

August 2024

Australian Healthcare Index

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

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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.

Healthengine is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form. The findings in this report have been formed on the above basis.

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Opening

This 6th Australian Healthcare Index (AHI) is the latest in a series of significant surveys spanning the last four years. The survey features a mix of trend questions asked over time, and questions which dig deeper into current healthcare issues.

With a budget now exceeding \$100 billion annually, the Australian healthcare system is our largest national endeavour. How we design and manage it affects the lives of every Australian, and significantly impacts on our quality of life.

Is Australia's healthcare system improving or declining? Can all Australians access quality care when needed? Can patients afford a GP visit or dental procedure? Can patients afford prescription medication?

While policy makers and healthcare providers are critical in answering these questions, we believe that average Australians' views and healthcare experiences have an equally important role to play.

This survey demonstrates that Australians care deeply about the quality of healthcare they receive, but it is clear that it is becoming increasingly unaffordable. Rising costs and other pressures, combined with the increasing complexity of healthcare, are placing large sections of the system under severe strain.

While pressures on emergency departments are widely acknowledged and reinforced in this report, problems are now expanding well beyond acute levels and into primary care. Patients are increasingly skipping their medication or putting off a visit to their GP due to cost, while people in many parts of the country are struggling to access elective surgery within recommended timeframes.

These are not just statistics - they raise bigger questions of what impact these issues have on Australia's overall health, and the downstream consequences of more people ending up in already overcrowded emergency departments. It is clear we no longer have a system of healthcare which is equally accessible and affordable for all.

If Australians believe in a health system that delivers universal access and equality, then a wider and more honest discussion is needed about the problems that we need to address.

The Australian Patients Association and Healthengine hope this 6th Australian Healthcare Index will help elevate these important issues into the national conversation.

We commend this report to readers and thank the thousands of interviewees for their input.



Dan Stinton
Healthengine CEO



David Clarke
Australian Patients Association CEO

Population

9,391

Survey participants

Age breakdowns

18-34 years old

30%

35-49 years old

26%

50-64 years old

23%

65+ years old

20%

Participation by state

ACT

2%

NSW

32%

NT

1%

QLD

20%

SA

7%

TAS

2%

VIC

26%

WA

11%

Gender

51% Female | 49% Male

Survey participants had an option to enter a draw for one of three \$500 JB Hi-Fi giftcards which were purchased by Healthengine and awarded prior to the announcement on June 6, 2024.

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 6th report and builds on the findings of previous editions, along with [The Patient POV special report](#) that was produced in late 2023. Adults across the country provided information about and personal viewpoints on experiences with the public and private healthcare ecosystem, including primary care, private health insurance (PHI), emergency departments and elective surgery. They also provided input on timely healthcare topics: the impact of cost-of-living pressures on health, hospital admissions, living with health conditions, Medicare, mental health and wellness, prescription medicine, telehealth and vaccinations.

Research

During late May and early June 2024 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 9391 which was weighted to be nationally representative. The survey was promoted by Healthengine and the Australian Patients Association through emails, newsletters, social media and the Healthengine website.

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. NPS 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 a GP is now the biggest concern of patients outright, followed by emergency department wait times and private health insurance costs. Concern around the latter has gone up by 5% in each of the past two surveys.

The great health cost crunch

You don't have to look far to see that a lack of affordability is hurting Australians. A worrying amount of people are going to the GP less often, delaying dental care and putting off scans and mental health care. Cost is the major driver.

Is this really an emergency?

For a second straight survey, nearly half of people who went to the emergency department (ED) said that, on reflection, they believed their care could have been provided by a GP or Urgent Care Clinic instead.

Private health insurance still a touchy subject

The percentage of people surveyed who had private health insurance (PHI) reached its highest point for any AHI. But the Net Promoter Score for PHI was negative for a fourth straight survey.

Prescription medicine out of reach for many

30% of people reported going without their prescription medicine because of cost concerns, some of them for more than four weeks. Low to middle-income earners are particularly impacted.

General population health needs attention

Half of all respondents said they had a health condition, with diabetes and mental illness among the most common. Low-income earners are most likely to have a health condition.

Learnings and Insights



Healthcare Experiences

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Perspectives on Personal Health

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Learnings & Insights

Healthcare Experiences

Australia's Healthcare Rating

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

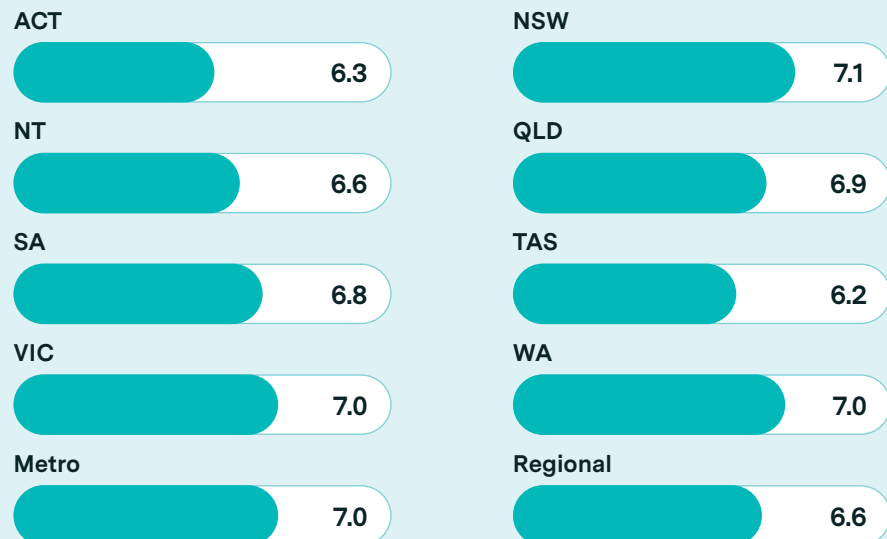
Average national score

7.0/10

Previous reports scores



Average state scores



The reason for the rating

In the latest Australian Healthcare Index survey, participants gave Australian healthcare a score of 7.0 – the same figure as June 2023 but reflecting decline since the first report in March 2021 (7.8)

TAS, ACT, NT, QLD and SA all fell below the national average for this AHI. The rating from metro participants (7.0) was higher than regional ones (6.6).

People were asked the reason(s) for their rating and the chart below reviews the key themes. For people rating 8-10, most reasons centred on quality of care and experiences, whereas people rating 1-4 were largely focused on costs and service challenges. Bulk billing featured for both groups – for different reasons.

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

What is the reason/s for your rating on Australian healthcare? (select all that apply)

People rating 8-10

- 41% Good quality of care
- 39% AU healthcare is better than other countries
- 37% Good personal experiences with healthcare
- 32% Availability of bulk billing
- 31% It is easy to book appointments

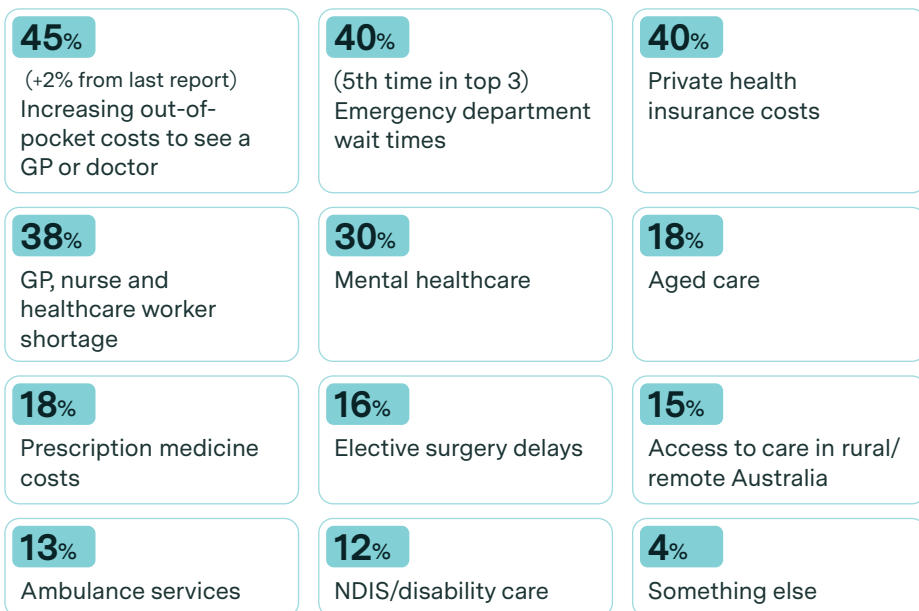
People rating 1-4

- 42% Bulk billing is not offered at enough clinics
- 41% Healthcare is too expensive
- 35% Medicare doesn't cover a wide enough range of care or GP clinics
- 32% Long wait times for appointments
- 28% 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)



Out-of-pocket costs to see a GP or doctor are now seen as the biggest challenge in Australian healthcare, rising for the third straight survey and selected by 45% of participants. These costs were of equal concern to women and men and selected by more than 50% of people aged 18-49 and also income earners between \$60k and \$180k.

Private health insurance costs were the equal second-highest challenge, selected by 40% of respondents - an increase of 10 percentage points since November 2022. The cost of private health insurance was the biggest issue



concerning people aged 65+ and identified as a bigger challenge for men (42%) than women (38%).

Sitting alongside private health insurance costs were emergency department wait times, which have consistently been a top-three concern over the past five editions of the Australian Health Index. At 41%, this was the second largest challenge overall identified by women.

GP, nurse and healthcare worker shortages, which clearly topped the poll in November 2022, declined for a second straight report and now sit fourth. But it remained the top challenge identified by regional participants (44%).



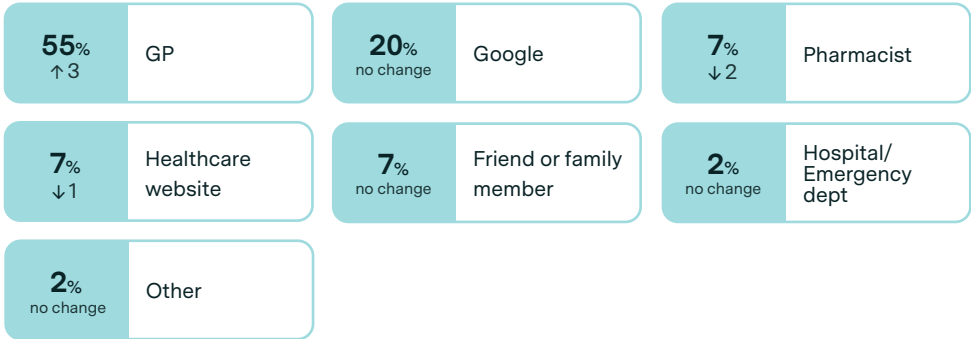
Go-to sources for health advice

Despite concerns about out-of-pocket costs that are explored in more detail throughout this report, the percentage of people identifying the GP as the first port of call for non-emergency situations rose to 55% in this survey (albeit still below the 58% of November 2022). At an unchanged 20%, Google remains a popular online resource while pharmacists and healthcare websites both drew 7% of responses, which was a slight decline from the last survey. Friends and family members were at 7%, with the emergency department at 2%.

As observed in previous surveys, people in the 18-34 bracket were most likely to head online or go to someone they know well for advice. Between Google (26%), health websites (8%) and family and friends (12%), young people preferred alternative routes to consulting with a GP (45%).

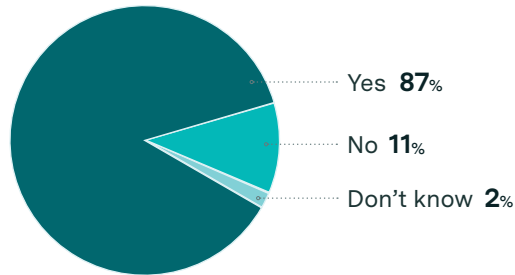
Unsurprisingly, it's a different story for those aged 65+, who were overwhelmingly more disposed to seeing the GP (69%) than tapping into Google (11%), visiting a website (5%) or seeking advice from a family member or a friend (3%).

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

- 66% Good quality of care
- 63% Good medical advice
- 54% Convenient ways to book appointments (phone, online, email)
- 41% Staff are helpful
- 41% Clinic offers bulk billing
- 38% Good communication from staff
- 37% Reasonable wait times

Top reasons for not recommending

- 43% Increasing out-of-pocket costs
- 37% Poor availability of booking times
- 35% Received poor quality care & received poor medical advice/diagnosis
- 32% Difficult to book appointment & waiting room times are too long
- 31% Does not offer bulk billing

Less GP visits as cost concern rises

Out-of-pocket costs for GP visits continue to influence the frequency with which Australians visit their doctors, with 49% of survey respondents now going less often. This was a 7% increase on the June 2023 AHI and again it was driven by our younger two age groups. In the 18-34 bracket, 57% said they visited the GP less often because of costs and the percentage was even higher for the 35-49 bracket at 59%.

Meanwhile, the percentage of people who said there had been no increase in costs at the GP was much lower than last survey - 13%, down from 21% - further illustrating financial pressures being felt by patients.

Quality of care (66%) was again the main reason why people would recommend their GP. Availability of bulk billing declined to 41% (down from 44%) as a reason for recommendation. Increasing out-of-pocket expenses (43%) remains the number one factor for people who would not recommend their GP, followed by poor availability of booking times (37%). Regional respondents identified difficulty in booking appointments (47%) as the main reason not to recommend their GP.

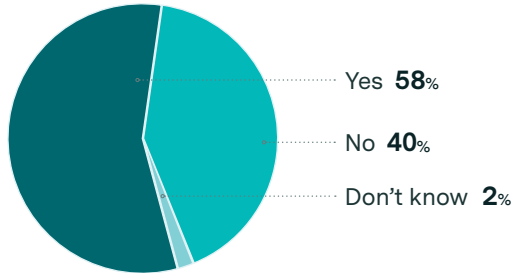
Bulk billing and other cost issues with GPs are explored further in the Perspectives on Personal Health section of this report.

How have out-of-pocket costs for a standard GP consult influenced you going to the GP clinic? (select all that apply)



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

- 75%** Good quality of care (↓ 6 since last report)
- 54%** Staff are helpful
- 47%** Good communication from staff
- 45%** Received good advice
- 45%** Waiting room times are reasonable

Top reasons for not recommending

- 63%** Cost is not affordable (↑ 5 from last report)
- 20%** Poor quality of care
- 18%** Other
- 18%** Didn't receive the outcome I was looking for

Out-of-pocket costs continue to bite

Australians continued to struggle with out-of-pocket costs for dental care. For the third straight survey, at least 40% of respondents said they didn't have a regular dentist and out-of-pocket costs (36%) was the primary reason. This was consistent across all income brackets.

The percentage of people who did not have a regular dentist because of out-of-pocket costs was higher for people in \$100k-\$140k and \$60k-\$100k income households (44% and 39% respectively) than earning less than \$60k (35%).

Among people who had regular dentists but would not recommend them, lack of affordability was the top reason (63%). This was a 5% jump from the 2023 survey and an 18% increase since November 2022. The top reason for people recommending their dentist remained good quality of care at 75%.

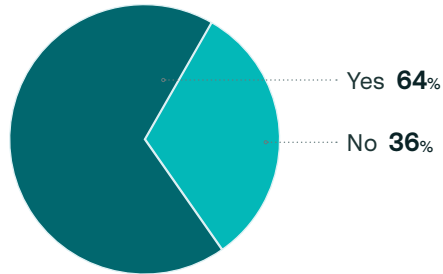
There is a clear correlation between having private health insurance (PHI) and regularly using dental services. PHI holders were more likely to have been to the dentist in the past six months than uninsured counterparts (57% v 29%), more likely to have had a scale and clean (83% v 55%) and far more likely to have a regular dentist or clinic (70% v 36%).

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

- 68% Staff are helpful
- 57% Wait time for filling prescriptions is reasonable
- 55% Open on weekends and/or evening hours
- 53% Good communication from staff

Top reasons for not recommending

- 30% Staff are not helpful
- 29% Lack of/poor communication from staff
- 27% Waiting time for filling prescriptions is too long
- 27% Something else

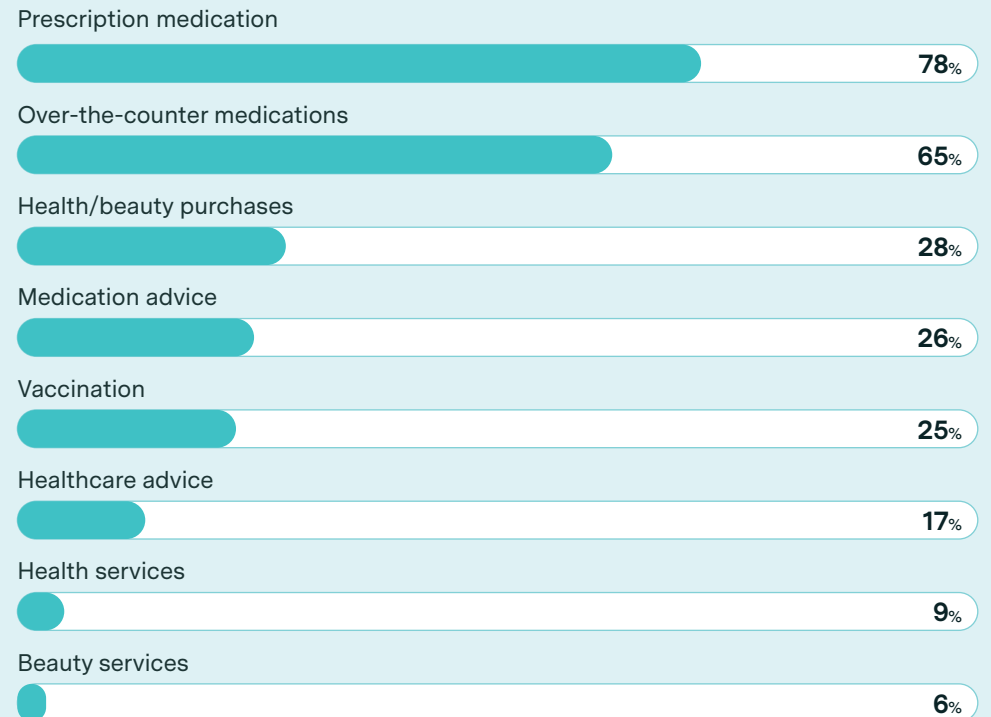
Friendly faces a key to trust

The majority of Australians surveyed have a regular pharmacist or pharmacy, although the 64% in this survey was a decline from the 68% of respondents in June 2023. Helpful staff (68%) continues to be the primary reason for people recommending their pharmacist/ pharmacy. Similarly, unhelpful staff (30% up 10) is now the biggest factor in people not recommending their pharmacy/ pharmacist, closely followed by a lack of/poor communication from staff (29%).

Aside from supply of medications, survey respondents looked to pharmacists/ pharmacies for medication advice (26%), vaccinations (25%) and healthcare advice (17%). Some 14% of people reported checking with other healthcare professionals such as pharmacists before booking a GP consult because of increasing concerns about out-of-pocket costs.

In the Perspectives on Personal Health section of this report, we look at some of the cost concerns respondents have about prescription medicine.

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

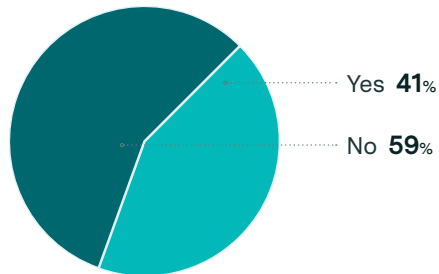


Emergency Department

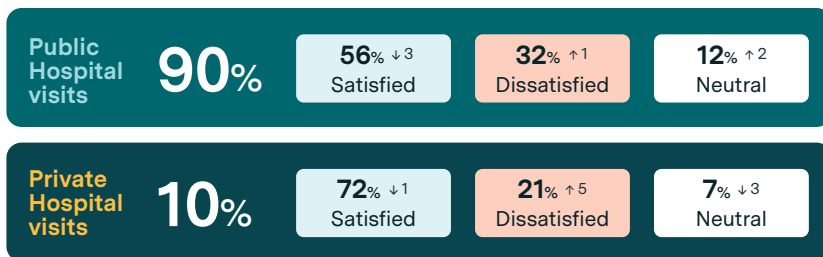
Have you been to an emergency department (ED) in the past 6 months?



Did the emergency department visit result in being admitted for hospital care?



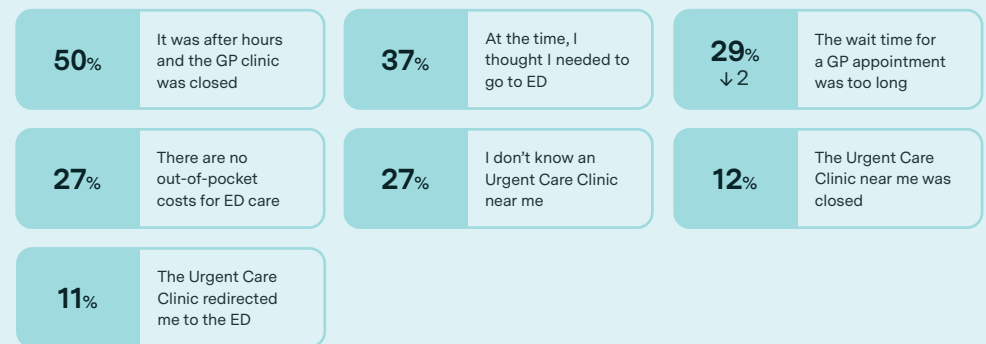
How satisfied were you with the ED experience?



Not all ED presentations belong there

Survey results around emergency department presentations point towards an issue identified in the June 2023 Australian Health Index – people visiting EDs when their health concerns would likely be better addressed in another environment.

Asked whether, on reflection, their care could instead have been provided by a GP or Urgent Care Clinic, 48% of respondents who went to the ED but were not admitted to hospital believed that was the case. Several reasons people selected for attending the ED point towards that:



Unnecessary presentations to the ED put pressure on stretched health services, adding to the long wait times and perceptions of inadequate staffing that were the biggest sources of ED dissatisfaction among survey participants.

Urgent Care Clinics were created to help address unnecessary ED use. But low (23%) awareness of local Urgent Care Clinics from [The Patient POV special report](#) suggested more could be done to raise their profile. This is likely still the case.

Top reasons for ED satisfaction

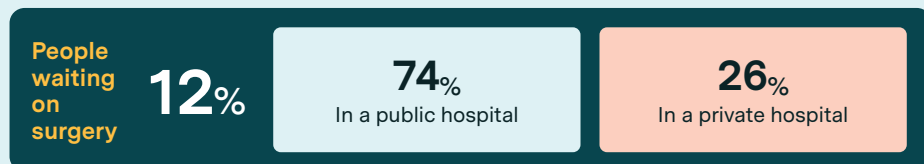
- Helpful staff
- Good quality of care
- Good communication from staff
- Received good medical advice

Top reasons for ED dissatisfaction

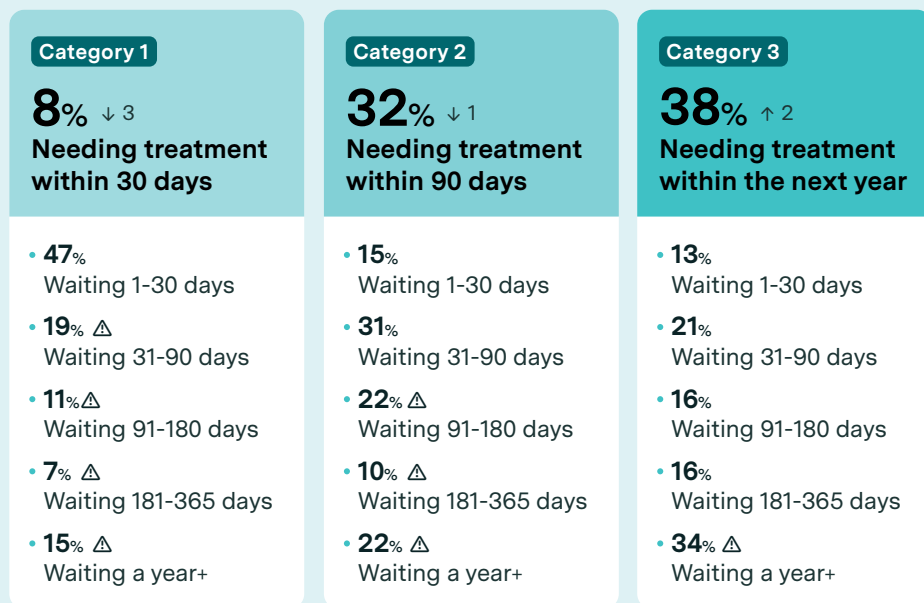
- Wait times too long
- Inadequate staffing levels
- Waiting room environment was poor
- Lack of/poor communication from staff

Elective Surgery

Are you waiting to have elective surgery?



Surgery categories & wait time breakdowns



*22% did not know category of surgery.

Surgery wait times still an issue

There has been little improvement in long wait times for elective surgery since the last AHI was published in June 2023. The overall percentage of people waiting 31-90 days increased to 22% (up 2) this time around and the percentage waiting 91-180 days also rose to 18% (up 2). Only 8% of people waiting were classified as Category 1 (treatment recommended within 30 days), with 32% in Category 2 (90 days) and 38% in Category 3 (365 days).

There is some worrying data deeper in the details. For people requiring Category 1 surgery 53% had been waiting for 31 days or more. The corresponding figure from last year was only 42%. Of these Category 1 respondents, 15% had been waiting for more than a year.

Among Category 2 patients, 54% had been waiting beyond the recommended time, including 22% waiting more than a year. Meanwhile in Category 3, 34% were waiting beyond the recommended 365 days.

This points towards hospital services under strain, with patients potentially facing adverse health impacts because of longer-than-recommended wait times.

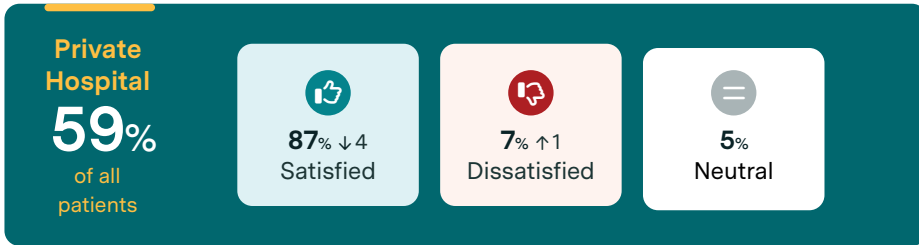
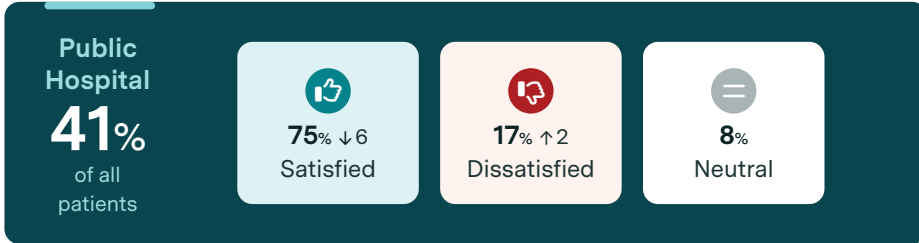
Of the respondents who had elective surgery in the previous six months, 82% said they were satisfied – down from 88% in June 2023. Satisfaction was down for both public (75%, -6) and private (87%, -4) patients. Wait time for surgery was a much bigger reason for dissatisfaction among public patients (38%) compared to private patients (8%).



People who've had elective surgery in past 6 months

13%

How satisfied were you with the elective surgery experience?



Top reasons for elective surgery satisfaction

Public

- Good quality of care during/after surgery
- Good communication from surgeon/surgical team
- Admission process was efficient
- I was operated on in a reasonable time frame

Private

- Good communication from surgeon/surgical team
- I was operated on in a reasonable time frame
- Good quality of care during/after surgery
- Admission process was efficient

Top reasons for elective surgery dissatisfaction

Public

- Lack of/poor communication from staff
- Wait time for surgery was too long
- The operation didn't fix my problem

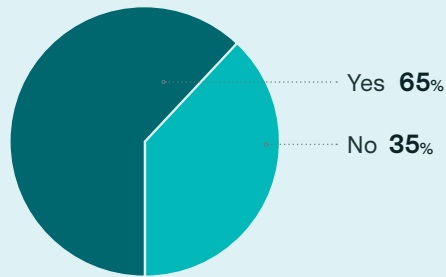
Private

- Surgery was not affordable
- The operation didn't fix my problem
- Had unexpected complication from surgery



Private Health Insurance (PHI)

Do you have private health insurance (PHI)?



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



Top reasons for recommending

- 45% Good extras coverage provided
- 44% Good hospital coverage provided
- 38% Good compared to other health insurance plans
- 38% Good customer service experience

Top reasons for not recommending

- 67% Price of insurance is not affordable
- 65% Poor value for money
- 43% Poor extras coverage provided
- 21% Poor hospital coverage provided

Affordability, value being questioned

With the Federal Government approving a 3.03% increase in annual premiums from April, the cost of private health insurance continues to be a sticking point for Australians. Many are questioning if their PHI is money well spent.

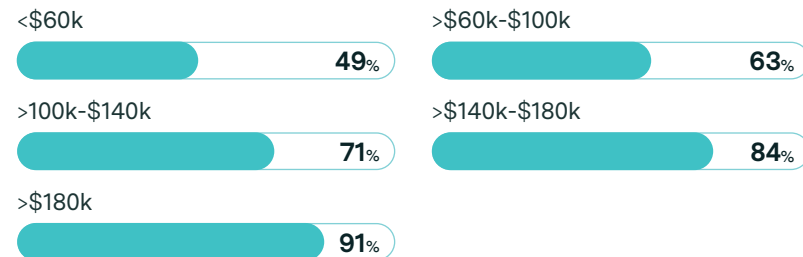
Lack of affordability (67%) and poor value for money (65%) remain the main reasons why people would not recommend their PHI. The Net Promoter Score for PHI was -14, a negative figure for the fourth straight Australian Health Index. People who would recommend their PHI mostly pointed to good coverage – extras and hospital – as reasons for being prepared to do so.

Cost and value concerns about PHI continue to span all demographics. While people with household income of \$140-\$180k had the second-highest rate of PHI take-up, they were also the most likely to cite lack of affordability (79%) and poor value for money (70%) as reasons for not recommending their insurance to others.

Only 54% of regional respondents had PHI compared to 67% in metro areas.

Although people are loath to praise PHI, the survey points towards its benefits – private ED and elective surgery patients had higher satisfaction levels, and respondents with PHI were more likely to have a regular dentist that they attended.

PHI uptake by household income



40% of people chose PHI costs as one of their top 3 challenges facing Australian healthcare.




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Learnings and insights

Perspectives on Personal Health

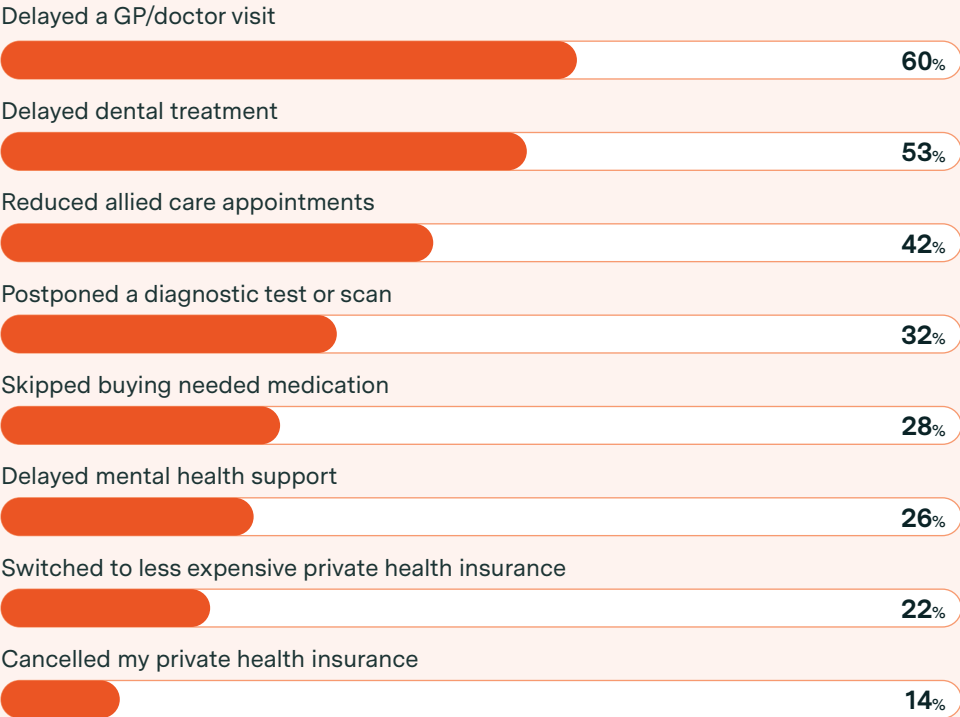
Cost of living & health

Have the recent increases in cost of living impacted your healthcare decisions?

Yes **75%** 

No **25%** 

Which of the following have you done as a result of cost-of-living pressures?



Cost-driven decisions now the norm

The impact of cost of living was explored in depth in [The Patient POV special report](#) published late in 2023. This edition of the Australian Healthcare Index drills down further on issues arising because Australians face tough choices about how they prioritise healthcare amid financial pressures.

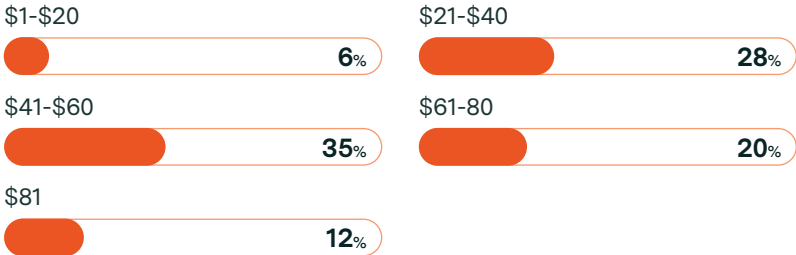
This second section of the August 2024 AHI – centred on Perspectives on Personal Health – provides insights into a range of topics critical to people’s wellbeing. Each topic has its own cost-of-living analysis but an overarching viewpoint is also useful.

A broad takeaway is that 75% of people are making healthcare decisions differently because of increases in cost of living. This is a 2% jump since November 2023.

Cost-of-living pressures resulted in delayed GP/doctor visits (60% of respondents who said they were making decisions differently), delayed dental treatment (53%), postponed diagnostic tests or scans (32%), not buying needed medications (28%) and delayed mental health support (26%).

It’s not always the lowest income households (less than \$60K) that appear to be the most impacted by cost-of-living pressures. In fact, people in the \$60k-\$100k and \$100k-\$140k brackets were least likely to agree that prescription medicine is affordable and most likely to have delayed GP visits.

How much do you currently pay in out-of-pocket costs for a standard GP consult?





Treat now but pay later?

Building on a question we first asked for [The Patient POV report](#), we again asked people if they had changed the way they pay for healthcare because of cost-of-living pressures.

Overall, 41% of people said they had, an increase of 4% from November 2023. People earning \$0-\$60k and \$60k-\$100k were the most likely (47%) to have changed payment behaviour, while 51% of people aged 18-34 reported having done so. Women (43%) changed the way they paid more than men (39%).

Our survey examined what these changes involved. For 54% of respondents, it meant using a credit card, while 43% borrowed money from a family member or friend and 28% used a payment plan provider, with many people using multiple options.

Given cost-of-living pressures, are you using any of the following payment methods?

54% Credit card

43% Borrowed money from family members or friends

28% Used a payment plan provider (buy now, pay later)

16% Used a medical healthcare payment program

10% Other

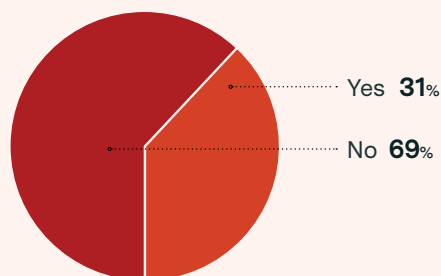
9% Dipped into my superannuation to pay for elective surgery

Breaking this down further, 53% of people aged 18-34 borrowed money from family or friends, while respondents aged 50-64 were most likely to have used a credit card (62%). A greater proportion of women (45%) borrowed money than men (40%).

Credit card use was lowest (44%) among \$0-\$60k household income bracket, but these people were most likely to borrow money from family or friends (51%). People in households earning \$140-\$180k (65%) and \$180k-plus (63%) used credit cards the most.

Hospital admissions

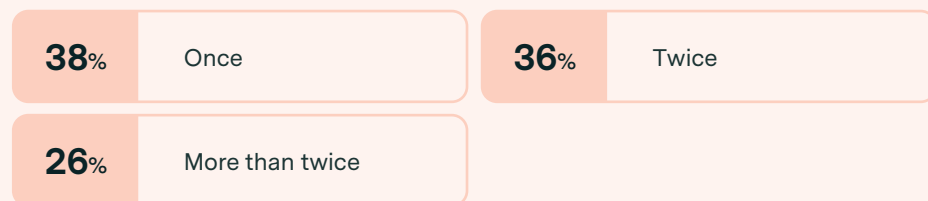
In the past 2 years, have you been an admitted patient in an Australian public hospital?



How long was your last hospital admission?



How many times during your stay did the specialist see you?



Tracking specialist care in public hospitals

In a new inclusion for this edition of the Australian Health Index, we asked a series of questions aimed at gauging people's experiences after being admitted to public hospitals. A total of 31% of respondents were admitted to an Australian public hospital over the past two years, with 78% of them staying five days or less.

Nearly three in five people (57%) were aware of which specialist they were admitted under and a majority of those (78%) were visited by that specialist during their stay. These visits were mainly once (38%) or twice (36%) for the duration of their stay, with 84% of people satisfied with how many times they were seen by the specialist. However, when asked who they felt was making decisions on their care, 66% said it was the specialist doctor they were admitted under, 14% thought it was the junior doctor and 17% were unsure who was responsible.

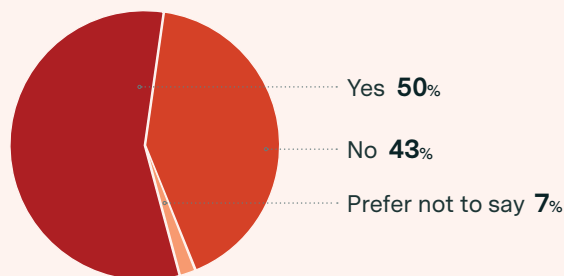
Men and women were equally happy with the number of times they were visited by the specialist. Women, however, were more likely than men to have received only one visit (40% v 36%) and to have had more than two visits (30% v 23%). A lower percentage of women said they were visited by the specialist they were admitted under (77% v 80%) and women were less likely to feel the specialist was in charge of their care (63% v 69%).

Rates of public hospital admissions were quite evenly distributed across age groups, although people in the 18-34 bracket were more likely (82%) to stay five days or less than those aged 65+ (71%). Only 52% of admissions aged 18-34 were aware of the specialist they were admitted under and they were the least satisfied age group (79%) with the number of times their specialist visited. By contrast, 92% of the age 65+ respondents were satisfied with the frequency of specialist visits.

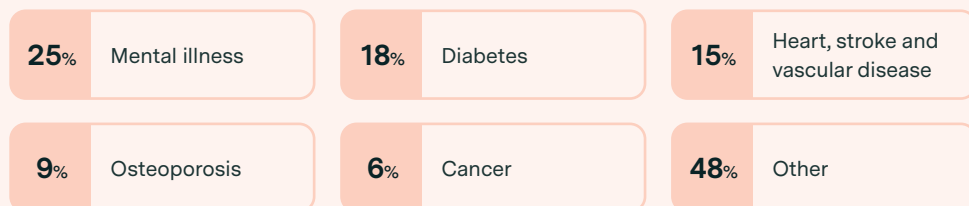
Regional respondents were admitted to public hospitals at a greater rate than their metro counterparts (37% v 30%).

Living with health conditions

Do you have a health condition?



Which health condition do you have?



Notable answers listed under the “other” category

- Arthritis
- Asthma
- Autoimmune conditions
- Chronic obstructive pulmonary disease
- Chronic pain
- Epilepsy
- Endometriosis
- Fibromyalgia
- Multiple sclerosis
- Osteoarthritis
- Rheumatoid arthritis
- Thyroid condition

It’s a reality for half of us

Data from the Australian Bureau of Statistics suggests [close to half of Australians live with a chronic health condition](#) – which was reflected when we asked our survey participants if they had a health condition. The answer was “yes” for 50%, with another 7% preferring not to say.

The conditions most selected were mental illness (25%), diabetes (18%) and heart, stroke and vascular disease (15%). This was one question where “other” was the most popular answer at 48%. Respondents selecting this option specified a wide range of conditions, including various types of arthritis, asthma, chronic pain, epilepsy, endometriosis and multiple sclerosis.

A higher proportion of the people taking our survey and living with a health condition were women (54%). Rates for health conditions were, unsurprisingly, elevated in the 65 and over (72%) and 50-64 (62%) age brackets. Health conditions were most common in people in households earning less than \$60k, at 59%, with the \$60k-\$100k bracket having the second-highest rate (48%). A higher percentage of regional respondents reported health conditions compared to people living in metropolitan areas (62% v 48%).

People with health conditions are particularly challenged by cost-of-living pressures and having to change their healthcare behaviour. They reported elevated rates of delaying dental treatment (56%), reducing allied care appointments (46%), skipping buying needed medications (32%), postponing diagnostic tests or scans (35%) and delaying mental health care (30%).

People living with health conditions who took this year’s survey were more likely to disagree that prescription medication was affordable to them (30% v 25% of people without a condition). A total of 73% of people who had gone without prescription medication in the past six months had a health condition, including 72% of the people who went more than a month.



Living with health conditions

Health conditions and risk factors

As part of our research into life with a health condition, we asked people what risk factors they considered themselves to have.

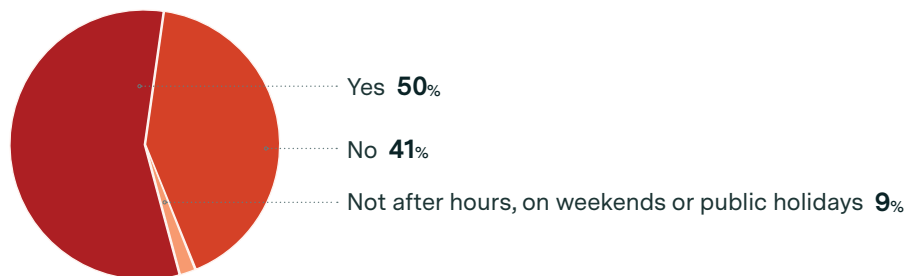
There did appear to be an alignment between some health conditions and selected risk factors. For instance, people with diabetes reported higher than average rates of obesity, high cholesterol and high blood pressure/hypertension. Similarly, people with mental illnesses seemed more likely to be overweight, physically inactive, have an unhealthy diet and consume tobacco, drugs and excessive amounts of alcohol.

With a significant number of people answering “other” in relation to their health condition, there is good scope to expand on this analysis next year and see how some conditions not listed in this survey’s question line up against risk factors.

Which risk factors do you consider you have?	Which health condition do you have?					Average across all conditions
	Diabetes	Heart, stroke & vascular disease	Osteoporosis	Cancer	Mental illness	
Overweight/obesity	54%	37%	34%	32%	44%	36%
Physically inactive	31%	27%	27%	26%	34%	16%
Unhealthy diet	18%	11%	13%	7%	29%	16%
High cholesterol	41%	45%	33%	29%	26%	26%
High blood pressure/hypertension	54%	59%	43%	42%	30%	37%
Genetic	22%	21%	19%	19%	29%	17%
Tobacco use	10%	7%	7%	5%	14%	9%
Excessive alcohol consumption	5%	6%	8%	5%	10%	7%
Substance abuse	1%	1%	1%	2%	5%	2%

Medicare

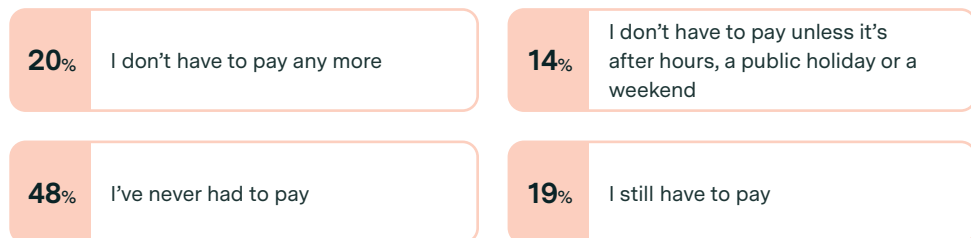
Thinking of your most recent visit to the GP, were you bulk billed?



How often have you had to pay out-of-pocket costs at the GP over the past 2 years?



If you hold a concession or health care card, have you been notified or noticed a change in the way your doctor charges since November 2023?



Seeking clarity on bulk billing

With cost-of-living pressures influencing many people's interactions with healthcare, there is strong interest in bulk billing and how widespread it is among GPs and primary care providers.

We asked respondents to reflect on their most recent visit to their GP or clinic and the bulk billing experience or lack thereof. Of the respondents with a regular GP or clinic, 50% said they were fully bulk billed and had no out-of-pocket costs, while another 9% said they were bulk billed provided they didn't see their GP after hours, on a weekend or public holiday. Bulk billing rates were highest for the \$0-\$60K household income bracket (63%), people aged 65 and over (65%) and regional patients (58%).

We also asked people about experiences with out-of-pocket GP costs over the past two years. Only 23 per cent said they never had out-of-pocket costs.

The Federal Government's tripling of the bulk billing incentive in November 2023 was designed to increase opportunity for children under 16 and concession card holders to access bulk billing. We asked holders of concession and healthcare cards if they had noticed a difference since.

Of these card holders, 19% reported they still had to pay, while 14% said they paid out-of-pocket costs for appointments after hours, on public holidays or weekends.

It's perhaps no surprise that the 35-49 age group recorded the lowest result (44%) for bulk billing on their last GP visit. Many people within this cohort are likely to seek appointments outside of regular hours, where bulk billing is still limited.



Take-up on Medicare initiatives

The Medicare app would seem to be one of the tools best placed to help people understand how they are being charged at the GP. But when we asked people whether they used their Medicare app to check how their doctor had billed them, 60% either never used it or didn't know how to.

Do you ever check your Medicare app to see how your doctor billed your visit?

Never
48%

Sometimes
32%

Always
8%

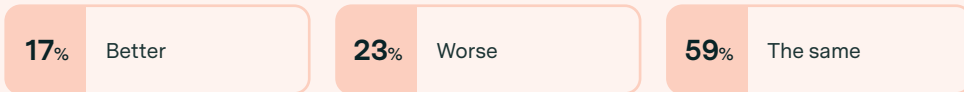
I dont know how to
12%

There also seems to have been slow take-up on the MyMedicare initiative, which was introduced in October 2023 to “formalise the relationship between patients, their general practice, general practitioner and primary care teams.”

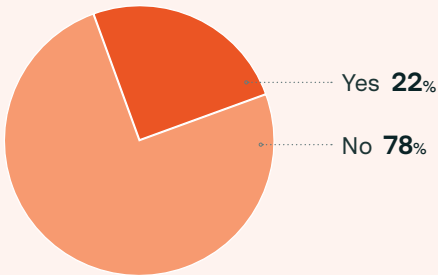
Asked if they planned on registering MyMedicare with their preferred GP, only 25% said they would, with 48% unsure and 27% saying they would not. The latter figure is interesting given it was an 8% increase from when we first asked this question for the 2023 [The Patient POV report](#).

Mental Health & Wellness

Compared to 6 months ago, how would you describe your mental health?



Have you sought mental health support in the past 6 months?



Have you received this support?



How would you describe your mental health in general?



Mental health care a financial issue for many

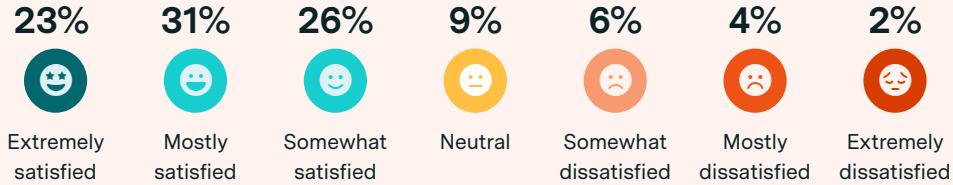
Mental health and wellness is an area we paid particular attention to in [The Patient POV Special Report](#) in November 2023. From a high-level perspective, little has changed since.

The percentage of people who rated their mental health as better than six months prior declined slightly (17%, down from 18%), while the percentage of respondents who had sought mental health treatment over the past six months also decreased a little (22%, down from 24%). The percentage of people who rated their mental health as poor or fair was unchanged (37%), with stressful life events (66%) and financial stress (64%) the major reasons. People aged 18-34 (27%), women (26%) and people in households earning less than \$60k (25%) sought mental health support at rates above the national average.

People who had sought mental health support had received it 81% of the time and, similarly, 80% of people with Mental Health Treatment plans were able to use them to see a psychologist, occupational therapist or social worker. People waiting more than three months to access mental health support jumped from 44% in November 2023 to 51% in this survey - although this figure has been higher in the past at 54% in June 2023 and 62% in November 2022. Waits of three months-plus were more likely in regional areas (64%).

Finances impact the way people approach their mental health, with 26% delaying getting support because of the cost of living. Among people who had not accessed their Mental Health Treatment Plan, 35% said it was because of out-of-pocket costs. This was more common for women than men (38% v 32%), prevalent in the 35-49 age bracket (43%) and a particular issue for people in households earning less than \$60k (42%).

Patient satisfaction with mental healthcare support



Which mental health professionals have you seen for support?



Major factors cited for poor or fair mental health



Work's impact on our mental wellbeing

The way Australians work has shifted significantly over the past five years. According to [ABS data released in December](#), 37% of Australians worked from home regularly – down from peaks reached during the pandemic but 5% higher than before COVID-19 entered our lives.

Despite improved flexibility in our working lives, work pressure (40%) was still one of the most common reasons people provided for assessing their mental health as either poor or fair, with job insecurity or unemployment also among the top six responses.

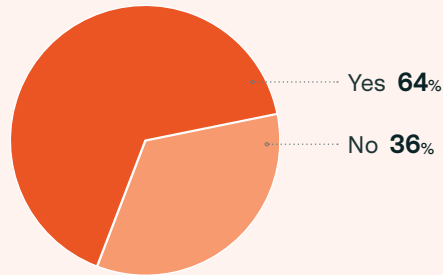
To get further insights into how work impacts mental health, we raised the issue with people in our survey who were in the workforce and had sought mental health support over the previous six months. A strong majority of respondents – 71% – said their workplace had an impact on their mental health.

Only 12% of them said it was for the better. A total of 44% said their workplaces made their mental health worse and another 25% said their workplaces caused them to seek mental health support. In the \$180k-plus household income bracket, 52% of people (8% above average) said their mental health was made worse by the workplace, while 39% of people in households earning \$140k-\$180k sought support (14% above average).

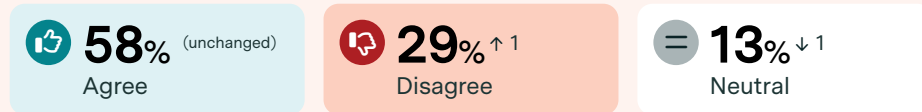
All survey participants in the workforce were asked to assess levels of “burnout”. Half reported at least some symptoms of burnout, with 12% saying the symptoms wouldn’t go away and that they thought about frustrations at work “a lot.” A further 8% were completely burned out and wondered if they could go on.

Prescription Medicine

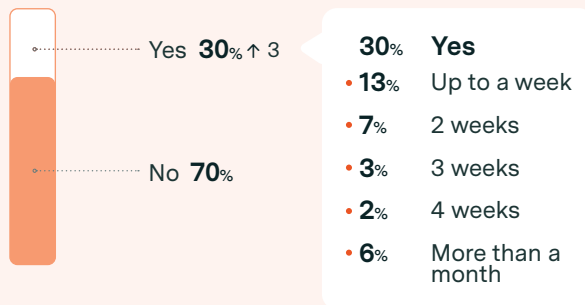
Are you currently taking prescription medication?



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?



Medication costs tough to swallow

The Federal Government has introduced two initiatives over the past two years to help reduce the costs of prescriptions for Australians: lower co-payments for Pharmaceutical Benefits Scheme (PBS) medicines from 1 January 2023 and then the introduction of 60-day prescriptions (covered in more detail on the next page).

Despite this, it's clear the cost of prescription medicine remains a challenge for many Australians. Nearly two thirds (64%) of the people we surveyed were taking prescription medication and, of those, 30% said they had gone without medication because of cost concerns in the past six months. This marks a concerning trend, with only 22% saying they had gone without in September 2022 and 27% in June 2023.

The percentage of people who agreed with the statement “prescription medication is affordable to me” (58%) did not change from June 2023 and was higher than in September 2022 (56%). A higher percentage of men said prescription medication was affordable than women (60% v 56%). A third (33%) of people in households earning \$60k-\$100k disagreed with the statement but this percentage then declined through the income bands up to households earning more than \$180k (21%).

The impact of the cost of prescription medication is seen in demographics that might be most susceptible to cost-of-living pressures. For people in households earning less than \$60k, the percentage who had gone without medication was 35%, a figure matched in the \$60k-\$100k income bracket and nearly replicated by the \$100k-\$140k band (34%).

There was no difference between men and women for skipping medication but some worrying data among age groups. Almost half (49%) of people aged 18-34 went without prescribed medication due to cost, with 10% going more than a month. In the 35-49 range, 41% skipped their medication for cost reasons, 9% waiting more than a month.



60-day prescriptions not well recognised

The introduction of 60-day prescriptions for many medicines under the PBS did not arrive in time to be included in the June 2023 Australian Health Index. But it was covered in the November 2023 [Patient POV special report](#), where only 49% of respondents were aware of the initiative.

Unfortunately, awareness of stage two of the initiative, which introduced 94 additional medications from March 2024, seems similarly low. When we asked “Before today, were you aware of the 60-day prescriptions for some PBS medicines as an option for stable and chronic conditions?”, only 48% of survey respondents answered “Yes.”

Among that “Yes” cohort, 34% said their medication was on the list, 22% said it was not on the list and 44% were unsure. There was strong support for 60-day prescriptions from people whose medications were on the list (or planned to be in the future), with 87% saying they intended to make use of them.

This seems to be an opportunity missed in terms of maximising the impact of the 60-day prescription initiative and providing cost-effective medication options for Australians. More medications will be made available under 60-day prescriptions in a third stage in September 2024. It’s important that awareness of the initiative continues to grow as the list of medications does.

Are you aware of 60-day prescriptions to manage some stable and chronic conditions?

48% Yes

52% No

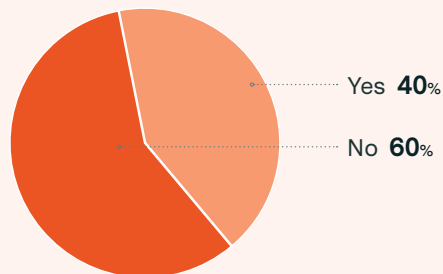
If you are aware, do you plan to get a 60-day prescription if your medicine is included on the list (or included in the future)?

87% Yes

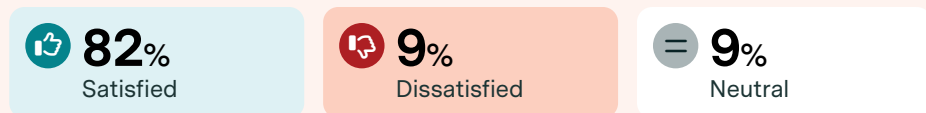
13% No

Telehealth

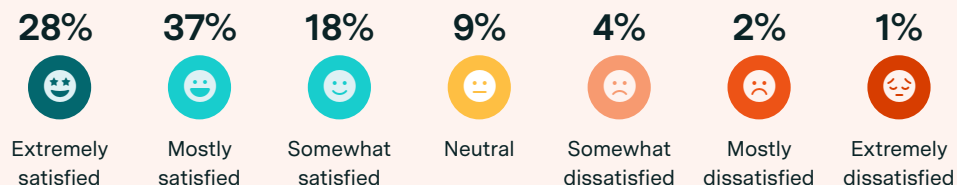
Have you had a telehealth appointment by phone or video in the past 6 months?



How satisfied were you with the telehealth experience?



How would you rate the quality of care you received from your telehealth appointment?



Telehealth use drops but satisfaction is strong

Telehealth usage has declined the past two AHI surveys – with the 40% of respondents who had a phone or video appointment in the past six months being 17% lower than November 2022 and 9% down from June 2023. Several states recorded double-figure drop-offs from last year: Victoria (57% to 45%), Queensland (49% to 38%) and South Australia (48% to 37%). Use of telehealth dropped across all age brackets and the percentage of women who had a telehealth appointment fell from 55% to 45%.

But it's also apparent that telehealth is here to stay. Much like the Zoom call for work meetings, what might have initially appeared to be a stopgap measure for pandemic times is now entrenched on the health landscape, with 82% of telehealth users expressing satisfaction with their experience.

Convenience (49%) and not wanting to leave home (20%) remained the top reasons why people opted for telehealth appointments, followed by waiting times for appointments being too long at regular GPs or clinics (19%). The most popular purposes for people's telehealth consultations were the same as June 2023: a general consult with a GP (39%), a repeat prescription (21%) and a consult with a specialist (10%).

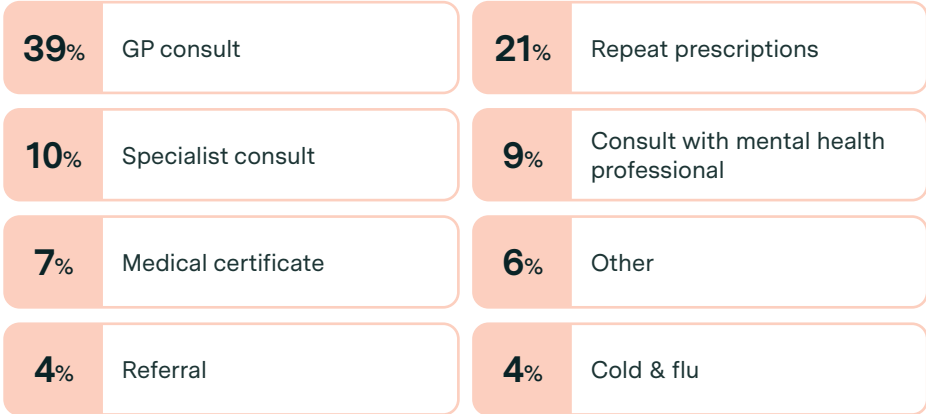
We also asked why people had chosen not to have a telehealth appointment over the preceding six months. Not having a reason to use it (58%), only wanting in-person care (33%) and being unable to access bulk billing (11%) were the major reasons. A total of 8% of respondents had not used telehealth because their regular GP practice did not offer the service.

Among people who had telehealth appointments, 58% said their preference would be to see their regular practitioner.

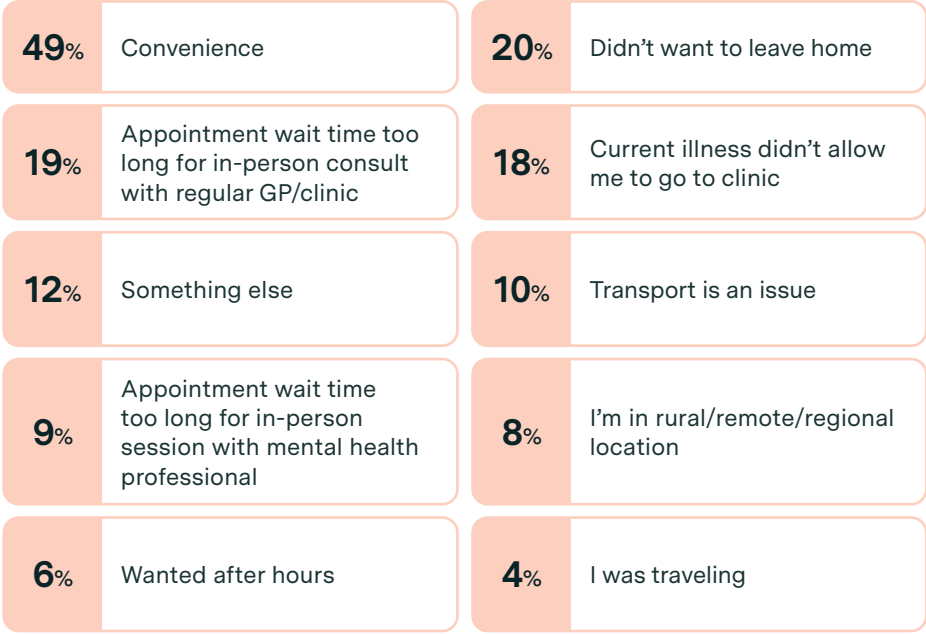


Telehealth

What was your telehealth consult for?

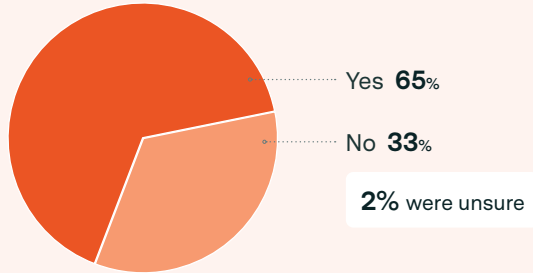


Why did you choose telehealth?

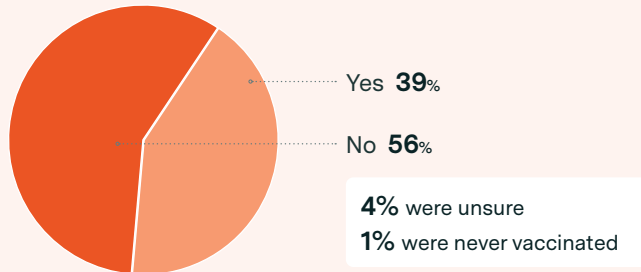


Vaccinations

Did you get the influenza vaccination in the past 12 months?



Did you get a COVID-19 booster in the past 12 months?



Vaccination plans for 2024



Attitudes shift after the pandemic

Vaccination questions were reintroduced for this survey and while we don't have a direct comparison point from previous editions of the AHL, it appears COVID-19 may no longer be front of mind for as many people.

Only 39% of respondents had received a COVID-19 booster in the past 12 months.

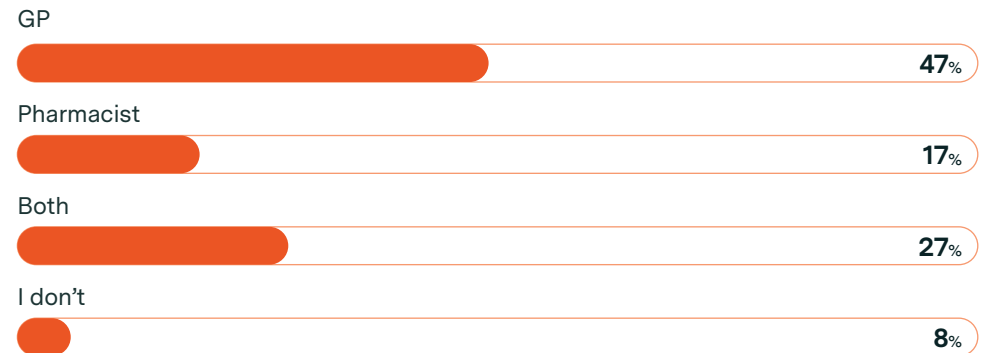
Of the people who didn't have a COVID-19 booster in the past year, 40% said they believed their existing vaccinations or boosters would protect them, while 28% said it was unnecessary as COVID was less of a threat. People aged 18-34 (27%) and 35-49 (26%) were far less likely to have had a booster than older age brackets, particularly the 65+ group (70%).

There does seem to be a healthy respect for influenza vaccinations, with 65% of people receiving one in the past 12 months and 64% indicating they would do so in 2024. Even in the lowest-uptake category for flu vaccinations (18-34-year-olds), 50% of respondents said they were vaccinated in the past year.

Convenience could help improve COVID-19 booster rates. Of people who planned to have COVID+Flu vaccinations or weren't sure of their intentions, 70% said they'd get both in the same appointment if it were possible.

In keeping with the cost-of-living theme, 25% of people said finances would prevent them getting COVID boosters if they were no longer free.

Where do you usually get vaccinations?





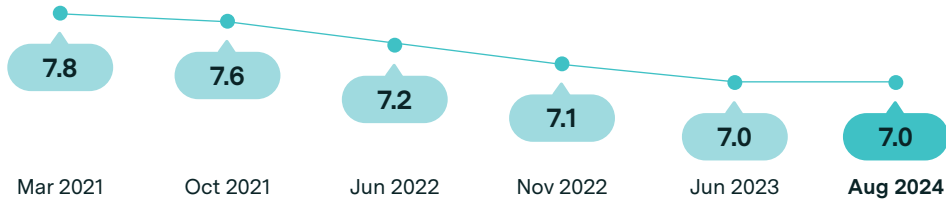
Tracking healthcare experiences over time

With the launch of the 6th Australian Healthcare Index, the next sections shares data trends from across the reports since the initial launch in March of 2021. Key areas from the Health Experiences section are covered, looking at Australia's healthcare rating, challenges facing Australian healthcare, NPS scores for GPs, dentists, pharmacists and private health insurance, as well as emergency department use and satisfaction rates and elective surgery wait times and satisfaction rates.

Topline review of AHI data trends over time

Australia's Healthcare Rating

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



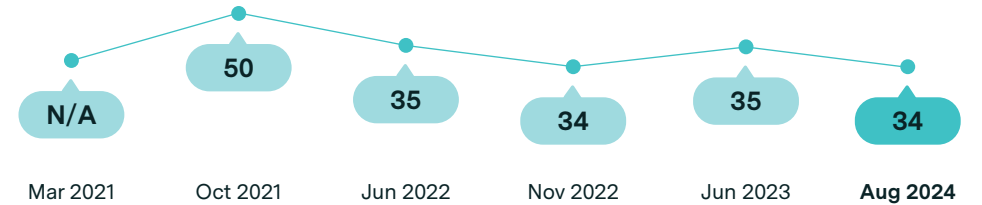
Patient's View: Top Challenges for Australian Healthcare

Mar 21	n/a
Oct 21	<ul style="list-style-type: none"> PHI Costs COVID-19 vaccination program ED waiting room times
Jun 22	<ul style="list-style-type: none"> PHI Costs ED waiting room times Access to mental healthcare
Nov 22	<ul style="list-style-type: none"> GP, nurse & healthcare worker shortage ED waiting room times Increasing costs to see GP/doctor
Jun 22	<ul style="list-style-type: none"> Increasing out-of-pocket costs to see a GP/doctor GP, nurse and healthcare worker shortage ED waiting room times
Aug 24	<ul style="list-style-type: none"> Increasing out-of-pocket costs to see a GP/doctor ED waiting room times Cost of private health insurance

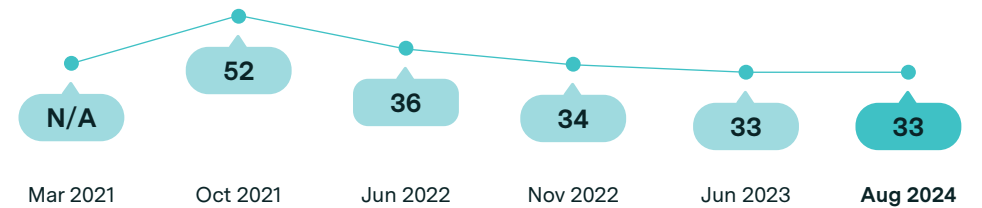
To measure satisfaction and if Australians would recommend their GP, dentist, pharmacist or private health insurance, NPS was calculated.

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

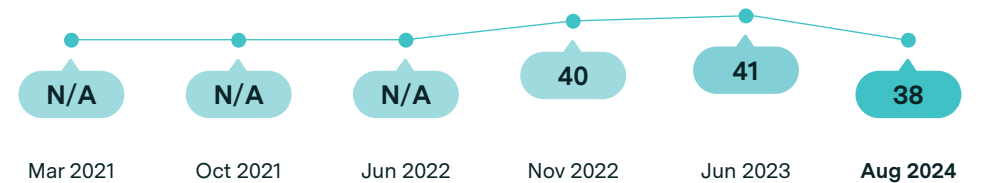
General Practice NPS



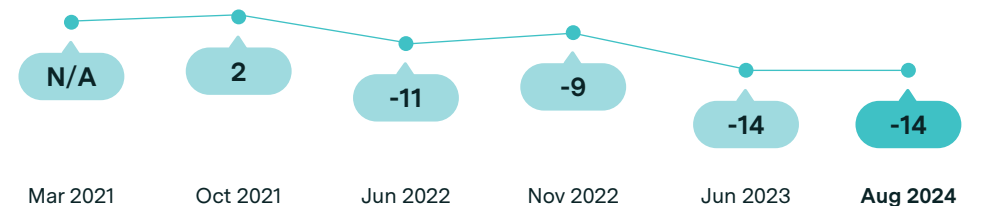
Dental NPS



Pharmacist NPS

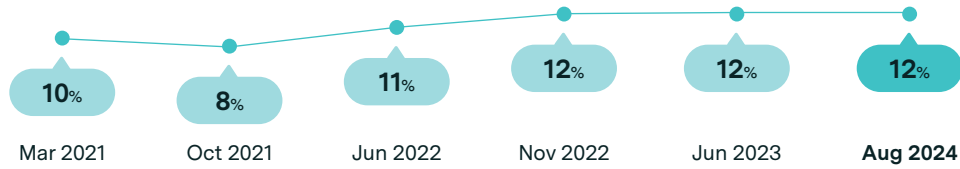


PHI NPS



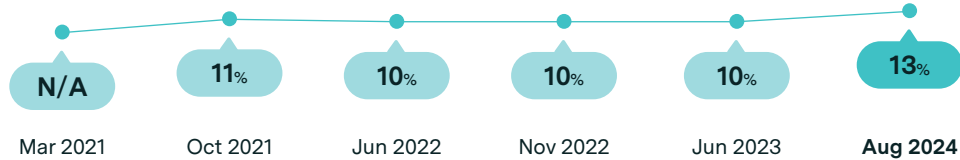
Waiting for Elective Surgery

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



Had Elective Surgery

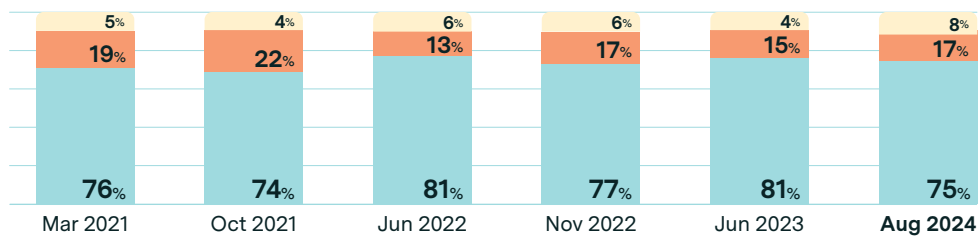
Percentage of respondents who had surgery in either a public or private hospital in past 6 months



Public Hospital Elective Surgery

How people rated their experience

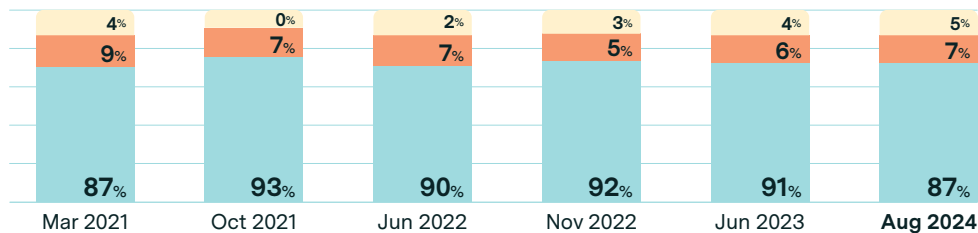
👍 Satisfied
👎 Dissatisfied
= Neutral



Private Hospital Elective Surgery

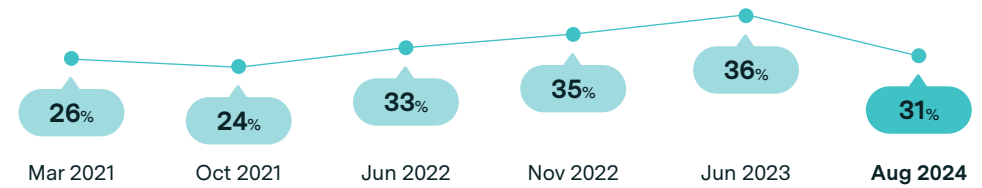
How people rated their experience

👍 Satisfied
👎 Dissatisfied
= Neutral



Emergency Department Visits

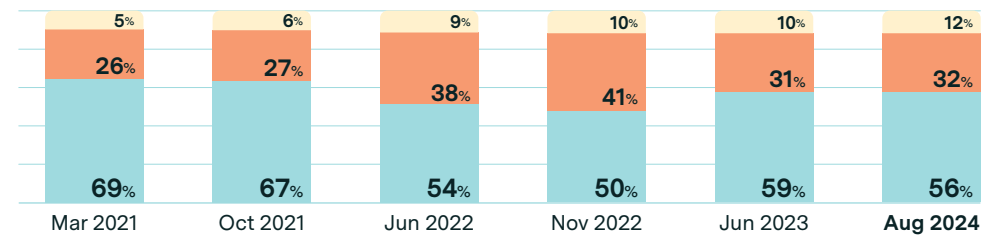
Percentage of respondents going to ED in past 6 months



Public Emergency Department

How people rated their experience

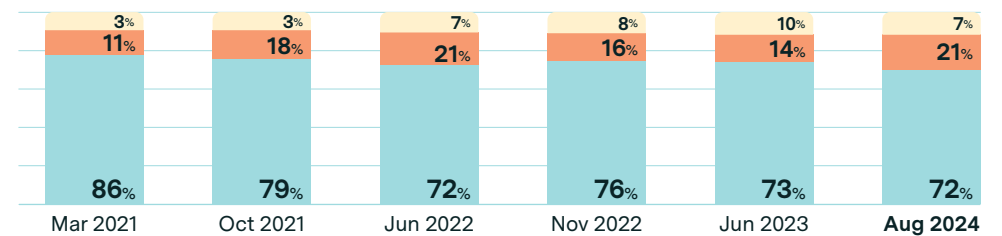
👍 Satisfied
👎 Dissatisfied
= Neutral



Private Emergency Department

How people rated their experience

👍 Satisfied
👎 Dissatisfied
= Neutral



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.

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Closing

On behalf of Healthengine and the Australian Patients Association (APA), we want to thank the more than 9300 people who gave their time to participate in the Australian Healthcare Index survey and share their experiences with us.

By doing so, they are contributing to important conversations about both the current state of the Australian healthcare system and the pathways it will take in the future. Our hope is for this document to shine a spotlight on opportunities and challenges for Australian healthcare that can be addressed to make life better for patients. Our health system is one of the best in the world but there remains scope for much improvement.

Both Healthengine and the APA are eager to talk further with organisations around the country about this report and explore in more detail some of the critical issues it raises. We are also very open to suggestions for topics that can be tackled in future editions of the Australian Healthcare Index. Please don't hesitate to get in touch.

Collaboration is essential to improving the patient experience and ensuring healthcare in this country is affordable, convenient and fit-for-purpose.

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About us



Healthengine's mission is to improve access to healthcare by helping Australians find and connect with all primary care providers. We are Australia's leading healthcare marketplace, bringing together millions of Australian patients, and more than 10 thousand primary practitioners powered by our technology across GP, dental, allied health and pharmacy - and growing. More than 85 million healthcare bookings have been made on the platform since it was founded in 2006.

To find and connect with thousands of primary healthcare providers, all in one place, visit healthengine.com.au or download the Healthengine app. For healthcare providers, please visit practices.healthengine.com.au to learn more about our technology and join Australia's largest primary healthcare marketplace.



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, and promoting initiatives which improve affordability, accessibility and quality in our healthcare system. The APA's core patient values drive our mission.

As we go about our work, we develop strategic alliances with organisations involved in Australian healthcare that share our values and patient focus, and work together with them for change.

The programs we run include the provision of a peer support service, information services, national large-scale survey and data collection, and advocating for positive change in the system.

For more information, visit patients.org.au

Sharing the patient voice

Healthengine and the Australian Patients Association

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