



CHF

Australia's
Health Panel

RESULTS

Results of Australia's Health Panel survey on Medicare in 2022

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Introduction

Medicare is Australia's universal health care system and helps Australians with the cost of their health care. Medicare was established 38 years ago on February 1st 1984 and since then much has changed about Australia, the world and healthcare.

To mark the 38th anniversary of this fundamental pillar of the Australian healthcare system, for February 2022 we are asked Australia's Health Panel what they thought of Medicare - what is working, what needs improving and how valuable they believe it is in the year 2022.

In late 2018 I was diagnosed with chronic leukaemia (CLL); and in the middle of the 6 months of the CLL chemo treatment I was diagnosed with Type 2 Diabetes. I was looked after very well, and with almost no financial costs to me throughout; and with no financial costs in the subsequent years for 3 monthly blood tests & seeing the haematologist 3 monthly. I am very satisfied with the Medicare arrangements for my treatment.

– AHP Panellist

I think it needs a bit of an overhaul. Some things work really, others not so well. People are still on occasion having to pay extra for their healthcare. Some people, and by that I mean clinicians as well as consumers, can rort the system. As far as I'm aware no major changes have happened since its inception. I believe it needs updating and during that process consumers must be involved. They pay for Medicare and should be included in all aspects of the organisation.

– AHP Panellist

Demographics

For this survey 242 panellists participated of which 82% identified as female. A minority (14%) were aged 18-45, with most aged 46-65 (49%) or 66+ (37%). Panellists came from across every state and territory (see Figure 1) but generally lived in major cities of more than 250,000 people (69%). Panellists generally reported as being reasonably healthy, with only 12% reporting they were in poor health while 64% reported they were in good or excellent health. Additionally, 1% identified as Aboriginal or Torres Strait Islander, 6% as LGBTIQ+, 6% as culturally or linguistically diverse and 20% as a person with a disability.

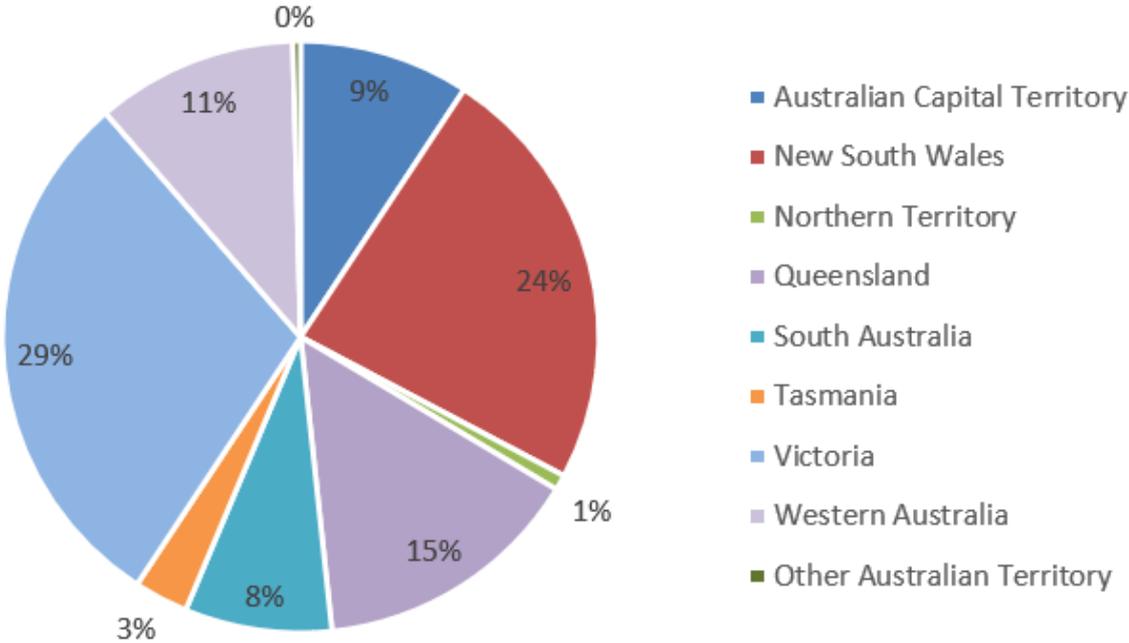


Figure 1- State of residence of participating panellists

As someone with chronic illness who needs to see a doctor regularly, I am grateful to Medicare. I wouldn't be able to afford to continue getting the care I need if these appointments weren't subsidised.
 – AHP Panellist

A number of common conditions e.g. cataracts, joint replacements only available on Medicare with long waiting times, and not at all in my rural town.
 – AHP Panellist

Value of Medicare

As a pensioner we get very good value, especially if we choose the right GP who will bulk bill us.

– AHP Panellist

When asked to rate the value of Medicare to Australia on a scale of 1 to 10, with one being the lowest and 10 being the highest, panellists overwhelmingly indicated that they believed that Medicare was highly valuable to the nation. A plurality (44.9%) of panellists rated Medicare’s value a full ten out of ten while less than 10% of panellists gave it a score of six or lower. See Figure 2

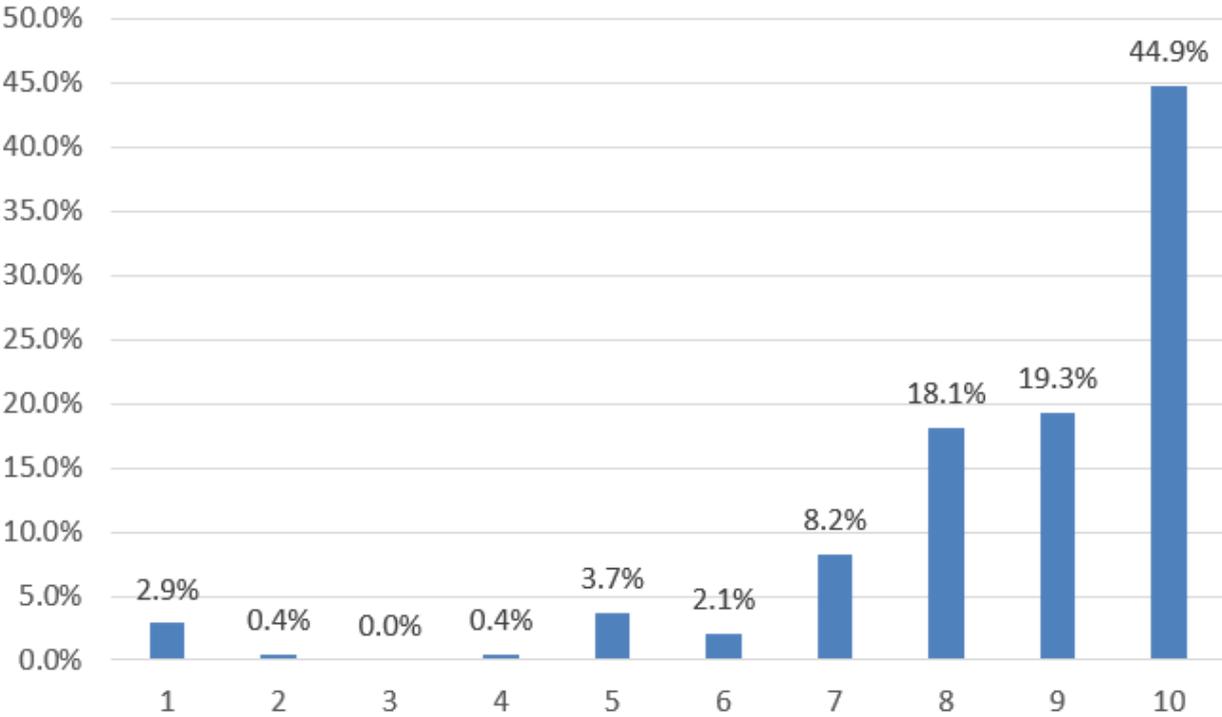


Figure 2- Panellist responses to "On a scale of 1 to 10, with one being the lowest and 10 being the highest, how would you rate the value of Medicare to Australia?"

May not be perfect but underpins a society that values all regardless of financial means.

– AHP Panellist

Similarly, when asked to rate the value of Medicare to *them personally* on the same scale of 1 to, panellists also overwhelmingly indicated that Medicare was highly valuable to them. Again the plurality view (37.9%) amongst panellists was a full ten out of ten and only a small minority (16%) scored it 6 or lower. See Figure 3.

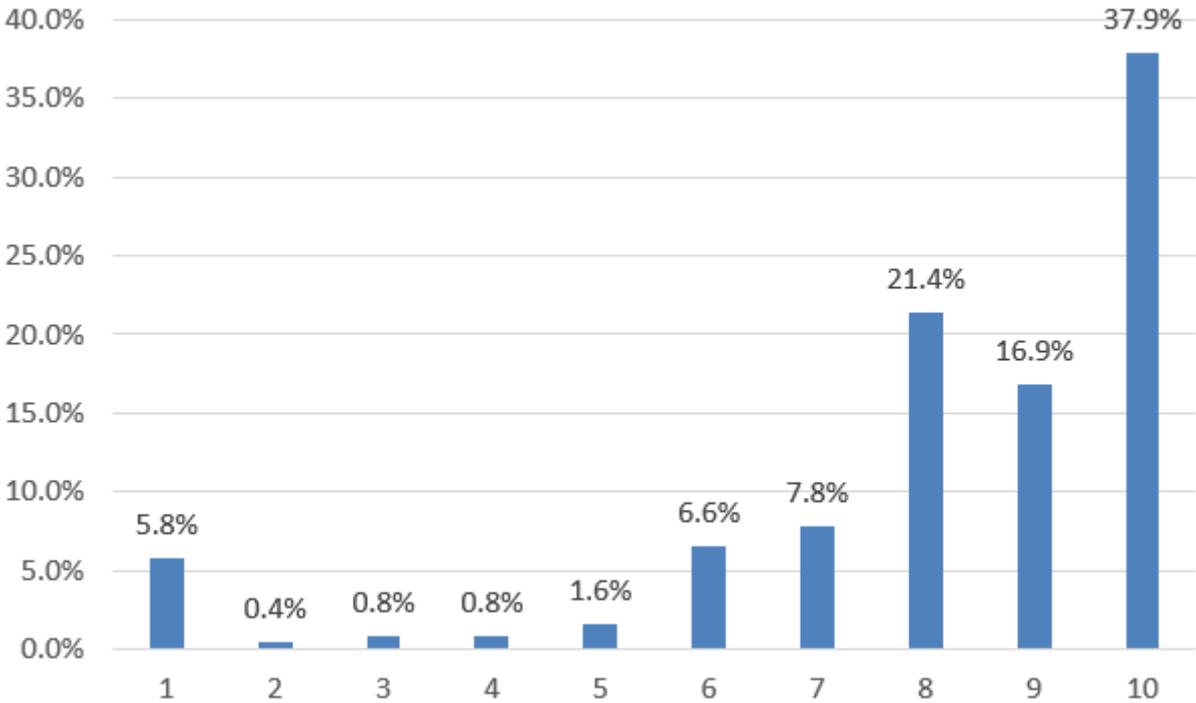


Figure 3- Panellist responses to "On a scale of 1 to 10, with one being the lowest and 10 being the highest, how would you rate the value of Medicare to you personally?"

Overall while panellists believe that Medicare is still valuable in 2022, it is notable that the view of *personal* value is lower than the value to the nation. This suggests that while people enjoy the concept of Medicare as a public health benefit, their personal experiences have led to more mixed results. This discrepancy is explored in the next two sections looking at what panellists believe is working well in Medicare and what needs improving.

Whilst I value it in principle, I feel it has been neglected financially for over a decade. The funding for Medicare hasn't been aligned inflation and therefore the out-of-pocket expenses for the average person has increased.

– AHP Panellist

Accessibility

The third most common theme was the “accessibility” of Medicare, with 16% of panellists noting that as part of Medicare they thought was working well. Specifically panellists liked that Medicare ensures that medical services are accessible to the elderly, those from low socioeconomic status and those Australians who were in vulnerable situations. Additionally they liked the digital accessibility options increasingly being integrated into Medicare, with the general provision of telehealth noted by several as a major factor in facilitating access to health care.

People are able to access hospital and healthcare on Medicare. This is fundamental to consumer-focused healthcare and to prevention of worsening illnesses, death and further costs on healthcare from people waiting... Knowing that someone can access healthcare, regardless of demographic makes me a proud Australian.

– AHP Panellist

Quality Essential Care

The next recurring theme of Medicare working well was the high-quality care people were able to access through it, with 12% of panellists highlighting this. The high quality of general practice, hospital and emergency services were highlighted by panellists as was the ability to access the essential items needed for conditions such as diabetes and asthma.

It [Medicare] allows all Australians to access the health care they need. With the provider of their choice. It provides funding for high quality health services.

– AHP Panellist

Convenience

The final recurring theme (12%) of things panellists’ thought were working well in Medicare was the convenience of using the Medicare system. The ease by which claims were made, payments were processed at the point of service and rebates were automatically provided to those who were eligible was appreciated by these panellists.

The payment processing systems are efficient and service providers can always quite quickly advise as to the gap between what they will charge and what Medicare will reimburse.

– AHP Panellist

Rebate levels/general costs

The second most common (41%) recurring area that panellists believed needed improving with Medicare were the rising costs that were making it increasingly unaffordable for both consumers and health care workers. For consumers, it was noted by multiple panellists that the 'gap' payment for Medicare services was increasing beyond what they could afford, and gap free services e.g. bulk billing GPs were becoming increasingly difficult to find. While for health care workers it was noted by panellists that the rebate levels for Medicare services had not kept pace with inflation, meaning that health care providers were not getting enough money through Medicare to fund the services they needed to provide.

Medicare reimbursement needs to have its reimbursement levels very much brought into line with current cost of living. GP's run private businesses at the same time as trying to assist those in needy financial circumstances- rebates need to be significantly improved.

- AHP Panellist

Process/Procedure Barriers

An equally as common (41%) recurring area that panellists identified as needing improvement were the processes and procedures of accessing Medicare services. Identified barriers included confusion around what was and wasn't covered by Medicare (including instances where the same service e.g. MRI scan, x-ray was sometimes Medicare covered and sometimes not), confusion as to why some health care was considered 'elective', confusion around the pathways for accessing some services e.g. mental health referrals and general poor transparency of process.

I can't get my head around the referral system or the costs involved. Many times I seem to have been referred to the wrong person - and it isn't clear what I should do next. It is also difficult when you don't know what costs are going to be involved. I can't commit to a course of treatment which may or may not cost hundreds of dollars (or more) without really understanding the clinical need, clinical benefit and cost implications. For example - I have recently had a referral to see a specialist for my child's hemiplegic migraines (for which we have visited the local hospital emergency department). Initially the referral was to a non-paediatric specialist who couldn't see him. Then the next was to a paediatric specialist where only a % of the cost is able to be claimed back - and it is unclear exactly what this cost will be. Having come from the UK where decisions are made on clinical need and there are no cost implications for parents - it is a real shock that I will be trading off health care for my child against paying other bills.

- AHP Panellist

Miscellaneous

Other areas that were identified by panellists as places where Medicare needed to be improved included:

- Reducing the long waiting lists for non-emergency care.
- Better responding to chronic illnesses, particularly around the number/length of appointments Medicare would cover and the ability to bring multidisciplinary providers together for complex matters.
- Better integrating preventative health measures into Medicare coverage.
- Generally increasing the funding for Medicare.
- Addressing the impacts of gender and culture on patient experience e.g., dismissal of women's health and subsequent underdiagnosis rates for women.
- Difficulties acting on behalf of others who were in your care e.g., elderly relatives, children.
- Lack of non-online access options for dealing with Medicare matters, especially as more and more shop fronts are closed.

Additionally, while not necessarily a Medicare specific issue several panellists noted that addressing the socio-economic barriers that affect people's health and ability to access healthcare, such as homelessness, was a critical task that needs to be solved within the health and social system.

Preventative healthcare should be considered as part of the healthcare system rather than Medicare only being a service when people get sick and need. Research into the return on investment of preventative care

- AHP Panellist

Socioeconomic & cultural factors need to be considered when they impact a person's health e.g. being homeless is associated with worse health outcomes & less health care being available. Fixing the housing, drug abuse, drug dependency, crime problems will lead to reductions to the cost of Medicare in the long term.

- AHP Panellist

Conclusion

In summary, this Australia's Health Panel survey found that Australian consumers generally believe that Medicare is highly valuable to both Australia at large and to them as individuals.

They specifically believe that Medicare works well in making critical healthcare services universal, accessible and affordable to all Australians, especially emergency or urgent care. However they also believe that work needs to be done to not only ensure that these services are kept universal, accessible and affordable; but to expand the scope of Medicare coverage to allow Australians to access other critically important health care services that are currently out of reach to many.

The results of this research will be used to inform our advocacy on Medicare, health care accessibility and health care costs to ensure consumer needs are adequately addressed. 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.

I think it needs a bit of an overhaul. Some things work really, others not so well. People are still on occasion having to pay extra for their healthcare. Some people, and by that I mean clinicians as well as consumers, can rot the system. As far as I'm aware no major changes have happened since its inception. I believe it needs updating and during that process consumers must be involved. They pay for Medicare and should be included in all aspects of the organisation.

– AHP Panellist

Medicare is a bed rock to Australian society, but we need to actively review and improve. The UK and USA provide clear examples of what not to do with healthcare. UK is most relevant as the NHS is being actively undermined by government cutbacks and outsourcing to the private sector. This must not happen in Australia. Good social care is the most efficient and cost-effective way to optimise spending on healthcare.

– AHP Panellist