existing system or deploying a new system. Depending on the nature of the implementation within a given service provider, factors such as data migration and/or duplicate data entry may need to be considered.

## What tools can I use to access FullADIS backend?

Whilst DHHS is unable to support local agencies to export from local instances of FullADIS, Agencies local IT technical support may be able to. FullADIS is a Delphi (F-End) and Corel Paradox (B-End) application. To access the back end ADIS data, local technical person will need a tool to open a paradox database table, for example Corel Paradox 8.

## What will happen to the FullADIS application?

Support for the FullADIS application will cease for each service provider after they transition to VADC data submission. Once all state-funded AOD treatment providers have transitioned to the VADC, the FullADIS application will be decommissioned.

## My organisation does not have a client management system that meets the VADC requirements. What should I do?

For a number of organisations, existing Client Management Systems (CMS) may not be capable of meeting the VADC requirements and the organisation will need to procure and implement a new CMS.

The department has produced a VADC implementation guide and checklist that includes a list of suggested actions for service providers when identifying and implementing a new CMS.

The department completed a software vendor Request for Information (RFI) in March 2018 that identifies a number of software applications that are reported as capable of meeting VADC requirements. The VADC RFI Summary Report has been forwarded to all in-scope AOD service providers. A copy of the report can be obtained by contacting the VADC project team via aoddatadev@dhhs.vic.gov.au

## Is there funding available to support organisations to transition to the VADC?

The department made funding available in 2017-18 to support in-scope agencies to transition to the VADC.

VADC implementation funding has been allocated as follows:

A payment of $20,000 has been provided to each consortium. This funding was paid to consortium leads, and intended for the benefit of all consortium members.
Providers delivering stand-alone AOD services (e.g. not as part of a consortia) received a payment of $10,000 each.

In addition, the department has also funded a VADC-compliant version of the TrakCare system used by metropolitan community health services.

The department also provided funding to the Victorian Aboriginal Community Controlled Health Organisation to centrally assist Aboriginal Community Controlled Health Organisations (ACCHOs) to transition to the VADC.

## Does the transition to VADC mean that the supplementary spreadsheet and ADIS will no longer be required?

The supplementary spreadsheet will be phased out during 2018–19, when all service providers have transitioned to VADC reporting.

## Will my organisation need a new outlet code to submit VADC data?

Yes. All service providers will require new service provider and outlet identifiers for submission of VADC data. The VADC project team have forwarded an Outlet Derivations Template to all in scope service providers to be completed and returned to aoddatadev@dhhs.vic.gov.au.

Consortium lead agencies are responsible for completing and submitting the Outlet Derivations Template on behalf of their member agencies for each consortium they lead. Service providers in receipt of AOD funding who are not a consortium lead agency (i.e stand-alone service providers) are also required to complete and submit the template. This may require some service providers to complete more than one Outlet Derivations Template if they are in receipt of funding as a stand-alone (non-consortium) service provide and/or they are the lead agency for more than one consortium.

More information about the business rules underpinning Service Provider and Outlet Identifiers can be found in the VADC Implementation Guide available on the VADC project webpage.

## Does my consortium need to have a separate Site for each member agency?

There are number of factors that need to be considered when establishing Sites for VADC reporting including funding arrangements, location of residential services and access to a shared client management system. While the VADC business rules do not require a Site for each member agency within a consortium, most consortia are establishing Sites for member agencies to assist with monitoring activity across the consortium.

More information about the business rules underpinning Service Provider and Outlet Identifiers can be found in the VADC Implementation Guide available on the VADC project webpage.

## What should my organisation do to progress implementation of the VADC?

AOD service providers should ensure that staff in their organisation who oversee their CMS and information technology are engaged early regarding the VADC specification. Providers will need to determine whether their existing CMS can meet the VADC reporting requirements and what changes are required. Consortium lead organisations will be required to oversee preliminary planning and progress for the transition to the VADC for each of their member consortium.

## What if my organisation is a community health service funded to deliver AOD treatment services?

For community health services funded to deliver AOD treatment services, the introduction of the VADC is part of the Community Health Data Alignmentproject, which is being implemented to address the reporting burden for community health services that deliver multiple programs.

More information about the Community Health Data Alignmentproject can be found on the Community Health Data Reporting website:

<https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-data-reporting>

## What if my organisation is a specialist youth AOD service provider?

The VADC has been designed to capture all AOD treatment service activity, including specialist services provided by youth-specific AOD services. While the department is aware that some aspects of the collection may require further refinement in order to meet the specific needs of the youth AOD sector, the VADC can be implemented in its current form.

## What if my organisation is an Aboriginal controlled community organisation?

The VADC has been designed to capture all AOD treatment service activity, including services provided by Aboriginal-specific service providers.

The department will be working closely with the Victorian Aboriginal Community Controlled Health Organisation to support Aboriginal controlled community organisations that deliver AOD treatment services.

## How is the AOD sector involved in the implementation of the VADC?

A Project Reference Group has been established to provide sector input regarding implementation of the VADC. The VADC Project Implementation Reference Group consists of representatives from a broad range of AOD treatment service providers, VAADA and VACCHO.

# VADC submission

## How will organisations submit VADC data?

The process for submitting data has been streamlined. Service providers will extract VADC data from their CMSs and submit extracts via the department’s Managed File Transfer (MFT) internet portal.

The MFT is an encrypted online portal which will be used to simplify the data submission and error reporting process. Additional information is available in the MFT user guide which is available on the VADC Project website at: <http://go.vic.gov.au/awXeql>

In the past service providers submitted data via email. The new process will simplify data submission and significantly improve the timeliness of data validation and error reporting by the department.

## How do I register to access the Managed File Transfer (MFT)?

The department has produced a user guide that details the steps service providers need to follow to request access to the MFT. The MFT User Guide can be found on the project website at: <http://go.vic.gov.au/awXeql>

## Why can’t I submit data via a departmental information system?

The VADC allows all providers to use their own CMSs to provide data to the department. This is different to the current ADIS collection, which is based on the FullADIS application and has numerous in-built validation rules.

The VADC specification is more detailed than ADIS so that treatment providers and their software vendors know what business rules they need to build into their CMSs so that they deliver compliant data to the department.

## Why have we moved to monthly data submissions?

The department consulted with service providers during the development of the VADC and agreed to monthly data submissions so that more timely feedback can be provided on data quality issues, including errors, and emerging trends. The deadline for submission of data will be the fifteenth day of the subsequent calendar month (e.g. the deadline for submitting data for the month of October 2018 will be 15 November 2018).

## What happens if my organisation/consortium does not to submit VADC data?

Compliance with VADC reporting is a requirement of funding as outlined in the ‘Policy and Funding Guidelines and Service Agreements’ available at [health.vic.gov.au](https://www2.health.vic.gov.au/about/policy-and-funding-guidelines).

## My organisation is part of a consortium. What does this mean for VADC data submission?

Consortia lead organisations are expected to ensure that member organisations are able to capture VADC data in accordance with the VADC Data Specification. It is the responsibility of the consortium lead agency to submit all data on behalf of their consortium member agencies. Where more than one CMS is used within a given consortium this may require importing of extracts into the lead organisation’s CMS or submission of VADC extracts via the MFT on behalf of member organisations.

The department is taking this approach to ensure a clear line of communication and accountability with consortia regarding data compliance and quality.

## Some of the service providers in my consortium will not have systems ready to transition to the VADC at the same time. What should we do?

1. Continue to capture DTAU data through the supplementary DTAU spreadsheet for that quarter
* Consortia leads must continue reporting via the supplementary DTAU spreadsheet for all their activity until:
	+ Every member agency has received approval from the VADC project team to stop using ADIS; **and**
	+ The relevant reporting quarter is complete.
* This is because DTAU spreadsheet data cannot be submitted for an incomplete quarter.
1. Understand the scenarios in which a member agency may be able to stop reporting through ADIS
	* Individual member agencies do not have to wait for all agencies in their consortium to be ready to transition to the VADC, so long as certain conditions are met.
* Member agencies can stop using ADIS and start reporting solely through the VADC if:
	+ They have received approval from the VADC Project Team; **and**
	+ They are transitioning at the start of a month **and**
	+ The consortium lead is also VADC ready and will be able to submit the member agency’s data via their MFT portal.
	+ If the member agency has transitioned to the VADC this data should be provided on a monthly basis as per standard VADC reporting.
1. Request an extension
* If all members will not have systems ready to go on 1 October 2018 the consortium lead will need to submit an extension request form to the department. These can be accessed via local DHHS contacts or via the aoddatadev inbox.

# Reporting of funded activity

## How will Drug Treatment Activity Units be captured in the VADC?

Drug treatment activity units (DTAU) do not exist as a specific data element within the VADC. DTAUs will be calculated using activity data collected through the VADC. Definitions for derived data elements such as DTAU, wait times, bed days, etc. will be made available on the VADC webpage shortly at: <http://go.vic.gov.au/awXeql>.

## Is the VADC data collection only for DTAU funded services?

No. The VADC has been designed to capture data across the AOD treatment service system including non-DTAU funded activity. The VADC collection has built in flexibility so that non-DTAU funded organisations are categorised into different service streams that do not need to report specific significant treatment goals, but instead are required to report client outcomes.

## Where can I find more information about how to record funded activity?

Guidelines are currently being developed and will be published via the VADC webpage at: <http://go.vic.gov.au/awXeql>.

## Is funding for small rural health AOD treatment activity in scope for reporting via the VADC?

Yes, small rural-health funded AOD-treatment activity currently reported via ADIS is in scope for reporting via the VADC.

## Is local initiative and primary health service funded activity in scope for reporting via the VADC?

No, primary health service and other local initiatives funded activity (i.e. registered and unregistered visits) are out of scope for the VADC.

## Are new Primary Health Network funded activities in scope for the VADC?

The 2018-19 VADC Data Specification has been designed to capture AOD treatment services funded via the Non-Government Organisation Treatment Grants Program (NGOTGP). Service providers funded under NGOTGP arrangements are able to use the VADC to continue reporting this service activity.

The department is aware that the Commonwealth is funding a number of new AOD treatment services via Primary Health Networks (PHNs). PHN funded service providers can submit VADC data against the “Commonwealth Government” funding source code (500) where service providers are continuing to deliver identical services to those funded under NGOTGP arrangements.

New AOD activities funded via PHN’s are not in scope for reporting via the VADC for 2018-19. The department will review Primary Health Network funded AOD treatment activity reporting requirements for possible inclusion in the 2019–20 VADC Data Specification.

## Does the achievement of Significant Treatment Goals need to be reported?

Yes - the VADC Data Specification includes a Yes/No flag to indicate the achievement of one or more Significant Treatment Goal/s (STGA’s) for Episode of Care funded activity. However, submission of the individual STGA’s achieved is not required in the VADC.

Note, the Significant Treatment Goal data element is not required for Drug Treatment Activity Unit funded activity.

## How should “Relationship to client” be reported?

In the VADC a client is an individual receiving funded services from an AOD service provider. However, there may be instances where the client is not engaged in problematic substance use themselves, but are a concerned spouse, partner, child, step-child, or friend of another person identified as being engaged in problematic substance use.

Contacts with people receiving AOD services for their own substance use should be recorded with the 'Relationship to Client' as 'Self'.

Contacts with people supporting a client engaged in substance use should be reported with a ’Relationship to Client’ other than ‘Self’ (e.g. spouse/partner, child/step-child etc).

Contacts with people receiving AOD services in relation someone else's substance use should be recorded with the ‘Relationship to Client’ as someone other than 'Self' (e.g. spouse/partner, child/step-child. etc) - see Table 1

**Table 1. Recording Relationship to Client contact data element**

|  |  |  |
| --- | --- | --- |
|  |  | **Contact is with person receiving AOD service (i.e. the client)** |
|  |  | **Yes** | **No** |
| **Contact is with person engaged in substance use** | **Yes** | Self | Not Self |
| **No** | Not Self | Not Self |

# Privacy

## How will data privacy be assured?

To ensure the privacy and confidentiality of client information submitted to the department as part of the VADC, AODTS providers will need to submit data using the MFT.

# Managed File Transfer (MFT)

## Can I upload multiple files for the same site at the same time?

Yes – as long as each file name is unique. As the file name includes both an Outlet Code and the reporting

period (mmyyyy), more than one file for the same agency can be submitted. It is advisable, however, to submit

one file at a time for the same agency, and await processing to determine if corrections need to be included in the

subsequent file.

## Can one person send a file and another person download the data validation report?

Yes. One user account can submit the data file and another user account can login and collect the validation

report file – as long as all required user accounts have been nominated for this site.

## Is there a new file naming convention for VADC submission files using MFT?

The file naming convention for the VADC extract is outlined in the VADC Compilation and Submission manual.

## Will support be available?

The VADC data team will be available to assist anyone experiencing difficulties setting up their accounts.

Note, that any queries relating to your service’s internal network and firewall configuration must be directed to IT

support within your organisation.

The VADC data team can be contacted at: **vadc\_data@dhhs.vic.gov.au**

Please ensure you **start the email subject line with ‘VADC MFT’** for all queries related to submitting VADC

data files via the Managed File Transfer.

# Technical queries

## Can a client’s SLK change over time?

Yes. A client’s SLK can change over time to reflect corrections and can also reflect name changes. See METeOR code 349510 for SLK definition.

## Does the VADC map to the AODTS NMDS?

Yes. Mapping of VADC data elements to data elements in the Alcohol and Drug Other Treatment Services National Minimum Dataset can be found in Appendix 7 of the VADC Implementation Guide.

## Can the client record change over time and is there a master client record?

Client records submitted in the VADC can change over time. The VADC data warehouse will not be used to create a master client record. Client records are associated with Service Events and can differ over time with subsequent Service Events. Most reporting from the VADC will be based on Service Events. Where reports are generated based on Client records, the last Client record with the reference period for the report will be used to derive client characteristics.

For more information about the data submission business rules for client and service events, please refer to the VADC Data Compilation and Submission Specification.

## Can my agency submit data against the 2018-19 specification in 2017-18?

Yes. The 2018-19 Data Specification replaces the 2017-18 Data Specification. Service providers are required to submit VADC data according to the 2018-19 Data Specification and can commence submitting data against the 2018-19 specification during 2017-18.

## Does the VADC use delta reporting?

No. Service events that span multiple reporting periods must include all data elements and child records associated with those Service Events in each reporting period. For further clarification regarding VADC extract business rules, please refer to the VADC Compilation and Submission Specification accessible at the VADC website.

## What are the business rules for the Insert, Update and Delete Actions?

The business rules, use cases and XML examples for Insert, Update and Delete Actions can be found in the VADC Compilation and Submission Specification accessible at the VADC website.

## Why is the Individual Health Identifier (IHI) required and is it mandatory?

The department currently uses the Statistical Linkage Key (SLK581) to generate a unique count of clients accessing alcohol and drug treatment services. This approach lacks accuracy as the SLK can change over time resulting in the same client being counted multiple times. The IHI is unique and persistent over time and provides a much more accurate way of counting clients which is important for AOD service planning.

The IHI is a mandatory field in the VADC. However, the department acknowledges that a number of administrative steps are required to register for IHI access and that not all clients will have an IHI. Consequently, the IHI data element includes a “*not stated/inadequately described*” code that can be submitted where a client’s IH is not known.

To obtain IHIs you will need to apply for a Healthcare Provider Identifier–Organisation (HPI–O) from the Australian Government Department of Human Services website located here:

<https://www.humanservices.gov.au/health-professionals/forms/hw018>

## Does the VADC extract have to include client dependants data elements even if the client does not have any dependants?

No. The VADC extract uses an XML file format. This allows some data elements to not be submitted if they are not relevant to the client or service event record. These groups of data elements are referred to as “child records” and apply to the following:

* Client dependants
* Referrals
* Contacts
* Outcomes

Business rules, use cases and XML examples regarding child records can be found in the VADC Compilation and Submission Specification.

## What happens if there is no activity for a service provider for a reporting period?

Where there is no reportable service activity or open Service Events for a reporting period, a VADC submission file is still required, but the file will include submission instance header details only.

## What happens if there is no activity for an open service event for a reporting period?

Records associated with open Service Events must be submitted even if there is no activity associated with the open Service Events during the reporting period.

## How do I send test VADC extracts to the department?

Test VADC extracts should be emailed to the department via vadc\_data@dhhs.vic.gov.au

Please do not forward test extracts via the Managed File Transfer (MFT) until advised to do so by the VADC project team.

## Will the new VADC Outlet Identifiers align with Community Health Dataset Outlets?

No. It is not possible to align VADC outlet identifiers to the Community Health Data collection identifiers as different funding models and service areas are used between these funded areas.

## Where can I find example VADC XML files?

Example VADC XML extracts can be found in the VADC Compilation and Submission Specification document.

# Further information

## How can I find out more about the VADC?

To support treatment providers during implementation, a number of support measures have been established:

**VADC webpage**

<http://go.vic.gov.au/awXeql>.

* This is the repository for all updated information on the data collection implementation process, as well as VADC system documentation: Data specification, Compilation and Submission Specification, Implementation Guide and MFT Portal Registration documentation.

**Inquiry email address**

AODDataDev@dhhs.vic.gov.au.

* Service providers and software vendors can send an email with any questions on the specifications or implementation process.

**Frequently Asked Questions (FAQs)**

* These will be updated on a regular basis and capture general themes of enquiries from treatment providers.

**Sector support**

* VAADA has been engaged to provide additional support for AOD treatment providers.
* VADC Reference Group provides sector representation in the development and implementation of the VADC.