

# Australian Healthcare Index

Sharing people's perspectives and experiences with  
healthcare in Australia.



### **Disclaimer inherent limitations**

This report has been prepared as outlined in the section titled “About this Report”. The findings in this report are based on data provided by patients who have received care in the Australian healthcare ecosystem. Any projection to the wider healthcare community and patient experience is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the patients consulted as part of the process.

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# Opening

In 2023-24, the Australian Government expects to spend [\\$101.0 billion](#) on health, including \$5.7 billion to build a stronger Medicare. The cost to deliver quality healthcare has increased significantly over the years and no one will dispute that access to affordable, quality healthcare in a timely fashion is a high priority to almost everyone. Yet we're in a time where healthcare is under pressure as it faces continued funding and resourcing challenges.

In addition, the system can be complex with both Commonwealth and state/territory governments having skin in the game and with many other interests involved. Given these factors and more, the experience of the patient can easily be lost, unless we ensure the patient's voice is amplified and heard.

This is what is at the heart of the Australian Healthcare Index. It is designed to present the voice of Australian patients based on their experiences as they navigate the healthcare system. The learnings come from more than 10,000 Australians and provide patient perspective on topics tied to primary care and the greater public and private healthcare ecosystem.

With this 5th report, we are starting to see trends emerge along with rising concerns around costs, compounded by current economic conditions. While patient perspective indicates COVID-19's impact is lessening, wait times to access mental healthcare and elective surgery are in a holding pattern. Cost concerns continue to be raised and/or elevated with the ongoing decline of bulk billing clinics as well as dental care, private health insurance and prescription medication. Overuse of emergency departments illustrates the cycle created when people start skipping GP visits or feel restricted due to wait times and increased out-of-pocket costs. For people who are satisfied with their experiences, it's important to note that quality of care is a constant and core reason across GP, dental, elective surgery and emergency departments.

The Australian Patients Association and Healthengine hope these learnings can contribute to the greater healthcare discussions and work that is underway across Government, peak bodies and the healthcare industry as a whole to ensure a more sustainable, affordable, and quality healthcare system for every Australian. We look forward to the conversations and opportunities ahead.



**Dr Marcus Tan**  
Healthengine CEO & Founder



**Stephen Mason**  
Australian Patients Association CEO

## Population

**10,144** Survey participants

## Age breakdowns

18-34 years old

30%

35-49 years old

26%

50-64 years old

24%

65+ years old

20%

## Participation by state

ACT

2%

NSW

32%

NT

1%

QLD

20%

SA

7%

TAS

2%

VIC

25%

WA

11%

## Gender

51% Female | 48% Male | 1% Other

Survey participants had an option to enter a draw for one of two \$500 JB Hi-Fi giftcards which were purchased by Healthengine and awarded prior to the announcement on 14/4/2023

# About this report

The Australian Healthcare Index provides a pulse check on healthcare in Australia based on people's perspectives and experiences. Produced by Healthengine and the Australian Patients Association, this is the 5th report. Adults across the country provided personal points of view and experiences with the public and private healthcare ecosystem including primary care, private health insurance (PHI), emergency departments and elective surgery, along with input on timely healthcare topics including Medicare, mental health and prescription medication costs.

## Research and dashboard

During late March 2023, we surveyed adults in Australia through an online survey run by Painted Dog Research. They were also commissioned to analyse and process data from the survey. The final sample was 10,144 which was weighted to be nationally representative. The survey was promoted by Healthengine and the Australian Patients Association through emails, newsletters and social media. The report's associated dashboard is available [here](#) with background on the research and ability to search data by demographics.

All figures are percentages unless otherwise indicated. Some figures may add up to 99% or 101% due to rounding to the nearest whole number. Figures are weighted to the latest ABS census data.

## About the report's use of the Net Promoter Score and how it's determined

To measure satisfaction and if patients would refer their GP, Dentist, Pharmacist and/or Private Health Insurance (PHI), the survey identified the Net Promoter Score® (NPS) for each.

**About NPS:** [Net Promoter Score®](#), or NPS®, developed by Bain Company, is a customer satisfaction benchmark that measures customer engagement and advocacy. Net Promoter Score is determined by asking, "On a scale of 0-10, how likely are you to recommend a business (for example) to a friend or colleague." The responses cluster in three groups: Promoters (score 9-10), Passives (score 7-8) and Detractors (score 0-6). The score is calculated by disregarding the Passive responses, and then subtracting the percentage of Detractor responses from the percentage of Promoter responses. Scores can range from -100 to 100.

It's been noted that as a general rule in Australia and New Zealand, you should aim for an average [NPS of 30](#).

## NPS scoring breakdowns

70-100	Excellent
30-69	Great
0-29	Good
-100 to -1	Needs improvement

Source [here](#)

# Key findings

## Top 3 challenges for Australian healthcare

Increasing out of pocket costs to see GP and the GP, nurse & healthcare worker shortage shared lead position, followed by Emergency Department wait times as the top 3 challenges people would like Government and health industry to prioritise. These were top 3 in Nov 22 report as well.

## The decline of bulk billing

Bulk billing clinics continue to be in decline for a significant number of Australians as 33% said their clinic stopped fully bulk billing in past year.

## Nearly half of Emergency Department visits may not be an emergency

49% of people who went to the emergency department (ED) said later that they thought their care could have been provided by a GP or Urgent Care clinic instead.

## Pandemic impact lessens, but need for mental health support continues

While fewer people are tying their decline in mental health to the pandemic, 1 in 4 Australians have sought mental health support in the past 6 months. This figure is higher for women, 18-34 year olds and people who live in regional/rural/remote areas.

## The trials of pharmacist prescribing

56% of people are comfortable with increasing the scope of pharmacists to include prescribing for certain conditions. This suggests consumer support for the increased role pharmacists could play and for trials underway in QLD and NSW and planned for VIC.

## The age group left behind

Cost concerns and access to care challenges are impacting 18-34 year old Gen Z and Millennials the most. Compared to other age groups, they are more likely to skip the GP, dentist and prescription medicine due to out of pocket costs, face more mental health concerns and wait longer for care



# Learnings and insights

## Interactive Australian Healthcare Index dashboard

Survey questions and a breakdown of responses covered in this report are available for viewing on an interactive dashboard at [AustralianHealthcareIndex.com.au](https://AustralianHealthcareIndex.com.au). Additional demographic breakdowns are available across state, age, gender, region and household income. This additional resource allows you to view survey topics and focus on details that are of most interest to you or your organisation.



### Healthcare experiences

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### Perspectives on personal health

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Learnings and insights

# Healthcare Experiences



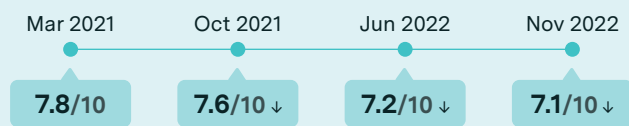
# Australia's healthcare rating

On a scale of 1-10, how would you rate your personal satisfaction with healthcare in Australia?

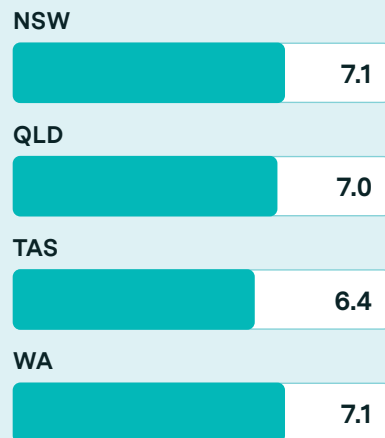
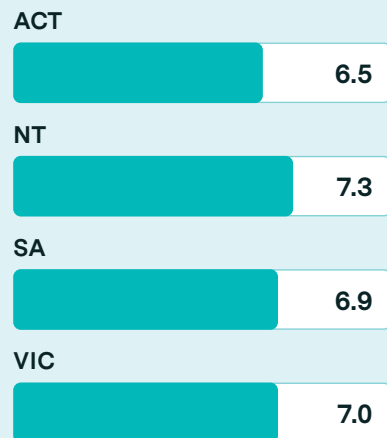
## Average national score



## Previous reports scores



## Average state score



## The reasons for the rating

Australian Healthcare Index survey participants gave Australian healthcare a score of 7.0, which has been on the decline since the first report in March 2021. TAS, ACT and SA all fall below the national average.

People were asked the reason(s) for their rating and chart below reviews the key themes. For people rating 8-10, the majority of top reasons focused on quality of care whereas people rating 1-4 zeroed in on cost and access to care. Bulk billing was top of mind for both groups but for different reasons.

### Open-ended commentary

Respondents could provide multiple reasons which were based on open ended responses from past reports.

### What is the reason/s for your rating on Australian healthcare?

(select all that apply)

#### Top reasons for people rating 8-10

- 68% Bulk billing
- 67% Good quality of care
- 64% Easy to book appointments
- 59% AU healthcare is better than other countries
- 56% Good personal experiences with healthcare

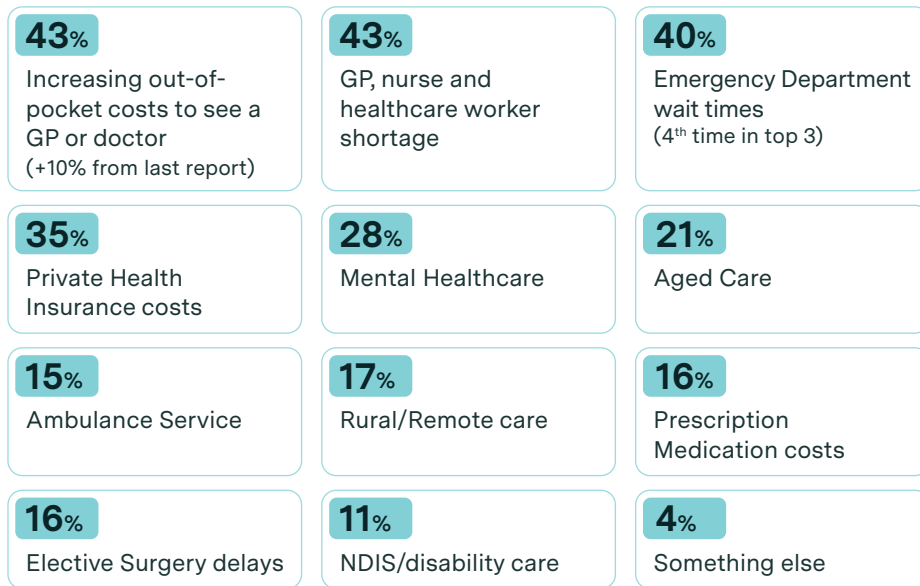
#### Top reasons for people rating 1-4

- 71% Bulk billing is not offered at enough clinics
- 67% Medicare doesn't cover enough range of care
- 66% Long wait times
- 65% Healthcare is too expensive
- 63% Healthcare isn't adequately funded

# Top challenges for Australian Healthcare

What do you think are the top three healthcare challenges for the Australian government and health industry to prioritise?

(select up to 3)



What are the top 3 healthcare challenges Australians identified for the Government and healthcare industry to prioritise? Increasing out-of-pocket costs to see a GP/doctor and the GP, nurse and healthcare worker shortage led with Emergency Department wait times next. This trio also topped the list in the November 2022 Australian Healthcare Index report. Private Health Insurance (PHI) costs, mental healthcare and aged care followed.



Most notably increasing GP out of pocket costs jumped by 10% since last report, likely attributed to the continued decline in fully bulk billing clinics and rising cost of living.

Looking at demographic segmentation across gender and age, there was close alignment with the top 3 challenges. Looking at other concerns, 32% of women chose mental health as a top challenge while only 23% of men did. Men were more concerned with PHI costs at 40% vs women at 32%. PHI cost concerns were also highest amongst those aged 65 and over, compared to other age groups, with 43% selecting it as a top concern.



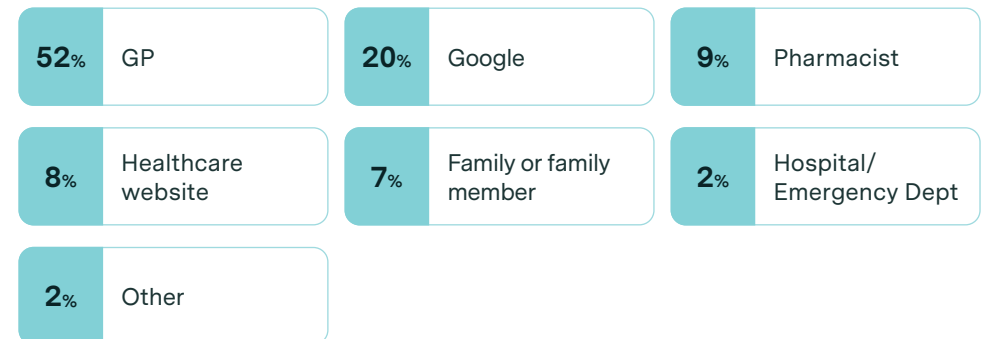
## Go to for health advice

For non-emergency health concerns, 52% of people's first stop is the GP, even though wait times are increasing and many patients face increasing out-of-pocket costs. However, the toll of these combined factors is evident since the last report, 6% fewer people look to the GP first. 20% are paging "Dr. Google" and looking for guidance online. 9% head to the pharmacy for initial advice, 7% said they consult with a friend or family member and 2% go to hospital/emergency department.

The biggest variances were generational between the 18-34 and 65+ age groups. For those aged 18-34, it's no surprise they're tapping tech and personal connections more than any other age group. GPs are the first go to for only 43% while 25% head to Google first, 11% to a friend or family member and 10% to a healthcare website.

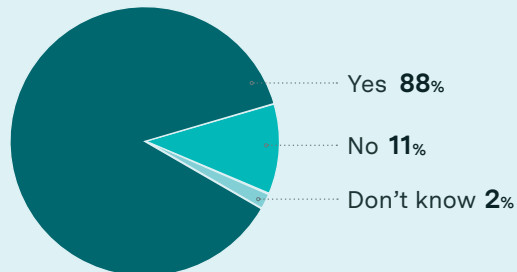
For those aged 65+, GPs are the first go to for 64% while only 13% head to Google and only 5% ask a friend or family member and 5% consult a healthcare website.

### For non-emergency health concerns, who/what is your first go to for health advice?

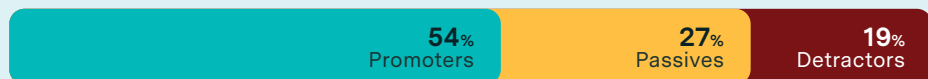


# General Practice

## Do you have a regular GP/clinic?



## On a scale of 1-10, how likely are you to recommend your regular GP to a friend or colleague?



### Top reasons for recommending

- 70% Good quality of care
- 69% Good medical advice
- 61% Convenient ways to book appointments (phone, online, email)
- 48% Staff are helpful
- 45% Good communication from staff, reasonable waiting room times
- 44% Clinic offers bulk billing

### Top reasons for not recommending

- 45% Increasing out-of-pocket costs
- 39% Clinic does not offer bulk billing
- 36% Difficult to book appointment & poor availability of booking times
- 33% Poor quality of care, poor medical advice, waiting room times too long

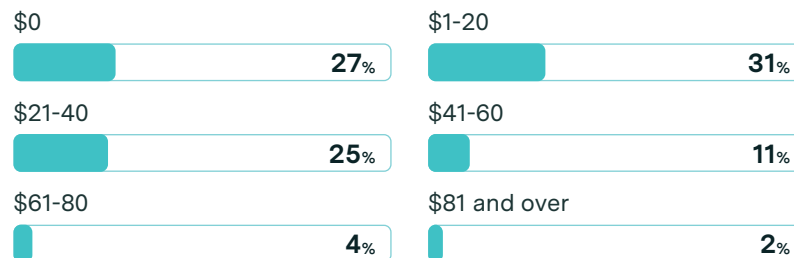
## Cost concerns & impact on care

In the November 2022 report, 26% said the cost to see their GP changed in the past year, with 88% paying more. Building on this, the latest survey asked people what they could afford to pay for a standard consult. Based on responses, this may have been interpreted as what people would like to pay, a sign of the times with cost of living increases and/or influenced by the patient Medicare rebate of [\\$39.75](#) for a standard consult.

## Costs

### What out of pocket costs can you afford to pay to see a GP for a standard (15 minute) consult?

Responses fell into these ranges:



Looking at household income groups, out-of-pocket cost concerns aren't just for those with lower incomes as looking at income groups over \$100k, 31% said their highest affordable spend was between \$21-40.







## Cost concerns & impact on care

Given current out of pocket costs for many GP visits, how is this affecting people? 42% said they'll go less often – including over half of all 18-34 year olds - which could have serious health implications. 16% of people changed their GP. In terms of other first lines of health defense, 14% said they check with a pharmacist before booking in to see the GP and 5% go to hospital/ emergency department, increasing pressure on already overcrowded EDs.

For people likely to recommend their GP, good quality of care (70%) and good medical advice (69%) were top reasons given, while 44% said bulk billing was a reason to recommend. For those who wouldn't recommend their GP, cost was front and centre as 45% cited increasing out-of-pocket costs and 39% said clinic doesn't offer bulk billing. This is consistent with findings on the rating for Australian healthcare.

### How have out of pocket costs for a standard GP consult influenced you going to the GP clinic?

(select all that apply)

**42%**

I go less often

**26%**

It hasn't changed anything

**17%**

I expect more value from the GP/clinic

**16%**

I changed GP/clinic

**14%**

I check with another healthcare professional (e.g. my pharmacist) first

**5%**

I prefer to see a specialist

**5%**

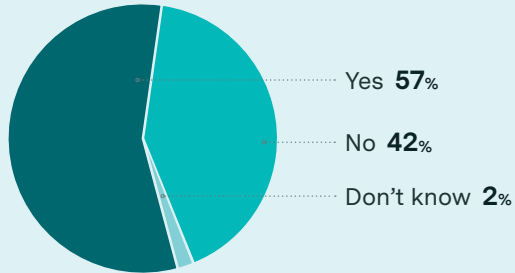
I go to the hospital or emergency department

**5%**

Something else

# Dental

## Do you have a regular Dentist/clinic?



## On a scale of 1-10, how likely are you to recommend your regular dentist to a friend or colleague?



### Top reasons for recommending

- 81% Good quality of care
- 62% Staff are helpful
- 56% Good communication from staff
- 54% Received good advice
- 52% Waiting room times are reasonable

### Top reasons for not recommending

- 58% Treatments aren't affordable (+13% from last report)
- 24% Other
- 21% Poor quality of care
- 20% Poor availability of booking times

## The cost of healthy teeth

As 42% of people don't have a regular dentist/clinic, the survey delved into why. Similar to the June and November 2022 reports, not wanting to pay out of pocket costs (36%) topped the list overall and it was the top reason regardless of household income or age group. 9% of people said they never go to the dentist.

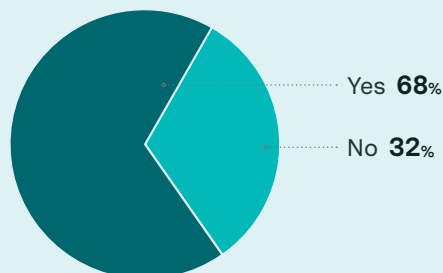
For people who have a regular dentist but don't recommend them, the number one reason was because treatments aren't affordable, which jumped to 58%. Good quality of care was the top reason 81% people recommend their dentist. In terms of having a regular dentist, age matters and increases with age. 72% of 65+ year olds have a regular dentist as opposed to 46% of 18-34 year olds.

## What best describes why you don't have a regular dentist/clinic?



# Pharmacy

## Do you have a regular pharmacist/pharmacy?



## On a scale of 1-10, how likely are you to recommend your regular pharmacist to a friend or colleague?



### Top reasons for recommending

- 71% Staff are helpful
- 62% Wait time for filling prescriptions is reasonable
- 58% Open on weekends and/or evening hours
- 56% Good communication from staff

### Top reasons for not recommending

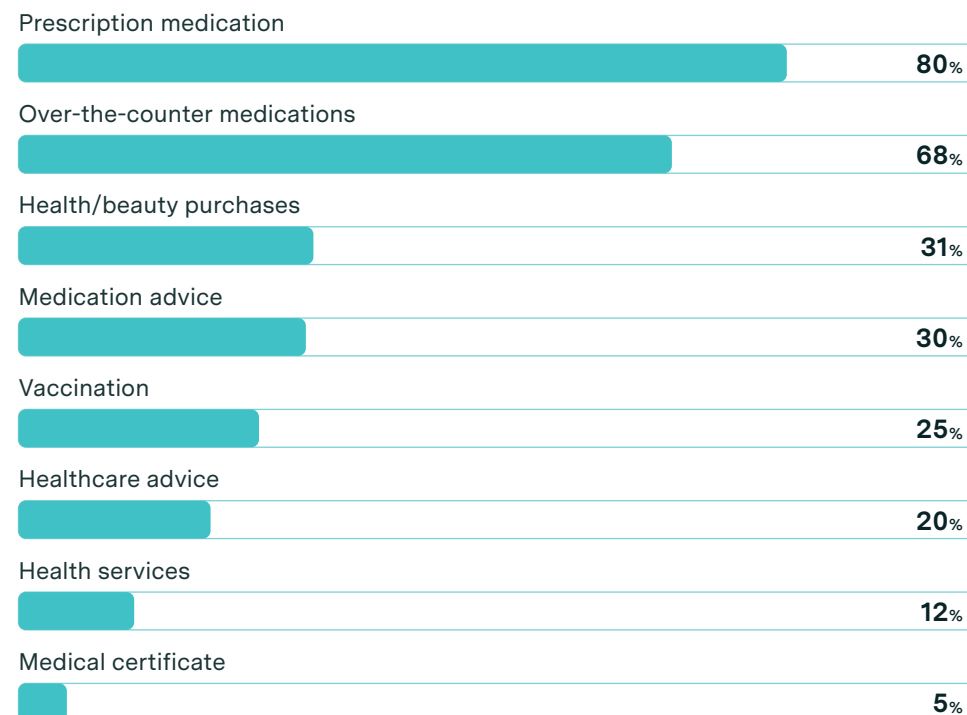
- 43% Wait time for filling prescriptions is too long
- 33% Lack of/poor communication from staff
- 25% Something else
- 21% Prescription medication cost is more compared to other pharmacies

## The pharmacy beyond prescriptions

68% of people said they have a regular pharmacist/pharmacy and it's the pharmacy team which is driving satisfaction with the customer relationship first and foremost for 71% of customers who'd recommend. Beyond the trip to the pharmacy for the expected prescription and over-the-counter medication, 30% of respondents look to their pharmacist for medication advice, 25% for vaccinations and 20% for healthcare advice. In addition, other healthcare professionals such as pharmacists are also the first go to for 14% of people before they book a GP appointment due to current out of pocket costs for GP consults.

Ahead on page 26, the report looks at concerns around prescription medication costs as well as people's interest in pharmacists prescribing medication which could help lessen pressures on general practice and increase access to care.

## In the past 6 months, what have you used the pharmacy for?

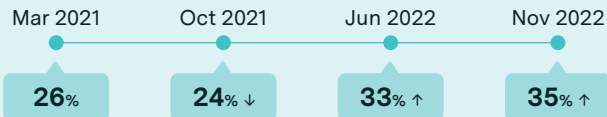


# Emergency Department

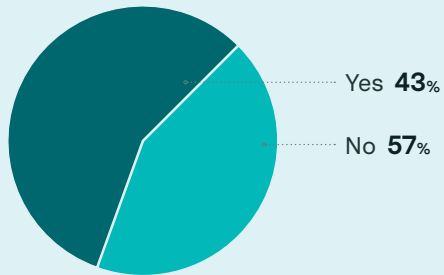
Have you been to an emergency department (ED) in the past 6 months?

**36%**  
visited an ED

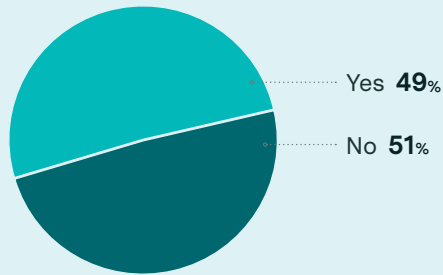
Previous reports scores



Did the Emergency Department visit result in being admitted for hospital care?



Based on ED visit, could your care have been provided by a GP or Urgent Care clinic instead?



How satisfied were you with the ED experience?

Public Hospital visits  
**92%**



**59%**  
Satisfied



**31%**  
Dissatisfied



**10%**  
Neutral

Private Hospital visits  
**8%**



**73%**  
Satisfied



**16%**  
Dissatisfied



**10%**  
Neutral

Top reasons for ED satisfaction

- ♥ Good quality of care
- 😊 Helpful staff
- 📅 Received good medical advice
- 💬 Good communication from staff

Top reasons for ED dissatisfaction

- ⌚ Wait times too long
- 👤 Inadequate staffing levels
- 🗣️ Lack of/poor communication from staff
- 👎 Poor quality of care







## Non-emergencies at the ED

With the challenges facing Emergency Departments (ED) and patients waiting longer for care, overuse of the ED can compound this. 49% of people who went to the emergency department (ED) thought after the fact, their care could have been provided by a GP or Urgent Care clinic instead. Here are the reasons why the ED was their choice:

It was after hours and GP clinic was closed



At the time, I thought I needed to go to ED



I don't know an Urgent Care clinic near me



No out-of-pocket costs for ED care



Something else (themes in open ended responses repeated answers above as well as inability to get into GP due to availability/wait times as well as issues that did likely require ED attention)



While this number may seem high, for comparison, in 2019, RACGP's [News GP](#) covered a study where GPs could resolve between 20% and 40% of ED presentations. Current patient perspective punctuates the added weight on the system and impact on access to primary healthcare, and flags the opportunity for more awareness about after hours Urgent Care.

### Top challenges facing Australian healthcare tied to ED use and access:

ED waiting room times (40%) and ambulance services (15%) given ambulance wait times and ramping.

# Elective Surgery

## People waiting to have elective surgery

12%

Public hospital  
76%

Private hospital  
24%

## Surgery categories & wait time breakdowns

### Category 1

11%  
Needing treatment  
within 30 days

- 58%  
Waiting 1-30 days
- 14% ▲  
Waiting 31-90 days
- 4% ▲  
Waiting 91-180 days
- 8% ▲  
Waiting 181-365 days
- 17% ▲  
Waiting a year+

### Category 2

33%  
Needing treatment  
within 90 days

- 17%  
Waiting 1-30 days
- 26%  
Waiting 31-90 days
- 19% ▲  
Waiting 91-180 days
- 14% ▲  
Waiting 181-365 days
- 24% ▲  
Waiting a year+

### Category 3

36%  
Needing treatment  
within the next year

- 14%  
Waiting 1-30 days
- 19%  
Waiting 31-90 days
- 20%  
Waiting 91-180 days
- 15%  
Waiting 181-365 days
- 33% ▲  
Waiting a year+

20% did not know category of surgery.

Please visit the interactive [dashboard](https://www.australianhealthcareindex.com.au) at [AustralianHealthcareIndex.com.au](https://www.australianhealthcareindex.com.au) to view elective surgery wait time breakdowns for public and private hospitals.

## People who've had elective surgery in past 6 months

10%

## How satisfied were you with the elective surgery experience?

Public  
Hospital  
surgeries  
32%



81%  
Satisfied



15%  
Dissatisfied



4%  
Neutral

Private  
Hospital  
surgeries  
68%



91%  
Satisfied



6%  
Dissatisfied



4%  
Neutral

## Elective surgery in holding pattern

Wait times for elective surgery have not changed significantly since the November 2022 report. This continues to demonstrate the stress on both public and private hospitals and increased health risks for patients in need of critical and life improving surgeries. 12% of people are waiting to have elective surgery across public (76%) and private (24%) hospitals. 43% of people needing Category 1 surgery, have been waiting 31 days or more for a surgery that should be done within 30 days, and 17% of that group have been waiting for over a year.

For people needing a Category 2 surgery, 57% have been waiting beyond the recommended time of within 90 days. 33% of people needing Category 3 surgery have been waiting more than a year.

Before people make it to the elective surgery wait list, they need an assessment. 8% of respondents said their GP had referred them to a public hospital in the past 6 months. 35% have been waiting for up to a month, 22% have been waiting for 1-2 months and 42% have been waiting for over 2 months.

For people who had surgeries go forward in past 6 months, 91% of private hospital patients were satisfied whilst 81% of public hospital patients were satisfied with their experience.

### Top reasons for Elective Surgery satisfaction

#### Public

- ✔ Good quality of care during/after surgery
- 💬 Good communication from surgeon/surgical team
- 🕒 Wait time for surgery was reasonable
- ✔ Operation fixed my problem

#### Private

- 💬 Good communication from surgeon/surgical team
- 🕒 Wait time for surgery was reasonable
- ⭐ Efficient admittance process
- ✔ Good quality of care during/after surgery

### Top reasons for Elective Surgery dissatisfaction

#### Public

- 💬 Lack of/poor communication from staff
- ⌚ Wait time for surgery was too long
- ❗ Had unexpected complication from surgery

#### Private

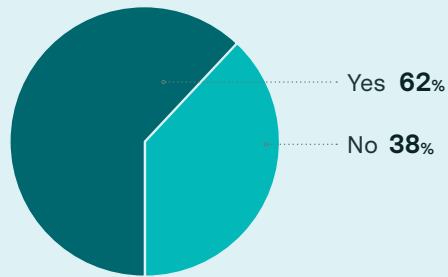
- 💰 Surgery was not affordable
- ❗ Had unexpected complication from surgery
- 🚫 Discharged too early without sufficient support





# Private Health Insurance (PHI)

## Do you have private health insurance (PHI)?



55.1% is national average from the [APRA December 2022 quarterly report \(released March 2023\)](#).

Survey respondents were more likely to have coverage than national average.

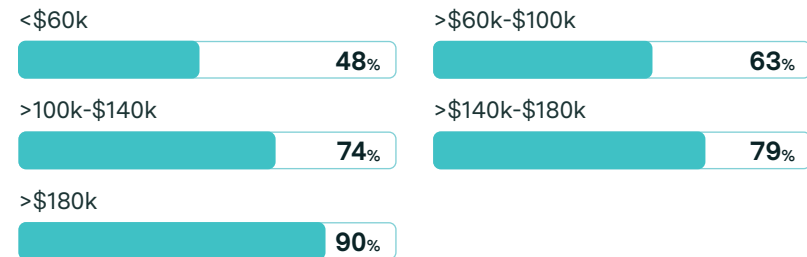
## Affordability and value concerns increase

Following the increase of private health insurance premiums during 2022, people's satisfaction with Private Health Insurance has dropped. Along with this, there's higher concern about affordability and value, at a time when people are dealing with cost of living increases.

As in past Australian Healthcare Index Reports, more PHI policy holders won't recommend their PHI, with reasons tied to price and product, whilst people who feel more favourably cite products and people (customer service) as their reasons. The bigger concern is the increase in people saying that PHI is not affordable, now at 74% which is up 17% since the November 2022 report and perceived poor value, now at 72% up 13%.

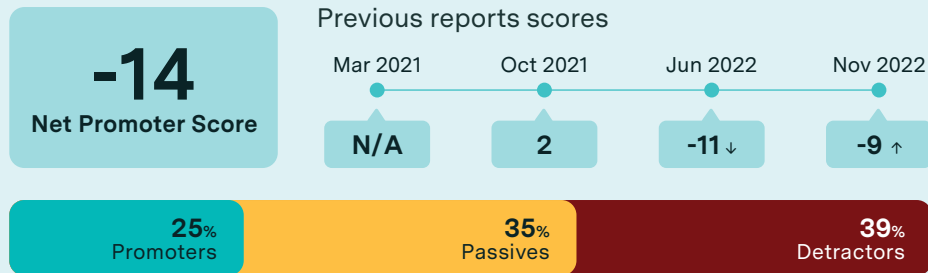
The survey also found that affordability and value for money concerns are universal and not tied to income as 76% of <\$60k households and 83% of >\$180k households felt PHI is not affordable. 66% of <\$60k households and 88% of >\$180k households said it was poor value for the money.

## PHI uptake by household income



35% of people chose PHI costs as one of their top 3 challenges facing Australian healthcare.

## On a scale of 1-10, how likely are you to recommend your PHI to a friend or colleague?



### Top reasons for recommending

- 51% Good hospital coverage provided
- 51% Good extras coverage provided
- 39% Good compared to other health insurance plans
- 36% Good customer service experience

### Top reasons for not recommending

- 74% Price of insurance is not affordable
- 72% Poor value for money
- 47% Poor extras coverage provided
- 26% Poor hospital coverage provided





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Learnings and insights

# Perspectives on Personal Health

# Medicare

## Which of the following best describes your view on Medicare?

66%

Medicare should provide universal coverage for everyone - regardless of income

20%

People who can afford to pay should contribute to the costs of their healthcare services

10%

It should provide free healthcare only for those with low incomes

3%

Other

## Would you nominate one GP/clinic to be responsible for your care as part of Voluntary Patient Registration?



52% Yes

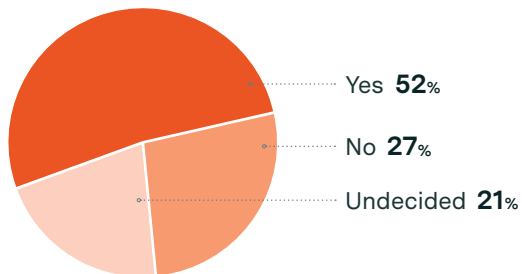


12% No



36% Undecided

## Would you be willing to pay a higher Medicare levy to have dental care covered by Medicare?



## Australians' take on Medicare

Recent Australian Healthcare Index (AHI) reports have reinforced patients' struggle to access and afford essential healthcare. With the decline of bulk billing GP practices and increased wait times to see the GP, the latest survey delved into Medicare-related questions to get a pulse check from people on these topical concerns.

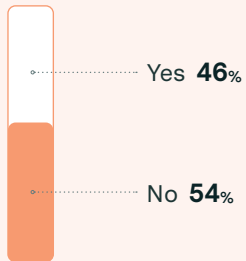
The majority of people (66%) believe Medicare should provide universal coverage for everyone - regardless of income.

The [Strengthening Medicare Taskforce Report](#), released in March 2023, recommended Voluntary Patient Registration to support better continuity of care, a strengthened relationship between the patient and their care team and more integrated, person-centred care. The AHI survey asked if people would nominate one GP to be responsible for their care, and 52% said yes and only 12% said no. 36% were undecided which indicates an opportunity for more patient engagement on the topic.

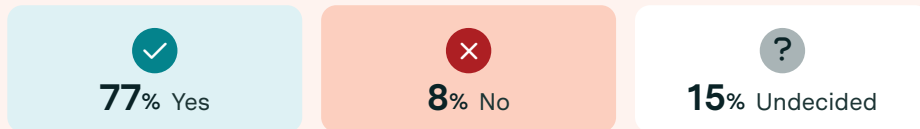
While the Taskforce report didn't cover dental, past findings from AHI surveys have found interest from respondents in dental being covered under Medicare. Would people pay a higher Medicare levy to have dental care covered by Medicare? 52% said yes with the highest interest from 18-34 year olds at 56% and lowest from those age 65 and over at 46%.



## Is your regular GP/primary care provider a fully bulk billing practice? (meaning you pay no out-of-pocket costs for your appointments)



## Are you happy with the care you're receiving from GP/clinic?



### Breaking down those who said yes to happy with care:

86% of people who see a fully bulk billing GP are happy with care compared to 68% of people paying out-of-pocket costs for GP consults. The cost factor may be contributing to the lower figure for out-of-pocket paying patients.

## When was last time your GP/primary care provider was a fully bulk billing practice?



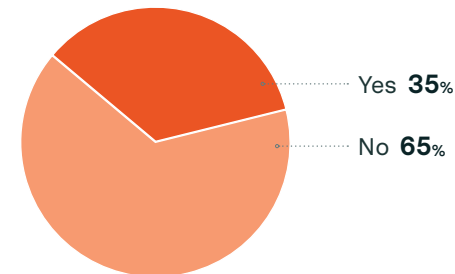
## The state of bulk billing

With the decline of bulk billing practices, the Australian Healthcare Index survey asked people with a regular GP about the practice's bulk billing status. 46% of respondents said their practice was fully bulk billing.

For those now paying out-of-pocket costs for a standard GP consult, 33% said that their practice was fully bulk billing less than a year ago. As flagged earlier in the report, 42% of people are going to the GP less due to reality of out of pocket costs tied to the decline of bulk billing practices.

## Skipping diagnostic tests

### In the past 6 months have you postponed a diagnostic testing or scan due to out-of-pocket costs?





All medical services that are fully or partially subsidised by Medicare are listed on the Medicare Benefits Scheme. For most diagnostic tests, Medicare will cover part of the cost. With 35% skipping tests due to associated out-of-pocket costs, this can lead to reduced quality of life or miss the diagnosis of a health issue or even a life-threatening condition.




# Mental Health & Wellness


Compared to 6 months ago, which of the following best describes your mental health?


 **20%**  
My mental health is better

 **22%**  
My mental health is worse

 **58%**  
My mental health is the same

If mental health declined, is it due to the continuing COVID-19 pandemic?

 **20%**  
Yes, related to COVID-19  
(↓ 11% from November report)

 **53%**  
No, not related

 **27%**  
Not sure

Have you received a Mental Health Treatment Plan from your GP?

**65%**  
Yes

**30%**  
No

**5%**  
I don't know what a Mental Health Treatment Plan is

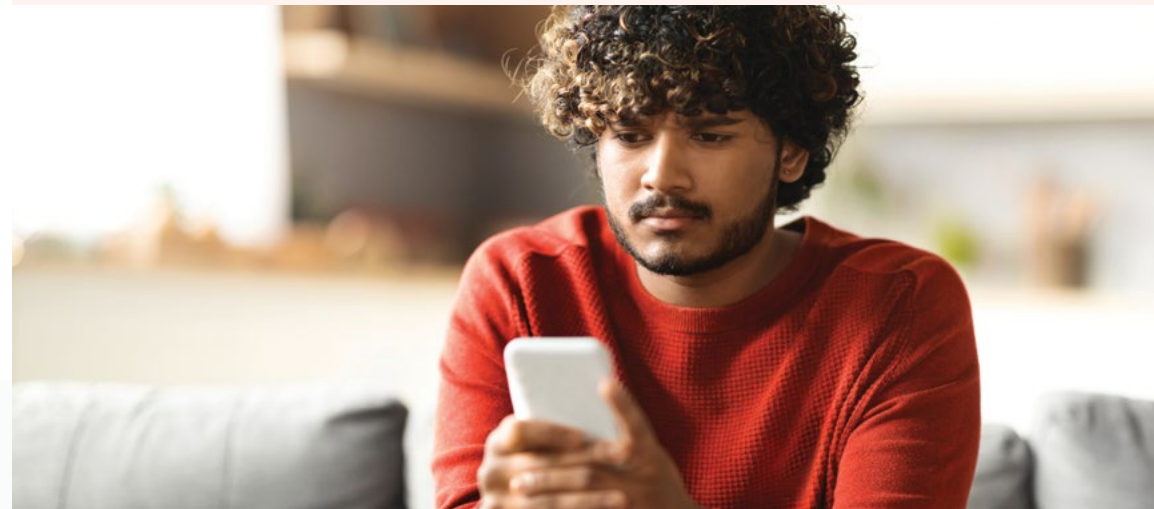
## Wait times stabilise but need for care access continues

One in four Australians have sought mental health support in the past 6 months. This figure is higher among women (27%), 18-34 year olds (33%) and people who live in regional/rural/remote areas (27%). Whilst the impact of the pandemic has lessened, people citing a mental health decline have not.

Whilst 80% (-1% since last report) who sought mental health support have received care, 20% (+1% since last report) are still waiting for support, suggesting stabilisation versus progress. Since the last report, people waiting over 2 months for care has decreased from 72% to 66% but many people are still waiting.

For those waiting to receive support, most are looking to psychologists (61%), psychiatrists (34%), GPs (30%) and/or counsellors (24%). GPs play a crucial role for initial evaluation and to rule out any other health concerns, in addition to being the gatekeeper for Mental Health Treatment plans and referrals. With GP wait times and increasing out-of-pocket costs, this first step to get access to care may be increasingly challenging. In addition, 90% of [Australian Psychological Society](#) members have reported an increase in wait times with 3 in 4 psychologists having a wait list and many Australians waiting up to 3 months for care.

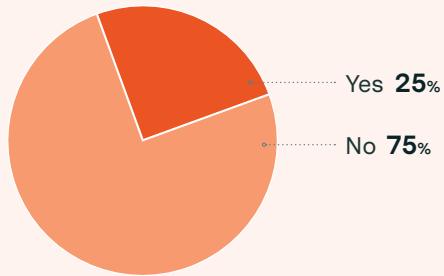
For people who received mental health support in the past 6 months, 73% had in-person appointments, 36% tapped telehealth via phone and 31% used video telehealth. Psychologists (64%), GPs (61%), psychiatrist (29%) and counsellors (27%) were accessed the most for care.





## The time to support mental health care

Have you sought any form of mental health support in past 6 months?



If yes, have you received support?

**80% Yes**

How long did it take to access the support/care you needed?

- 32% 2 weeks or less
- 27% 2+ weeks to 1 month
- 18% 1+ to 2 months
- 9% 2+ to 3 months
- 13% More than 3 months

**20% No**

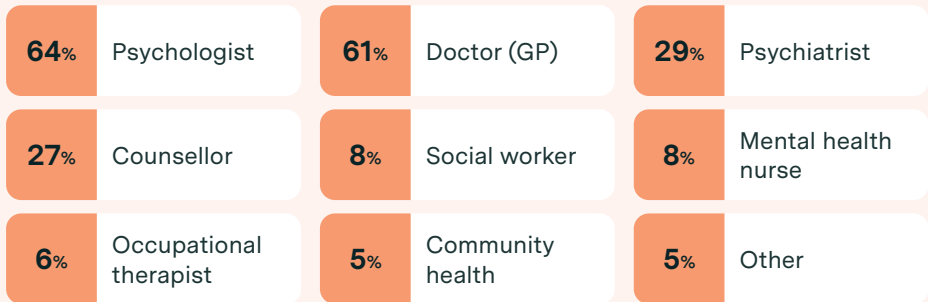
How long have you been waiting to access the support/care you need?

- 11% 2 weeks or less
- 10% 2+ weeks to 1 month
- 13% 1+ to 2 months
- 12% 2+ to 3 months
- 54% More than 3 months

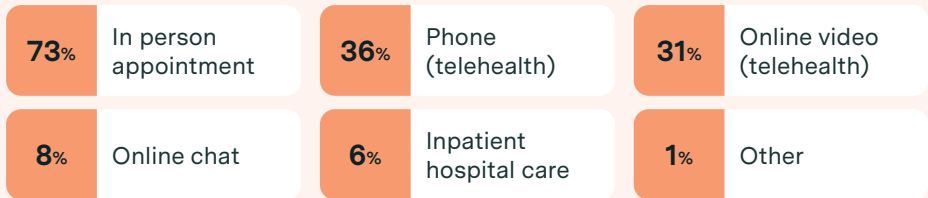
As covered earlier in the report, access to mental healthcare was identified as a top challenge for Australian healthcare with 28% of people choosing it as one of their top 3.

## People who've received support

Which mental health professionals do you see or have seen to support your mental health?



In what ways have you received mental health support in the past 6 months?



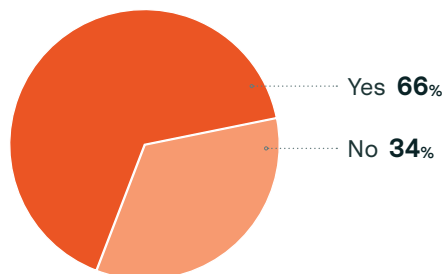
## People waiting for support

As you are waiting for support, which mental health professional(s) are you waiting to receive care from?



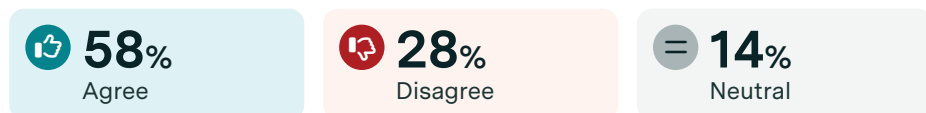
# Prescription Medicine

## Are you currently taking prescription medication?

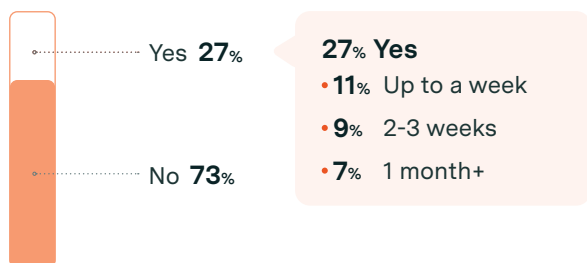


## People agree or disagree

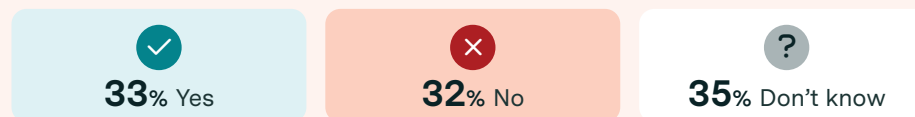
### “Prescription medication is affordable to me.”



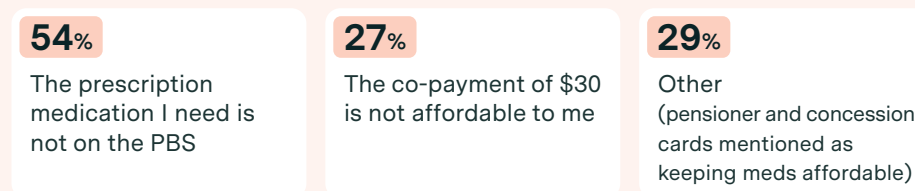
## Have you had to go without prescription medication due to cost concerns in past 6 months?



As of 1 January 2023, the co-payment for Pharmaceutical Benefits Scheme medicines dropped from \$42.50 to \$30. Has this helped make prescription medication more affordable to you?



## If no, why do you feel it has not made prescription medication more affordable for you?



## A dose of cost concerns

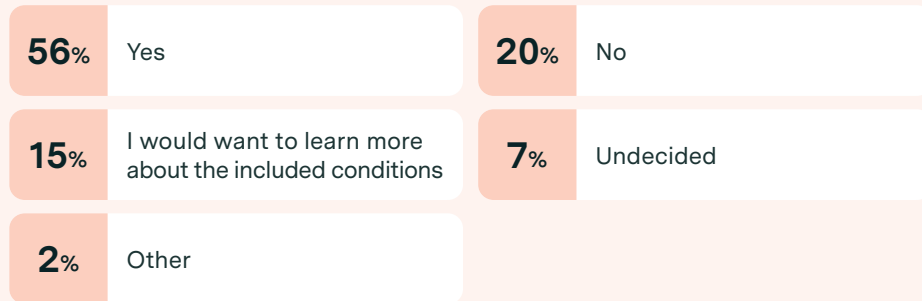
Cost concerns about prescription medication have been a common finding in past Australian Healthcare Index reports, but help was on the way with changes to the co-payment on Pharmaceutical Benefits Scheme medicines. On 1 January 2023, lower co-payments for [Pharmaceutical Benefits Scheme](#) (PBS) medicines went into effect, dropping co-payment for PBS medicines by nearly 30% from \$42.50 to \$30. This marked the first time in 75 years that the maximum cost of general scripts under the PBS fell.

Is it making a difference? 33% of respondents said yes, but 32% said no, with 54% saying the prescription medication they need isn't on the PBS. 27% said they didn't feel the \$30 co-payment was affordable and 29% fell into "other" category where open ended feedback was tied to having pensioner or other concession card which kept costs lower and more affordable. The AHI survey was fielded prior to Health Minister [Mark Butler's 26 April announcement](#) tied to PBS changes which could help millions of Australians buy two months' worth of medicine for price of a single prescription.

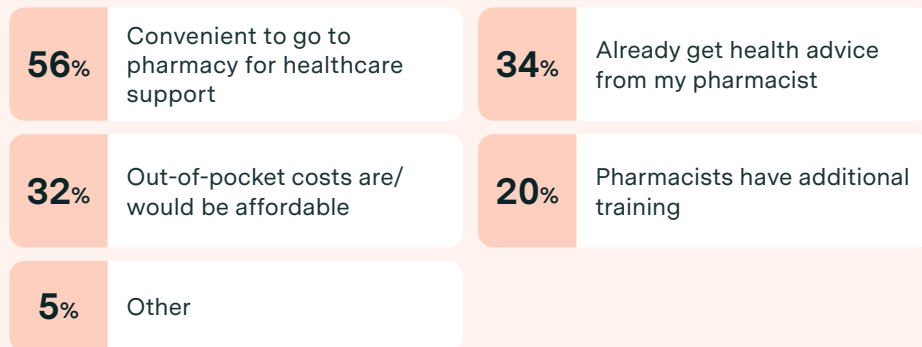
People skipping their scripts due to cost concerns increased to over 1 in 4 (27%, up 5% from Nov report), and is highest for 18-34 year olds at 42%, reflecting current economic conditions and people having to choose between medication and other life expenses.

## Interest in an increased role for pharmacists

**Would you be comfortable with pharmacists, who have additional training, diagnosing select conditions (such as Asthma, Type 2 diabetes, high blood pressure, urinary tract infections as well as oral contraceptives and travel medicine) and then prescribing the needed medications to you?** (The survey last covered this question in June 2022 report)



**If yes, which reasons best describe why you are comfortable with this?**



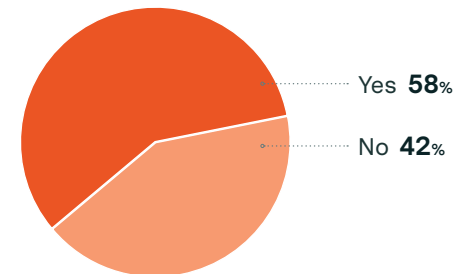
## The trials of prescribing

Trials of pharmacists prescribing medications are underway in [NSW](#) and [Queensland](#) and planned in Victoria with the intention to support primary care. While the pharmacy and GP communities have differing views on this, over half of people surveyed (56%) said they're comfortable with an increased role for pharmacists who have additional training. This is up 3% from the June 22 report. Only 1 in 5 said no (down 5%) and 15% would want to learn more about included conditions.

Top reasons for support were convenience of the pharmacy, pharmacists have additional training and people already get health advice from their pharmacist. Recognising past report findings on increasing GP wait times and ongoing out of pocket cost concerns, people see pharmacists as filling a critical gap.

## E-script or paper script?

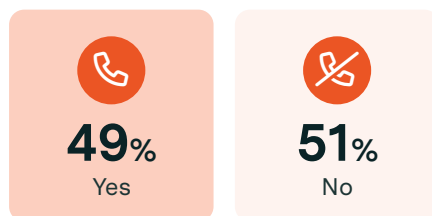
**In the past 6 months, have you received an electronic prescription/e-script (instead of a paper one) from your doctor during an in-person consultation**



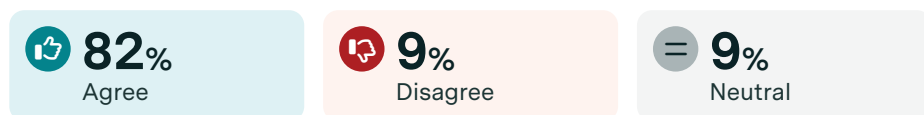
When it comes to prescription format, 58% of people have received an e-script on their mobile from an in-person consult in past 6 months with people from VIC (67%), NSW (57%) and QLD (56%) leading the way. The age groups 18-34 (60%), 35-49 (63%) and 50-64 (60%) have received most of the e-scripts whereas only 49% of those age 65 and over have received one.

# Telehealth

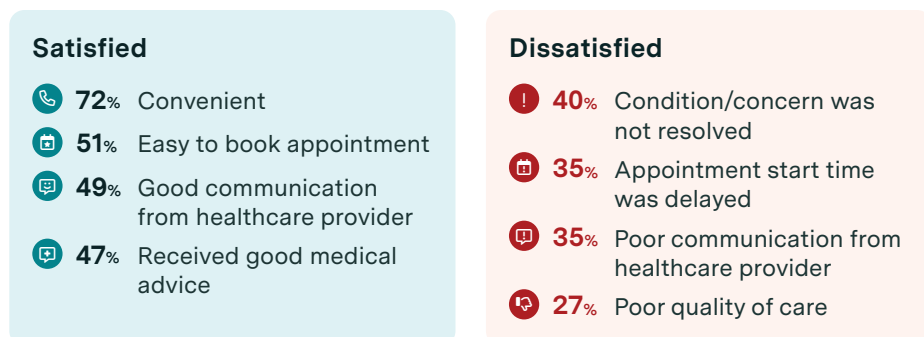
Have you had a telehealth appointment by phone or video in the past 6 months?



How satisfied were you with the telehealth experience?



Top reasons for telehealth rating



## Turning to telehealth

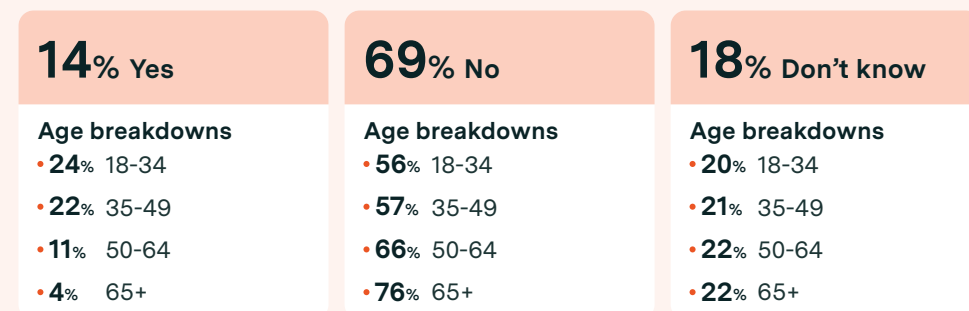
Almost half of all respondents used telehealth for care in the past 6 months with women edging out men, 55% to 45%. State-wise, VIC led usage at 57%, followed by QLD at 49% and South Australia at 48%. Looking at metro areas vs regional/rural/remote, usage landed equally at 49%, which speaks to the convenience of the service as people look for different ways to support their care, regardless of where they live.

The top reasons people chose telehealth instead of an in-person consultation were: convenience (54%), didn't want to leave home (25%) and current illness didn't allow an in-person appointment at clinic (22%). Longer GP wait times contributed to 19% turning to telehealth.

The top uses of telehealth were for: GP consult (41%), repeat prescriptions (20%) and consult with a mental health professional (10%).

## Rebate Access

To access the rebate for general telehealth, you need to have had a face-to-face consult with the same GP or another practitioner at the same practice within 12 months. Have the rebate conditions prevented you from using telehealth?



Whilst people 18-34 year-olds continue to be most affected by rebates conditions, 35-49 year-olds increased 6% from last report to 22%.





## Telehealth use

### What was the primary reason for your telehealth consult?

41%	GP consult	20%	Repeat prescriptions
10%	Consult with mental health professional	9%	Specialist consult
6%	Medical certificate	6%	Other
4%	Referral	4%	Cold & flu

### Why did you choose telehealth

(select all that apply)

54%	Convenience	25%	Didn't want to leave home
22%	Current illness didn't allow me to go to clinic	19%	Appointment wait time too long for in-person consult with regular GP/clinic
12%	Something else	9%	Appointment wait time too long for in-person session with mental health professional
9%	I'm in rural/remote/regional location	7%	Wanted after hours appt
5%	I was traveling		

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# Tracking healthcare experiences over time

With the launch of the 5th Australian Healthcare Index, the next section shares data trends from across the reports since the initial launch in March of 2021. Key areas from the Health Experiences section are covered.



# Topline review of AHI data trends over time

## Australia's Healthcare Rating

Australians rated personal satisfaction with healthcare on a scale of 1-10



## Patient's View: Top Challenges for Australian Healthcare

Mar 2021	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Oct 2021	<ul style="list-style-type: none"> <li>PHI Costs</li> <li>COVID-19 vaccination program</li> <li>ED waiting room times</li> </ul>
Jun 2022	<ul style="list-style-type: none"> <li>PHI Costs</li> <li>COVID-19 vaccination program</li> <li>Access to mental healthcare</li> </ul>
Nov 2022	<ul style="list-style-type: none"> <li>GP, nurse &amp; healthcare worker shortage</li> <li>ED waiting room times</li> <li>Increasing out-of-pocket costs to see GP/doctor</li> </ul>
Jun 2023	<ul style="list-style-type: none"> <li>Increasing out-of-pocket costs to see a GP/doctor</li> <li>GP, nurse and healthcare worker shortage</li> <li>ED waiting room times</li> </ul>

To measure satisfaction and if Australians would recommend their GP, dentist, pharmacist or private health insurance, NPS was calculated.

70 - 100 Excellent  
30-69 Great  
0-29 Good  
-100 to -1 Needs improvement

## General Practice NPS



## Dental NPS



## Pharmacy NPS



## PHI NPS



### Waiting for Elective Surgery

Percentage of respondents waiting to have surgery in either public or private hospital



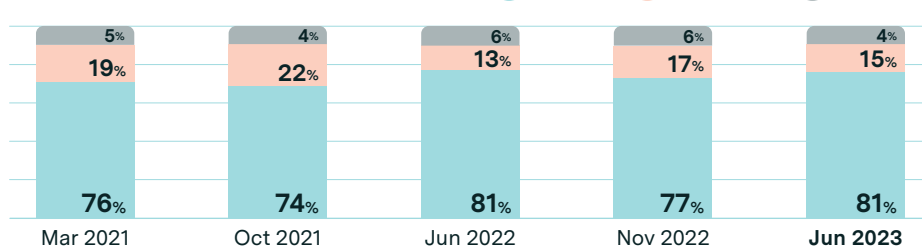
### Had Elective Surgery

Percentage of respondents who had surgery in either a public or private hospital in past 6 months



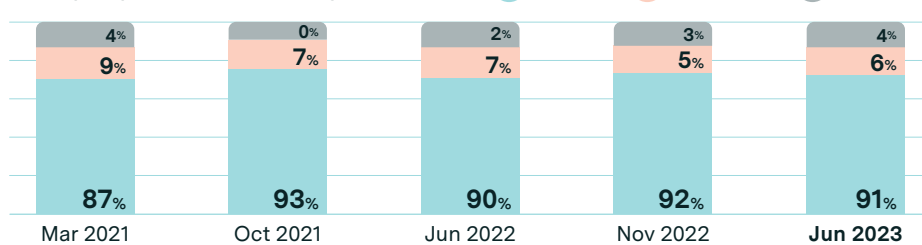
### Public Hospital Elective Surgery

How people rated their experience



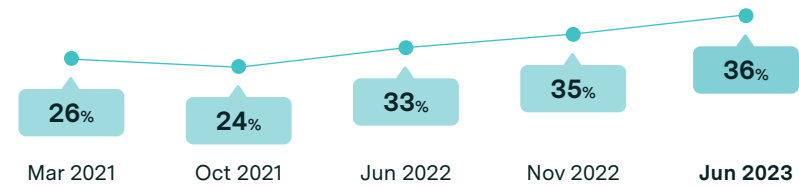
### Private Hospital Elective Surgery

How people rated their experience



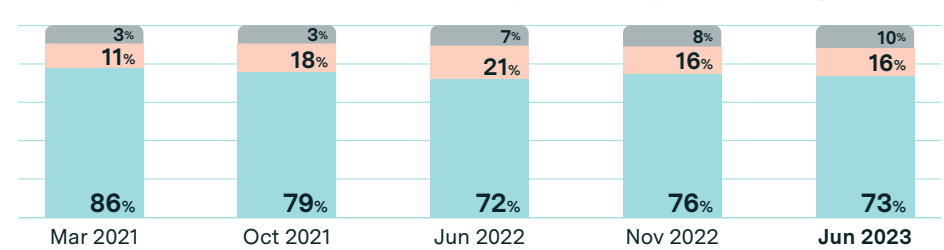
### Emergency Department Visits

Percentage of respondents going to ED in past 6 months



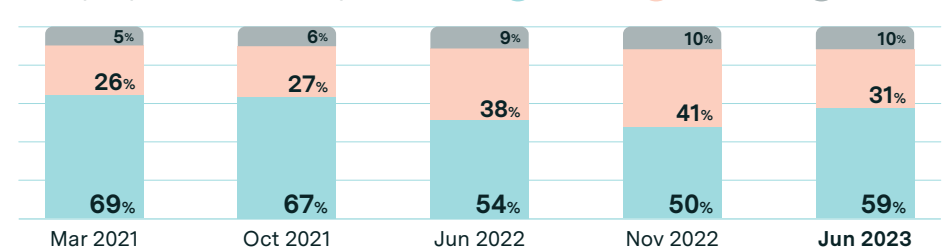
### Private Emergency Department

How people rated their experience



### Public Emergency Department

How people rated their experience

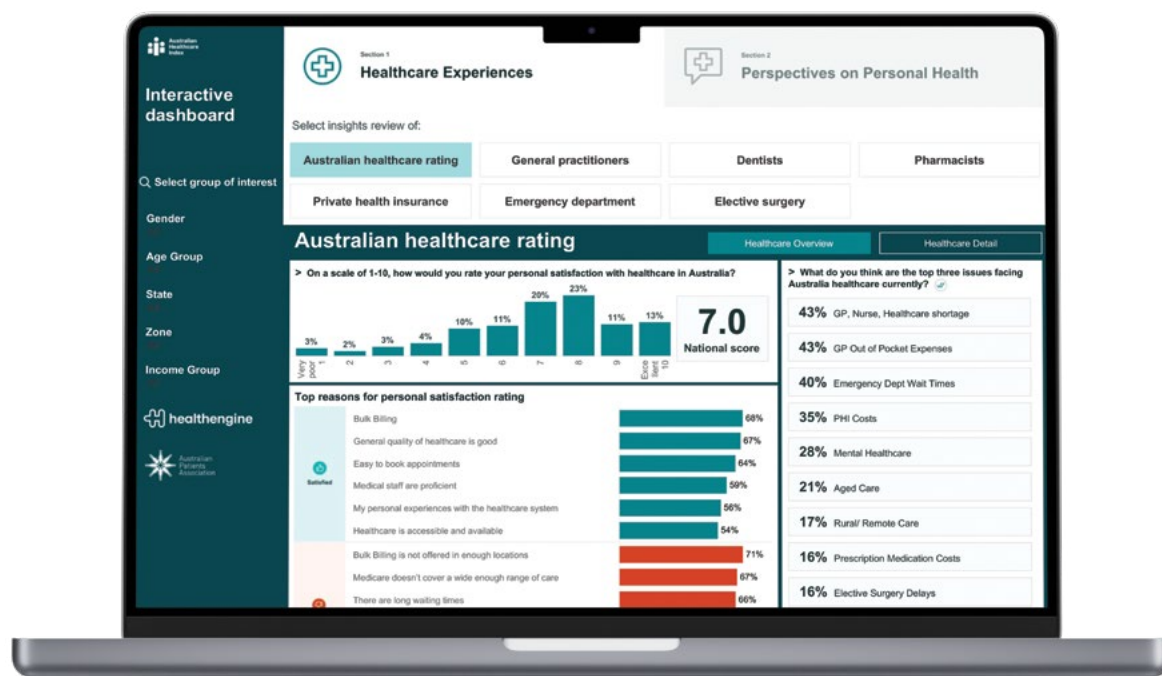


Some percentages may add up to 99% to 101% due to rounding to nearest whole number. Figures are weighted to the latest ABS census data.



# Survey and dashboard access

## Supporting background



Survey questions and a breakdown of responses covered in this report are available for viewing on an interactive dashboard at [AustralianHealthcareIndex.com.au](https://australianhealthcareindex.com.au). Additional demographic breakdowns are available across state, age gender, region and household income as well. This resource allows you to view survey topics and focus on details of most interest to you or your organisation.

## Authors

Healthengine & the Australian Patients Association

## Publisher

Healthengine

## Email for general queries

[ahi@healthengine.com.au](mailto:ahi@healthengine.com.au)

## Web

[australianhealthcareindex.com.au](https://australianhealthcareindex.com.au)

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# Closing

On behalf of Healthengine and the Australian Patients Association (APA), we would like to thank the thousands of people who invested their time to participate in the Australian Healthcare Index survey and share their experiences as patients in the public and private healthcare systems.

We hope the latest report provides helpful and informative patient insights and can serve as a catalyst for conversation and exploration of opportunities to strengthen patient-centred care. Together, our collective efforts can contribute to having one of the leading healthcare systems in the world.

If you or your organisation would like to discuss the report further, please get in touch with Healthengine or the APA. Additionally, if there's a topic you'd like us to explore in a future Australian Healthcare Index survey, please let us know. We look forward to future connections and collaboration to strengthen the patient experience and make healthcare more affordable, convenient and certain.

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**Dr Marcus Tan**

Healthengine CEO & Founder

[ahi@healthengine.com.au](mailto:ahi@healthengine.com.au)

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**Stephen Mason**

Australian Patients Association CEO

[info@patients.org.au](mailto:info@patients.org.au)



# About us



Healthengine is Australia's largest consumer healthcare platform developed to help people navigate the complex world of healthcare. Healthengine is on a mission to transform humanity's health, one care experience at a time.

Founded in 2006, Healthengine helps millions of Australians connect with over 9,000 Australian healthcare practices across GP, dental, allied health, medical specialists and pharmacies nationwide. To support the COVID-19 vaccination rollout in 2021, Healthengine developed its COVAX Solution online booking system and was chosen by the Department of Health to build the Commonwealth Booking Platform.

Over Healthengine's history, more than 74 million healthcare bookings have been made on the platform. To find the right care, connect with healthcare providers and manage healthcare, all in one place, visit [healthengine.com.au](https://healthengine.com.au) or download the Healthengine App for Android or iOS. For healthcare providers, please visit [practices.healthengine.com.au](https://practices.healthengine.com.au) to learn more and join Australia's largest network of patients.



The Australian Patients Association (APA) is an independent not-for-profit organisation dedicated to championing and protecting the rights and interests of patients, improving the patient experience and their health outcomes. Our main roles are providing patient advocacy, information and support. The APA's "Core Patient Values" define and drive our mission.

The APA listens to and acts for Australian patients. It strives to be the definitive "first stop", "signpost" organisation to represent, inform and assist Australian patients. To that extent the APA develops strategic alliances with organisations involved in Australian healthcare for mutual interest and benefit.

Rather than replicating existing resources, the APA collates and refers patients to the leading, authoritative source in their area of patient need. The APA primarily provides patient support services through its publications, help line and website, [patients.org.au](https://patients.org.au).

Sharing the patient voice  
**Healthengine and the Australian  
Patients Association**

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ahi@healthengine.com.au  
australianhealthcareindex.com.au

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