

1 POPULATION HEALTH AND WELLBEING

Health of the Australian community

Mental health & wellbeing

Health literacy

Percentage of Australians who consider themselves to be in good/very good health

Percentage of adults who experienced high or very high levels of psychological distress

Percentage of people in fair or poor health who agreed they could actively manage their health

Latest results



85.2%
of Australians

consider themselves to be in good or very good health (ABS, 2017-18)



13% of adults

experienced high or very high levels of psychological distress (ABS, 2017-18)



84% of adults

in fair or poor health believed they could actively manage their own health (ABS, 2018)

National trend



STABLE



INCREASING



NO AUSTRALIAN TREND DATA AVAILABLE

International comparison

4th/36

OECD countries

6th/11

high income countries

No reliable international comparison data available

Consumer assessment

ON TRACK

Good self-reported outcomes but would like to see the trend continuing to increase.

OF CONCERN

Increasing rates of psychological distress warrant targeted investment in evidence-based mental health and psychosocial supports.

UNCLEAR

Lack of reliable data makes it difficult to assess, though we acknowledge some criticism of the accuracy of a self-reported measure.

2 CONSUMER-CENTRED CARE

Coordinated care

Consumer involvement in their own care

Safety and quality of care

Of people who saw 3 or more health professionals for the same condition, percentage who reported issues caused by a lack of communication

Percentage of chronically ill patients who discussed their main goals and priorities with their health professional in the past two years

Rate of hospital acquired complications (HACs)

Latest results



14.3% of people

reported issues caused by a lack of communication between health professionals (ABS, 2019-20)



71% of patients

discussed their goals with their clinician (Commonwealth Fund 2016)



2.2% of HACs

hospitalisations in public hospitals (AIHW, 2018-19)

National trend



INCREASING



NO AUSTRALIAN TREND DATA AVAILABLE



DECREASING

International comparison

7th / 11

high-income countries (on similar indicators)

1st / 11

high income countries

2nd / 11

high-income countries (on similar indicators)

Consumer assessment

OF CONCERN

With numbers of issues caused by lack of communication increasing, there is a need for a greater focus on care coordination supports including information sharing systems and case conferencing.

PROMISING

International comparison data suggests Australia performs well with regard to patient involvement in their own care, but more local data is needed to confirm this.

ON TRACK

National trends suggest rates of complications are decreasing and Australia performs well compared to international peers. Efforts needed to maintain existing high standards for safety and quality of care.

3 HEALTH SYSTEM FUNDING

Investment in the health system

Cost as a barrier to health care

Prevention

Proportion of health expenditure contributed by individuals

Percentage of people who cited cost as the reason they did not see/get or delayed seeing/getting a:

- GP
- dentist
- medical specialist
- prescription medicine

Proportion of recurrent health expenditure spent on public health measures

Latest results



16.3% of total health expenditure in Australia comes from individuals (AIHW, 2018-19)

3.7% GP
18.7% DENTIST
8.0% SPECIALIST
6.6% PRESCRIPTION MEDICINE
 (ABS, 2019-20)



1.5% of health expenditure spent on public health (AIHW 2018-19)

National trend



STABLE



STABLE



DECREASING

International comparison

26th/36
 OECD countries (on similar indicators)

6th/11
 high-income countries (on similar indicators)

29th/36
 OECD countries (on a similar indicator)

Consumer assessment

OF CONCERN

A significant percentage of the cost of care continues to be paid by individuals, which contributes to ongoing equity issues and restricts universal access.

OF CONCERN

Cost continues to be a barrier to health care for too many consumers, particularly in relation to dental care.

OF CONCERN

Australia performs poorly compared to other nations when it comes to investment in public health and prevention programs to reduce the overall burden of disease and keep people well.

4 SOCIAL DETERMINANTS OF HEALTH

Loneliness and social isolation

Geographic barriers to accessing health care

Coordination across health & social services

Percentage of people who felt lonely for at least one day in the previous week

Percentage of people in remote areas who do not have access to a general practitioner when needed (compared to metropolitan areas)

Patients whose practice frequently coordinates care with social services or community providers

Latest results



50.5%
of Australians

reported feeling lonely for at least one day in the previous week (Australian Loneliness Report 2018)



20% of people

in remote/very remote areas reported not having a GP nearby as a barrier to seeing one, compared to 3% in major cities (AIHW, 2016)



45% of patients

attend a practice that coordinates with social services (Commonwealth Fund 2015)

National trend



STABLE*



NO AUSTRALIAN TREND DATA AVAILABLE



NO AUSTRALIAN TREND DATA AVAILABLE

International comparison

No reliable international comparison data available

No reliable international comparison data available

7th/11

high-income countries

Consumer assessment

UNCLEAR

Recent data collected during the COVID-19 pandemic suggest growing rates of loneliness, but more research is needed to confirm trends and identify evidence-based approaches to address it.

OF CONCERN

On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and poorer access to health services. More data and greater investment is urgently needed to address this.

UNCLEAR

Research suggests integration between health and social services is limited and not part of routine care. Approaches such as social prescribing can help address this.

* Not accounting for variation in levels of loneliness attributable to the restrictions put in place to address the COVID-19 pandemic

Trend and ranking data

Indicators

Trend

International ranking

Percentage of Australians who consider themselves to be in excellent or very good health



This figure has **remained constant** over the last 10 years (ABS National Health Survey)

OECD measure of perceived health status – good/very good health, total aged 15+. Note different methodologies used in different countries, including Australia. <https://stats.oecd.org/>

Percentage of adults who experienced high or very high levels of psychological distress



Around **one in eight** (13.0% or 2.4 million) adults experienced high or very high levels of psychological distress, an increase of 1.3% from 2014-15 (11.7% or 2.1 million) (ABS National Health Survey)

Commonwealth Fund 2016 data asked “In the past two years, have you experienced emotional distress, such as anxiety or great sadness, which you found difficult to cope with by yourself?”. 20% of Australians answered yes, compared with 7% in Germany and 27% in Canada <https://doi.org/10.26099/09ht-rj07>

Percentage of people in fair or poor health who agreed they could actively manage their health



N/A

OECD paper produced in 2018 ‘Health Literacy for People-Centred Care – Where do OECD countries stand’ <https://doi.org/10.1787/d8494d3a-en>

Figure 2.3 (p21) shows a comparison of the proportion of individuals with low health literacy across different countries, but notes that due to the use of different surveys to measure health literacy, the data is not comparable across countries.

Australian ranked well for having a national health literacy strategy – suggest this is a reference to the National Statement on Health Literacy, released by the ACSQHC in 2014 <https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-National-Statement.pdf>

Of people who saw 3 or more health professionals for the same condition, percentage who reported issues caused by a lack of communication



Data from annual iterations of the Patient Experiences in Australia Survey (ABS) showed the following results for patients who reported issues caused by a lack of communication between health professionals:

2018-19: 14.1%
2017-18: 13%
2016-17: 12%

No exact comparison available, but Commonwealth Fund 2017 report has similar indicators:

- Primary care doctor always or often receives timely and relevant information when needed after patient sees specialist (Australia ranks 9th of 11 high income countries at 58%)
- Primary care doctor is always or often informed of changes to a patient’s medication or care plan after patient sees specialist (Australia ranks 6th of 11 high income countries at 83%)
- Specialist lacked medical history or regular doctor not informed about specialist care in the past two years (Australia ranked 3rd of 11 high income countries at 20%)
- Doctor is always notified when patient is seen in ED and when patient is discharged from the hospital (Australia ranks 10th of 11 high income countries at 14%)

Overall Australia ranked 7th out of 11 high income countries on the Commonwealth Fund’s ‘coordinated care’ measure https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf

Percentage of chronically ill patients who discussed their main goals and priorities with their health professional in the past two years



N/A

Australia ranked 1st by the Commonwealth fund for the indicator “Chronically ill patients discussed with health professional their main goals and priorities in caring for their condition in the past two years” with 71% in their 2017 International Comparisons report. This compares with 67% in Germany, 56% in Canada and 26% in Sweden <https://interactives.commonwealthfund.org/2017/july/mirror-mirror/>

Trend and ranking data

continued...

Indicators

Rate of hospital acquired complications (HACs)



Trend

Between 2017–18 and 2018–19, the rate of HACs **decreased from 2.6% hospitalisations** (140,696) **to 2.2% hospitalisations** (124,570) in public hospitals. The rate in private hospitals remained stable (AIHW MyHospitals database)

<https://www.aihw.gov.au/reports-data/myhospitals/intersection/quality/apc>

Trend data only available for one year

International ranking

No exact comparison available but Australia ranked 2nd out of 11 countries by the Commonwealth Fund for 'Safe Care', including:

- Experienced a medical, medication, or lab mistake in the past two years (11%, equal 4th of 11 countries)
- Primary care physician reports electronic clinical decision support in practice (72%, 2nd of 11 countries)
- Health care professional did not review medications in past year, among those taking two or more prescription medications (22%, equal 3rd of 11 countries)

https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf

Proportion of health expenditure contributed by individuals



TAIHW data shows the proportion of health expenditure provided by individuals has remained relatively constant over the past 10 years:

2008–09 = 15.92%

2013–14 = 17.12%

2018–19 = 16.28%

AIHW Health Expenditure Australia 2018-19

<https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

OECD health expenditure and financing data shows in 2017, 66.5% of health expenditure in Australia was provided by government/compulsory schemes with the remaining 33.5% split between voluntary health care payment schemes (e.g. PHI – 15.6%) and household out of pocket payments (17.9%)

<https://stats.oecd.org/Index.aspx?DataSetCode=SHA>

AIHW's 2019 report 'Australia's health expenditure: an international comparison' shows the split between government and personal financing arrangements as a percentage of total health expenditure for all OECD countries in 2016 (see Figure 12). On this measure, Australia had the 26th highest level of government expenditure and the 26th lowest level (or 11th highest) level of voluntary health care payments and household OOP

<https://www.aihw.gov.au/getmedia/ba3f6a4c-3059-4340-b1ca-b4ddd5630e4f/aihw-hwe-75.pdf.aspx?inline=true>

Percentage of people who cited cost as the reason they did not see or delayed seeing a:

- GP
- dentist
- medical specialist

The proportion of people who reported that cost was a reason for delaying or not using a health service when needed has remained consistent with 2018-19 (ABS, Patient Experiences in Australia survey, 2019-20).

Breakdown for each category:

GPs 3.7% compared to 3.4% in 2018-19 (stable, but down from 4.9% in 2013-14)

Dentists 18.7% compared to 17.6% in 2018-19 (increasing)

Medical specialists 8.0% compared to 7.7% in 2018-19 (stable)

Prescription medications 6.6% compared to 6.7% in 2018-19 (stable, but slowly decreasing over the past 8 years)

Commonwealth Fund 2017 report uses measure of "Had any cost-related access problem to medical care in the past year". On this measure Australia ranked 6th of 11 countries with 14% of people reporting a cost related access barrier to medical care.

On measures of equity, there was an 11% difference between high and low income individuals with regard to cost-related access barriers to health care (compared to 3% in the UK and 18% in the US). This ranked Australia equal 6th of 11 countries on this measure.

In relation to dental care, the Commonwealth Fund reported that 21% of Australians skipped dental care because of cost in the past year, ranking Australia equal 6th of 11 countries. There was a 10% equity gap between high and low income individuals for this measure, which was the equal 3rd lowest gap of 11 countries.

On the measure of "Doctors report patients often have difficulty paying for medications or out-of-pocket costs", Australian doctors reported this in 25% of cases (ranking 7th out of 11 countries).

<https://interactives.commonwealthfund.org/2017/july/mirror-mirror/>

Trend and ranking data *continued...*

Indicators

Proportion of recurrent health expenditure spent on public health measures



Trend

The proportion of recurrent health expenditure spent on public health has gradually **decreased from 2.1% in 2008-09 to 1.5% in 2018-19.** **From 2017-18 to 2018-19 a slight decrease was seen from 1.6% to 1.5%**

(AIHW Health Expenditure Australia, 2018-19, Table A9)

International ranking

OECD.Stats shows Australia's expenditure on preventive care as a share of current health expenditure was 1.9% in 2017 (latest available data). Australia ranked 29th of 36 OECD countries on this measure, with Canada spending 5.8%, the UK 5.2% and the US spending 3.0%.

Organisation for Economic Co-operation and Development. OECD statistics: Health expenditure and financing [dataset]. Paris: OECD; 2017.

https://stats.oecd.org/Index.aspx?DatasetCode=HEALTH_STAT

Percentage of people who felt lonely for at least one day in the previous week



Over the past sixteen years, around one in five to one in six people reported they often felt lonely in any given year. While the overall proportion of Australians experiencing loneliness shows a small but steady **decline from a high of 21% in 2001, to a low of 16% in 2009**, rates have remained relatively stable at around 17% for the past 7 years. (Relationships Australia paper based on findings from the HILDA Survey, 2018)

<https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017/view>

OECD measures 11 dimensions of wellbeing across OECD countries including social connections. The *How's Life?* Statistical report is released every 2 years and was last released in 2020

<https://www.oecd-ilibrary.org/economics/how-s-life/volume-issue-9870c393-en>

The report outlines a number of measures where Australia was excluded from the results as data was not available, including:

- General level of satisfaction with the quality of personal relationships – OECD average of 8.1 out of 10 (with results ranging from 7 to 8.6)
- Share of people aged 16 or more reporting a low satisfaction with their personal relationships (i.e. 5 or below in a 0-10 scale)

OECD average was 10%

Percentage of people in remote areas who do not have access to a general practitioner when needed (compared to metropolitan areas)



Data obtained from the AIHW Survey of Health Care: selected findings for rural and remote Australians. Survey data comes from 2016 and the selected findings were released in 2018. Previous or subsequent reports with the same indicator were not identified.

Due to the differences in rural/remote healthcare arrangements it was not possible to identify a similar indicator for international comparison.

Patients whose practice frequently coordinates care with social services or community providers



N/A

Commonwealth Fund's 2017 Mirror Mirror report includes the indicator "Practice frequently coordinated care with social services or community providers". 45% of practices in Australia were found to achieve this, compared to 63% in Germany, 50% in Canada and 35% in France. This placed Australia 7th out of 11 comparable high-income countries on this measure.

<https://interactives.commonwealthfund.org/2017/july/mirror-mirror/>