

Australian Healthcare Index

Australians turn to AI for healthcare advice
as cost of living pressures increase

Contents

Opening	4	Learnings & insights: perspectives on personal health	
About this report	6	Cost of living & health	24
Key findings	7	Hospital admissions	25
Learnings & insights: healthcare experiences		Medicare	27
Australia's healthcare rating	8	Mental health and wellness	29
Top challenges for Australian healthcare	10	Prescription medication	31
Artificial intelligence	12	Telehealth	32
General practice	14	Vaccinations	34
Specialist experience	15	Pulse check: healthcare through the AHI era	
Dental	17	Survey demographics	36
Pharmacy	18	Topline review of AHI data trends over time	37
Emergency department	19	Closing	40
Elective surgery	21	About us	41
Private health insurance (PHI)	23		

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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Driving health conversations for today and the future

There is much to be encouraged by in this year's Australian Healthcare Index. Australians' overall rating of the healthcare system has improved for the second consecutive year, trending back towards the high levels of trust seen during the pandemic. General Practice has also recorded its strongest ever result, reflecting the value Australians continue to place on the quality of care and advice they receive from their GPs.

That improving sentiment matters. It suggests that, despite the considerable pressures facing healthcare, Australians continue to have confidence in the people and services they rely on. Increased bulk billing is also beginning to make a difference, with more than two-thirds of respondents saying they were bulk billed at their most recent GP visit.

But the positive headline sits alongside a persistent and concerning reality: **cost is increasingly shaping the healthcare decisions Australians make.** For the third consecutive survey, more than 70% of respondents said cost-of-living pressures had influenced their healthcare decisions. People are delaying GP and specialist appointments, dental treatment, mental health support, diagnostic tests and medications because of what they cost. For some, those trade-offs are becoming severe – including going without essentials to afford care.

This year we also explored artificial intelligence in healthcare for the first time. What stands out is just how quickly AI has become part of the healthcare experience. More than a third of respondents had already used or encountered AI in relation to their healthcare, from finding health information and checking symptoms to interacting with clinics, and most reported being satisfied with their experience.

That adoption points to the enormous potential for AI to make healthcare easier to navigate, information more accessible and care more efficient. But the findings also reinforce an important principle: **technology should support healthcare, not substitute for it.** Australians remain concerned about mistakes, privacy and the loss of human connection, and almost half of those dissatisfied with their AI experience said they still needed to see a person afterwards.

The opportunity ahead is therefore not simply to introduce more technology, but to use it thoughtfully – reducing friction and improving access while preserving the trusted relationships at the heart of good healthcare. This year's Index suggests Australians are increasingly positive about their healthcare system. Our challenge is to ensure that cost does not prevent them from accessing it, and that new technologies help strengthen, rather than replace, the care they value.



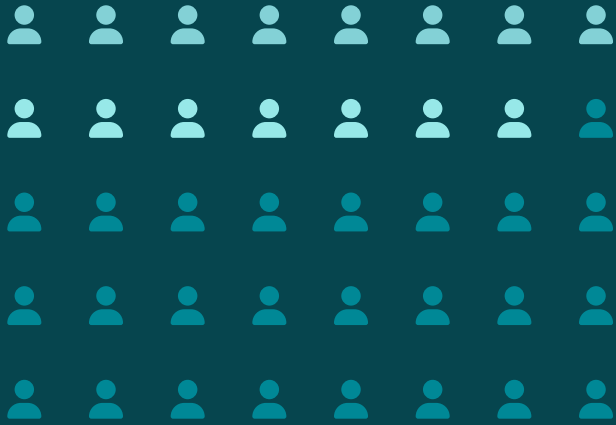
Dan Stinton

CEO
Healthengine



Lisa Robins

CEO
Patients Australia



36%

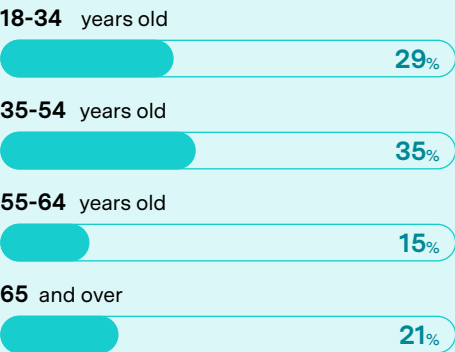
of Australians have used an AI tool in relation to their healthcare

with 31% of those users choosing AI because it's cheaper or free compared to visiting a medical clinic

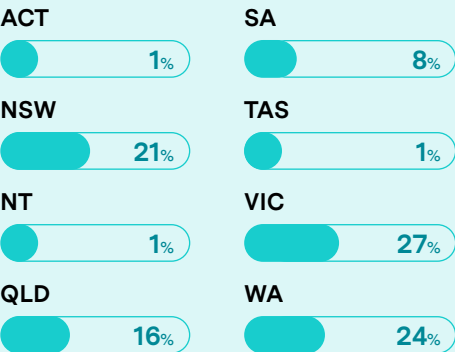


6,244 Survey participants

Age breakdowns



Participation by state



Gender



Survey participants had an option to enter a draw for one of three \$500 JB Hi-Fi giftcards which were purchased by Patients Australia and awarded prior to the announcement on 3 July, 2026.

About this report

The Australian Healthcare Index provides an annual snapshot of patient perspectives on and experiences with healthcare in Australia. Produced by Healthengine and Patients Australia, this 8th edition features a mix of trend questions asked over time, and questions exploring current and emerging issues. Adults across the country provided information and personal viewpoints on healthcare experiences, including primary care, specialist care, emergency departments and elective surgery. They also provided input on timely topics; the impact of cost-of-living pressures on health and healthcare decisions, the state of private health insurance, experiences with hospital admissions and Medicare, and the intersection of artificial intelligence and health.

Research

During June 2026, we surveyed adults in Australia through an online survey run by Patients Australia. The survey was promoted by Healthengine and Patients Australia through emails, newsletters and the Healthengine website. The final sample was 6,318 respondents after raw responses were cleaned and structured, and incomplete responses were removed to ensure data quality and consistency.

Data was weighted against the Australian Bureau of Statistics 2021 census data benchmarks to be nationally representative. This adjusted the sample to better reflect the general population in terms of age (18 to 34, 35 to 54, 55 to 64, 65 and over), location (metropolitan or non-metropolitan), sex (male or female), employment (in the workforce or not in the workforce), education (pre-university or bachelor and above) and Aboriginal and/or Torres Strait Islander status (yes or no).

Weighted responses were analysed to calculate the frequency of each answer. Results were summarised in tables showing the distribution of responses across the weighted dataset. Some percentage figures may add up to 99% or 101% due to rounding to the nearest whole number.

Use of the Net Promoter Score and how it's determined
The survey measured satisfaction and likelihood of referral by identifying the Net Promoter Score® (NPS) for the following: GPs, dentists, pharmacists, and private health insurers (PHI), specialists, mental healthcare professionals and public and private hospitals under multiple admission settings.

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

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.

Key findings

01

Australia's healthcare rating is trending up

Survey participants rated Australia's healthcare system higher for the second year in a row.

02

GPs are the backbone of Australia's healthcare

General Practitioners received their highest survey rating since the first year of the Australian Healthcare Index.

03

Bulk billing is back at the GP clinic

More than two-thirds of people said they were bulk-billed at their most recent GP visit - a significant increase on our last survey and good indication that Federal Government incentives are working.

04

Over a third of Australians are using AI for healthcare

More than a third of Australian patients say artificial intelligence was used in relation to their healthcare, with the cost of clinical care being one of the main drivers of adoption.

05

Cost-based health decisions are now ingrained

The 2026 AHI reinforces that cost-based healthcare decisions are now the norm. This is the third straight survey where more than 70% of people said increases in the cost of living had impacted their healthcare decisions.

06

Cost crunch hits specialist attendance

While healthcare cost issues resonate throughout this report, they are particularly strong for specialists. People are avoiding and delaying specialist visits/care because of costs and say it is impacting their health.

Australia's healthcare rating

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



Average national score

7.4 /10

Previous report scores

March 2021

7.8/10

October 2021

7.6/10

June 2022

7.2/10

November 2022

7.1/10

June 2023

7.0/10

August 2024

7.0/10

September 2025

7.2/10

Trending up around the country

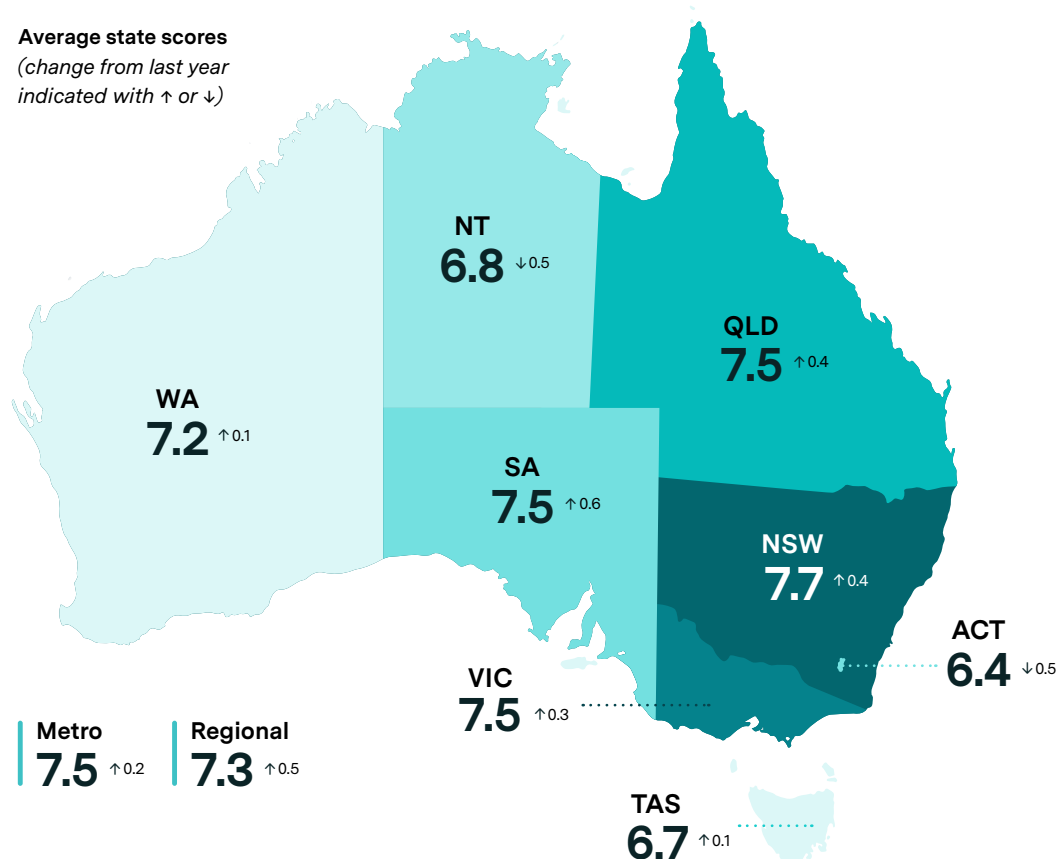
Participants in the 2026 Australian Healthcare Index survey gave Australian healthcare a score of 7.4 - marking an increase in consecutive years and the highest rating since the second edition of this report in October 2021.

All states and territories other than the Northern Territory and the ACT recorded increases in their ratings, led by South Australia (+0.6), New South Wales (+0.4) and Queensland (+0.4). The personal satisfaction of regional participants with Australian healthcare also rose appreciably (+0.5).

For people who rated Australian healthcare between 8 and 10, availability of bulk billing (45%) was the most cited reason for satisfaction. In a reflection of cost-of-living pressures in the community, bulk billing not being offered at enough GPs (33%) or specialists (24%) also featured among the top six reasons for people rating Australian healthcare from 1-4.

Average state scores

(change from last year indicated with ↑ or ↓)



Other primary drivers of high satisfaction (rating 8-10) were the general quality of Australian healthcare (40%), personal experiences with the healthcare system (34%), the view that healthcare was better than other countries (32%) and accessibility of healthcare (32%).

Aside from bulk billing concerns, the main reasons for low satisfaction (rating 1-4) were healthcare being too expensive (44%), personal experiences with the healthcare system (27%), long wait times for operations and procedures (26%) and difficulty in getting appointments (26%).

What these survey results point towards - and what resonates throughout this report - is an Australian public that generally appreciates the quality of healthcare available to them but is often frustrated by services not being as affordable, convenient or quick to access as they would hope.

■ Main reasons for people's rating of Australian healthcare

People rating 8-10

-  **45%** Availability of bulk billing at GP
-  **40%** General quality of healthcare is good
-  **34%** Personal experiences with the healthcare system
-  **32%** Healthcare is better than other countries
-  **32%** Healthcare is accessible
-  **31%** It is easy to book appointments
-  **22%** Our medical staff are proficient
-  **21%** Medicare covers a sufficient range of care

People rating 1-4

-  **44%** Healthcare is too expensive
-  **33%** Bulk billing not offered at enough GPs
-  **27%** Personal experiences with the healthcare system
-  **26%** It takes too long to get an operation or procedure
-  **26%** It is difficult to get an appointment
-  **24%** Bulk billing is not offered at enough specialist clinic locations
-  **23%** Healthcare system isn't adequately funded
-  **22%** The general quality of healthcare is poor



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)

36%

Emergency Department wait times

33%

Out-of-pocket specialist costs

26%

Private health insurance value for money

25%

GP, nurse and healthcare worker shortage

21%

Out-of-pocket GP costs

18%

Better co-ordination between GPs, specialists, hospitals and other healthcare services

18%

Aged care

18%

Mental healthcare

17%

Elective surgery wait times

14%

Out-of-pocket mental healthcare costs

13%

Prescription medication costs

12%

GP wait times

Emergency department (ED) wait times (36%) - a perennial top-three finisher in this section - was selected as the highest priority issue for Australian healthcare for the first time in this edition of the AHL.

However, it's worth highlighting the prevalence of out-of-pocket costs for

specialists (33% - second), GPs (21% - fifth) and mental healthcare (14% - 10th) among the top challenges identified by survey participants. This was the first time these costs have been split among providers and the previous two years the broader-reaching "out-of-pocket costs to see a doctor or GP" was the top-rated single challenge.



Cost issues related to private health insurance - in this case, value for money (26%) - featured in the top-three challenges for a third consecutive year, closely followed by a shortage of GP, nurses and healthcare workers (25%). Like ED wait times, the latter has been consistently ranked as a priority challenge in recent years.

Demographic breakdowns revealed some interesting trends - ED wait times was seen as the biggest challenge by 18 to 34-year-olds (38%), 35-54-year-olds and 55-64-year-olds, while respondents 65 and over were most concerned by out-of-pocket specialist costs (38%).

ED wait times was also the challenge most selected by Victorians (38%), West Australians (41%), South Australians (39%), Tasmanians (37%), Northern Territory residents (48%), metropolitan participants (37%), regional participants (32%), men (35%), women (36%) and Indigenous and non-Indigenous respondents (36% and 42% respectively).



Go-tos for health advice

Who (what) will topple GPs and Google?

General Practitioners remain the most popular source of initial health advice for non-emergency situations. It was the fifth straight survey in which GPs have been first choice, albeit dipping under 50% for the first time to finish at 43%.

Google search (21%) continues to be the main other avenue for people seeking quick information, while artificial intelligence chat tools were introduced as a survey option and drew a strong response (11%).

Not surprisingly, AI chat tools are already a strong source of go-to health advice for 18 to 34-year-olds, rivalling Google search for popularity in that age group (18% v 22%). Conversely, only 6% of respondents aged 55-64 and 4% of those aged over 65 identified AI tools as their go-to. At 45% and 58% respectively, GPs are still top-of-the-tree for those older cohorts, who also prefer Google (23% and 14%) and pharmacists (9% in each age bracket) to AI.

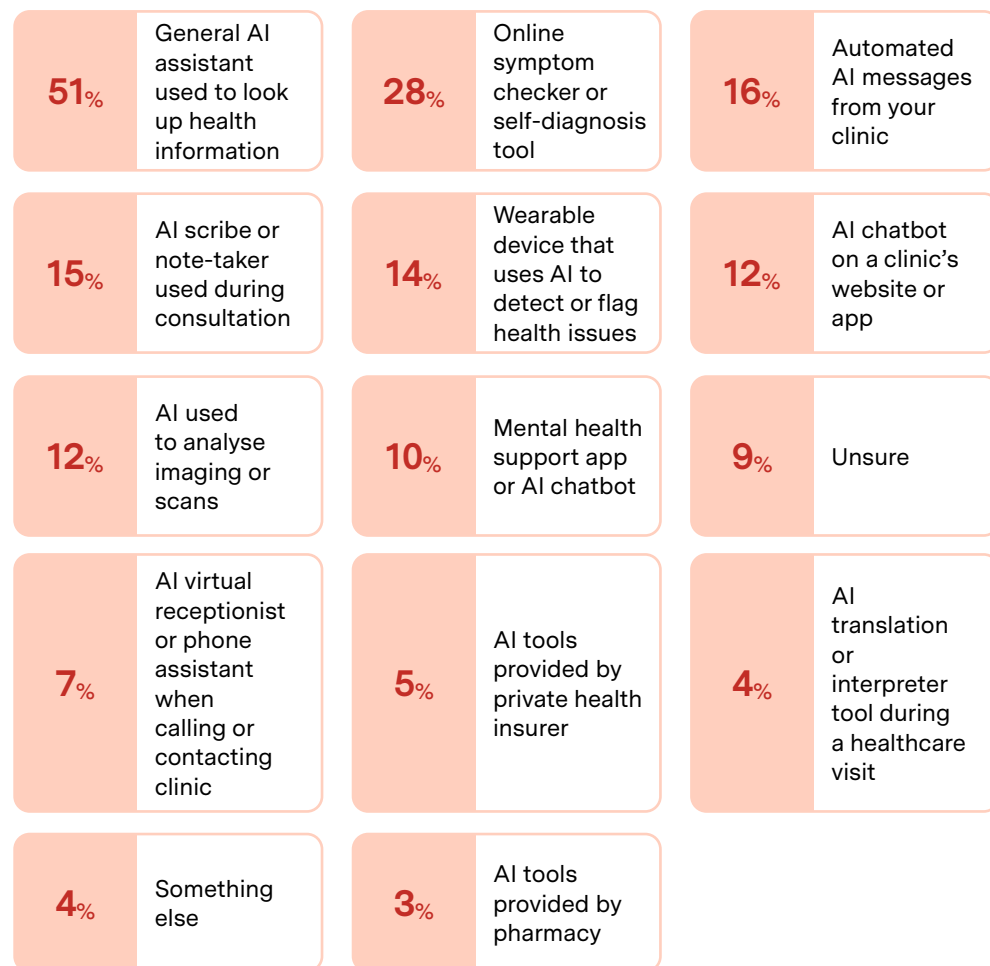
The 2026 AHI survey included for the first time a question about information from wearable devices or health apps. While a significant portion (35%) of participants did not use either, there was some intriguing data among those who did. Some 23% - more than a third of wearers/users - reported that information from their devices/apps had led to them seeking more formal health advice, including 3% who attended an ED or Urgent Care clinic.

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

43%	GP	21%	Google	11%	AI chat tool
7%	Pharmacist	6%	Healthcare website (such as Healthdirect)	6%	Family member or friend
4%	Call line (such as Healthdirect or NurseOnCall)	2%	Emergency Department	1%	Other

Artificial intelligence

Which of the following AI tools have you used or encountered?



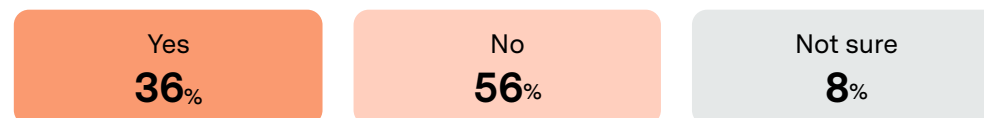
AI enters healthcare - and our report!

As artificial intelligence continues to take on a bigger role in our everyday lives, it is inevitable that it will become entrenched in our healthcare journeys. The 2026 Australian Healthcare Index survey shows this is already the case for many Australians.

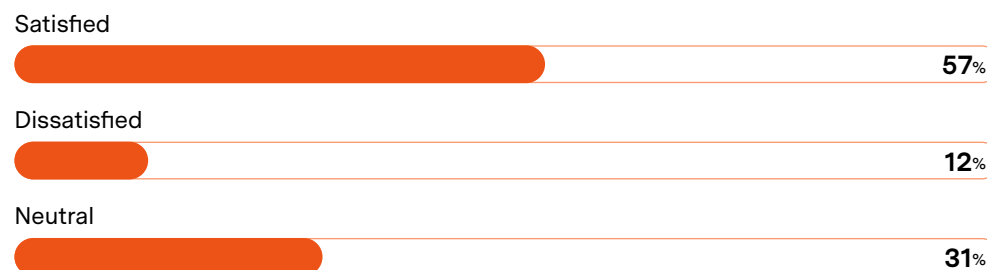
Our first inclusion of AI-focused questions in the survey found 36% of participants had used or interacted with AI tools over the past 12 months. While self-use for health information, symptom checks or self-diagnosis was the most popular application of AI, respondents also encountered it in clinic communications, as an emerging part of diagnostic processes and as a support tool for consultations and appointments.

Although there are understandable early concerns about the adoption of AI in healthcare - see the next page for more details - 57% of survey participants reported their overall experience as being satisfactory. People aged 65 or over had the lowest rate of having used or interacted with AI (22%) but were also the age group with the highest proportion of satisfied respondents (63%).

In the past 12 months, have you used or interacted with any AI tools in relation to your healthcare?



How satisfied were you with your AI experience?



Top reasons for satisfaction with AI

- 50% Available when needed
- 44% Saved me time
- 42% Helped me decide whether to see a doctor
- 30% Easier to use than expected
- 30% I felt more comfortable asking sensitive or embarrassing questions
- 2% Something else
- 45% Explained things in a way I could understand
- 43% Gave me useful, accurate information or advice
- 31% Cheaper or free compared to a clinic
- 12% Helped my clinician spend more time with me (e.g. an AI scribe took notes)

Top reasons for dissatisfaction with AI

- 48% I still needed to see a human afterwards
- 25% Felt impersonal
- 17% Made me more confused
- 11% I wasn't told AI was being used
- 11% The technology was difficult to use
- 10% Something else
- 32% I was worried about my privacy or how my data was used
- 23% Didn't understand my question or situation
- 12% The information or advice I received was inaccurate or wrong
- 11% Didn't take my concerns seriously enough

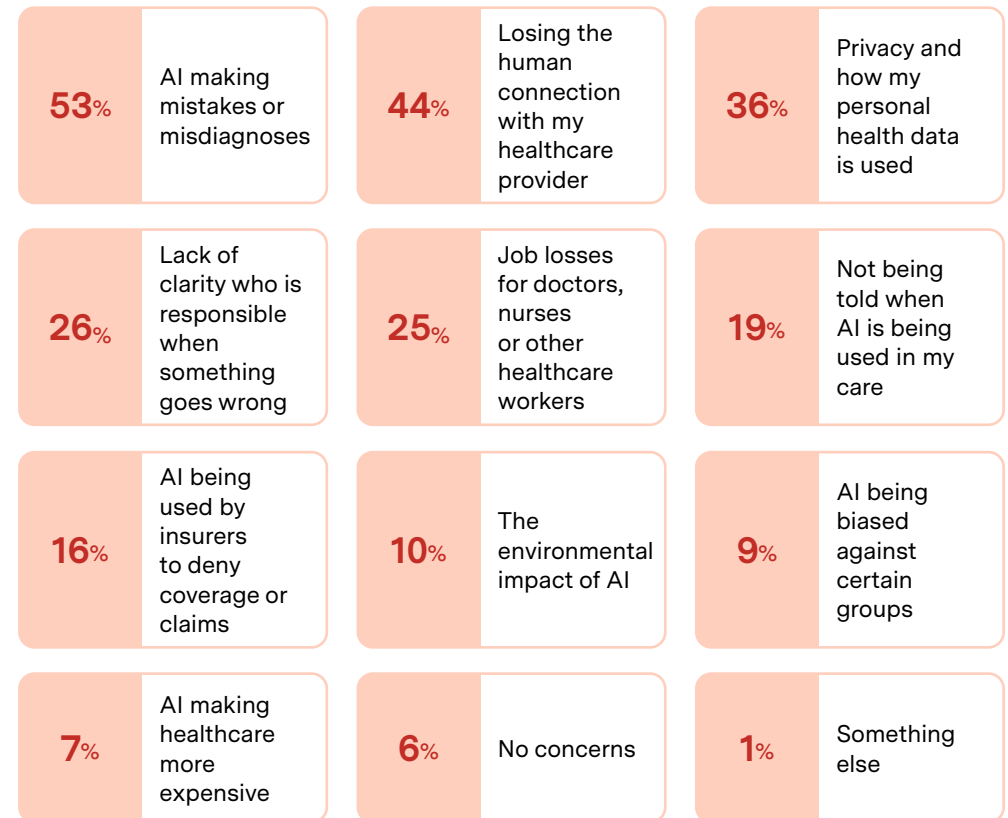
Were you informed or told that AI was being used at the time of your interaction?

- 45% Yes, in all cases
- 19% Don't know
- 18% Yes, in some cases
- 9% No, I'm still not sure when AI was involved
- 8% No, I worked it out or found out later

Building trust for AI is a key issue right across the country - [2025 research by KPMG found](#) that while half of Australians regularly used AI, only 36% trusted it. Survey results about people's top three concerns for AI in healthcare reflect similar perception issues.

Respondents were most concerned about mistakes from AI (53%), loss of human connection in healthcare (44%), privacy and use of personal data (36%), lack of clarity about responsibility (26%) and job losses among healthcare professionals (25%). It's a timely reminder that technological change impacts many aspects of the patient experience.

What are your top 3 concerns about AI being used in Australian healthcare?



General practice

Do you have a regular GP/clinic?



90%

Yes



9%

No

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

Net Promoter Score

39

Promoters 55%

Passives 29%

Detractors 16%

Top reasons for recommending

- 78% Received good quality of care
- 75% Received good medical advice
- 61% Convenient ways to book appointment (phone, online, email)
- 56% Clinic offers bulk billing
- 52% Staff are helpful
- 47% Good communication from staff
- 45% Reasonable waiting room times
- 42% Good availability of booking times
- 21% Open weekend and/or evening times
- 21% Out-of-pocket costs are affordable
- 15% The clinic is accepting new patients
- 13% They accept walk-ins
- 3% Something else

Top reasons for not recommending

- 36% Poor medical advice/misdiagnosis
- 36% Increasing out-of-pocket costs
- 32% Waiting room times are too long
- 32% Received poor quality of care
- 25% Clinic does not offer bulk billing
- 20% Difficult to book appointment
- 20% Something else
- 19% Poor availability of booking times
- 18% Staff are not helpful
- 18% Lack of/poor communication from staff
- 17% Not open weekend and/or evening hours
- 7% They don't accept walk-ins
- 4% The clinic is not accepting new patients

GPs popular but costs still a live issue

General Practitioners received their highest survey rating since the first year of the Australian Healthcare Index - with a Net Promoter Score of 39 representing a five-point jump from last year.

The top two factors driving GP recommendations were the same as last year - good quality of care and good medical advice were selected by 78% and 75% of people respectively. The biggest reasons for non-recommendation were poor medical advice/misdiagnosis and out-of-pocket costs (both 36%).

Despite the high overall rating, out-of-pocket costs at the GP remain a major issue. More than a third of people (34%) said they were going to the GP less often because of these costs, with delayed GP visits (26%) and total avoidance (9%) among the other responses. Some people who stuck with going to the GP made significant sacrifices - 4% of people reported they went without essentials like food to afford GP care.

Younger people were again most impacted by out-of-pocket costs, with 35% of participants aged 18-34 and 41% of those aged 35-54 going to the GP less often. These age groups also went without food to afford GP care at higher rates (6% and 5%) than others.

More information on GP cost issues and bulk billing is available in the “Cost of living and health” and “Medicare” sections 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)

34% I go less often

31% It hasn't changed anything or no cost increase

26% I delayed seeing a GP

13% I sought a GP or clinic with lower out-of-pocket costs

12% I changed GP/clinic

10% I expect more value from the GP/clinic

9% I avoided seeing a GP altogether

8% I will check with another health professional

7% I will use a more affordable telehealth system

5% I go to an Urgent Care Clinic

4% I go without essentials like food to afford GP care

4% I go to the emergency department

4% Something else

3% I prefer to see a specialist

Specialist experience

Do you have a regular specialist?

 **50%** Yes

 **46%** No

 **5%** Don't know

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

Net Promoter Score

33

Promoters **51%**

Passives **32%**

Detractors **18%**

Top reasons for recommending

-  **72%** Received good quality of care
-  **69%** I was treated with respect and felt listened to
-  **68%** Communication from the specialist was clear and helpful
-  **65%** Received good medical advice
-  **47%** Follow-up care was good
-  **45%** Communication from practice staff was good
-  **42%** Practice staff were helpful
-  **38%** Waiting room times were reasonable
-  **32%** Appointment times were readily available
-  **30%** Fees were clearly explained upfront
-  **16%** They offer bulk billing at their practice
-  **15%** Out-of-pocket costs for consultations are affordable
-  **12%** Out-of-pocket costs for procedures or surgery are affordable
-  **10%** Out-of-pocket costs haven't increased, or increases are reasonable
-  **4%** Something else

Top reasons for not recommending

-  **41%** Increasing out-of-pocket costs
-  **36%** Communication from the specialist was poor
-  **33%** I felt dismissed, judged or treated disrespectfully
-  **31%** Poor availability of booking times
-  **27%** Out-of-pocket costs for consultations are too high
-  **27%** Received poor medical advice/ misdiagnosis
-  **27%** Received poor quality of care
-  **23%** Out-of-pocket costs for procedures or surgery are too high
-  **21%** Does not offer bulk billing
-  **20%** Follow-up care was inadequate
-  **17%** Something else
-  **13%** Staff are not helpful
-  **13%** Fees were not clearly explained upfront
-  **12%** Communication from practice staff was poor
-  **9%** Waiting room times are too long

Cost crunch hits specialist attendance

The introduction of a new standalone section for specialists in the Australian Healthcare Index reflects both their critical importance to the healthcare system and growing cost concerns for patients. Against the backdrop of a [Parliamentary Inquiry into access to and affordability of medical specialists in Australia](#), it would appear to be a timely inclusion.

Our survey indicates that costs are keeping many Australians from accessing specialist care they need.

Respondents who had a regular specialist or had visited one in the past year reported out-of-pocket costs had caused them to rely more on their GP (27%), see their specialist less often (26%), delay seeing a specialist for a consult (23%), postpone or decline a recommended procedure (15%), wait until their condition deteriorated (14%), and avoid seeing a specialist entirely (8%). Similar to GPs, a small but worrying number of people (7%) said they went without essentials like food just to afford specialist care.

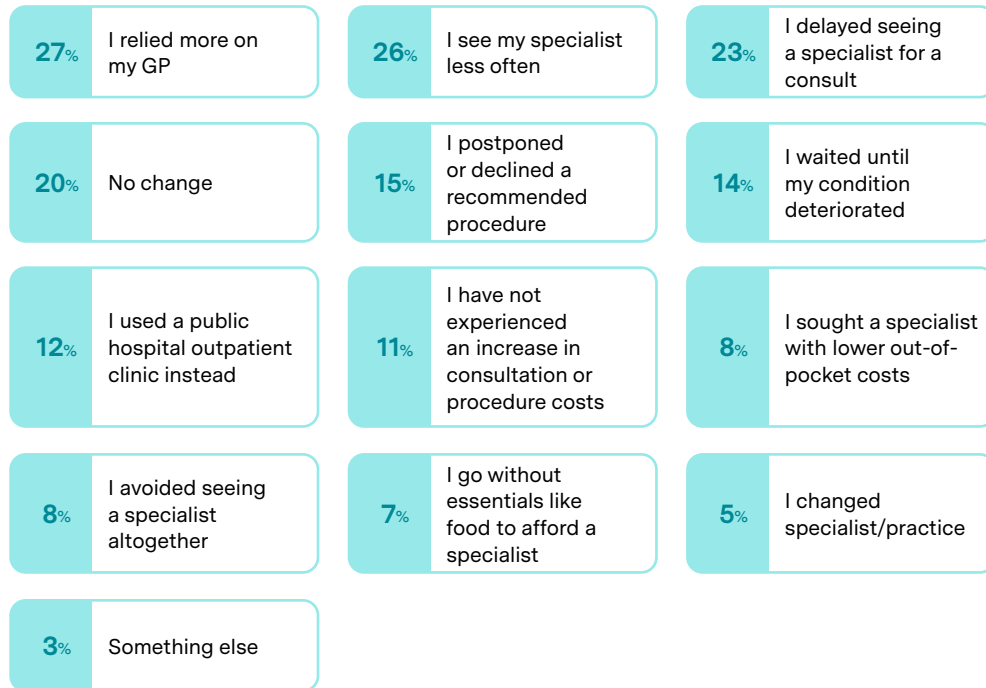
Delaying, reducing or going without specialist care had a range of negative outcomes, including stress or anxiety (53%), increased pain or symptoms (41%), mental health impacts (35%), worsened conditions (32%), and delayed recovery (26%). People in the 18-34 and 35-54 age brackets were most likely to reduce frequency of specialist visits (37% and 31% respectively) and delay a consult (27% and 30%).

Although these cost factors are concerning, there was also good news in the survey for specialists, who had a Net Promoter Score of 33. People willing to recommend their specialists highly valued the good quality of care they provided (72%), along with their respectful treatment and listening abilities (69%) and clear and helpful communication (68%).

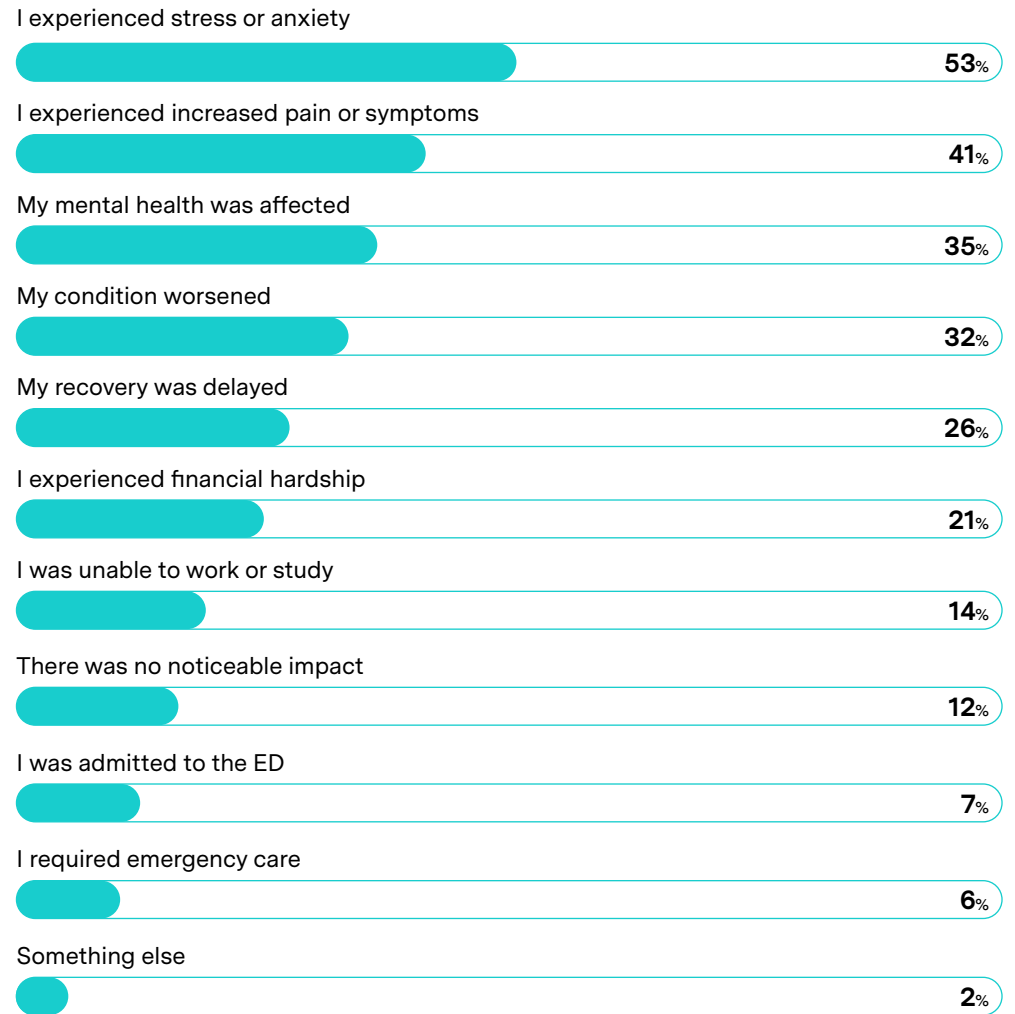
These attributes were highlighted by a greater proportion of respondents than the primary reasons people selected for not being willing to recommend specialists: increasing out-of-pocket costs (41%), poor communication (36%) and feeling dismissed, judged or treated disrespectfully (33%).

More information on cost issues with specialists is available in the “Cost of living and health” and “Medicare” sections of this report.

How have out-of-pocket costs affected you going to the specialist?



What was the impact of delaying, reducing or going without this specialist care?



Dental

 **58%** of survey participants went to the dentist in the past 12 months

Do you have a regular Dentist/clinic?

 **60%** Yes

 **39%** No

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

Net Promoter Score

36

Promoters **51%**

Passives **35%**

Detractors **15%**

Top reasons for recommending

-  **83%** Good quality of care
-  **66%** Staff are helpful
-  **57%** Good communication from staff
-  **57%** Received good advice
-  **52%** Waiting room times are reasonable
-  **41%** Good availability of booking times
-  **40%** Convenient ways to book appointments (phone, online, email)
-  **36%** Received the outcome I was looking for
-  **36%** Provided the latest in treatment options
-  **35%** Cost is affordable
-  **17%** Open on weekends and/or evening hours
-  **4%** Something else

Top reasons for not recommending

-  **55%** Cost is not affordable
-  **24%** Difficult to book an appointment
-  **23%** Poor quality of care
-  **23%** They try to upsell me treatments I don't need
-  **22%** Poor availability of booking times
-  **17%** Received poor advice/misdiagnosis
-  **16%** Something else
-  **13%** Lack of/poor communication from staff
-  **6%** Staff are not helpful
-  **1%** Open on weekends and/or evening hours

Dentist-users weigh care against costs

It's a familiar story for dentists, whose work is generally appreciated but for whom there are ongoing questions about costs. Our 2026 survey saw dentists record a Net Promoter Score of 36 - their highest since 2022 - with good quality of care (83%) the main reason why people would recommend them.

However, for the 39% of participants who did not have a regular dentist or clinic, the biggest reason was not wanting to pay out-of-pocket costs (36%). And the major factor for people being unwilling to recommend their dentist/clinic was costs not being affordable (55%).

The most dental-averse age group remains 18-34-year-olds, only 46% of whom visited the dentist in the past 12 months (against an average of 58%) and who had a regular dentist/clinic in just 45% of cases. The most dentist-friendly bracket was participants aged 65 and up, who provided an NPS of 54.

Women (65%) were more likely to have regular dentists/clinics than men (54%) and the same was true of metropolitan (62%) versus regional respondents (53%).

Dental care maintains a close correlation between regular attendance and private health insurance. More than two-thirds of PHI holders had been to the dentist in the past 12 months, with 84% of them having a check-up/scale and clean.

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

36% I don't want to pay the out-of-pocket costs

20% I don't need a regular dentist/dental clinic as I only go if I'm having pain or trouble with teeth

13% Something else

12% I only go sometimes but don't get regular dental care (scale and clean)

10% I never go to the dentist

5% I go to different clinics as convenience is more important to me than having a specific clinic

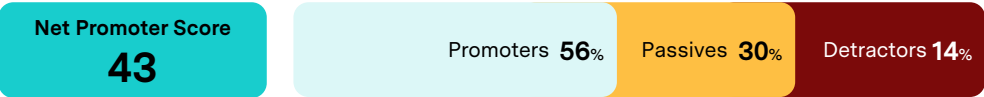
4% I don't believe I need dental care

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?



Pharmacists popular but people want more

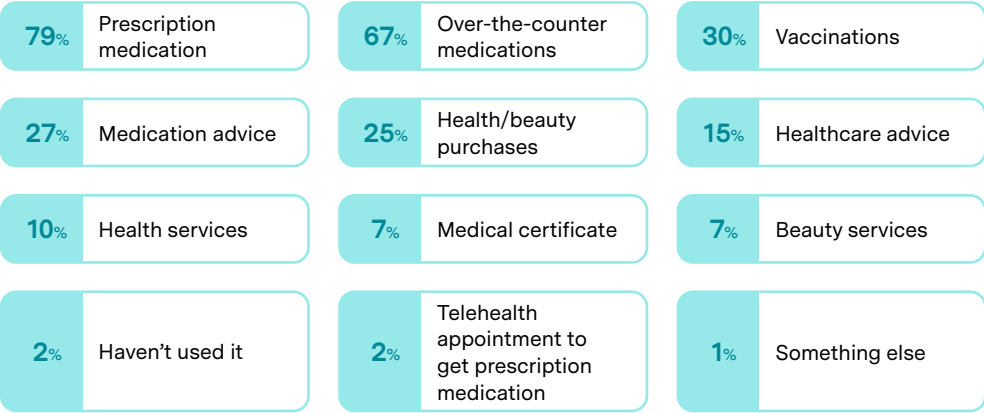
Pharmacy continues to be highly trusted in healthcare, with a Net Promoter Score of 43 - only one point down from the best-ever score recorded in 2025. Pharmacists were positively viewed by all age groups but particularly people 65 and over (a 59 NPS).

Curiously, each of the top three reasons people gave for recommending their pharmacist/pharmacy - helpful staff (77%), reasonable wait times for prescriptions (67%) and good communication from staff (64%) - was also highlighted by those who were unlikely to recommend. “Non-recommenders” had prescription wait times being too long (36%) as their biggest reason, followed by lack of/poor communication by staff (31%) and staff not being helpful (27%).

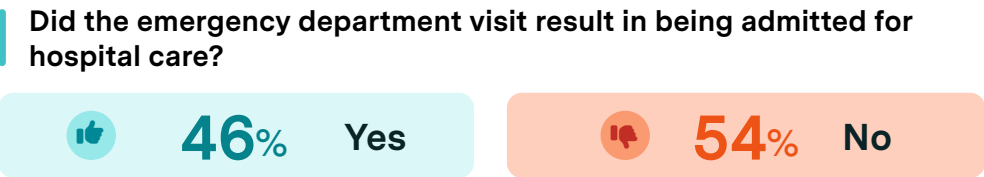
While Australians are happy with pharmacists, they would also like to see them do more. An overwhelming 90% of respondents said they would like pharmacists to be able to prescribe for certain health conditions or when working closely with doctors and other care providers.

Convenience was the main reason for people wanting additional capabilities, including helping manage conditions when GPs were unavailable (60%) and being open outside of regular GP hours (55%). People who opposed the role expansion were most concerned about pharmacists lacking diagnostic skills (49%) and access to comprehensive patient medical records (40%).

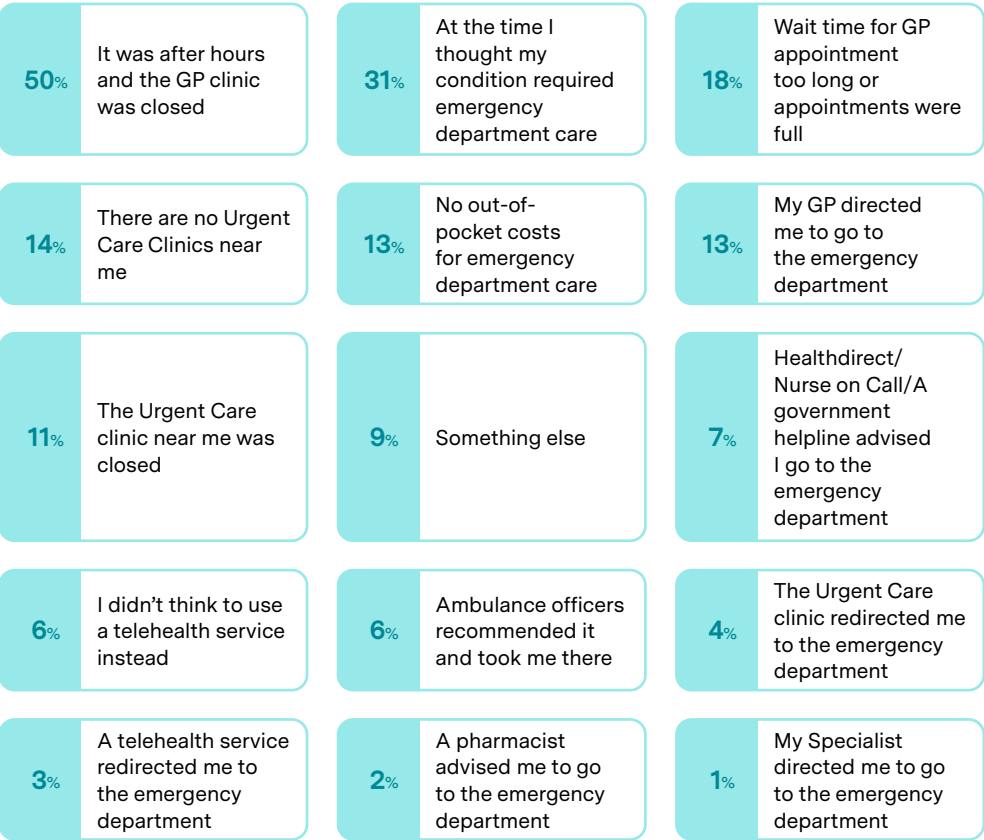
In the past 12 months, what have you used the pharmacy for?



Emergency department



Reasons for attending ED among people who weren't admitted and subsequently thought their care could have been provided by a GP or Urgent Care Clinic instead.



Waits grate across public and private EDs

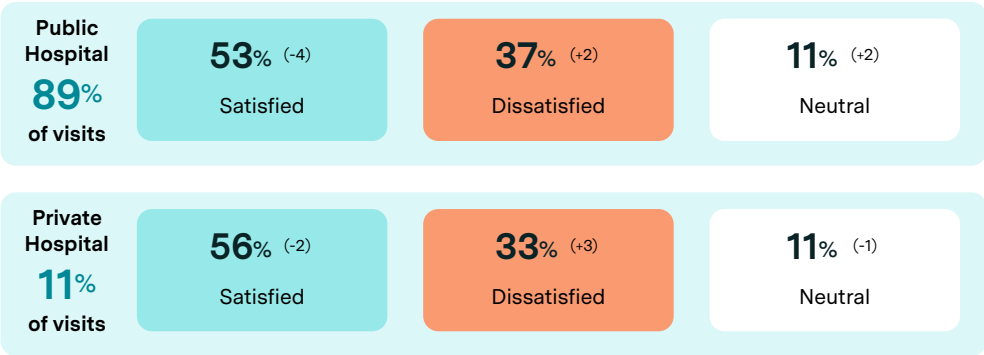
Given their high ranking among overall national healthcare challenges, it's not surprising that wait times continue to be the biggest source of emergency department dissatisfaction (selected by 79% of people who were dissatisfied with their experience). This issue extends across both public and private EDs, and is impacting perceptions of the latter.



After achieving 70%+ satisfaction rates across the first six editions of the AHI, private EDs dropped to 58% in 2025 and didn't improve this year (56%). A major factor appears to be wait times, which 78% of people selected as a reason for private ED dissatisfaction - nearly matching public EDs (80%). In 2024, when private ED satisfaction was at 72%, the share of people dissatisfied with wait times was only 47%.

Elsewhere in the survey, the percentage of people who visited EDs but were not admitted declined for a third straight year to 54%. Only 41% of those who were not admitted subsequently thought their care could have been provided by a GP or Urgent Care Clinic instead (also down on the previous two years).

How satisfied were you with the ED experience?





Top reasons for ED satisfaction

Public

-  **70%** Staff were helpful
-  **61%** Good quality of care
-  **52%** Good medical advice
-  **45%** Good communication from staff
-  **36%** Admittance process was efficient
-  **29%** Wait times were reasonable
-  **22%** Waiting room environment was good
-  **15%** Adequate staffing levels
-  **6%** I was referred elsewhere for care
-  **3%** Something else

Private

-  **69%** Staff were helpful
-  **67%** Good quality of care
-  **62%** Good medical advice
-  **56%** Admittance process was efficient
-  **55%** Good communication from staff
-  **41%** Wait times were reasonable
-  **33%** Waiting room environment was good
-  **28%** Adequate staffing levels
-  **8%** I was referred elsewhere for care
-  **5%** Something else

Top reasons for ED dissatisfaction

Public

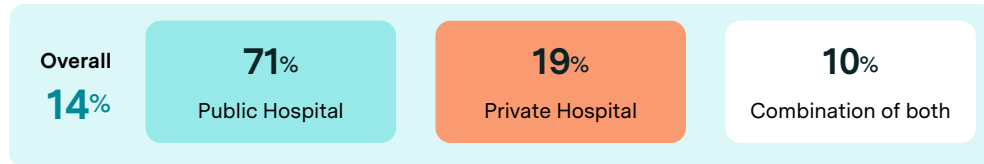
-  **80%** Wait times were too long
-  **45%** Inadequate staffing levels
-  **44%** Waiting room environment was poor or unpleasant
-  **39%** Lack of/poor communication from staff
-  **27%** Received poor medical advice/misdiagnosis
-  **26%** Poor quality of care
-  **17%** Admittance process was difficult
-  **16%** Staff were not helpful
-  **15%** Something else
-  **9%** I was referred elsewhere for care

Private

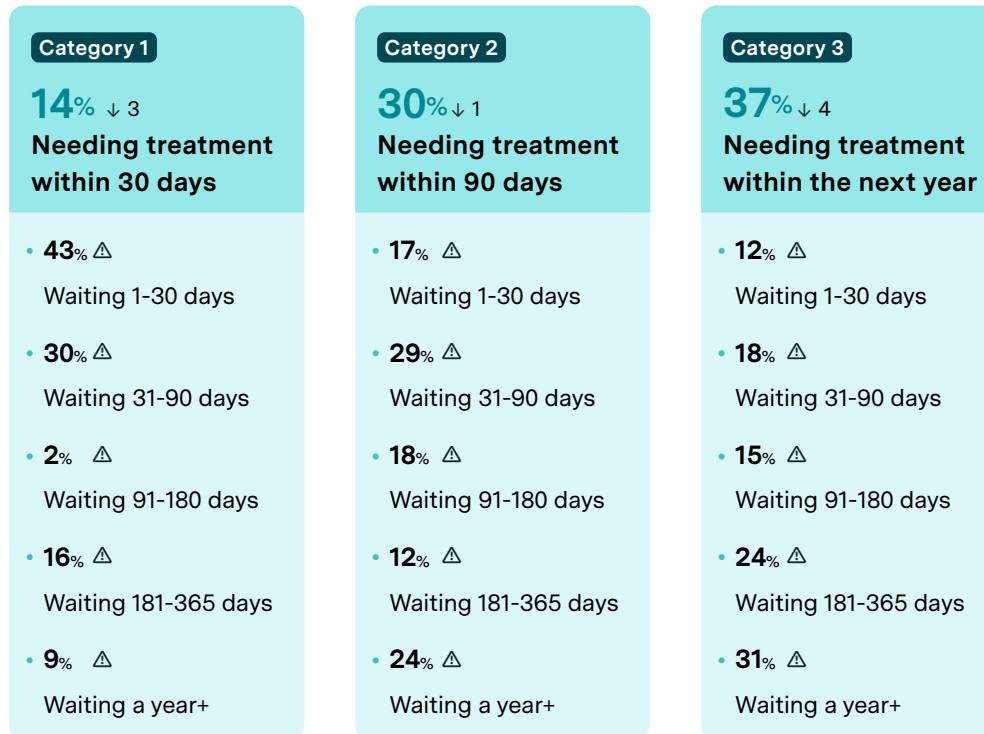
-  **78%** Wait times were too long
-  **46%** Lack of/poor communication from staff
-  **34%** Inadequate staffing levels
-  **32%** Waiting room environment was poor or unpleasant
-  **29%** Received poor medical advice/misdiagnosis
-  **21%** Poor quality of care
-  **17%** Something else
-  **11%** Admittance process was difficult
-  **11%** I was referred elsewhere for care
-  **9%** Staff were not helpful

Elective surgery

Are you waiting to have elective surgery?



Surgery categories* & wait time breakdowns



*19% did not know category of surgery

Many Aussies still playing the waiting game

Elective surgery wait times continue to frustrate many Australians. Worryingly, some data moved the wrong way in this survey, with 29% of people reporting they had been waiting more than a year for surgery (up from 25%) and 17% saying their wait times stretched between six months and a year (up from 15%).

There was, at least, progress for some of the longest-suffering patients needing Category 1 surgery, which requires treatment within 30 days. The percentage of Category 1 patients waiting more than a year dropped from 14% to 9%, although more than half of all patients waiting in this category (57%) were still beyond the recommended timeframe for surgery.

People who've had elective surgery in past 12 months:

21%

The same was true for Category 2, where 54% of patients reported waiting longer than the recommended 90 days. Meanwhile, 31% of Category 3 patients had exceeded their one-year treatment timeline.

For the first time, we asked both public and private patients who underwent elective surgery whether they would recommend their hospital. While elective surgery hospitals scored an overall Net Promoter Score of 21, this was heavily skewed by a score of 35 for the private system. Public hospitals finished on the right side of the ledger with an NPS of 3 but had nearly as many detractors (33%) as promoters (36%).



Top reasons for recommending elective surgery hospital

Public

- 80% Good quality of care during/after surgery
- 75% Good communication from surgeon/surgical team
- 69% Happy with my specialist
- 61% Admission process was efficient
- 57% The operation fixed my problem
- 56% I was operated on within a reasonable timeframe
- 17% The out-of-pocket cost for surgery was affordable

Private

- 88% Good quality of care during/after surgery
- 83% Happy with my specialist
- 74% Good communication from surgeon/surgical team
- 74% I was operated on within a reasonable timeframe
- 72% Admission process was efficient
- 60% The operation fixed my problem
- 33% The out-of-pocket cost for surgery was affordable
- 2% Something else

Top reasons for not recommending elective surgery hospital

Public

- 62% I had to wait too long to get the surgery
- 33% Lack of/poor communication from surgeon/surgical team
- 22% The operation didn't fix my problem
- 17% I was dissatisfied with the care provided by my specialist
- 12% I was discharged too early without sufficient support
- 10% I had an unexpected complication from my surgery
- 9% Something else
- 7% The out-of-pocket costs caused me financial stress

Private

- 53% The out-of-pocket costs caused me financial stress
- 49% I had to wait too long to get the surgery
- 31% I was dissatisfied with the care provided by my specialist
- 20% I had an unexpected complication from my surgery
- 20% The operation didn't fix my problem
- 16% Something else
- 12% Lack of/poor communication from surgeon/surgical team
- 6% I was discharged too early without sufficient support

On a scale of 1-10, how likely are you to recommend the hospital where you had elective surgery?

Public
Hospital
43%
of surgeries

36%
Promoters

33%
Detractors

31%
Passives

+3
Net Promoter
Score

Private
Hospital
56%
of surgeries

51%
Promoters

16%
Detractors

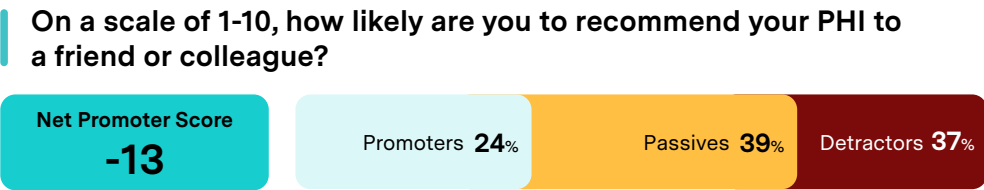
32%
Passives

+35
Net Promoter
Score



Private health insurance (PHI)

Do you have private health insurance (PHI)?

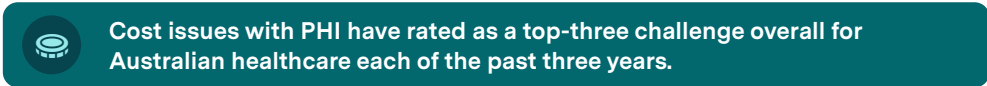


The search for better value goes on

Private Health Insurance has only registered one positive Net Promoter Score in the history of our survey - and that doesn't look like changing any time soon. PHI improved its NPS by a point this year but still scored -13.

The low rating is strongly connected to questions about cost and value. The top reasons provided by people who were not willing to recommend their PHI were out-of-pocket costs being too high (66%), premiums increasing too much (62%), the unaffordable price of insurance (58%) and poor value for money (57%).

While PHI take-up increased alongside household incomes, this didn't correlate to greater loyalty or less concern about costs. The lowest NPS by income bracket (-22) came from households earning \$156,000 to \$207,999 a year. Meanwhile, people with household income of \$208,000 or more were most likely at 85% to not recommend PHI because of out-of-pocket costs.

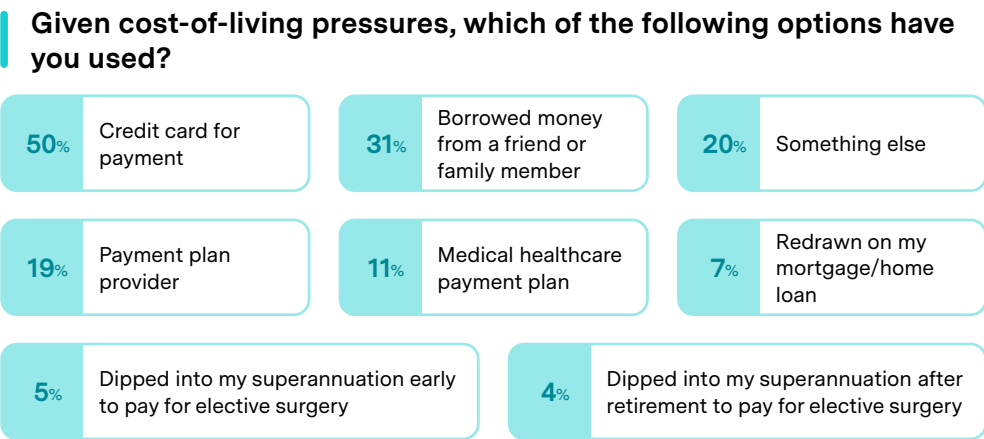
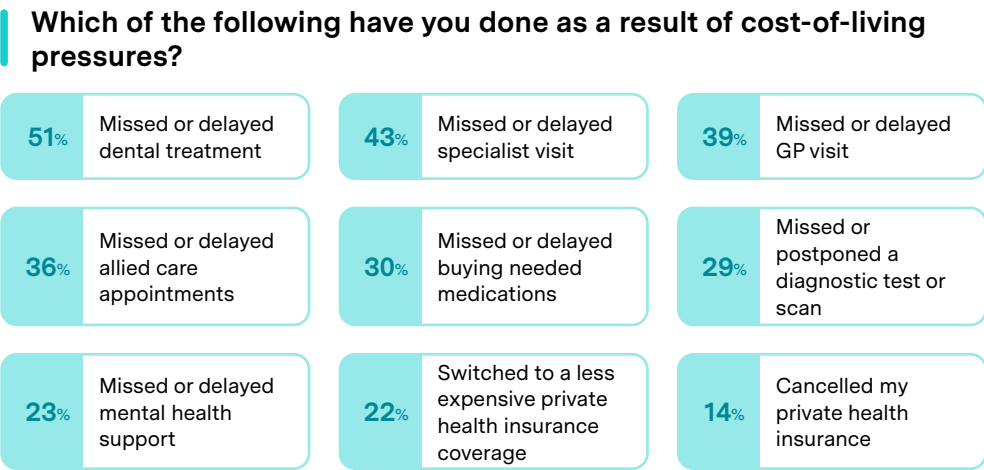
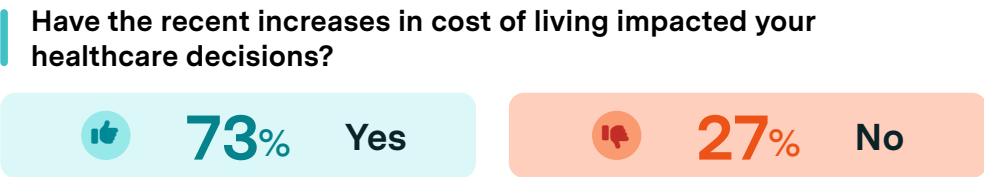


Even still, there are positives for PHI. People willing to recommend their insurance did so because policies covered what they needed most (60%), claims were easy to submit and quickly processed (56%) and because of good hospital (51%) and extras (50%) coverage. As detailed previously, elective surgery in private hospitals had a high NPS, while insurance and regular dental care are closely linked.

Private health insurance rating by income



Cost of living & health

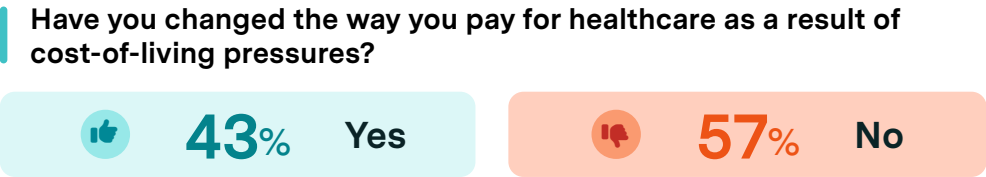


Tough decisions aren't going away

The impact of cost-of-living pressures on healthcare experiences is now an established fact for patients across the country. The 2026 AHI marks the third straight report in which more than 70% of respondents said increases in cost of living were shaping their healthcare decisions - leading to them missing or delaying important treatment, tests and scans and making other trade-offs to cut expenses.

Despite the entrenched nature of the issue, some of the key categories for cost-influenced healthcare decisions declined this year, including the percentages of people who missed or delayed dental treatment (51% down from 58%), missed or delayed allied healthcare appointments (36% down from 41%) and missed or delayed mental health support (23% down from 28%). On the other hand, missed and delayed specialist care was included in the survey for the first time and immediately selected by 43% of respondents.

In line with previous years' data, survey participants aged 18-34 (81%) and 35-54 (79%) were far more likely to have their healthcare decisions impacted by costs than those 65 and over (56%). Similarly, cost caused women (77%) to change their decisions much more than men (67%) across most aspects - with the only exceptions being switching to cheaper private health insurance and cancelling insurance altogether.



Hospital admissions

In the past 12 months, have you been admitted to an Australian hospital for any reason other than a planned elective procedure or surgery?

17% Yes - public hospital

5% Yes - private hospital

79% No

What type of admission was it?

Public hospital

- 71%** Admitted through ED
- 22%** Same-day admission for treatment or procedure
- 10%** Mental health admission
- 7%** Planned admission for childbirth or pregnancy-related care
- 7%** Other
- 7%** Rehabilitation or recovery admission

Private hospital

- 45%** Same-day admission for treatment or procedure
- 29%** Admitted through ED
- 23%** Other
- 8%** Planned admission for childbirth or pregnancy-related care
- 7%** Mental health admission
- 7%** Rehabilitation or recovery admission



Public v private - what the data tells us

For this AHI we drilled into hospital admission data to better understand why Australians end up in hospital - and their experiences once admitted. We were particularly interested in tracking and comparing experiences in the public and private systems.

More than a fifth (22%) of survey participants had been admitted to hospital during the past year - most of them (17%) in public facilities. The major reason for being admitted to public hospital was through the emergency department (71%), while the biggest sources of private admissions were same-day admissions for treatments or procedures (45%).

In asking people whether they would recommend the hospital they were admitted to, public and private hospitals performed very differently. While public hospitals posted a Net Promoter Score of -24, private hospitals had an NPS of 27. Long wait times before being admitted or treated (77%) were the biggest factor in people not recommending public hospitals, while high quality care and clean and comfortable hospitals (both 83%) were the leading drivers for people recommending private ones.

The NPS for public hospitals was -38 for mental health admissions and -30 for patients admitted through the ED. Despite declining rates of patient satisfaction with private EDs outlined earlier in this report, the NPS among private hospital admissions through the ED was 18.

On a scale of 1-10, how likely are you to recommend the hospital you were admitted to?

Public Hospital

23%
Promoters

47%
Detractors

30%
Passive

-24
Net Promoter Score

Private Hospital

50%
Promoters

23%
Detractors

27%
Passive

+27
Net Promoter Score

Top reasons you would be likely to recommend the hospital you were admitted to

Public hospital

-  **72%** I received high quality care
-  **67%** Communication from nurses or other staff was good
-  **64%** I was admitted and treated within a reasonable timeframe
-  **61%** The hospital environment was clean and comfortable
-  **58%** I felt safe during my hospital stay
-  **51%** My condition improved/I had a good treatment outcome
-  **46%** Follow-up care and discharge planning were well coordinated
-  **39%** Communication from my admitting specialist was clear and helpful
-  **33%** I was discharged at the right time
-  **24%** Family or carers were appropriately involved in my care
-  **23%** The care was affordable
-  **3%** Something else

Private hospital

-  **83%** I received high-quality care
-  **83%** The hospital environment was clean and comfortable
-  **79%** Communication from nurses or other staff was good
-  **73%** I felt safe during my hospital stay
-  **69%** Communication from my admitting specialist was clear and helpful
-  **61%** I was admitted and treated within a reasonable timeframe
-  **53%** My condition improved/I had a good treatment outcome
-  **53%** Follow-up care and discharge planning were well coordinated
-  **47%** I was discharged at the right time
-  **24%** The care was affordable
-  **23%** Family or carers were appropriately involved in my care
-  **2%** Something else

Top reasons you would be unlikely to recommend the hospital you were admitted to

Public hospital

-  **77%** I experienced long waiting times before being admitted or treated
-  **47%** Communication from nurses or other staff was poor
-  **38%** I received poor quality of care
-  **36%** Follow-up care and discharge planning were inadequate
-  **35%** The hospital environment was uncomfortable, noisy or not clean
-  **31%** My condition did not improve
-  **21%** I experienced an unexpected complication or adverse event
-  **19%** Communication from my admitting specialist was poor
-  **16%** I was discharged too early
-  **13%** Something else
-  **9%** Family or carers were not appropriately involved in my care
-  **3%** High out-of-pocket costs

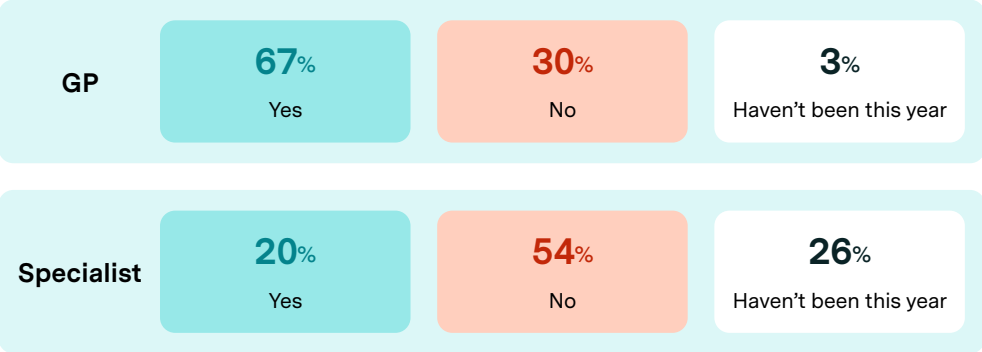
Private hospital

-  **41%** Communication from my admitting specialist was poor
-  **41%** I received poor quality of care
-  **41%** The hospital environment was uncomfortable, noisy or not clean
-  **28%** Something else
-  **19%** Communication from nurses or other staff was poor
-  **16%** High out-of-pocket costs
-  **13%** Follow-up care and discharge planning were inadequate
-  **9%** Family or carers were not appropriately involved in my care
-  **9%** I experienced an unexpected complication or adverse event
-  **9%** I experienced long waiting times before being admitted or treated
-  **9%** My condition did not improve
-  **3%** I was discharged too early



Medicare

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



Do you ever check your Medicare app to see how you were charged?



Have you noticed a change since incentives were expanded in November 2025 to encourage doctors to bulk bill more Medicare-eligible patients - not just children and concession card holders?



Bulk billing is back at the GP clinic

Federal Government incentives to encourage more bulk billing seem to be succeeding at the GP clinic - with 67% of participants saying they were bulk billed on their most recent visit.

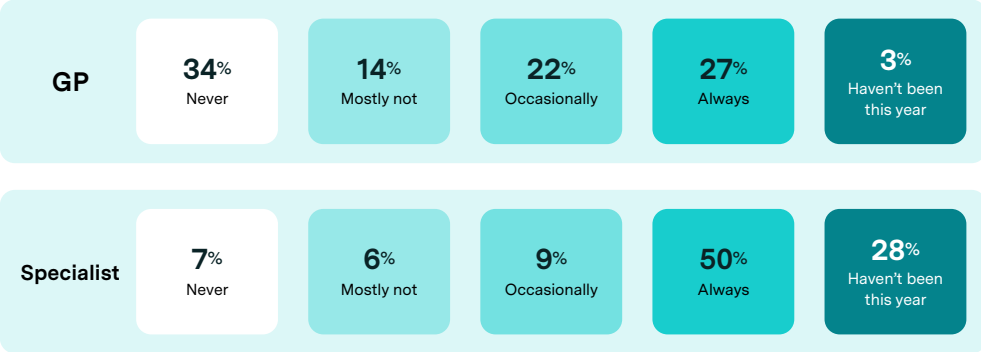
This was a significant increase on the past two surveys (both 50%) and reflected by lower out-of-pocket costs people now reported they were paying for a standard GP consult. Whereas only 10% said they paid nothing in 2025, this year it was 43%. Meanwhile, people paying \$21-\$40 fell from 21% to 9% and the share who coughed up between \$41 and \$60 was just 16% after being 36% last year.

Out-of-pocket costs at the GP remain a sizeable issue. But the uptick in bulk billing is welcome news. The question now – as highlighted throughout this report – is how to tackle affordability of specialist care.



Just 4% of survey participants identified their specialist as universal bulk billing (all or nearly all patients bulk billed), while 35% said their specialist was fully private billing (everyone pays an out-of-pocket cost) and 15% mostly private billing (limited bulk billing for selected groups). In line with this, only 5% of people said they paid \$0 out-of-pocket at their specialist, compared to 12% who paid \$101-\$150, 13% who paid \$151-\$200 and 27% who paid \$201 or more.

How often over the past 12 months have you paid out-of-pocket costs at the GP or specialist?



On average, how much do you currently pay in out-of-pocket costs for a standard GP or Specialist consult at their clinic?

	\$0	\$1-20	\$21-40	\$41-60	\$61-80	\$81-100	\$101-150	\$151-200	\$201 or more	Didn't go this year
GP	43%	2%	9%	16%	11%	9%	4%	1%	1%	2%
Specialist	5%	0%	1%	2%	4%	6%	12%	13%	27%	32%

* GP and specialist costs are separate data sets, each totalling 100 per cent. Rounding each bracket independently means column totals may read 98 to 102 per cent.



Mental health & wellness

Compared to 12 months ago, how would you describe your mental health?

 **22% Better**

 **21% Worse**

 **57% The same**

Have you sought mental health support in the past 12 months?

Yes

 **25%**

No

 **75%**

Have you received this support?

Yes

 **87%**

No

 **13%**

How would you describe your mental health in general?

9%



Poor

23%



Fair

35%



Good

22%



Very Good

11%



Excellent

Major factors negatively impacting mental health

68% Financial stress

68% Cost of living pressures

61% Stressful life events

56% Health issues

40% Work pressures

30% Family conflict

28% Job insecurity or unemployment

13% Genetic predisposition

9% Alcohol or other drug use

9% Something else

Life pressures continue to take a toll

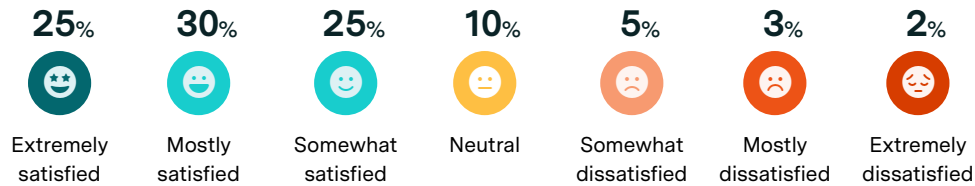
While there were no sizeable data shifts, our 2026 survey results again offer a snapshot of the strain that everyday pressures are placing on Australians' mental health. Two of the top-three factors negatively impacting people's mental health were the same as last year: financial stress (68% of respondents) and stressful life events (61%). But the other top choice was a new option of cost-of-living pressures (68%).

The percentage of people who said their mental health was better (22%) and worse (21%) were both up a single percentage point from 2025 - while noting that this survey framed the question over a 12-month period rather than the previous six months. The same timing condition applies for the 87% of people who had received mental health support after seeking it, which was up 2% from last year's survey. Meanwhile, 35% of people described their mental health as "good", a jump from 32% in the previous AHL.

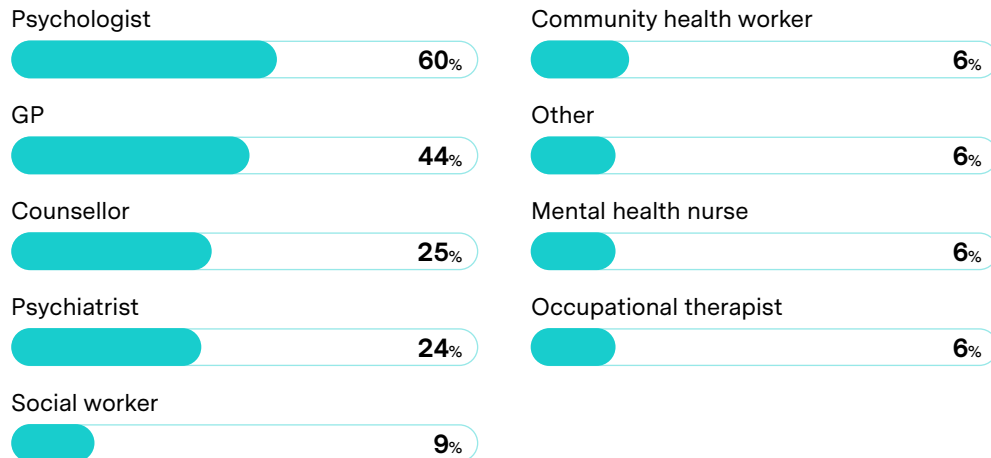
People in the 18-34 (14%) and 35-54 (10%) age brackets were most likely to have described their mental health as "poor" and also the most active in seeking support (32% and 28% respectively). Both the 18 to 34-year-old and the 35-54-year-old groups had financial stress (77% and 71%) and cost-of-living pressures (73% and 69%) as the biggest factors negatively impacting their mental health. Women (71%) also cited cost-of-living pressures as a negative influence on mental health at a higher rate than average.

For the first time in 2026, we collected data that enabled mental health professionals to be assessed with a Net Promoter Score. The overall score of 18 was positive but highlights room to grow. Among people who would recommend their regular mental healthcare professional, feeling listened to, respected and taken seriously was the major factor (76%). Conversely, costs of appointments or treatments being too high (49%) was the biggest reason why people would not recommend their mental health professional.

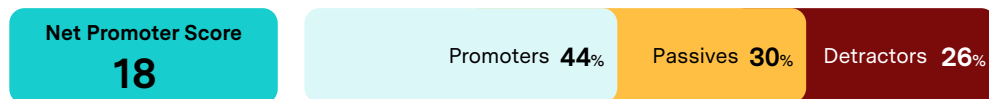
Patient satisfaction with mental healthcare support



Which mental health professionals did you see, or have you seen regularly to support your mental health?



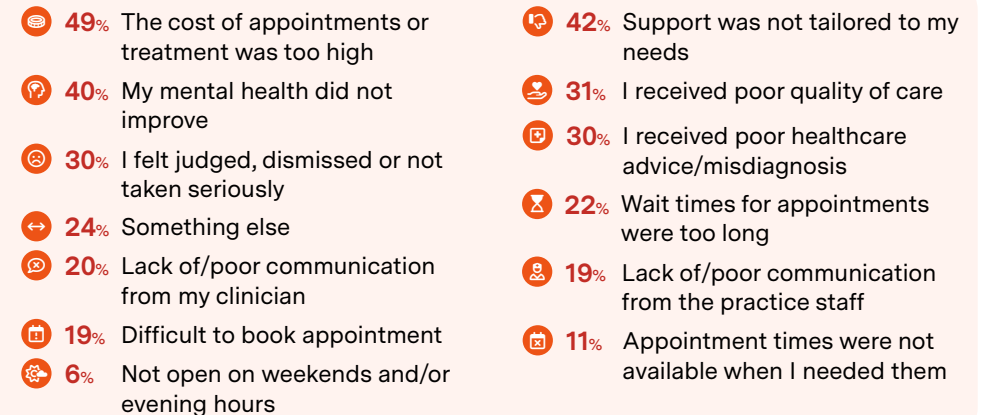
Mental health professionals



Why are you likely to recommend your regular mental health professional to a friend or colleague?

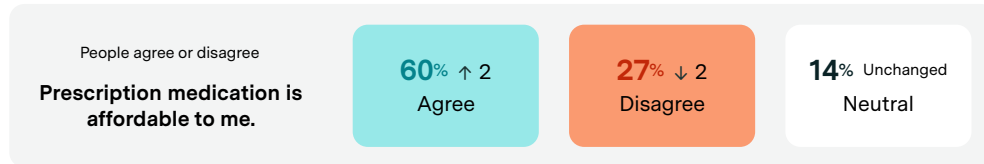


Why are you unlikely to recommend your regular mental health professional to a friend or colleague?

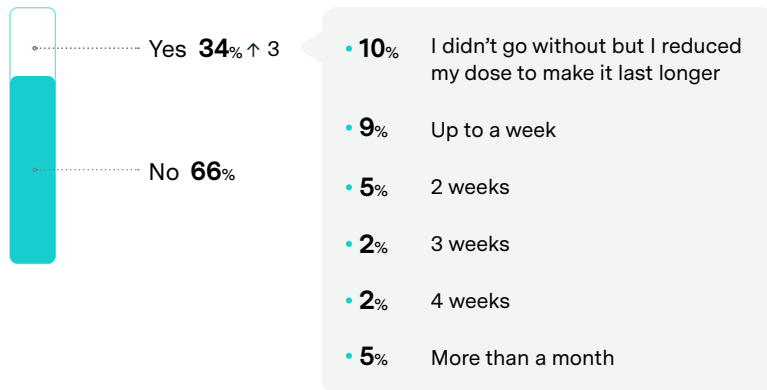


Prescription medication

Are you currently taking prescription medication?



In the past 12 months, have you had to go without prescription medication due to cost concerns?



Cost of medicine is still a bitter pill for many...

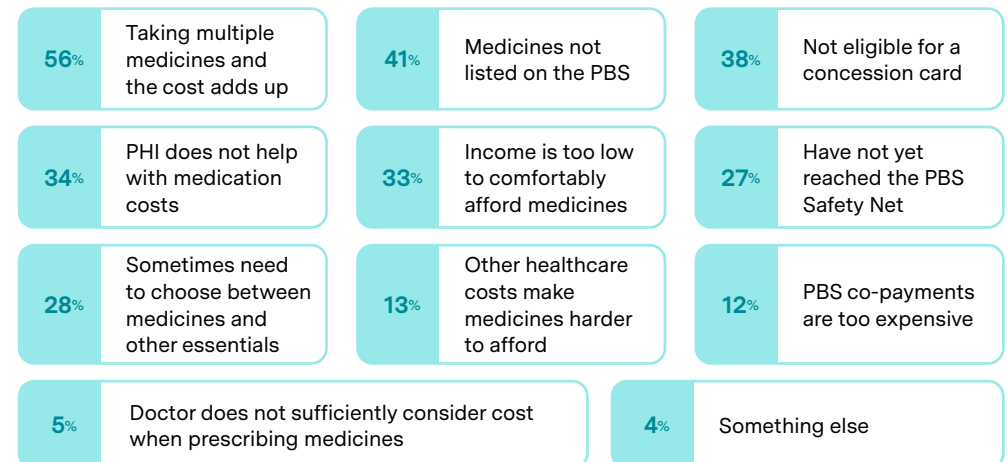
Despite numerous Federal Government initiatives in recent years to reduce the cost of medication - including cutting the maximum PBS co-payment for Medicare card holders to \$25 - affordability of prescriptions continues to be a challenge for our survey participants.

Although 60% of people agreed that “prescription medication is affordable to me” (the best result since 2022), 34% of people said they had to go without it over the past year because of cost concerns. This included 10% who self-rationed their medication to make it last longer and 14% who went two weeks or longer without taking it at all.

The intersection of cost concerns and prescription medication was once again particularly challenging for people aged 18-34, 51% of whom said they had skipped taking medicine to save money. Among this age group, 25% went two weeks or longer without their medication and 16% self-rationed.

Lower income earners also made more cost-based decisions, with 39% of people in households earning \$0-\$64,999 a year saying they had gone without prescription medication. Of these, 29% had gone completely without, including 17% at two weeks or longer. Medication takers in the three income brackets immediately above this – stretching up to \$207,999 in earnings – were more likely to reduce dosage to make medication last longer.

Major reasons for prescription medicine being unaffordable



Telehealth

Have you had a telehealth appointment by phone or video in the past 12 months?



49%

Yes



51%

No

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

31%



Extremely
satisfied

35%



Mostly
satisfied

17%



Somewhat
satisfied

9%



Neutral

3%



Somewhat
dissatisfied

2%



Mostly
dissatisfied

2%



Extremely
dissatisfied

Higher rates of use, more satisfied patients

Telehealth has cemented an important role in healthcare. At 49%, nearly half of participants had a health appointment via phone or video over the past 12 months. This was the highest rate since 2023.

Satisfaction with the quality of care from telehealth was up, jumping from 77% to 83%. Although all age groups were above 80%, the 65 and overs were clearly most satisfied at 87%. Women (85%) were more likely to be satisfied than men (80%) and the same was true of metropolitan users (84%) compared to regional (80%).

At 54%, women used telehealth more than men (43%), while use was particularly strong overall for Victoria (56%), South Australia (54%) and Tasmania (54%).

Test results (22%) were the most common source of appointments, followed by repeat prescription renewals (20%). Convenience (47%) remains the major reason for people choosing telehealth, while among non-users 61% said they simply hadn't had reason to and 35% only wanted in-person care.

Survey results revealed a preference for familiarity, with 54% of users having telehealth appointments with their regular GPs. Where people had appointments with other GPs, 59% said they would have gone with their regular practitioner if they offered telehealth.





What was the primary reason for your telehealth consult?

- | | |
|---|--|
|  22% Test results |  20% Repeat prescription renewal |
|  15% General medical advice |  11% New prescription |
|  8% Medical certificate |  6% Cold and flu |
|  6% Mental health support |  5% Something else |
|  5% Referral | |

Why did you choose telehealth (select all that apply)

- | | |
|--|--|
|  47% Convenience of staying home |  19% Appointment wait time too long for in-person appointment with regular GP/clinic |
|  17% Doctor initiated the telehealth appointment for their own reasons |  17% Transport expense or distance/time made attending in person difficult |
|  14% Current illness did not allow me to go to clinic in person |  13% Avoiding exposure to other people's germs in the waiting room |
|  12% I needed something administrative from them – not a checkup |  12% It was more affordable |
|  9% Wanted after-hours appointment |  8% Something else |
|  7% I am in a rural/remote/regional location |  7% Wait time too long for in-person appointment with a mental health professional |
|  4% I was travelling | |

Vaccinations

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



65% Yes



35% No

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



25% Yes



75% No

Why did you not get a COVID-19 booster in the past 12 months?



46% Believe they'd already had enough vaccine/boosters to protect them



34% Believe a booster is not necessary as COVID is less of a threat



25% Believe COVID vaccinations/boosters have too many health risks/side effects



21% Worried health risks of side effects may increase with the number of vaccine/boosters they have



13% Believe COVID vaccinations/boosters are not effective



3% Have never had a COVID vaccination

Flu vaccination rates surge, COVID take-up lags

Influenza vaccination rates increased significantly this survey, with the 65% take-up rate an increase of 8 percentage points on 2025. This can likely be attributed to flu vaccine initiatives being run at federal and state levels, including broad, free vaccination programs in WA and Queensland.

On the other hand, the 25% of survey participants who got a COVID-19 booster was the same as last year. Reasons provided for not getting boosters suggest that concerns about health impacts of COVID continue to decline - with 46% believing they already had enough vaccinations/boosters to protect them and 34% stating their belief that COVID was now less of a threat. Among people who worried about the vaccines themselves, 25% thought the boosters had too many health risks/side effects and 21% felt these perceived risks increased with the number of vaccinations/boosters they had.

Interestingly, there remains a cost connection to people's attitude towards COVID boosters. If they were not offered for free, 46% of people said they would take this as a signal that boosters were no longer important, and 30% said they would not get one for financial reasons. Only 24% of people said they would pay for it themselves, while 16% of people said they would only get a booster if their employer paid.

Where do you usually get vaccinations?

41%

GP

20%

Pharmacist

28%

Both

11%

I don't get vaccinated





Tracking healthcare experiences over time

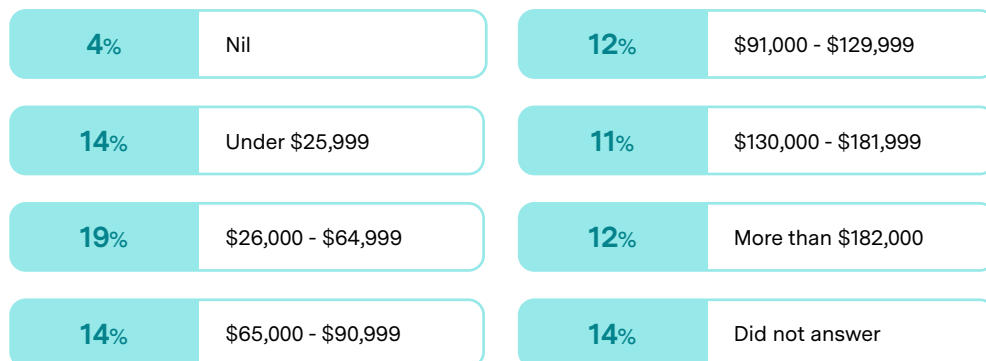
With the launch of the 8th Australian Healthcare Index, the next section shares data trends from across the reports since the initial launch in March of 2021. Key areas from the Health Experiences section are covered, looking at Australia's Healthcare Rating, Challenges facing Australian Healthcare, 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.

The demographics behind this year's AHI

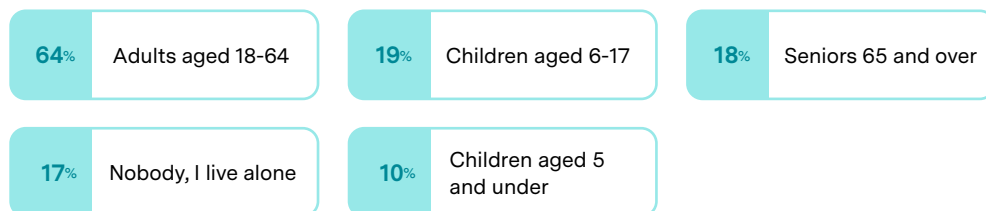
Employment status



Household income



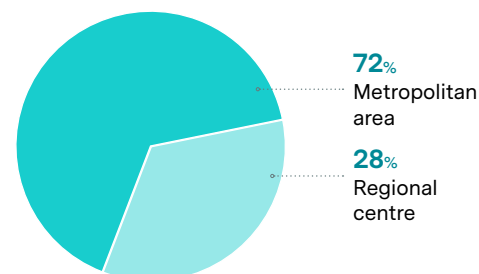
Other household members



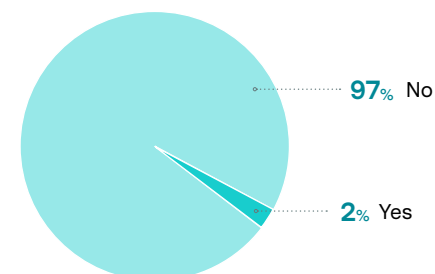
Patient or carer in the past 2 years



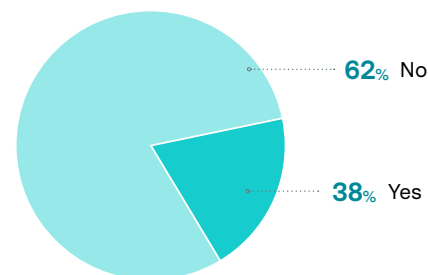
Primary residence location



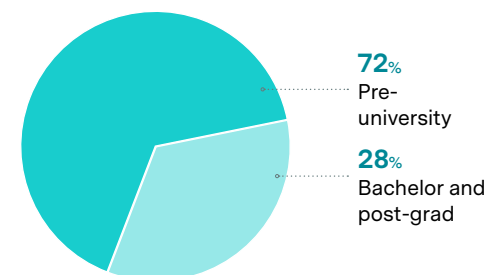
Aboriginal and/or Torres Strait Islander



Migrants



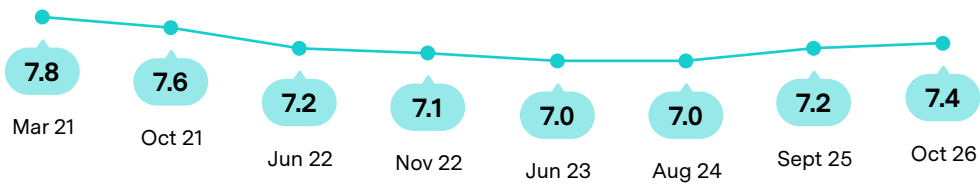
Highest level of education



Pulse check: healthcare through the AHI era

Australia's Healthcare Rating

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



Patient's View: Top Challenges for Australian Healthcare

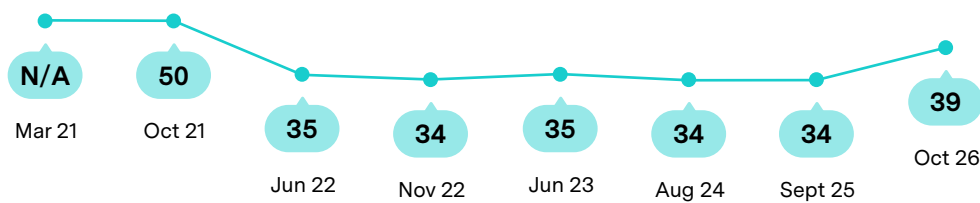
**Not introduced until October 2021 edition*

Oct 21	- PHI Costs - COVID-19 vaccination program - ED waiting room times
Jun 22	- PHI Costs - ED waiting room times - Access to mental healthcare
Nov 22	- GP, nurse & healthcare worker shortage - ED waiting room times - Increasing costs to see GP/doctor
Jun 23	- Increasing out-of-pocket costs to see a GP/doctor - GP, nurse and healthcare worker shortage - ED waiting room times
Aug 24	- Increasing out-of-pocket costs to see a GP/doctor - ED waiting room times - Cost of private health insurance
Sept 25	- Increasing out-of-pocket costs to see a GP/doctor - Cost of private health insurance - ED waiting room times
Oct 26	- ED waiting room times - Out-of-pocket specialist costs - Private health insurance value for money

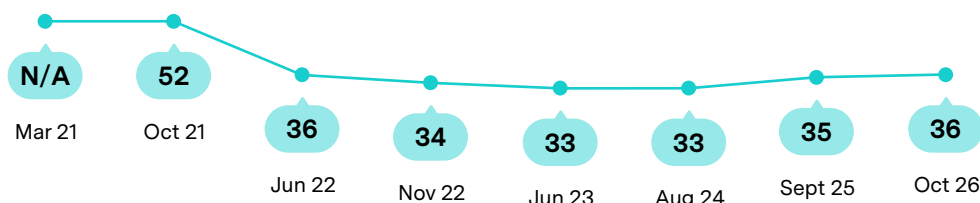
To measure satisfaction and if Australians would recommend their GP, dentist, pharmacist or private health insurance, NPS was calculated.

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

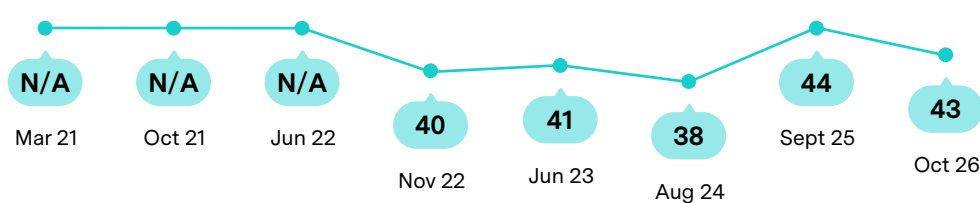
General Practice NPS



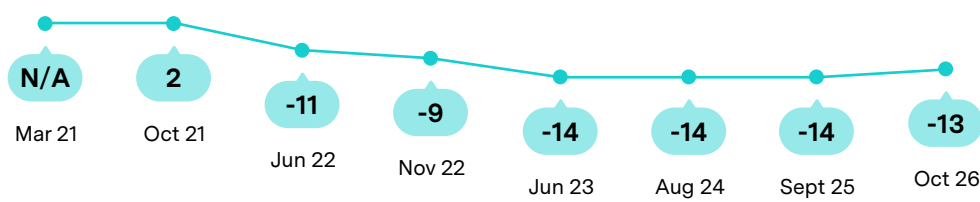
Dentist NPS



Pharmacist NPS

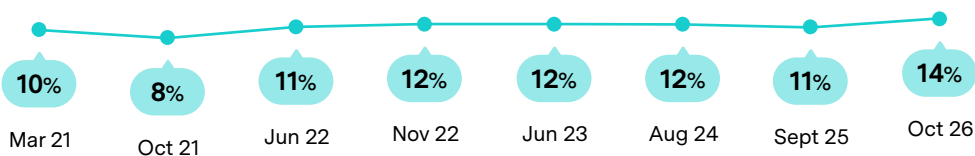


PHI NPS



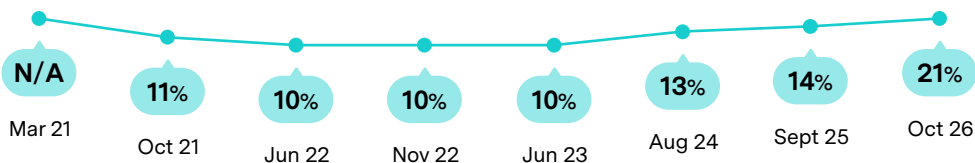
Elective Surgery waiting

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



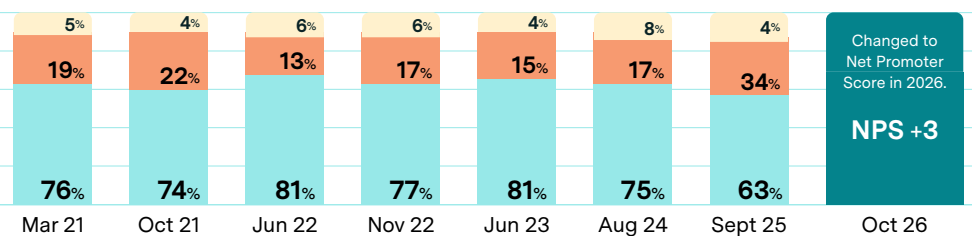
Elective Surgery

Percentage of respondents who had surgery in either a public or private hospital. *Switched from six-month timeframe to annual for 2026 survey.



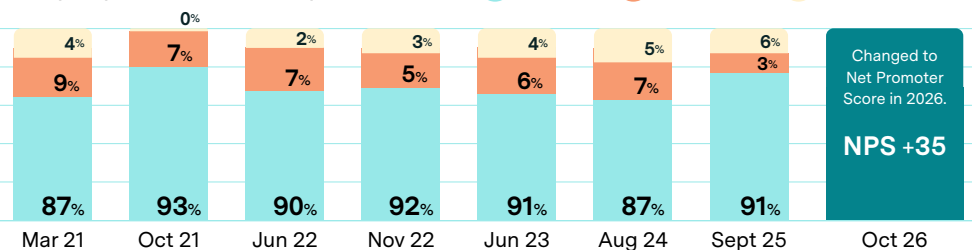
Public Hospital Elective Surgery

How people rated their experience



Private Hospital Elective Surgery

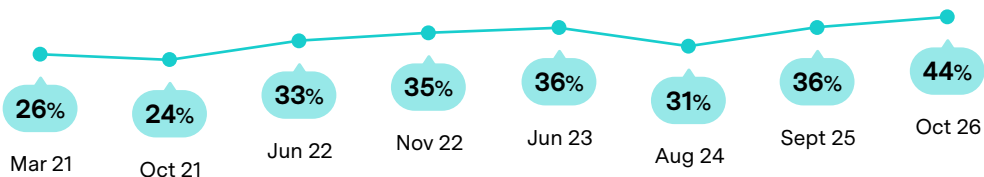
How people rated their experience



Emergency Department Visits

Emergency Department Visits – percentage of respondents going to ED

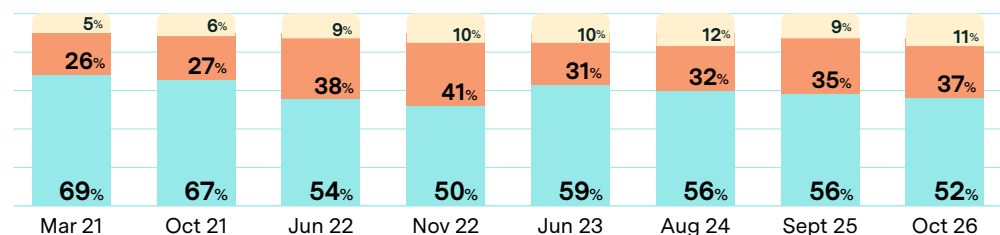
*Switched from six-month timeframe to annual for 2026 survey.



Public Emergency Department

How people rated their experience

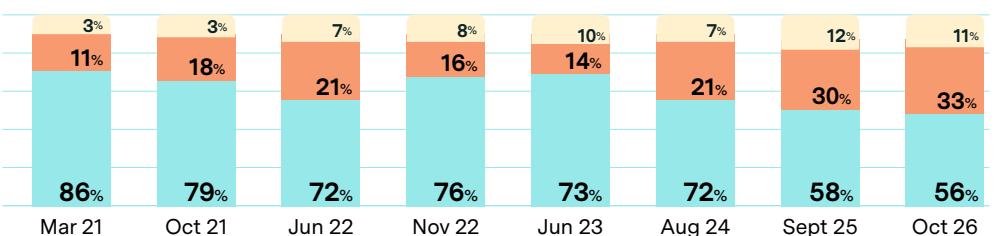
Satisfied Dissatisfied Neutral



Private Emergency Department

How people rated their experience

Satisfied Dissatisfied Neutral



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Closing

On behalf of Healthengine and Patients Australia, we extend our sincere thanks to the more than 6,244 people who generously shared their time and experiences for the Australian Healthcare Index survey.

Their insights will help drive important dialogue about the current status of the Australian healthcare system and how it can advance to meet the diverse needs and expectations of patients. By highlighting strengths and areas for improvement, we aim to contribute to improvements that benefit all healthcare users.

The 2026 AHI makes it clear our healthcare system still has many strong attributes. But it must continue to adapt to the evolving circumstances of people around Australia.

Healthengine and Patients Australia welcome opportunities to engage with healthcare stakeholders at all levels to further discuss the findings and delve into key issues. With a view to future editions of the AHI, we're always eager to hear suggestions for new topics to explore.

Collaboration is vital to ensuring Australian healthcare is as accessible, effective and affordable as possible.

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About us



Healthengine's mission is to improve access to healthcare by helping Australians find and connect with all care providers. We are Australia's leading healthcare marketplace, bringing together millions of Australian patients, and more than 30,000 primary practitioners powered by our technology across GP, dental, allied health, specialist and pharmacy - and growing. More than 108 million healthcare bookings have been made on the platform since it was founded in 2006.

To find and connect with thousands of 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 healthcare marketplace.

For more information, visit healthengine.com.au



Patients Australia is a leading independent not-for-profit organisation championing the rights of patients across Australia. We're here to ensure that patients' voices are amplified and their needs prioritised within the healthcare system. Our organisation drives significant improvements in patient care, advocating for greater transparency, affordability, accessibility, and quality within Australia's healthcare landscape. By actively engaging with health consumers, policymakers, and industry stakeholders, we empower patients to create a more responsive and equitable healthcare system for all Australians.

For more information, visit patients.org.au

Australians turn to AI for healthcare advice as
cost of living pressures increase

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