



CHF

Australia's
Health Panel

RESULTS

Results of Australia's Health Panel survey on Bulk Billing and healthcare affordability

September 2022

Consumers Health Forum of Australia (2022)
*Results of Australia's Health Panel survey on
Bulk Billing and healthcare affordability,*
Canberra, Australia

P: 02 6273 5444

E: info@chf.org.au

twitter.com/CHFofAustralia

facebook.com/CHFofAustralia

Office Address

7B/17 Napier Close
Deakin ACT 2600

Postal Address

PO Box 73
Deakin West ACT 2600

*Consumers Health Forum of Australia is funded by the
Australian Government as the peak healthcare consumer*

Contents

Introduction	4
Demographics.....	5
Consumer views on affordability.....	6
Consumer experiences with Bulk Billing....	7
General Practice experience.....	7
Specialist experience	8
Degree of accessibility	9
Changes in bulk billing.....	10
MyGov accuracy	11
Proposed initiatives.....	11
Conclusion	13

Introduction

Australia is often touted as having one of the best health systems in the world, providing safe and affordable healthcare to all Australians. [An Australia's Health Panel survey run in February this year](#) found that consumers generally believe that Medicare is highly valuable to both Australia at large and to them as individuals.

[Recent media coverage and research](#) has called into question the purported universality of our healthcare system, with more and more consumers being told their healthcare providers will no longer be bulk billing them for healthcare. Bulk Billing is the backbone of making healthcare affordable and accessible in Australia, with the Government paying a set "rebate" through Medicare that allows for Australians to receive the healthcare free of charge,

So for the August/September 2022 Australia's Health Panel Survey, we asked what consumer experiences had been in obtaining medical services, whether they were bulk billed and how affordable they found the Australian health care system in 2022.

The bulk billing clinic that I go to feels a bit like a procession, just pumping patients in and out every 10min. When I see the doctor they always look busy and stressed and ALWAYS running behind schedule. I can be waiting up to 70min after my scheduled appointment time.

Once I get in to see the doctor, they rush through my concerns and seem to try to get me out the door asap. I do not want to speak badly of the doctors, they are very knowledgeable but the system has failed them. Medicare rebates desperately needs to be increased so appointment times can be made longer allowing to do their jobs properly and not be so rushed.

– AHP Panellist

Up until now I was working, but now I'm retired, I worry about being able to afford my care going forward. I hit the MBS safety net threshold early every year.

– AHP Panellist

Demographics

For this survey 131 panellists participated, of which 78% identified as female. A minority (14%) were aged 18-45, with most aged 46-65 (43%) or 66+ (42%). Panellists came from across every state and territory (see Figure 1) but most lived in major cities of more than 250,000 people (66%). Panellists reported being generally healthy, with only 12% reporting they were in poor health and most reported they were in good (39%) or excellent (13%) health. Additionally, 2% identified as Aboriginal or Torres Strait Islander, 4% as LGBTIQ+, 6% as culturally or linguistically diverse, 14% as a person with a disability, 13% as a person with a mental health experience and 28% as a person living with a chronic illness.

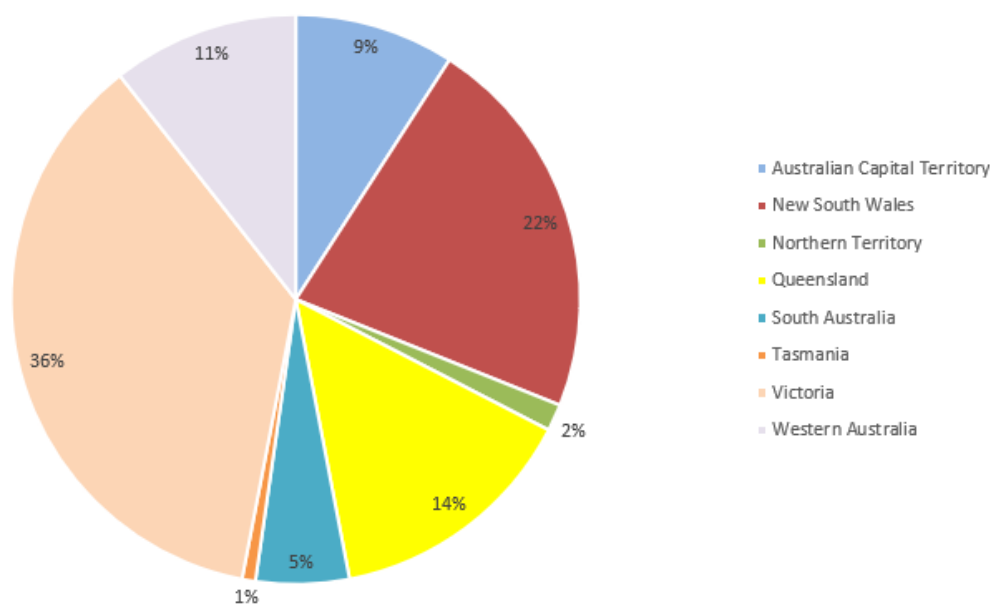


Figure 1- State of residence of participating panellists

"I am 23 years old. I have NEVER been bulk-billed by a GP and I don't know anyone who has. They don't exist - maybe they did in the 1970s, but that was 50 years ago.

When I needed an appendectomy, we drove an extra hour from our nearest public hospital to go to a private emergency department, so that we could be sure that I would be seen. I just paid approx. \$5,000 to have 4 wisdom teeth removed (with anaesthetist and private hospital costs), - not a single cent contributed by Medicare.

The only place I have ever been bulk billed is for my Endocrinologist (Type 1 Diabetes). You need to book an appointment 6 months in advance. If I need to see him urgently I see him privately (yep, same doctor, just with appointments available within a week to paying customers)."

– AHP Panellist

Consumer views on affordability

When asked about their general confidence levels across broad aspects of the Australian health system, panellists were generally confident that if they become ill, they would get quality and safe medical care (85%), receive the most effective medication (73%) and receive the best medical technology (79%). However, they were split as to whether they would be able to afford the care they needed (53%) and were not confident they would be able to get care quickly (32%). See Table 1 for the detailed breakdown.

Table 1- stuff and things

If you were to become seriously ill, how confident are you that you would...	Very confident	Somewhat confident	Not very confident	Not all confident at all
Get quality and safe medical care	35%	50%	10%	6%
Receive the most effective medication	34%	49%	11%	6%
Receive the best medical technology	25%	54%	13%	7%
Be able to afford the care you need	23%	30%	28%	19%
Be able to get an appointment quickly e.g. within 24 hours	8%	24%	35%	33%

Panellists overwhelmingly believed that the amount Government currently spends on Medicare was too low (81%) and that “there are some good things in the Medicare system, but some fundamental changes are needed to make it work better” (75%).

Nearly one third (32%) of panellists reported that they had cancelled or not booked a healthcare appointment within the last 12 months specifically because they could not pay, while one fifth (20%) reported that they had specifically gone to a Hospital or Emergency Department (ED) for treatment rather than another provider as there would be no cost at the Hospital/ED. This suggests that the financial costs of accessing health care are preventing Australians from receiving the care they need in the most appropriate place.

I'm severely disabled and unable to leave my home and I have so many medical practitioners who I KNOW lose a lot of money because they treat me without charging me too much because they know I can't pay. My GP often does bulk billed home visits (the Medicare fee for those is TEENY) because she knows I need them. The government shouldn't put her in the position where she has to choose between looking after me at a price I can afford and her getting a reasonable amount of payment. it's not fair on her OR on me.

– AHP Panellist

Consumer experiences with Bulk Billing

When asked if they'd received a health service in the last 12 months that had been bulk billed, most panellists (89%) had, with the two most commons specific services being pathology testing (67%) and a General Practitioner (65%). Only small minorities reported they had received a bulk billed specialist or allied health service in the previous 12 months.

Table 2- Types of health services received in previous 12 months that had been bulk billed

Have you received a health service that was bulk billed in the last 12 months from any of the following?	% selected
Pathology testing	67%
A General Practitioner	65%
Diagnostic imaging	51%
A Specialist	20%
An Allied Health Provider	13%
Other (please specify)	7%
N/A- no option selected	11%

General Practice experience

When asked how often they were bulk billed when visiting a General Practitioner, only 31% of panellists reported they were always bulk billed and only an additional 11% reported they were often bulk billed. Nearly one third (32%) reported they were never bulk billed, 19% that they were occasionally bulk billed and the remaining 7% said they were bulk billed about half the time.

In the instances where they do pay out of pocket, just over half (52%) of panellists reported that they would pay a gap fee, 32% that they paid the entire service cost and 5% an equal mix of gap vs entire cost. The remainder couldn't recall what specifically they paid for.

Regarding the last time that they visited a General Practitioner, less than half (46%) reported it was bulk billed. An equally large minority (45%) reported that they'd paid out-of-pocket and then been reimbursed by Medicare later. Concerningly 5% reported that they had been bulk billed, but still paid a gap which could indicate illegal practices by the health provider/facility. The remaining panellists either paid in full but didn't receive any Medicare reimbursement (2%) or couldn't recall the payment details precisely (2%).

This indicates that most consumers don't have reliable access to "free"/affordable general practice consultation, which is of concern given that this is foundation of a universal health system which Australia aims to have.

For those who paid out of pocket, the mean cost of seeing the general practitioner was \$85.60 and the median cost was \$85.00 (Min- \$30.00, Max- \$220.00, SD- \$32.71). If they received a Medicare reimbursement the mean value was \$46.47 and the median was \$39.10 (Min- \$20.00, Max- \$191, SD- \$24.58). Meaning that out-of-pockets costs for consumers are not insignificant and present a financial barrier to seeing a general practitioner, which is a fundamental component of Australia's universal healthcare system.

Specialist experience

When asked how often they were bulk billed when visiting a Specialist, over half (60%) reported that they were never bulkbilled while another 21% were only 'occasionally' bulk-billed. In fact only 10% of panellist reported they were 'always' bulk billed by their specialist, while 8% reported they 'often' were and the remaining 2% had it happen 'about half the time'.

Figure 2 shows a wordcloud of the types of specific specialists consumers considered while answering questions in this section.



Figure 2- Wordcloud of types of specialists seen most recently by panellists.

In the instances where they paid out of pocket, just under half (45%) of panellists reported that they would pay a gap fee, 29% that they paid the entire service cost and 7% an equal mix of gap versus entire cost. The remainder couldn't recall what specifically they paid for.

Regarding the last time that they visited a Specialist, only 15% reported it was bulk billed and they paid nothing out-of-pocket. Over half (54%) reported that they paid the full amount themselves and were later reimbursed through Medicare, while a further 9% paid in full but weren't reimbursed by Medicare. Concerningly another 15% reported that they had been bulk billed but then also had a gap payment, which could indicate illegal billing practices. The remaining 8% panellists couldn't recall the payment details precisely.

For those who paid out of pocket, the mean cost of seeing a specialist was \$322.94 while the median cost was \$180.00 (Min- \$50.00, Max- \$6000.00, SD- \$688.37). The Medicare reimbursement mean was \$97.93 and median was \$80.00 (Min- \$0.00, Max- \$500, SD- \$88.44).

Again this indicates that there is a gap in Australia's purported universal healthcare system, with not-insignificant financial costs potentially acting as a deterrent for consumers being able to access health care that they need.

Unexpectedly, most panellists who had private health insurance (PHI) reported that the median amount covered by their PHI was \$0.00, indicating that more than half of them had no financial coverage of the healthcare received from a specialist despite have PHI. Which suggests that the

private health system, which is intended to cover the costs not covered by the Medicare system, is not achieving its intended purpose in the area of specialist health providers.

It'd be good if private health insurance covered the cost of visiting specialists. Currently there's only a Medicare rebate which is only a tiny portion of the cost.

Private health insurance should be encouraged by governments and incentives provided, to take the pressure off the Medicare system. That way people who can't afford health insurance may be able to be offered gap free/bulk billing where it currently doesn't exist.

- AHP Panellist

Degree of accessibility

Panellists generally believed that getting appropriate access to bulk billed services, in terms of both finding one in a convenient location and getting a convenient or timely appointment, was difficult. Less than 1 in 5 panellists reported that doing *either* of these two things was easy (see Table 3).

Table 3- Panellist experience on accessibility of bulk billed services

How easy do you think it is to...	Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult	Don't know
Find a bulk billing healthcare provider that is in a convenient location e.g. a reasonable distance from your home or workplace?	4%	11%	6%	21%	49%	8%
Get an appropriate appointment at a bulk billing healthcare provider e.g. an appointment at a convenient time that isn't too far into the future?	1%	6%	7%	20%	57%	9%

Concurrently, not only did most panellists think that the thought of this was difficult but they also overwhelmingly thought that had gotten *more* difficult over the last decade to access appropriately accessible bulk billed health services (see Table 4).

Table 4- Panellist views on change in bulk billing accessibility over time

Do you think it has become easier or more difficult to...	Easier	About the same	Harder	Don't know
Find a bulk billing healthcare provider in a reasonable location compared to a decade ago?	2%	7%	87%	5%
Get an appropriate appointment at a bulk billing healthcare provider compared to a decade ago?	2%	6%	85%	8%

This indicates that there is a crisis that is worsening around the accessibility of bulk billed health services, which undermines the fundamental structures of Australia’s universal healthcare system.

Whilst bulk billing is certainly reducing, the main problem is access to appointments...it’s really poor in regional and rural areas. A wait of up to 6 weeks to see your practitioner of choice is now common. Also appointments for allied health staff is similar...4 to 6 weeks is normal. Psychologists is a joke...6 months wait!

- AHP Panellist

Changes in bulk billing

Two thirds (67%) of panellists reported that they hadn’t recently had their provider change the details of how they billed patients, however of the one third who did all of them reported that the change was in the direction of increasing out-of-pocket costs.

Table 5- Panellist experience of changes in bulk billing by their own healthcare provider

Have you recently had a healthcare provider change from bulk billing you to having a gap fee or full payment?	% selected
Yes- from bulk billed to gap fee	16%
Yes- from bulk billed to full cost	16%
Yes- from gap fee to full cost	2%
Yes- from a gap fee/full cost back to bulk billed	0%
No	67%

In regard to the effects of changing bulk billing practises, most (60%) hadn’t changed or considered changing their provider based on this change (see Table 6).

Table 6- Panellist responses to change in bulk billing by their provider

Have you ever changed or considered changing your provider based on them stopping bulk billing	% selected
Yes- I did change to another provider	13%
Yes- I am currently considering it but haven’t made up my mind	14%
Yes- I considered it but didn’t change in the end	13%
No	60%

However the remaining panellists were equally split between having decided to change, having decided to not change or still being unsure about changing their provider. This indicates that for

a sizeable proportion of the population the continuing reduction in bulk billing accessibility is disrupting or potentially disrupting the continuity of care for consumers.

My GP only bulk bills me because I've been going there for decades and am on a low-income. If I were to change practice now, I doubt very much I would get the same service from another practice. It really worries me my practice will stop bulk billing. My medical care would get a lot worse, as I wouldn't go to the doctor when I needed to, but only when I can't put it off any longer.

- AHP Panellist

MyGov accuracy

Most panellists (59%) reported that they had never looked online at MyGov or Medicare Online to see whether their out-of-pocket costs had been recorded there.

Of those who had checked only slightly more than half (55%) reported that the costs recorded in MyGov/Medicare online were correct. A further quarter (25%) reported that they couldn't recall if the costs listed online matched what they had actually spent. The remaining 20% of panellists reported that the costs listed online were incorrect to some degree (see Table 7), which is a concerningly high proportion of inaccurate data given the broad usage of Medicare data for various Government programs and projects.

Table 7- Accuracy of expenses in MyGov or Medicare Online

Were your expenses recorded accurately online at MyGov/Medicare Online?	% selected
Yes- they were correct	55%
No- it was missing things and/or was too low	13%
No- it had extra things and/or was too high	7%
Unsure- I checked but couldn't say if the costs were correct	25%

Proposed initiatives

Panellists were presented with a range of potential initiatives to attempt to address the gaps in the current Medicare bulk billing system, as shown in Table 8.

Table 8- Levels of panellists support for potential Medicare reforms

Would you support the following proposed reforms that have been proposed or suggested to help address the gaps in the Medicare bulk billing system?	Would support	Would not support	Unsure/ don't know
Expand the role of Nurse Practitioners that is covered by Medicare bulk billing	84%	2%	15%
Increase the Medicare rebate amount so that bulk billing rate covers the cost without a gap fee	79%	7%	14%
Replacing the "fee for specific service" appointment model with GPs being funded to provide holistic, bundled services.	78%	2%	20%

Establish a new Medicare item for appointments that go for over an hour	78%	5%	17%
Establish a position/job in GP practices who can refer you to other supports that might affect your health, including housing services, social workers, community services, government services.	75%	11%	14%
Increasing the Medicare Levy Surcharge (paid by high income earners who do not have appropriate Private Health Insurance)	74%	14%	12%
Establish a position/job in GP practices who can refer you to other non-medical services that will improve your health, such as walking or exercise groups, cooking classes, social activities	69%	16%	16%
Increasing the Medicare Levy (currently 2% of your taxable income)	57%	26%	17%
Redirecting Government funding for private health services and insurance (e.g. private health insurance rebates) into the Medicare system	53%	24%	23%

Of the nine initiatives suggested, six had support from a large majority of panellists. This suggests that consumers are willing consider and support a large variety of possible changes to the bulk billing system to address the current gaps. This includes:

- Raising the Medicare rebate amount, which has been frozen since 2014, such that the amount a provider receives from Medicare for providing the care covers the costs of that care and leaves no gap fee (79%).
- Expanding the scope of who can provide what bulk billing services, specifically Nurse Practitioners (84%), which could lessen the pressure to GPs.
- Increasing the time by which a person can be seen by a health practitioner and be bulk billed, such as an 'hour or longer appointment' rebate (78%), allowing for complex health matters to be given sufficient time in the consultation without financially burdening the consumer.
- Establishing positions within health facilities specifically intended to assist consumers in accessing and navigating other services or supports that impact people's ability to have good health (75%); such as housing services, social workers, community services, government services.
- Completing replacing the current 'fee for service' model of bulk billed funding with one that fund GPs to provide holistic, bundled services (78%). Which arguably would better support complex and long-term health management.
- Increasing the Medicare Levy Surcharge, which is paid by high income earners, to assist in better funding the bulk billing system.

In addition to these, there was solid majority support (69%) for also establishing positions within health facilities who could refer consumers to other non-medical services that will improve health, such as walking or exercise groups, cooking classes, social activities.

Panellists felt more mixed about the idea of increasing the general Medicare Levy, paid for by all taxpayers, or redirecting Government funding away from the private health system into the public Medicare system. This suggests that such ideas would need more consideration and development if they were to be pursued to improve the Medicare bulk billing system.

Conclusion

In summary, this Australia's Health Panel survey found that Australian consumers are confident in the healthcare they receive being of high quality, but are not confident it will be timely or affordable. They are frequently deferring health appointments due to cost or going to emergency/hospital to receive affordable care. They overwhelmingly believe that the government needs to invest more in primary healthcare and Medicare.

Bulk billing was found to not provide the universal free healthcare coverage as intended. In 2022 most consumers reported having to pay at least some of the cost as a gap fee when seeing a GP and found that specialists simply have no bulk billing or Medicare coverage at all, leading to extremely high medical costs.

It was also clear that bulk billing services are both difficult to find and becoming less accessible over time. While most participating panellists hadn't recently experienced a change in billing practices by a provider, those who had were universally moving in the direction of increasing out-of-pocket costs for the consumer. With over a quarter either changing or considering changing their provider due to this change of cost, suggesting it could be disrupting continuity of care.

The low usage of MyGov or Medicare Online indicated continued low engagement with those platforms by consumers and the reported rate of incorrect cost data suggests that further investigation is warranted into the veracity of data through which official statistics are generated.

The survey also revealed consumers are supportive of a wide range of measures to address the bulk billing crisis, ranging from increasing the rebate to expanding the scope of what services are covered to completely rethinking the fee-for-service funding model at a fundamental level.

The results of this research will inform our advocacy and partnerships, including our work on the Strengthening Medicare Taskforce.

The Consumers Health Forum of Australia would like to thank all panellists for giving up their time to participate in this survey. Any questions about this survey and its findings can be directed to info@chf.org.au.

It is now impossible to find bulk billing GPs. The last hold outs seem to have given in.

The disappearance of bulk billing will lead to worse health outcomes for the low socio-economic population and lead to higher emergency care costs as people attend hospitals.

- AHP Panellist