National Health Performance Authority

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Healthy Communities:

Frequent GP attenders and their use of health services in 2012–13

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Additional document

Healthy Communities: Frequent GP attenders and their use of health services in 2012–13, Technical Supplement

Additional data

Data from the ABS Patient Experience Survey 2012–13 on use and experience with primary health care and MBS data on the prevelance of very high and frequent GP attenders are available to download at ***www.myhealthycommunities.gov.au***

Summary

Many Australians are fortunate to experience very good or excellent health and have few or no long-term health conditions. They might visit a GP once or twice a year or they may go the whole year without any visits. Overall, Australians see GPs 5.6 times per year on average.* However, many other Australians need to see a GP more often than this.

Those patients who see a doctor much more than the average, as well as those who see many different doctors, are of considerable interest to health system managers and clinicians because in many cases these patients have the greatest need for effective and well-coordinated health care. Improvements targeted at these patients therefore have the potential to bring significant benefits in terms of patient outcomes and system efficiencies. However, until now there has been limited publicly available information about these types of patients, such as their age, geographic distribution and other characteristics.

The National Health Performance Authority (the Authority) aims to fill some of these gaps in knowledge by providing in this report the most detailed picture to date of who are these 'frequent GP attenders' and which local areas have greater or lesser percentages of them. It breaks down the Australian population into groups according to how often they went to a GP in 2012–13, and how many different GPs and specialists they saw.

The results show how the two highest GP user groups compare to other attendance groups in terms of their age, socioeconomic and insurance status, the extent to which they have chronic or other health problems, and how many times they went to an emergency department or were admitted to hospital. The results also show how much money was contributed through Medicare towards GP, medical specialist and pathology and diagnostic imaging services for the two highest GP user groups in each local area.

Through the use of tables and maps, the report also shows which local areas have the highest and lowest percentages of **very high and frequent** 'GP attenders'.

To derive the results, the Australian population was divided into six groups, based on the number of times people visited a GP in 2012–13 (referred to as a 'GP attendance'). The groups are:

- **Very high** GP attenders: 20 or more visits per year
- **Frequent** GP attenders: 12–19 visits
- **Above average** GP attenders: 6–11 visits
- **Occasional** GP attenders: 4–5 visits
- **Low** GP attenders: 1–3 visits
- **Did not attend**: no visits.

Findings are presented for each of the local areas that are covered by the national network of Medicare Locals. In mid-2015, Medicare Locals are due to be replaced by Primary Health Networks (PHNs). PHNs will have a critical role in increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poorer health outcomes.[1] Boundaries for the PHNs were announced in late 2014 and information showing which Medicare Local catchments lie within each PHN area has recently been made available on the Authority's MyHealthyCommunities website **(www.myhealthycommunities.gov.au).**

* Average number of non-hospital GP attendances per person (including non-GP attenders). National Health Performance Authority analysis of Department of Health Medicare Statistics (via MedicareWiz), January 2015

Key findings

The report shows that more than one-third of the population (35.3%) visited a GP six or more times in 2012–13, and more than one in 10 Australians (12.5%) went to a GP 12 or more times a year **(Table 1, page 9)**.

These **very high** (20+ visits) and **frequent** (12–19 visits) GP attenders were also much more likely than other GP user groups to see many different GPs. **Very high** GP attenders saw 4.8 different GPs on average, compared to 3.9 GPs for **frequent** GP attenders and 3.2 for **above average** GP attenders. Taken together, more than one-third (36%) of the **very high and frequent** GP attenders saw five or more different GPs in 2012–13 **(Tables 2 and 3, page 13)**.

Very high and frequent GP attenders also account for a high proportion of hospital admissions. Taken together, patients in these two groups represented nearly 60% of all adult Australians who reported in 2012–13 that they were admitted to hospital four times or more in the previous year.

These two groups also accounted for 41.0% of non-hospital Medicare expenditure ($6.5 billion) in 2012–13 **(Table 1, page 9)**.

How often Australians visit a GP and how many they see

The report finds that 84.7% of Australians visited a GP at least once in 2012–13. One-third (33.6%) of Australians made between one and three visits (**low** GP attenders), and just over one in five (22.8%) visited a GP between six and 11 times (**above average** GP attenders). One in 11 Australians (8.7%) were **frequent** GP attenders (12–19 visits) and 3.8% were **very high** GP attenders (20+ visits) **(Table 1, page 9)**.

Very high GP attenders saw three times as many different GPs compared to **low** attenders (4.8 compared to 1.5), and saw almost twice as many medical specialists (2.4 compared to 1.3) **(Table 2, page 13)**.

Just over one-third (34%) of **very high and frequent** GP attenders combined saw three to four GPs in 2012–13, while a further 36% of **very high and frequent** GP attenders saw five or more. Over the same period, one-quarter (25%) of **very high and frequent** attenders saw two to three medical specialists, and nearly one in 10 (9%) saw four or more specialists **(Table 3, page 13)**.

What does this report cover?

- How often Australians visit a GP and how many they see
- Barriers to GP care
- Expenditure on health services
- Age, wealth and health characteristics
- Use of health and hospital services

The value (or reduction in value) involved in patients seeing multiple health service providers is an issue for health system managers, policy makers and individual clinicians to assess.

In terms of regional variations, differences were seen in the distribution of **very high and frequent** GP attenders, even when restricting comparisons to local areas that share similar characteristics such as socioeconomic status.

To assist in comparing areas on a more equitable basis, local areas were assigned to peer groups based on their distance from major centres, socioeconomic status and distance to hospitals. Among higher-income inner-city catchments (**Metro 1** peer group), the percentage of **very high and frequent** GP attenders was twice as high in the local area with the highest percentage (Inner West Sydney, 14.5%) compared to the local area with the lowest percentage (Australian Capital Territory, 7.1%).

There was a similar range among the local areas in the lower-income regional peer group **(Regional 2)**, where the local area with the highest percentage of **very high and frequent** users (Wide Bay in Queensland, 15.3%) was almost double that in the areas with the lowest (New England in NSW and South West WA, 8.3%) **(Figure 1, page 11 and Maps, pages 30 to 33)**.

Regional differences in prevalence of **very high and frequent** GP attenders remain even after differences in the age of populations in local areas is considered.

Expenditure on health services

Across Australia, **very high and frequent** GP attenders accounted for 41.0% of all non-hospital Medicare expenditure (including but not limited to GP, medical specialists, pathology, diagnostic imaging, and allied health services) in 2012–13. As this implies, there was a marked difference in the amounts of money Medicare contributed on a per-person basis for patients in each of the attendance groups, as follows:

- **Very high** (20+ visits): $3,202 per person
- **Frequent** (12–19 visits): $1,850 per person
- **Above average** (6–11 visits): $993 per person
- **Occasional** (4–5 visits): $551 per person
- **Low** (1–3 visits): $257 per person

(Table 1, page 9).

To break this expenditure down further, for **very high and frequent** GP attenders combined, federal expenditure on non-hospital Medicare services was spent in the following ways:

- GP attendances: $906 per person
- Specialist attendances: $205 per person
- Pathology and diagnostic imaging services: $611 per person
- All other*: $540 per person

(Figure 2, page 15).

* About half of which was spent on allied health and nursing services (including the Chronic Disease Dental Scheme which ceased on 1 Dec 2012) and half on medical-related services.

Across local areas, there were differences in the average per-person expenditure for **very high and frequent** GP attenders even after accounting for broad geographic and socioeconomic circumstances:

- Across higher-income inner-city catchments (**Metro 1** peer group), the per-person expenditure for **very high and frequent** GP attenders varied from $2,026 per person in Australian Capital Territory to $2,667 per person in Eastern Sydney
- Across the middle-income outer-urban catchments **(Regional 1** peer group), the per-person expenditure for **very high and frequent** GP attenders varied from $1,988 per person in Perth South Coastal to $2,684 per person in Central Coast (NSW)

(Figure 4, page 18).

Use of health and hospital services

Very high and frequent GP attenders not only used a large number of GP services, they also accessed large numbers of other non-hospital Medicare-funded services.

Most **very high** GP attenders had at least one **pathology episode** (93.0%), **diagnostic imaging service** (77.8%), or **specialist attendance** (68.4%). Those that accessed these services did so at higher rates than other GP attendance groups. For example, **very high** GP attenders who had a pathology episode (see Glossary), on average had 6.5 episodes in 2012–13.

In 2012–13, over half (51.1%) of **very high** GP attenders claimed at least one **GP chronic disease planning and management service** (see Glossary) **(Table 4, page 16 and Figure 3, page 17).**

Very high and frequent GP attenders are often quite unwell and have complex and chronic health conditions. A considerable percentage of these groups attended emergency departments (EDs) and were also often admitted to hospital.

Among adults in Australia, differences were found between GP attendance groups that reported visiting an ED in 2012–13 with just over 40% of **very high** and 30% of **frequent** GP attenders reported visiting an ED compared to 10% of **low** GP attenders and 4% of people who said they **did not attend** a GP **(Figure 4, page 18)**.

For all adults who reported **visiting an ED** in the past 12 months, almost one-quarter (23%) felt their most recent ED visit was for care that could have been provided by a GP. Analysis suggests that **low** GP attenders were more likely than **very high** GP attenders to report that their most recent visit to an ED was for care that could have been provided by a GP (28% compared to 19%) **(Figure 5, page 18)**.

A considerable percentage (43%) of **very high** GP attenders and just over one-third (35%) of **frequent** GP attenders reported being **admitted to hospital** in 2012–13 **(Figure 6, page 19)**.

Barriers to GP care

At the national level, the report suggests that **cost barriers** and **waiting times** to see a GP are no more or less common for people who often see a GP. At the national level, there were only slight variations between GP attendance groups in whether people delayed or did not see a GP due to cost or waited longer than they felt acceptable to visit a GP **(Figure 7, page 20 and Figures 8 and 9, page 21)**.

Age, wealth and health characteristics

Very high and frequent GP attenders include a broad mix of people from different age groups and socioeconomic backgrounds. However, they are more likely to be **older**, live in areas with the **most socioeconomic disadvantage** and have the **lowest rates of private health insurance** coverage **(Figure 10, 11 and 12, pages 22 and 23)**.

Three-quarters (75%) of **very high** GP attenders were aged 45 or above, 57% were aged 60 and above, and 32% were aged 75 and above. In contrast, 45% of **frequent** attenders, and 28% of **above average** attenders were aged 60 and above, while the percentages of over-75s in these groups were 20% and 9% respectively **(Figure 10, page 22)**.

Very high GP attenders generally **rated their health as fair or poor** (64%) though a small proportion (16%) rated their health as very good or excellent **(Figure 13, page 25)**.

The vast majority of **very high and frequent** GP attenders (89% and 84% respectively) had **one or more long-term health conditions** such as **arthritis or osteoporosis** and a **heart or circulatory condition (Figure 14, page 25)**.

Patients in the higher GP attendance groups were also much more likely to have three or more long-term health conditions. Of **very high** GP attenders, 36% had three or more long-term conditions, compared to 29% of **frequent**, 16% of **above average** and just 8% of **occasional** attenders.

While people with long-term health conditions are highly represented in the **very high and frequent** GP attendance groups, more than half of people with three or more long-term health conditions are either **low** (15%), **occasional** (16%) or **above average** (27%) GP attenders.

Arthritis or osteoporosis were the two most common long-term health conditions among **very high and frequent** GP attenders, affecting a considerable proportion (44%) of people in these groups. Around one-third of **very high** (34%) or **frequent** (31%) GP attenders have a **heart or circulatory condition (Figure 15, page 27)**.

Long-term injury, asthma, diabetes and mental health conditions are also common among **very high and frequent** GP attenders, affecting around one in four to one in six people.

How can the report information be used?

The report does not define frequent access as either 'good' or 'bad', nor does it try to assess the degree to which patient needs are being met appropriately in any of the GP attendance groups.

There will be various factors at play in each local area that may help to explain that area's mix of frequent and less frequent GP attenders. With local knowledge and experience, community-level health service providers may be able to identify the factors relevant to their region and to better understand patient populations.

Additional patient experience information on MyHealthyCommunities

This report is available to download at **www.myhealthycommunities.gov.au** along with information on crude and age-standardised percentages of very high and frequent GP attenders across Medicare Local catchments and more than 300 local areas.

The website also includes updated patient experience data on use and experiences with primary health care. The additional information available on the website is based on a local-level breakdown of data from the ABS Patient Experience Survey 2012–13 and covers the following measures:

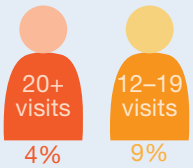
- Australians with a long-term health condition
- Seeing a GP
- Seeing a medical specialist
- Admissions to hospital
- Visits to hospital EDs
- Visits to hospital EDs instead of GPs
- Waiting times for GP appointments
- Waiting times for urgent GP appointments
- Cost barriers to GP care
- Cost barriers to prescribed medication
- Cost barriers to seeing a medical specialist
- Seeing three or more health professionals.

There are also over 100 measures of health and care at Medicare Local catchment level available on the MyHealthyCommunities website.

In 2012–13:

13% of Australians

were **very high** and **frequent** GP attenders



4% 9%

(2.9 million people)

They accounted for

$6.5b (41%)

of non-hospital Medicare expenditure

Very high and frequent GP attenders have a high need for quality coordinated primary and hospital care

Very high GP attenders visit a GP **20 or more times** a year. They are a group that are generally quite unwell and also see a greater number of other service providers

89% of **very high** attenders had at least one long-term health condition

64% of **very high** attenders rated their health fair or poor

9 out of 10 had pathology episodes, averaging **6** per person

7 out of 10 had specialist attendances, averaging **5** per person

4 out of 10 visited an emergency department

Population rates of **very high and frequent GP** attenders across Australia

Among higher-income inner-city catchments **(Metro 1)**, the percentage of **very high and frequent** GP attenders was **7.1% in Australian Capital Territory** compared to **14.5% in Inner West Sydney**

Among lower-income regional areas **(Regional 2)**, the percentage of **very high and frequent** GP attenders was **8.3% in New England (NSW) and South West WA** compared to **15.3% in Wide Bay (Qld)**

www.myhealthycommunities.gov.au

Introduction

About this report

The report focuses on those people in the Australian community who visit GPs most frequently. These people are most likely to have chronic and/or complex conditions and to have the highest need for high-quality and well-coordinated health care.

The report shows which local areas have greater or lesser concentrations of these frequent attenders, and reveals the regional variations in the amounts of money Medicare pays on their behalf in different parts of the country. It also shows the extent to which these frequent users differ from other patients in terms of the number of different GPs they visit, the cost barriers they face in getting GP care, and their demographic characteristics such as age and socioeconomic status.

Information about the use of general practice and Medicare expenditure on **very high and frequent** GP attenders is reported at the level of primary health care regions (Medicare Locals, which are due to be replaced by Primary Health Networks in mid-2015), as well as smaller geographic areas called Statistical Areas Level 3 (SA3s).

This report segments populations into six groups based on the number of times people visited a GP in 2012–13, referred to as a GP attendance. The groupings are:

- **Very high** GP attenders: 20 or more visits per year
- **Frequent** GP attenders: 12–19 visits
- **Above average** GP attenders: 6–11 visits
- **Occasional** GP attenders: 4–5 visits
- **Low** GP attenders: 1–3 visits
- **Did not attend**: no visits.

The National Health Performance Authority (the Authority) bases its performance reports on indicators agreed by the Council of Australian Governments (COAG). This report provides insights into the following indicators:

- GP-type service use, including use by very high, frequent, above average, occasional, low GP attenders and those who did not attend
- Specialist service utilisation including specialist attendances, diagnostic imaging and pathology services
- Measures of patient experience including barriers to care
- Access to services by type of service compared to need.

The aim of this report is to help identify where clinicians and health service managers can target improvements.

Why local information on GP attendance matters

People who have high health needs, for example those with chronic or complex health problems, often require a multidisciplinary team of GPs, allied health workers and medical specialists. A GP often acts as the coordinator of this team, managing the information and interactions for the patient across primary, community and hospital care.

Accordingly, **very high and frequent** users of GPs are a population of interest to primary health care organisations and Local Hospital Networks.* Additionally, having a better understanding of patients who visit GPs less often (referred to in this report as **above average**, **occasional** and **low** GP attenders) is also important to ensure these groups do not miss out on services they need.

* The term 'Local Hospital Network' is a national term. Some states and territories use their own terminology to describe these networks, such as Local Health Districts (NSW), Hospital and Health Services (Qld), Local Health Networks (SA) and Tasmanian Health Organisations.

The national network of Medicare Local organisations are due to be replaced in July 2015 by Primary Health Networks (PHNs). These PHNs will have a critical role in increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and will seek to improve coordination of care to ensure patients receive the right care in the right place at the right time.[1] PHNs will establish community advisory committees and GP-led clinical councils, and will be expected to understand the health needs of their community and support GPs so they are better placed to provide care to patients.[2]

About the data

Information for the six population groups used in this report was calculated from both the Australian Bureau of Statistics (ABS) Patient Experience Survey 2012–13 and Medicare Benefits Schedule (MBS) data 2012–13.

The Patient Experience Survey data provides information on respondents' characteristics, health status and experiences with health care at the national level. Through the survey, 30,749 Australians aged 15 years or over were asked to recall and self-report their use and experiences with health services in the 12 months prior to the survey. The survey excludes:

- People aged less than 15 years
- People living in non-private dwellings and discrete Aboriginal and Torres Strait Islander communities.[3]

This report contains MBS statistics on GP attendances, specialist attendances, diagnostic imaging and pathology episodes and all other non-hospital Medicare-funded services for all persons eligible for Medicare for the year of service 1 July 2012 to 30 June 2013 for claims processed up to and including 30 June 2014.

MBS information is derived from administrative data on services that qualified for a Medicare benefit. Some residents may access medical services funded through other arrangements, such as salaried health professionals. As a result, analyses of MBS data can underestimate the rate of use of health services by these people.

Since many people in rural areas have access to primary health care services funded by other sources and by health professionals other than GPs, comparisons in this report are restricted to metropolitan and regional areas.

Data from the Patient Experience Survey have been rounded to zero decimal places and data from the MBS to one decimal place. Therefore, totals may not add to the sum of published data due to rounding.

Most results referred to in text can be found in tables and figures throughout the report. However, a small number of results have been calculated from additional analysis of the underlying data and cannot be found in the tables and figures.

Where possible, information has been reported for 61 Medical Local catchments and 333 smaller units of geography called Statistical Areas Level 3 (SA3s), which are regions defined by the ABS.

All of the data in this report are mapped to the geographic catchments where the patients claiming the services live, rather than the areas where services are provided.

Information in this report has been released on the Authority's interactive website, **www.myhealthycommunities.gov.au** along with updates to selected patient experience data for 2012–13 including information on barriers to GP care, use of GPs and specialists, visits to emergency departments and admissions to hospital across all 61 Medicare Local catchments where possible. The website also has information on more than 100 other indicators of health and care at the Medicare Local catchment level.

Fair comparisons

To enable fairer comparisons, the Authority has allocated each Medicare Local catchment to one of seven peer groups, based on socioeconomic status, remoteness and distance to hospitals: three in metropolitan areas, two in regional areas, and two in rural areas. More information on these peer groups is available in the **Appendix, page 42**.

For more information, see *Healthy Communities: Frequent GP attenders and their use of health services in 2012–13, Technical Supplement* at: **www.myhealthycommunities.gov.au**

How can the information in this report be used?

The report provides insights into the characteristics and use of health services by people who visit a GP frequently. The report does not define frequent access as either 'good' or 'bad' nor does it try to assess whether patient needs are being met appropriately.

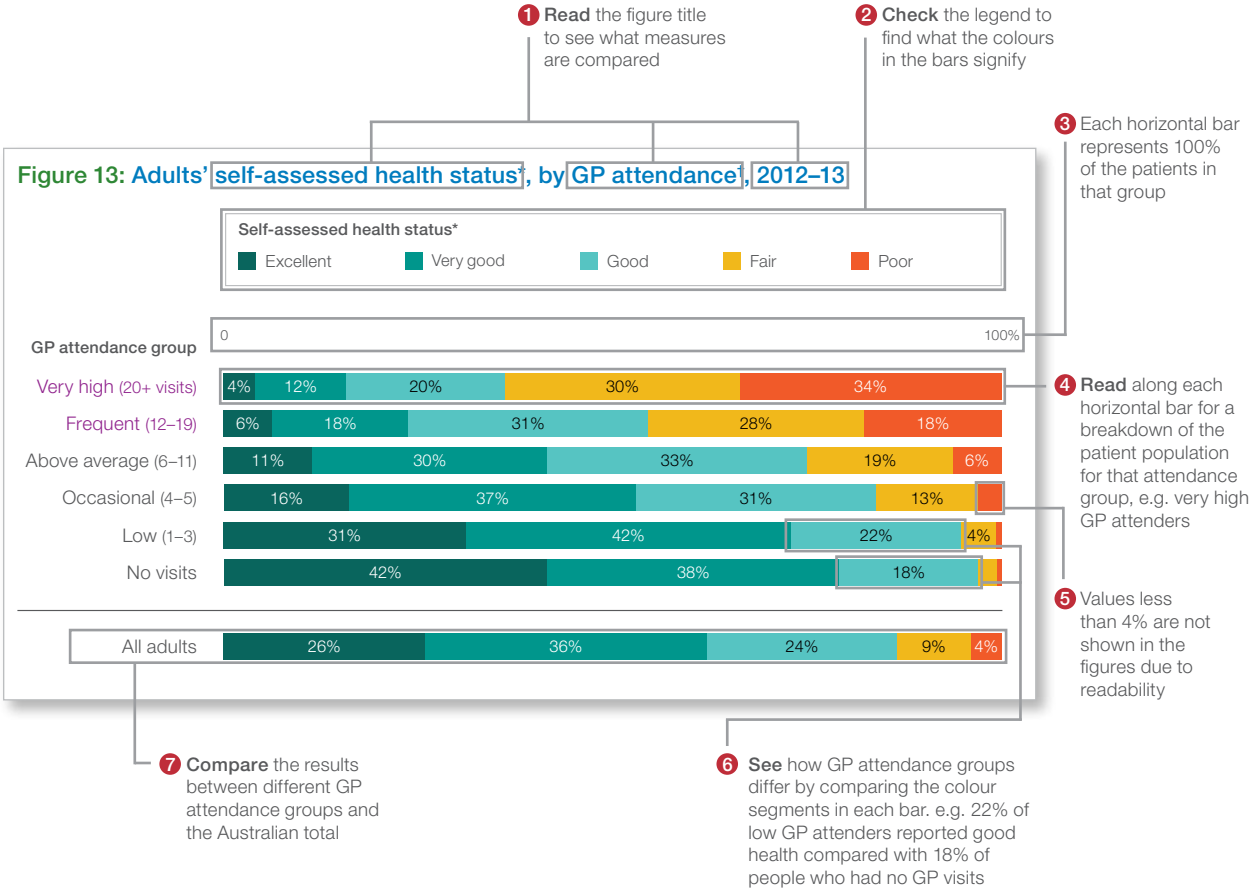
Local-level variation in Medicare service usage could be the result of a broad range of factors. These factors could include:

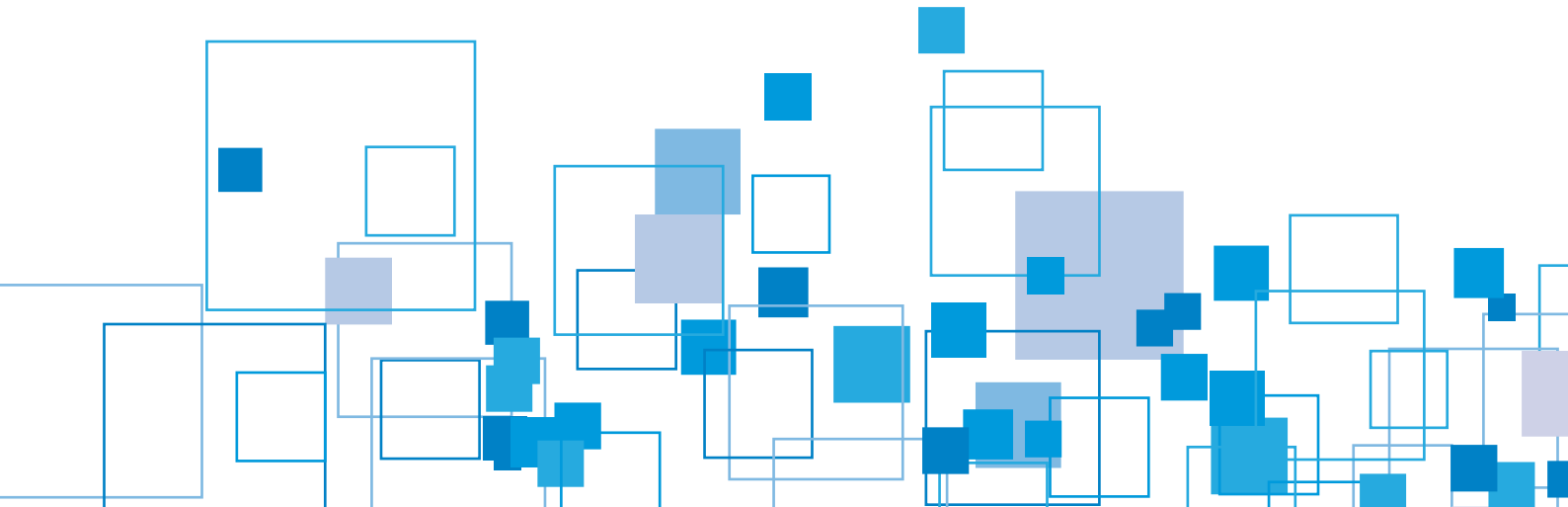
- Different needs for services among local populations
- Issues with access to services such as service costs and length of consultations
- Supply of GPs and non-Medicare funded/salaried doctors.

Understanding the relative impact of such factors requires local investigation. With experience and local knowledge, community-level health service providers may be able to identify factors relevant to their region. To support this work, the information in this report has been released on the MyHealthyCommunities website along with more than 100 other existing measures of health and care.

How to interpret the graphs in this report

This report uses bar charts to illustrate how different GP attendance groups (very high, frequent, above average, occasional, low and non-attenders) compare to each other when considering a variety of characteristics.





Key findings

- How often Australians visit a GP and how many they see
- Expenditure on health services
- Use of health and hospital services
- Barriers to GP care
- Age, wealth and health characteristics

Key findings: How often Australians visit a GP and how many they see

How often do Australians visit a GP?

Over the last 25 years, the average number of visits to a GP has increased from 4.5 per person in 1987–88 to 5.6 per person in 2012–13.*

When comparing Australia to other OECD countries, Australia's GP and medical specialist consultation rate is very close to the OECD average.[4]

This report finds that in 2012–13:

- 84.7% of all Australians visited a GP at least once
- 3.8% of all Australians were **very high** GP attenders (20+ visits)
- 8.7% of all Australians were **frequent** GP attenders (12–19 visits)
- 22.8% of all Australians were **above average** attenders (6–11 visits)
- 15.8% were **occasional** attenders (4–5 visits)
- 33.6% were **low** attenders (1–3 visits)
- 15.3% **did not attend** a GP **(Table 1)**.

Very high and frequent GP attenders (12+ visits) accounted for $6.5 billion or 41.0% of non-hospital MBS expenditure.

* Average number of non-hospital GP attendances per person (including non-GP attenders). National Health Performance Authority analysis of Department of Health Medicare Statistics (via MedicareWiz), January 2015.

Table 1: Non-hospital Medicare Benefits expenditure†, by GP attendance‡, 2012–13

GP attendance group‡			Medicare benefits expenditure†		
Visits to a GP	Number of Australians	Proportion of the population (%)	Total non-hospital Medicare expenditure† ($)	Share of non-hospital Medicare expenditure† (%)	Per person non-hospital Medicare expenditure† ($)
Very high (20+ visits)	882,892	**3.8**	2.8 billion	**17.7**	3,202
Frequent (12–19)	2,010,630	**8.7**	3.7 billion	**23.3**	1,850
Above average (6–11)	5,268,252	**22.8**	5.2 billion	**32.8**	993
Occasional (4–5)	3,650,221	**15.8**	2.0 billion	**12.6**	551
Low (1–3)	7,774,432	**33.6**	2.0 billion	**12.5**	257
Zero	3,548,854	**15.3**	0.2 billion	**1.0**	-
All Australians	**23,135,281**	**100.0**	**16.0 billion**	**100.0**	**690§**

† Non-hospital Medicare Benefits expenditure relates to benefits paid. It excludes services provided to hospital patients, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements, through other publicly funded programs and private funding.
‡ GP attendances were determined using non-referred Medicare benefits-funded patient/doctor encounters.
§ Calculation includes all non-hospital Medicare expenditure and all Australians.
Note: Columns may not add to totals due to rounding.
Sources: National Health Performance Authority analysis of Department of Human Services Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013. Data extracted November 2014.

Local variation among GP attenders

Across Australia, the lower-income outer-urban communities (**Metro 3** peer group) had the highest percentage of **very high and frequent** GP attenders (16.9%) **(Figure 1, page 11 and Maps, pages 30 to 41)**.

A number of factors are known to increase the likelihood that people in certain areas will see a GP more often. These include age and socioeconomic status, as age, economic disadvantage, lower educational attainment and social exclusion are all associated with poorer health.

Within metropolitan and regional communities, the percentage of **very high and frequent** GP attenders varied in the following ways:

- Among metropolitan communities (**Metro 1, 2 and 3** peer groups), the highest percentage of **very high and frequent** GP attenders was in South Western Sydney (19.4%) compared to the lowest in Australian Capital Territory (7.1%)
- Among regional communities (**Regional 1 and 2** peer groups) the highest percentage of **very high and frequent** GP attenders was in Nepean-Blue Mountains (NSW) (16.5%) compared to New England (NSW) and South West WA (8.3%)

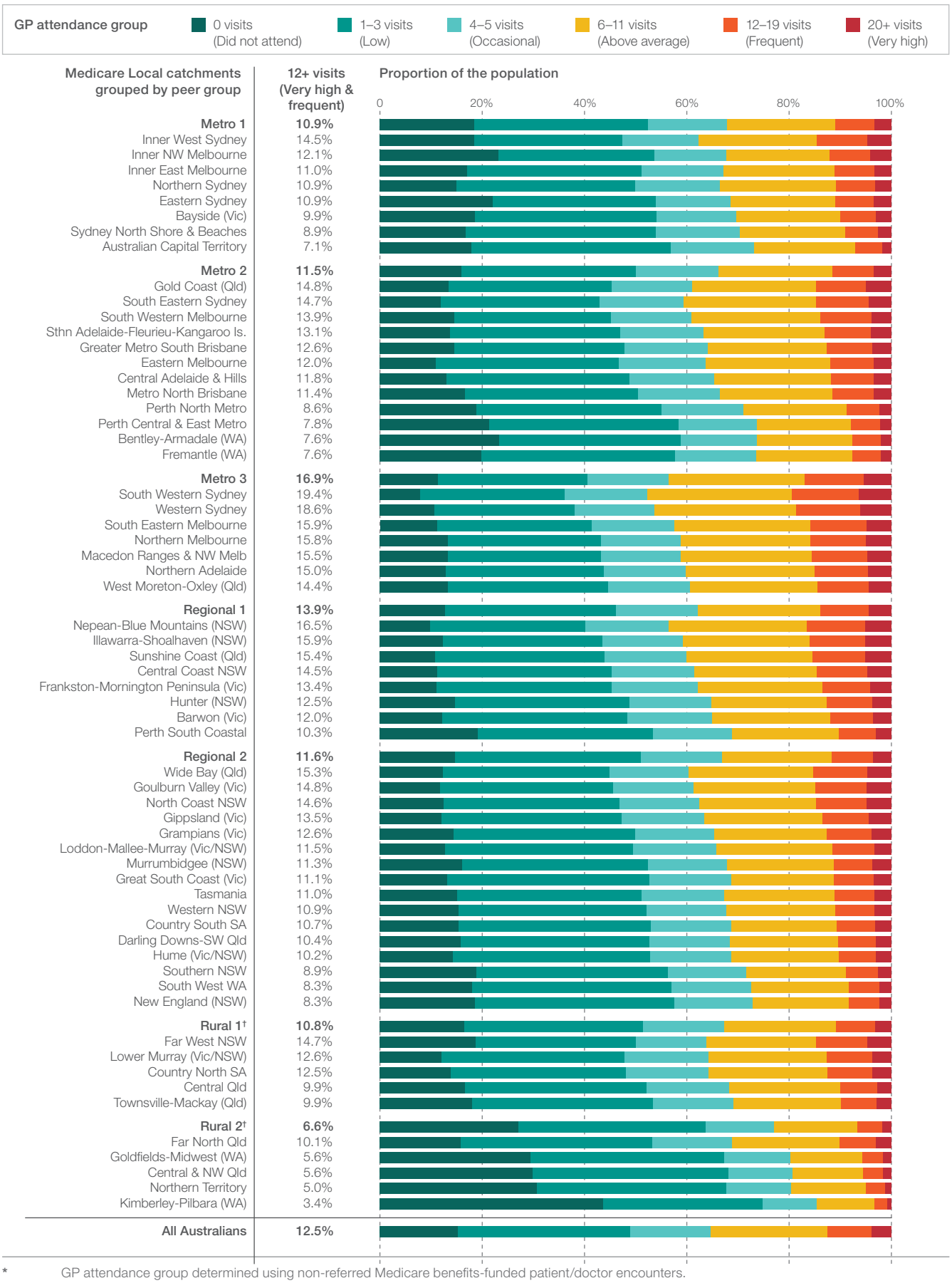
There were also some differences between local areas that have similar geographic and socioeconomic characteristics. For example:

- Across the higher-income, inner-city catchments (**Metro 1** peer group) the percentage of the population that were **very high and frequent** GP attenders ranged from Australian Capital Territory (7.1%) to Inner West Sydney (14.5%)
- Across lower-income, regional catchments (**Regional 2** peer group) the percentage of the population that were **very high and frequent** GP attenders ranged from New England (NSW) and South West WA (8.3%) to Wide Bay (Qld) (15.3%).

More information on the percentage of **very high and frequent** GP attenders across Medicare Local catchments and 333 smaller areas of geography (SA3s) is summarised in **Maps, pages 30 to 41**.

Age-standardised data at the Medicare Local catchment and at SA3 level are provided on the Authority's website **www.myhealthycommunities.gov.au** to enable comparisons to be made between catchments by accounting for variation in the age of populations within each catchment.

Figure 1: Percentage of Australians in each GP attendance group*, by Medicare Local catchment, 2012–13



* GP attendance group determined using non-referred Medicare benefits-funded patient/doctor encounters.

† Comparisons are restricted to metropolitan and regional areas in this report.

Note: For more detailed information including age-standardised results, visit the MyHealthyCommunities website, **www.myhealthycommunities.gov.au**

Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013. Data extracted November 2014.

How many different doctors do Australians see?

The number of different GPs and medical specialists seen by Australians tends to increase the more often people visit a GP. For example, the report estimates that:

- **Very high** GP attenders (20+ visits) saw on average 4.8 different GPs, compared to **low** GP attenders (1–3 visits) who saw on average 1.5 different GPs
- **Very high** GP attenders who visited at least one medical specialist in 2012–13 saw on average 2.4 different specialists. In comparison **low** GP attenders who visited at least one medical specialist in 2012–13 saw on average 1.3 different specialists **(Table 2, page 13)**.

This means that **very high** GP attenders saw about three times as many different GPs and almost twice as many different specialists as **low** GP attenders.

In relation to **very high and frequent** GP attenders (12+ visits) 12% saw one GP, 18% saw two GPs, 34% saw three to four GPs and 36% saw five or more different GPs each year. Almost one in four (23%) **very high and frequent** GP attenders saw three or more different GPs and two or more different medical specialists **(Table 3, page 13)**.

The Authority has estimated the number of different GPs and medical specialists that Australians see using a data source that counts a GP **or** specialist as two different doctors if a patient saw the same doctor at two different practice locations. This limitation may result in the Authority overestimating the number of different GPs **or** medical specialists seen.

Despite this limitation, these analyses suggest that a small portion of **very high and frequent** GP attenders see one or two different doctors and about four in 10 see five or more different doctors.

The value (or reduction in value) involved in patients seeing multiple different doctors is an issue for health service managers, policy makers and individual clinicians to assess.

Table 2: Estimated average number of different GPs and medical specialists seen*, by GP attendance†, 2012–13

GP attendance group	GPs	Medical specialists‡
Very high (20+ visits)	4.8	2.4
Frequent (12–19)	3.9	2.0
Above average (6–11)	3.2	1.6
Occasional (4–5)	2.4	1.4
Low (1–3)	1.5	1.3

* Includes Medicare-funded visits and excludes GP and medical specialist services provided to hospital patients, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements and through other publicly funded programs.
† GP attendance group determined using non-referred Medicare benefits-funded patient/doctor encounters.
‡ Average number of medical specialists seen for those patients that saw at least one.
Source: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13. Data extracted November 2014.

Table 3: Percentage of *very high and frequent* GP attenders*, by the estimated number of different GPs and medical specialists seen†, 2012–13

Number of medical specialists seen by very high and frequent GP attenders	Number of GPs seen by very high and frequent GP attenders				
	1 GP	2 GPs	3 to 4 GPs	5 or more GPs	**Total**
0 specialists	4%	6%	12%	16%	**39%**
1 specialist	3%	5%	9%	10%	**27%**
2 to 3 specialists	3%	5%	9%	8%	**25%**
4 or more specialists	1%	2%	3%	3%	**9%**
Total	**12%**	**18%**	**34%**	**36%**	**100%**

* Very high and frequent attenders visited a GP 12 or more times in 2012–13.
† Number of GPs and specialists seen was determined using Medicare benefits-funded patient/doctor encounters. Excludes GP and specialist visits in hospital by Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements and through other publicly funded programs.
Source: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13. Data extracted November 2014.

Key findings: Expenditure on health services

In 2012–13, expenditure on non-hospital Medicare services totalled $16.0 billion. The 12.5% of Australians that were **very high and frequent** GP attenders (12+ visits) accounted for a considerable proportion (41.0%) of these federal expenditures (17.7% and 23.3% respectively).

The average amount of federal expenditure on non-hospital Medicare services for **very high** GP attenders (20+ visits) was $3,202 per person and for **frequent** GP attenders (12–19 visits) it was $1,850. By comparison, the average per-person expenditure for an **occasional** GP attender (4–5 visits) was $551 and for a **low** GP attender (1–3 visits) was $257 **(Table 1, page 9)**.

Together, the average amount of federal expenditure on non-hospital Medicare services for **very high and frequent** GP attenders was $2,262 per person.

In 2012–13, federal expenditure on non-hospital Medicare services ($2,262) for **very high and frequent** GP attenders, was spent as follows:

- GP attendances ($906 per person)
- Specialist attendances ($205 per person)
- Pathology and imaging services ($611 per person)
- All other* ($540 per person)

(Figure 2, page 15).

Local variation in per-person non-hospital Medicare expenditure

Under Medicare, for each particular service, the benefit claimable is the same Australia-wide (with the exception of bulk-billing services captured within the 'All other' category). Therefore, variation in per-person expenditures between local areas reflects differences in the types and number of services.

Across local areas, there was variation in the per person expenditure for different types of health services for **very high and frequent** GP attenders:

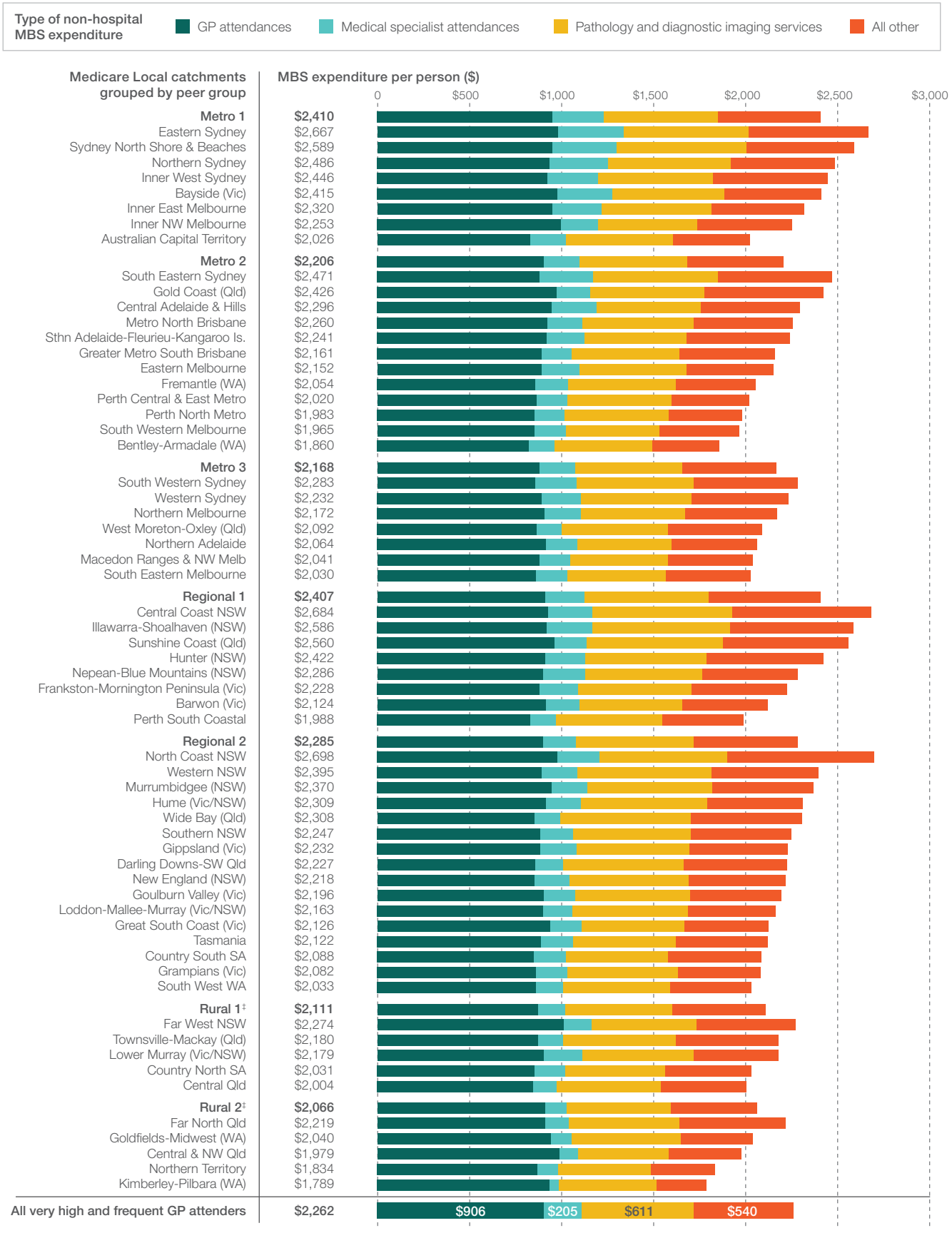
- Across **metropolitan areas**, the per-person non-hospital Medicare expenditure for **very high and frequent** GP attenders varied from $2,168 per person in the metropolitan lower income catchments (**Metro 3** peer group) to $2,410 per person in the high-income inner-city catchments (**Metro 1** peer group). The biggest area of difference was for specialist attendances which were 46% higher in the **Metro 1** peer group ($283 compared to $194)
- Across **regional areas**, the per-person non-hospital Medicare expenditure for **very high and frequent** GP attenders varied from $2,285 per person in the more distant catchments of the **Regional 2** peer group to $2,407 per person in the **Regional 1** peer group. The biggest area of difference was for specialist attendances, which were 17% higher in the **Regional 1** peer group than the **Regional 2** peer group ($212 compared to $181).

Across local areas, differences remain across similar catchments even after accounting for broad geographic and socioeconomic circumstances. These differences may relate to patient characteristics or other influences **(Figure 2, page 15)**.

These data include non-hospital Medicare benefits paid by the Australian Government and do not include the out-of-pocket costs paid by patients, state-funded services or expenditures from other sources. The results therefore are an underestimate of the total per-person expenditure across all non-hospital health services.

* 'All other' consists of non-hospital expenditure on medical-related services such as diagnostic procedures, investigations and operations; the management of bulk-billed services and allied health and nursing services (note, it also includes Chronic Disease Dental Scheme which ceased on 1 Dec 2012).

Figure 2: Average non-hospital MBS expenditure* for *very high and frequent* GP attenders†, by Medicare Local catchment, 2012–13



* Non-hospital Medicare Benefits expenditure relates to Medicare Benefits paid. It excludes services provided to hospital patients, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements, through other publicly funded programs and private funding.

† Very high and frequent GP attenders visited a GP 12 or more times in 2012–13.

‡ Comparisons are restricted to metropolitan and regional areas in this report.

Source: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13. Data extracted November 2014.

Key findings: Use of health and hospital services

Non-hospital health service use

In 2012–13, **very high and frequent** GP attenders not only used a large number of GP services, they also accessed large numbers of other non-hospital Medicare-funded services.

For example, of **very high** GP attenders (20+ visits):

- 46.6% had at least one **after-hours GP attendance** and of those, they had 4.2 of these attendances on average in 2012–13
- 51.1% had at least one **GP chronic disease planning and management** service and of those, they had 2.7 services on average
- 68.4% had at least one **medical specialist attendance** and of those, they had 4.8 attendances on average
- 93.0% had at least one **pathology episode** and of those, they had 6.5 episodes on average
- 77.8% had at least one **diagnostic imaging service** and of those, they had 4.1 services on average **(Table 4 below and Figure 3, page 17)**.

Emergency department attendances

In 2012–13, almost 2.5 million (14%) Australians aged 15 years and over reported visiting an emergency department (ED) in the preceding 12 months.[3] Almost one-quarter (24%) of these attendances were by **very high and frequent** GP attenders (12+ visits).

A considerable percentage (41%) of **very high** GP attenders (20+ visits) and almost one-third (30%) of **frequent** GP attenders (12–19 visits) reported visiting an ED. This compared with 10% of **low** GP attenders (1–3 visits) and 4% of people who said they **did not attend** a GP.

A few (8%) **very high** GP attenders reported visiting an ED four or more times in 2012–13. This compared to a very small proportion (<1%) of **non, low** and **occasional** GP attenders **(Figure 4, page 18)**.

Table 4: Average number of MBS services among Australians who had at least one service, by type of service and GP attendance*, 2012–13

GP attendance group	All GP attendances	After-hours GP attendances	GP chronic disease planning & management	Medical specialist attendances	Pathology episodes	Diagnostic imaging services
Very high (20+ visits)	28.3	4.2	2.7	4.8	6.5	4.1
Frequent (12–19)	14.6	2.4	2.5	3.7	4.1	3.1
Above average (6–11)	7.9	1.8	2.1	2.9	2.7	2.4
Occasional (4–5)	4.5	1.4	1.7	2.5	2.0	1.9
Low (1–3)	1.9	1.2	1.4	2.2	1.6	1.7

* GP attendance groups determined using non-referred Medicare benefits-funded patient/doctor encounters.
Note: For more information on service types see the report's Glossary and Technical Supplement.
Source: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13.

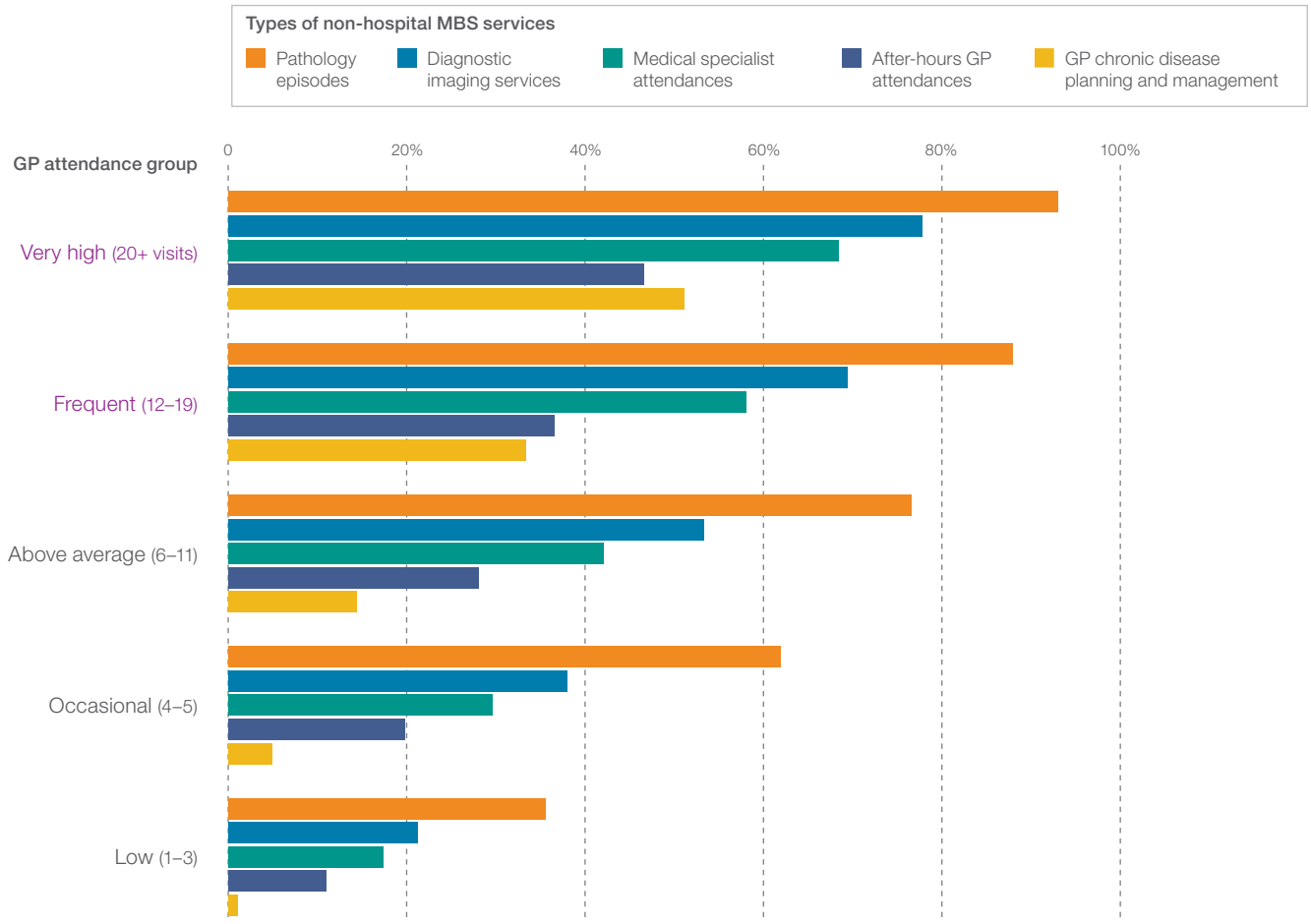
For all adults who had reported visiting an ED in the previous 12 months, 23% felt their most recent ED visit was for care that could have been provided by a GP **(Figure 5, page 18)**.

Low GP attenders were more likely than **very high** GP attenders to report that for their most recent visit to an ED they thought their care could have been provided by a GP (28% compared to 19%).

Although the results show that non-GP attenders were the most likely to feel their care could have been provided by a GP (29%), the number of respondents to the survey was small in this category and hence this finding should be interpreted with caution.

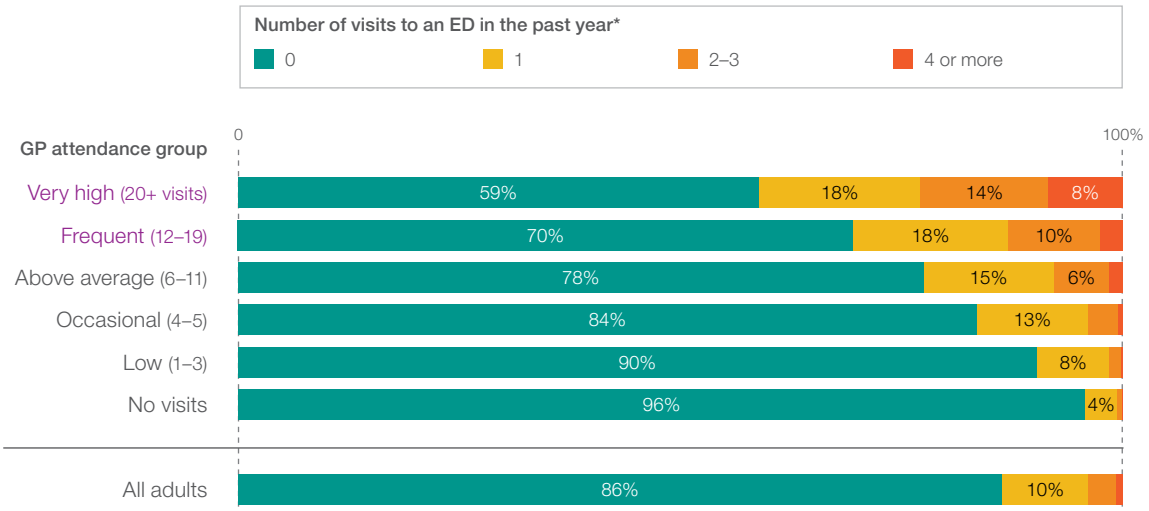
The percentage of adults, to report that for their most recent visit to an ED they thought their care could have been provided by a GP, did not vary to a great extent across **very high**, **frequent**, **above average** and **occasional** GP attendance groups.

Figure 3: Percentage of Australians with at least one non-hospital MBS service, by type of service use and GP attendance*, 2012–13



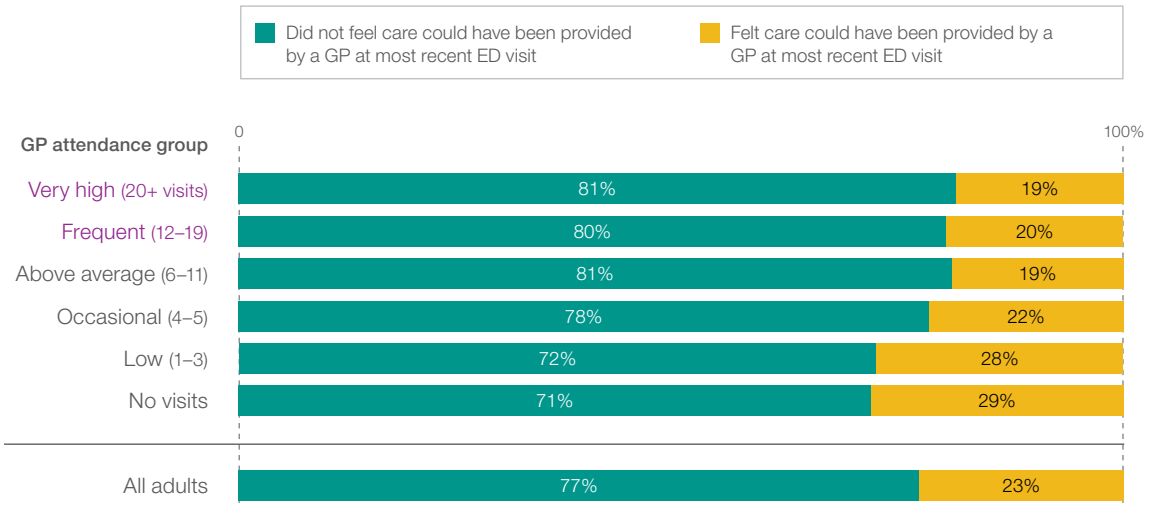
* GP attendance group determined using non-referred Medicare benefits-funded patient/doctor encounters.
Note: For more information on service types see the report's Glossary and Technical Supplement.
Source: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13.

Figure 4: Adults' self-reported number of visits to an ED in the past year*, by GP attendance†, 2012–13



* Survey respondents were asked whether they went to a hospital ED for their own health in the past 12 months, and if so, how many times.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics (ABS), Patient Experience Survey 2012–13. Data supplied November 2014.

Figure 5: Percentage of adults who felt that their most recent ED visit was for care that could have been provided by a GP*, by GP attendance†, 2012–13



* Survey respondents who went to a hospital ED for their own health treatment in the past 12 months were asked whether they thought that, at the most recent ED visit, the care could have been provided by a GP.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Hospital admissions

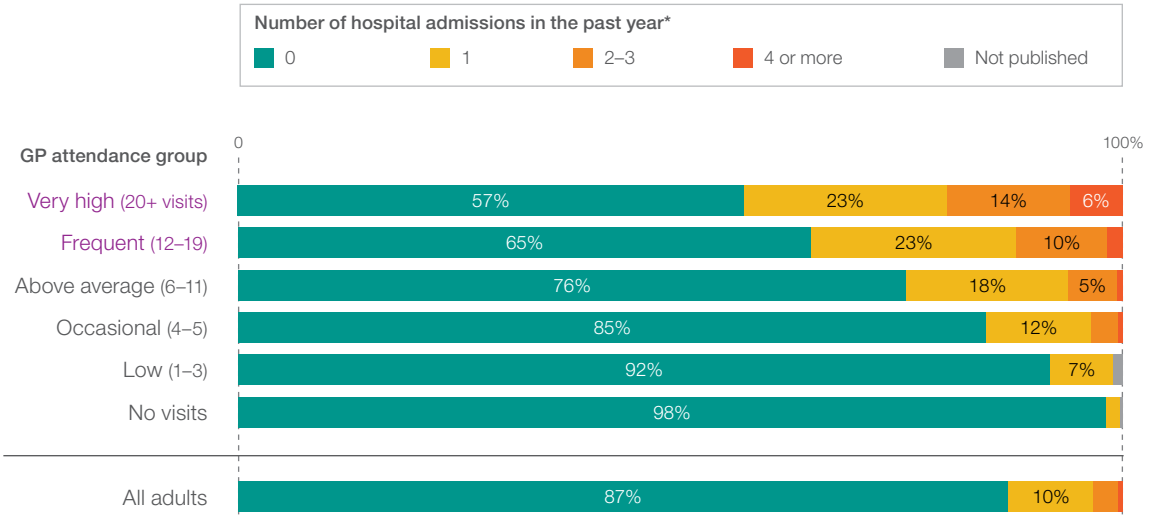
In 2012–13, almost 2.4 million (13%) Australians aged 15 years and over reported being admitted to hospital in the preceding 12 months[3] and 28% of these patients were **very high** or **frequent** GP attenders.

A considerable percentage (43%) of **very high** GP attenders and just over one-third (35%) of **frequent** GP attenders reported being admitted to hospital in 2012–13. This compared to 8% of **low** GP attenders and 2% of people who **did not attend** a GP **(Figure 6)**.

Very high and frequent GP attenders accounted for nearly 60% of all frequent hospital attenders (people that were admitted to a hospital four or more times in 2012–13).

These findings provide insights for both Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) in their work to support clinicians in helping patients avoid having to go to an ED or being admitted to hospital for conditions that can be effectively managed outside of hospitals.[2]

Figure 6: Adults' self-reported number of hospital admissions in the past year*, by GP attendance†, 2012–13



* Survey respondents were asked whether they were admitted to a hospital for their own health in the past 12 months, and if so, how many times.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Key findings: Barriers to GP care

Across Australia analysis for this report shows that 27% of adults reported that they delayed seeing or did not see a GP when they needed to. In 2012–13, the percentage of adults who said they saw a GP when they needed to did not vary substantially across the GP attendance groups, except for the **low** GP attendance group who were more likely to see a GP when they needed to compared to all other GP attendance groups **(Figure 7)**.

The percentage of adults who said they delayed seeing or did not see a GP due to cost varied slightly across the GP attendance groups. The **low** GP attenders were less likely than all other GP attendance groups (except for non-GP attenders) to report that they delayed or did not see a GP due to cost. **Very high** GP attenders were twice as likely to report that they delayed seeing a GP due to cost compared to **low** GP attenders (8% compared to 4%).

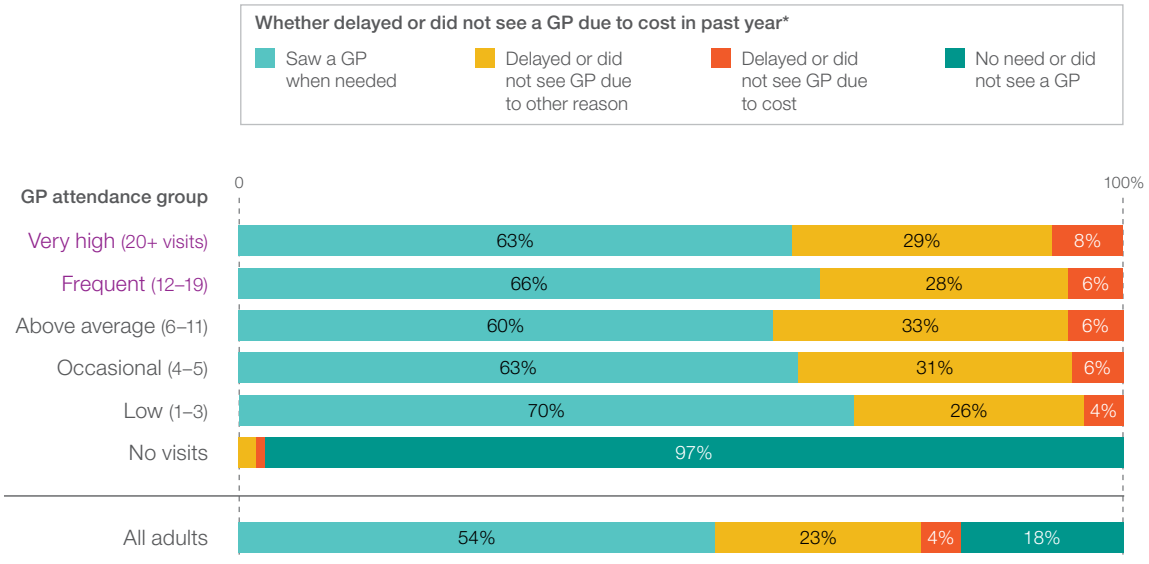
Only 3% of all people who did not attend a GP reported that they needed to see a GP and didn't.

Low GP attenders were slightly less likely to report that they waited longer than they felt acceptable to get an appointment with a GP **(Figure 8, page 21)**.

There were only very small differences between GP attendance groups in whether they waited longer than four hours for their most recent urgent consultation with a GP **(Figure 9, page 21)**.

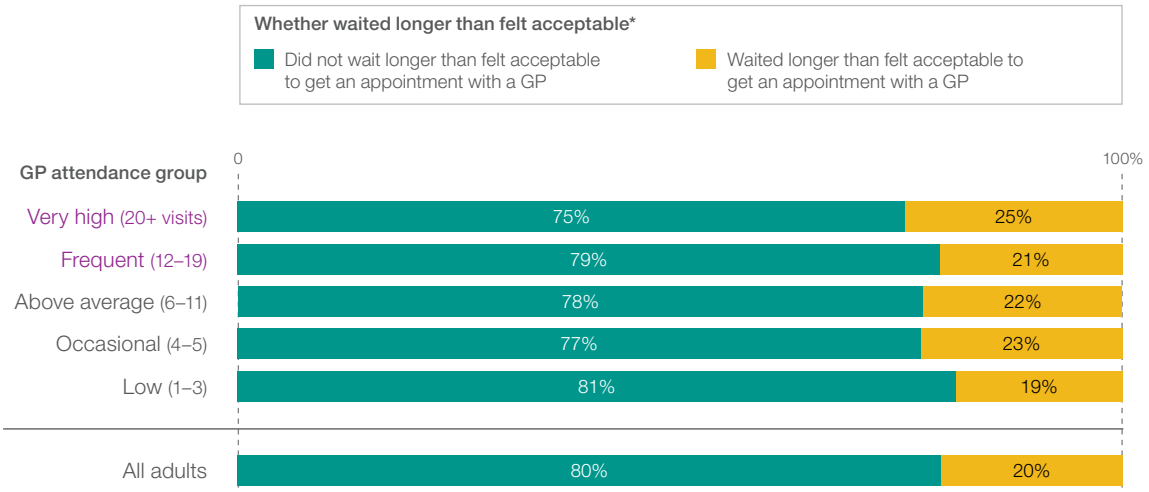
Analysis of the survey data indicates that the percentage of people reporting barriers to GP care does not differ across the GP attendance groups. However, cost barriers and waiting times for GP appointments for **very high and frequent** attenders may be of more relevance for patients who need to see a GP more frequently.

Figure 7: Adults' self-assessment of whether they delayed or did not see a GP due to cost or other reasons in the past year*, by GP attendance†, 2012–13



* Survey respondents were asked whether they had delayed seeing or did not see a GP due to cost or other reasons in the past 12 months.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Figure 8: Percentage of adults' self-assessment of whether they waited longer than acceptable to get an appointment with a GP in the past year*, by GP attendance†, 2012–13

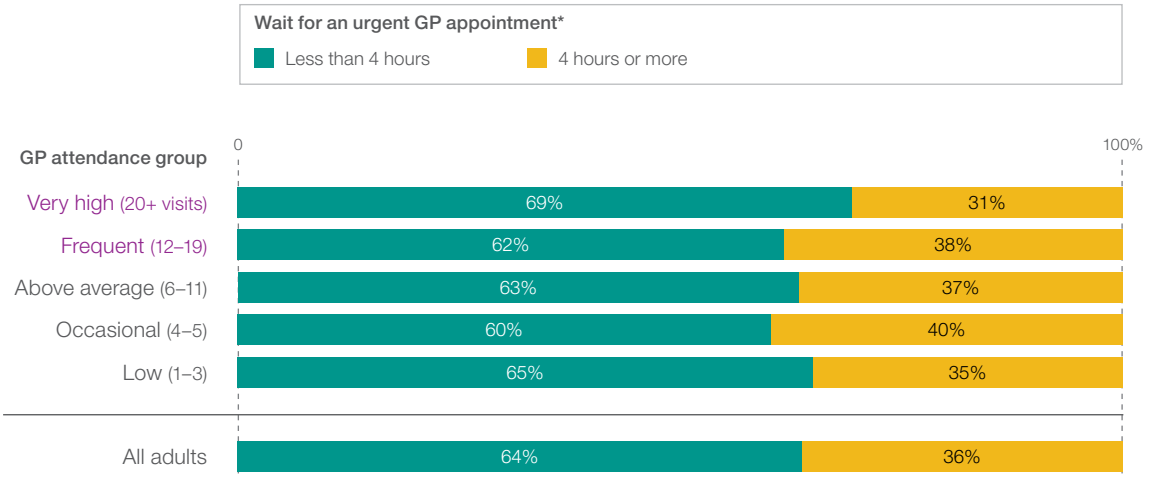


* Survey respondents who saw a GP for their own health in the past 12 months were asked whether they had waited longer than they felt was acceptable to get an appointment with a GP in the same period.

† GP attendance group determined by self-repored frequency of GP visits in the past 12 months.

Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Figure 9: Percentage of adults who had an urgent GP appointment and waited less than four hours*, by GP attendance†, 2012–13



* Survey respondents who saw a GP for urgent medical care in the past 12 months were asked, for the most recent time, how long they had waited between making the appointment and seeing the GP.

† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.

Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Key findings: Age, wealth and health characteristics

Age, socioeconomic and insurance status

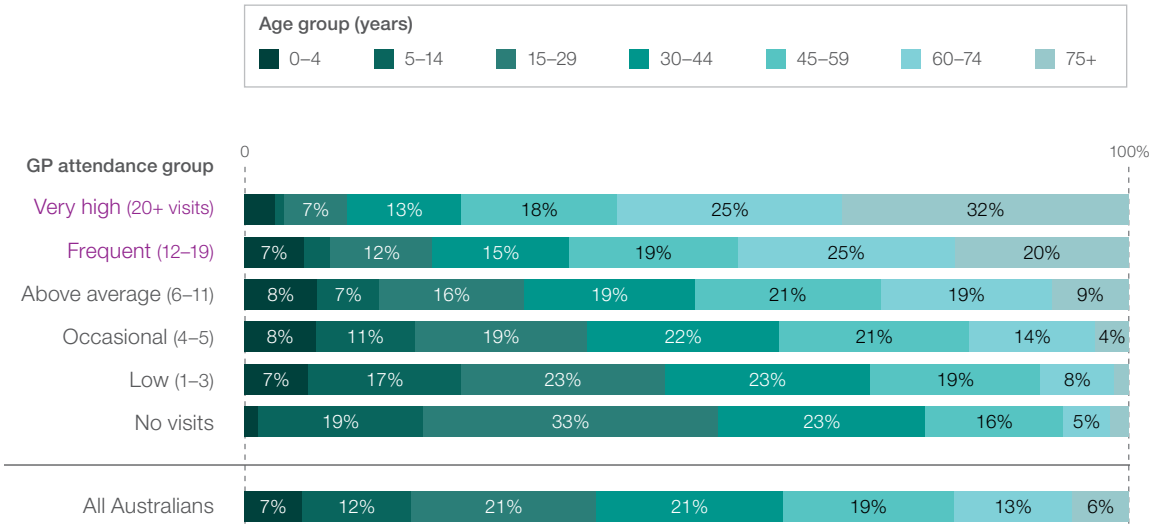
In 2012–13, the 2.9 million (12.5%) Australians who were **very high and frequent** GP attenders (12+ GP visits) included a diverse range of people from different age groups and who lived in areas with different socioeconomic backgrounds. People in these groups were more likely to be older and live in areas with the most socioeconomic disadvantage, and had the lowest rates of private health insurance coverage.

In terms of age, **very high and frequent** GP attenders were more likely to be older than less frequent attenders. **Very high** GP attenders were more than 16 times as likely to be aged 75 years and over compared to **low** GP attenders (32% compared to 2%) **(Figure 10)**.

In terms of socioeconomic status, **very high and frequent** GP attenders were more likely to have lived in areas with the most socioeconomic disadvantage. **Very high** GP attenders were almost twice as likely as **low** GP attenders to have lived in areas with the most socioeconomic disadvantage (29% compared to 16%) **(Figure 11, page 23)**.

In terms of self-reported private health insurance, **very high and frequent** GP attenders had the lowest rates of private health insurance coverage. Six in 10 (62%) **very high** GP attenders did not have private health insurance, compared to 39% of **low** GP attenders and 53% of people who **did not attend** a GP **(Figure 12, page 23)**.

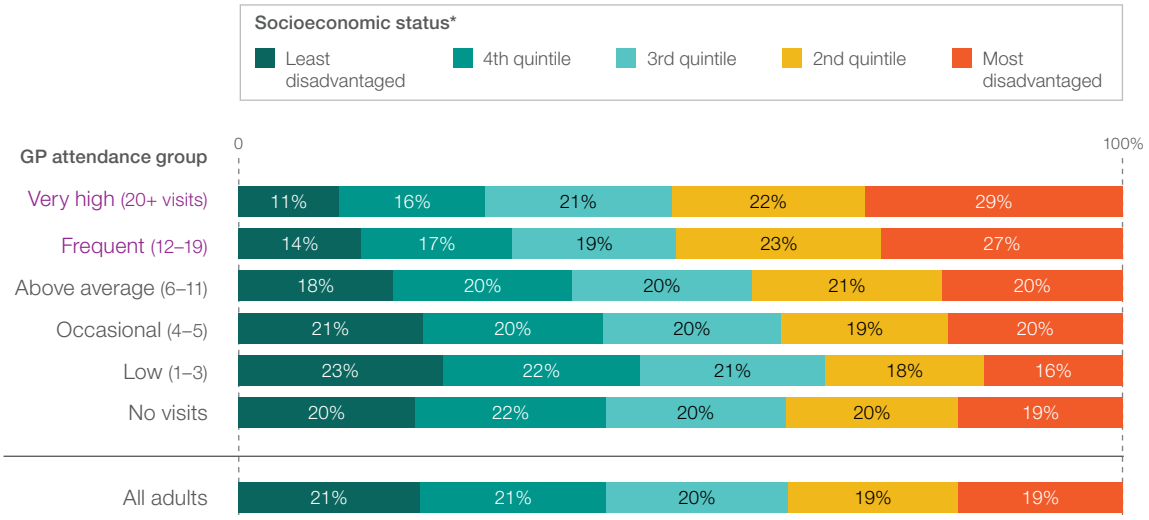
Figure 10: Percentage of Australians within each age group, by GP attendance*, 2012–13



* GP attendance group determined using non-referred Medicare benefits-funded patient/doctor encounters.

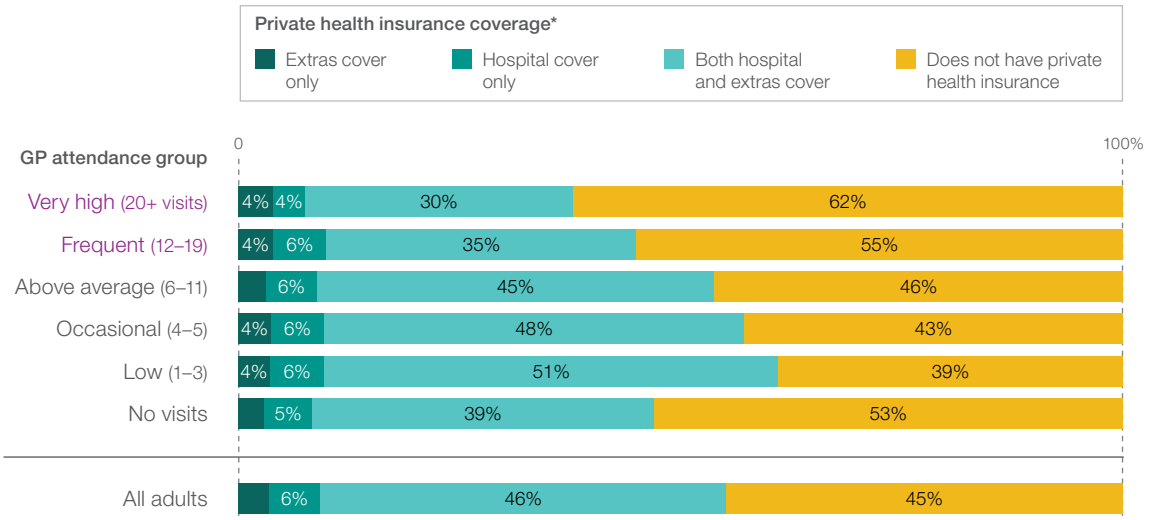
Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013. Data extracted November 2014.

Figure 11: Adults' socioeconomic status*, by GP attendance†, 2012–13



* Based on Australian Bureau of Statistics assignment of self-reported postcode to Socio-Economic Indexes for Areas (SEIFA).
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Figure 12: Adults' self-reported private health insurance coverage*, by GP attendance†, 2012–13



* Survey respondents were asked whether, other than Medicare, they were covered by private health insurance and if so what type.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Health status

In 2012–13, adults who were **very high** (20+ visits) or **frequent** (12–19 visits) GP attenders were more likely to assess their health as poor and have one or more long-term health conditions compared to less frequent GP attenders.

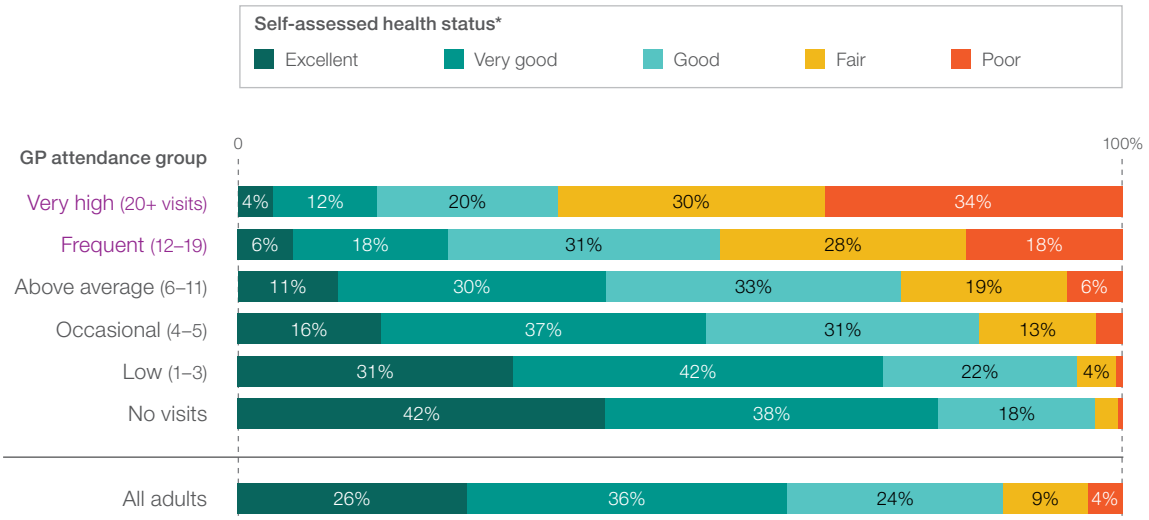
In terms of self-assessed health:

- Almost two-thirds (64%) of **very high** GP attenders rated their health as fair or poor, though a small percentage (16%) rated their health as very good or excellent
- Almost half (45%) of **frequent** GP attenders rated their health as fair or poor. Almost a quarter (24%) rated their health as very good or excellent **(Figure 13, page 25)**.

In terms of long-term self-reported health conditions:

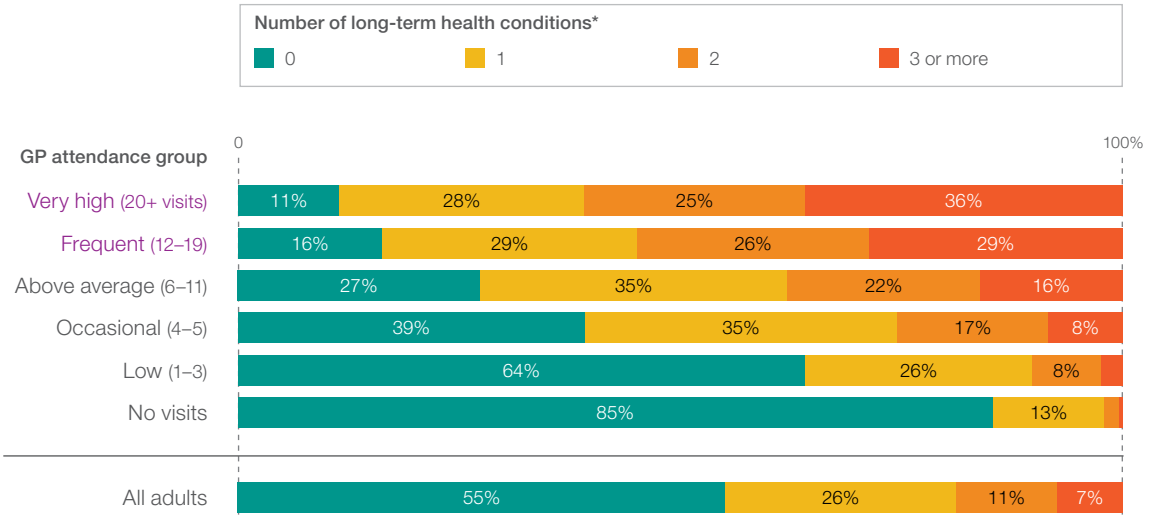
- The vast majority (89%) of **very high** GP attenders had at least one long-term health condition, 61% had at least two and 36% had at least three long-term health conditions
- The substantial majority (84%) of **frequent** GP attenders had at least one long-term health condition, 55% had at least two and 29% had at least three long-term health conditions **(Figure 14, page 25)**
- More than half of people with three or more long-term health conditions, however, were **above average** (27%), **occasional** (16%) or **low** (15%) GP attenders.

Figure 13: Adults' self-assessed health status*, by GP attendance†, 2012–13



* Survey respondents were asked to assess their own health and categorise it as excellent, very good, good, fair or poor.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

Figure 14: Adults' self-reported number of long-term health conditions*, by GP attendance†, 2012–13



* Survey respondents were asked whether they had one or more of the following conditions that had lasted, or were likely to last, six months or more: arthritis or osteoporosis, asthma, cancer, diabetes, heart or circulatory condition, mental health condition, long-term injury, or any other long-term health condition.
† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.
Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.

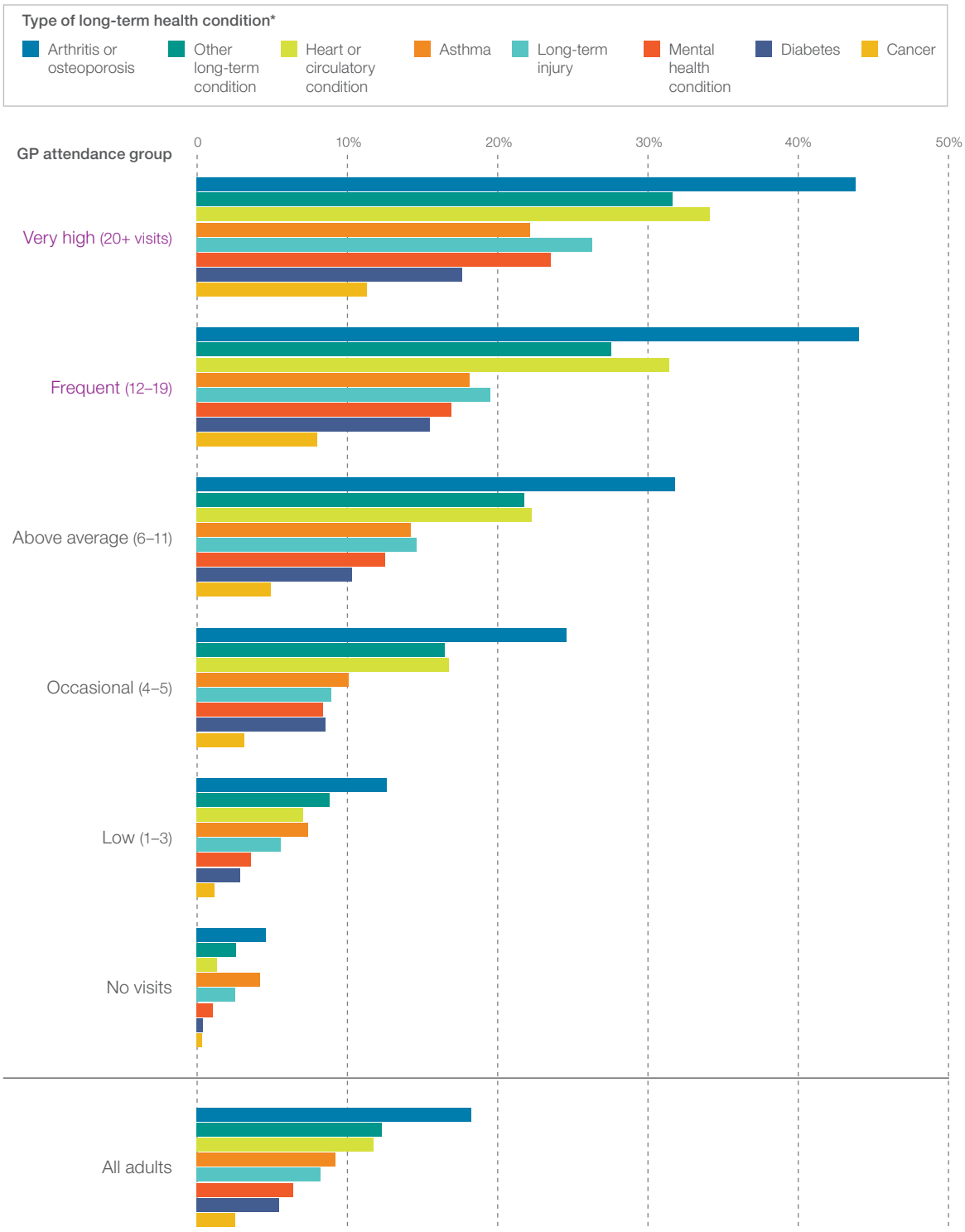
Type of long-term health condition

The majority of **very high and frequent** GP attenders reported that they had at least one long-term health condition **(Figure 14, page 25)**. However, the types of long-term health conditions reported by GP attenders varied by GP attendance group **(Figure 15, page 27)**.

- Arthritis or osteoporosis were the most common long-term health conditions among all adults. Arthritis or osteoporosis affected 44% of all **very high** GP attenders and 44% of all **frequent** GP attenders
- Heart or circulatory conditions affected 34% of **very high** GP attenders and 31% of **frequent** GP attenders. Heart or circulatory conditions were significantly higher in these GP attender groups compared to less frequent GP attender groups
- Long-term injury, asthma, diabetes and mental health conditions were also common among **very high and frequent** GP attenders, each affecting at least 15% of all **very high** or **frequent** GP attenders
- Arthritis or osteoporosis and asthma were the most common long-term health conditions among people who **did not attend** a GP. Each affected around 4–5% of people in this group
- Adults with cancer were more likely than those with other long-term health conditions to be **very high** or **frequent** GP attenders (one in three adults with cancer were either **very high** or **frequent** GP attenders).

Findings from Australian literature indicate that generally it is the number of chronic conditions that is the stronger predictor of GP attendance frequency than the type of condition (with some exceptions including anxiety, depression and back pain).[5]

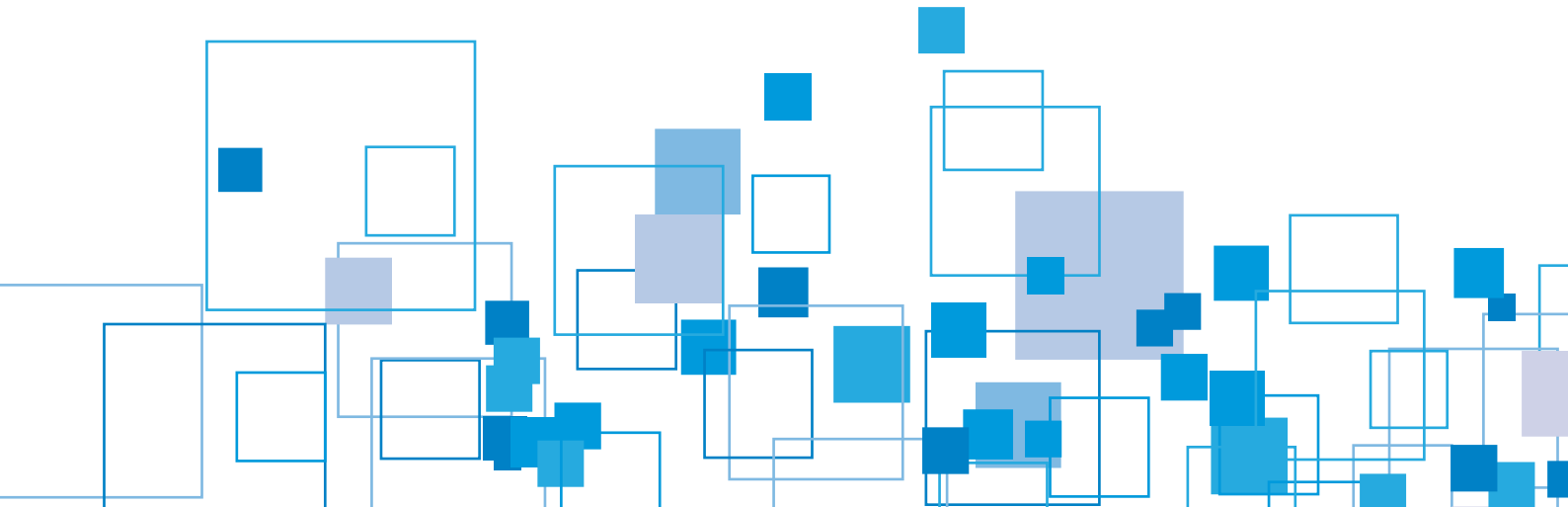
Figure 15: Adults' self-reported type of long-term health condition*, by GP attendance†, 2012–13



* Survey respondents were asked whether they had any of the following conditions that had lasted, or were likely to last, six months or more: arthritis or osteoporosis, asthma, cancer, diabetes, heart or circulatory condition, mental health condition, long-term injury, or any other long-term health condition. Respondents may have more than one condition.

† GP attendance group determined by self-reported frequency of GP visits in the past 12 months.

Source: National Health Performance Authority analysis of Australian Bureau of Statistics, Patient Experience Survey 2012–13. Data supplied November 2014.



Measures by geography

- Very high GP attenders, by Medicare Local
- Frequent GP attenders, by Medicare Local
- Very high GP attenders, by statistical area
- Frequent GP attenders, by statistical area

Additional age-standardised measures by Medicare Local and Statistical Area Level 3 (SA3) are available on ***www.myhealthycommunities.gov.au***

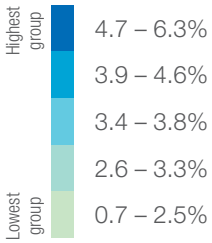
Very high GP attenders, by Medicare Local

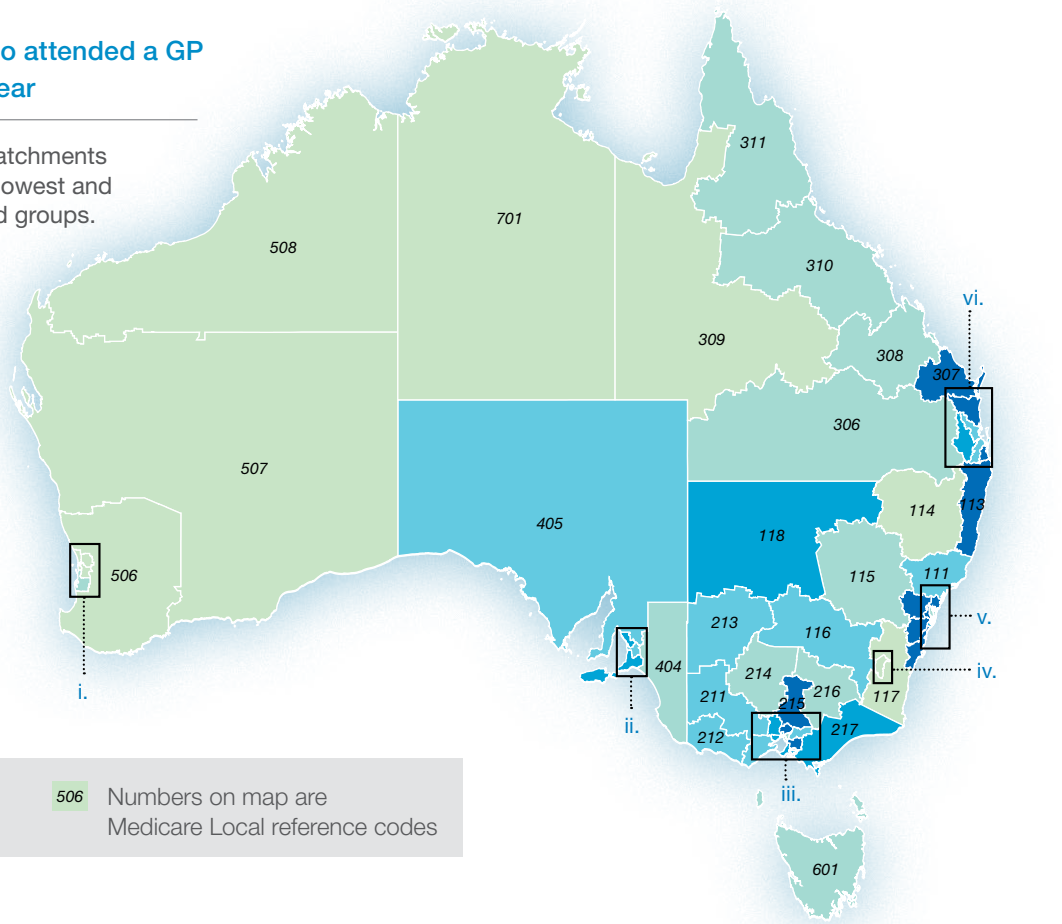
Year of data: 2012–13

In 2012–13, the percentage of the population that had 20 or more Medicare-funded GP attendances[1] varied across Medicare Local catchments and across peer groups, ranging from 1.7% in Australian Capital Territory to 6.3% in South Western Sydney (NSW).

Percentage of people who attended a GP 20 times or more in the year

Results for Medicare Local catchments were ranked from highest to lowest and then split into five equal-sized groups. The range within each of the five groups was as follows:

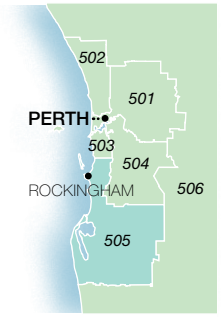




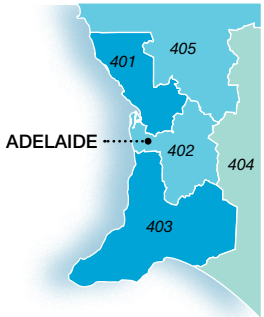
Medicare Local catchment boundary

506 Numbers on map are Medicare Local reference codes

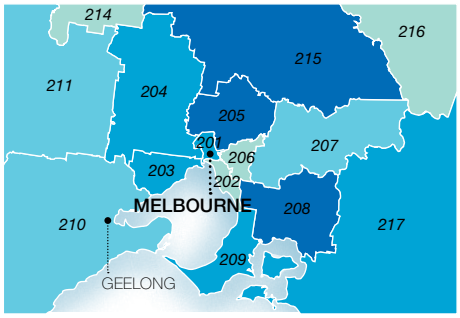
i. Perth and surrounding areas



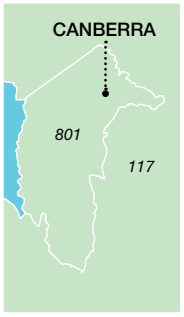
ii. Adelaide and surrounding areas



iii. Melbourne and surrounding areas



iv. Canberra and surrounding areas

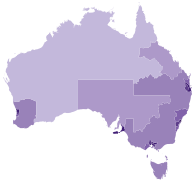


1. GP attendances are non-referred Medicare benefits-funded patient/doctor encounters and exclude services provided on the GP's behalf. Australians were grouped based on the number of GP attendances they had in 2012–13. Australians who had 20 or more GP attendances in the year were counted as very high GP attenders.
2. For more information on peer groups and the calculation of peer group results refer to *Healthy Communities: Australians' experiences with primary health care in 2010–11, Technical Supplement.*

Note: MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements and through other publicly funded programs.

Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013, data extracted November 2014.

Fair comparisons

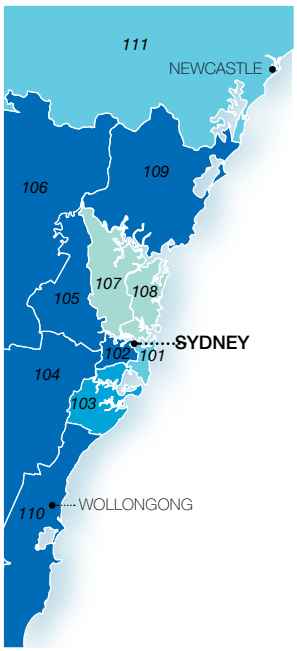


To compare Medicare Locals more fairly, each Medicare Local catchment has been grouped into one of seven peer groups[2], based on remoteness and socioeconomic status. This allows:

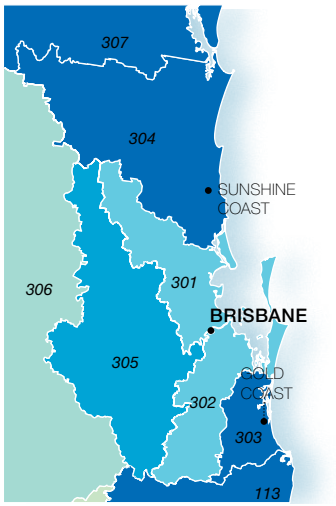
- Medicare Local catchments to be compared within the same metropolitan, regional or rural peer group
- Medicare Local catchments to be compared with the average for their peer group.

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

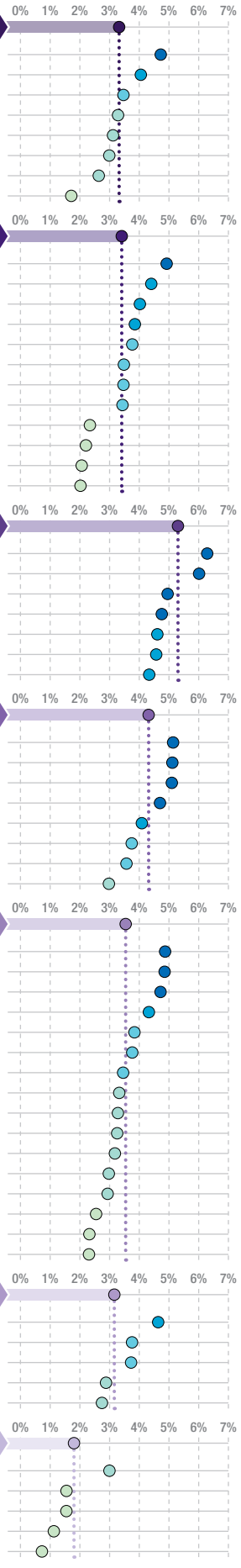
v. Sydney and surrounding areas



vi. Brisbane and surrounding areas



Peer groups	Map Ref.	
Metro 1		**3.3%**
Inner West Sydney	102	4.7%
Inner NW Melbourne	201	4.1%
Eastern Sydney	101	3.5%
Inner East Melbourne	206	3.3%
Northern Sydney	107	3.1%
Bayside	202	3.0%
Sydney North Shore & Beaches	108	2.6%
Australian Capital Territory	801	1.7%
Metro 2		**3.4%**
Gold Coast	303	4.9%
South Eastern Sydney	103	4.4%
Sthn Adelaide-Fleurieu-Kang. Is.	403	4.0%
South Western Melbourne	203	3.9%
Greater Metro South Brisbane	302	3.8%
Metro North Brisbane	301	3.5%
Central Adelaide & Hills	402	3.5%
Eastern Melbourne	207	3.4%
Perth North Metro	502	2.3%
Perth Central & East Metro	501	2.2%
Fremantle	503	2.1%
Bentley-Armadale	504	2.0%
Metro 3		**5.3%**
South Western Sydney	104	6.3%
Western Sydney	105	6.0%
Northern Melbourne	205	5.0%
South Eastern Melbourne	208	4.8%
Macedon Ranges & NW Melb	204	4.6%
Northern Adelaide	401	4.6%
West Moreton-Oxley	305	4.3%
Regional 1		**4.3%**
Nepean-Blue Mountains	106	5.1%
Sunshine Coast	304	5.1%
Illawarra-Shoalhaven	110	5.1%
Central Coast NSW	109	4.7%
Frankston-Mornington Peninsula	209	4.1%
Hunter	111	3.7%
Barwon	210	3.6%
Perth South Coastal	505	3.0%
Regional 2		**3.5%**
Goulburn Valley	215	4.9%
North Coast NSW	113	4.9%
Wide Bay	307	4.7%
Gippsland	217	4.3%
Grampians	211	3.8%
Murrumbidgee	116	3.8%
Great South Coast	212	3.5%
Western NSW	115	3.3%
Loddon-Mallee-Murray	214	3.3%
Tasmania	601	3.3%
Country South SA	404	3.2%
Darling Downs-SW Qld	306	3.0%
Hume	216	2.9%
Southern NSW	117	2.5%
New England	114	2.3%
South West WA	506	2.3%
Rural 1*		**3.2%**
Far West NSW*	118	4.6%
Lower Murray*	213	3.8%
Country North SA*	405	3.7%
Townsville-Mackay*	310	2.9%
Central Qld*	308	2.7%
Rural 2*		**1.8%**
Far North Qld*	311	3.0%
Central & NW Qld*	309	1.5%
Goldfields-Midwest*	507	1.5%
Northern Territory*	701	1.1%
Kimberley-Pilbara*	508	0.7%



* People in rural areas are known to have access to alternatives to Medicare-funded GPs (e.g. state government-funded salaried doctors). Therefore, comparisons between catchments should be restricted to metropolitan and regional areas.

More information can be found at **www.myhealthycommunities.gov.au** and in this report's Technical Supplement.
Data can be downloaded from **www.myhealthycommunities.gov.au**

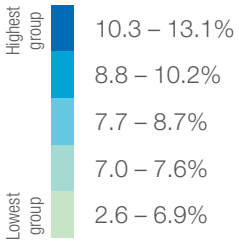
Frequent GP attenders, by Medicare Local

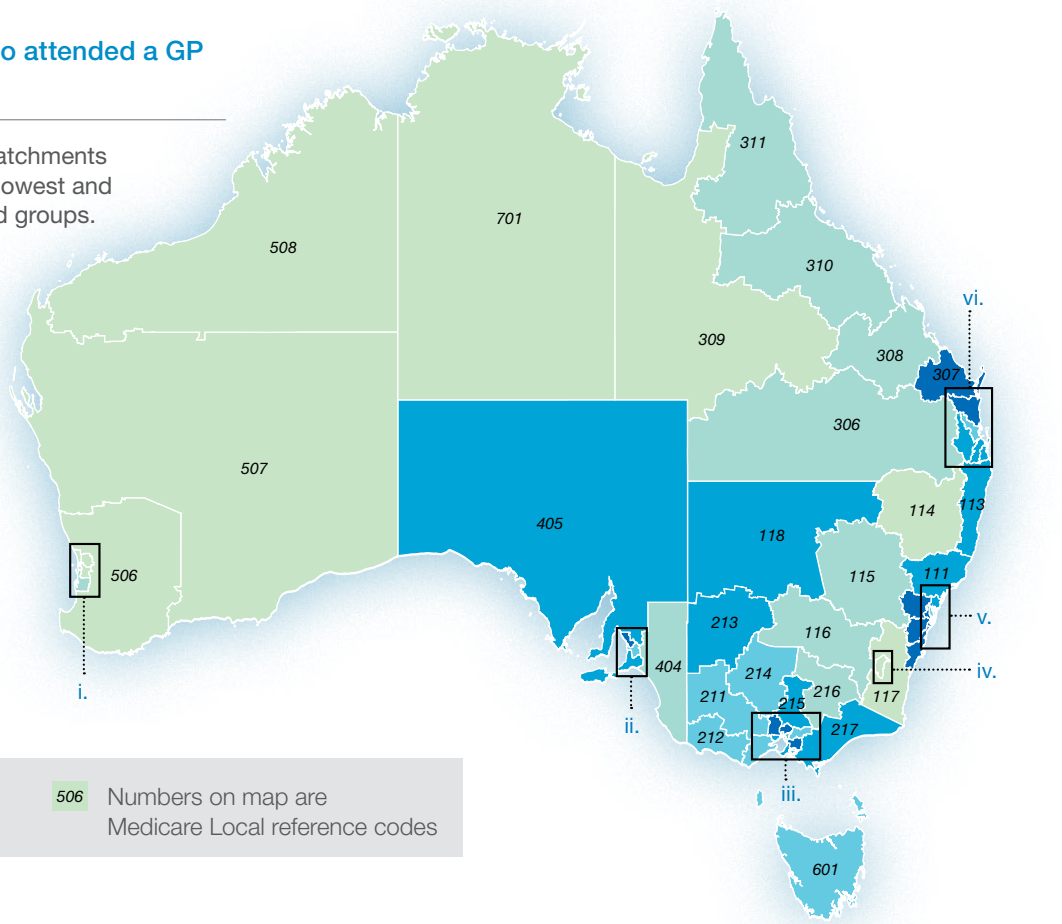
Year of data: 2012–13

In 2012–13, the percentage of the population that had 12 to 19 Medicare-funded GP attendances[1] varied across Medicare Local catchments and across peer groups, ranging from 5.4% in Australian Capital Territory to 13.1% in South Western Sydney (NSW).

Percentage of people who attended a GP 12 to 19 times in the year

Results for Medicare Local catchments were ranked from highest to lowest and then split into five equal-sized groups. The range within each of the five groups was as follows:

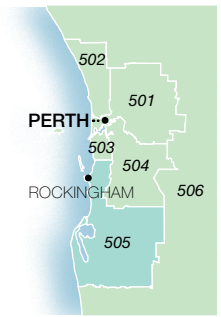




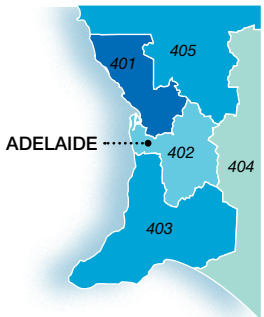
Medicare Local catchment boundary

506 Numbers on map are Medicare Local reference codes

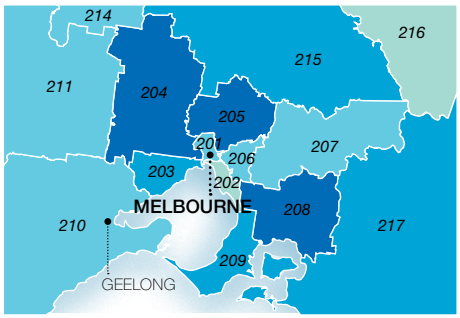
i. Perth and surrounding areas



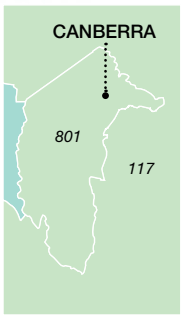
ii. Adelaide and surrounding areas



iii. Melbourne and surrounding areas



iv. Canberra and surrounding areas

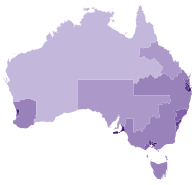


1. GP attendances are non-referred Medicare benefits-funded patient/doctor encounters and exclude services provided on the GP's behalf. Australians were grouped based on the number of GP attendances they had in 2012–13. Australians who had 12 to 19 GP attendances in the year were counted as frequent GP attenders.
2. For more information on peer groups and the calculation of peer group results refer to *Healthy Communities: Australians' experiences with primary health care in 2010–11, Technical Supplement.*

Note: MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements and through other publicly funded programs.

Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013, data extracted November 2014.

Fair comparisons



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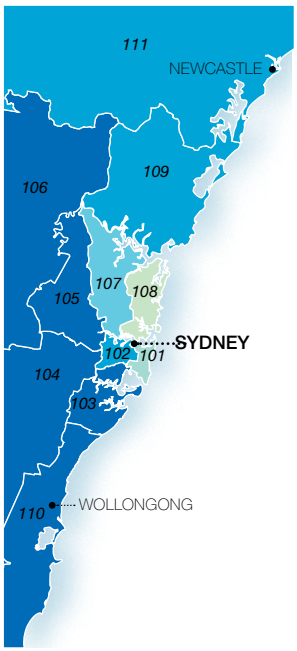
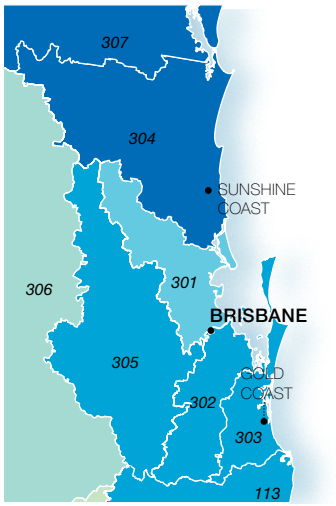
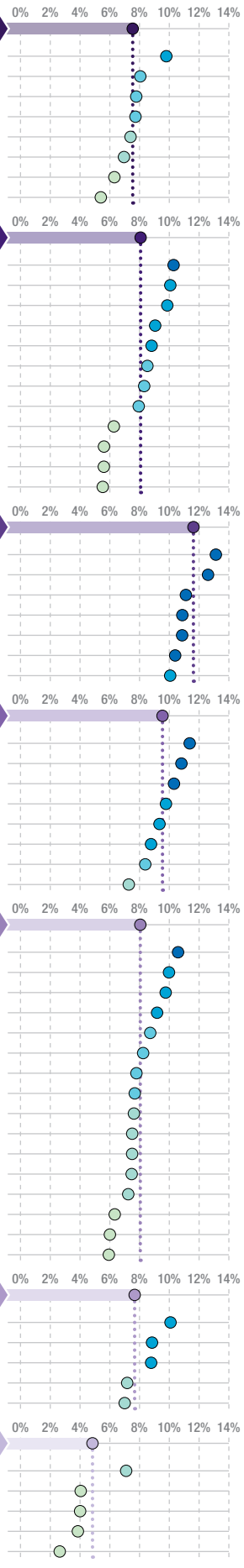
v. Sydney and surrounding areas



vi. Brisbane and surrounding areas



Peer groups	Map Ref.	
Metro 1		**7.5%**
Inner West Sydney	102	9.8%
Inner NW Melbourne	201	8.0%
Northern Sydney	107	7.8%
Inner East Melbourne	206	7.7%
Eastern Sydney	101	7.4%
Bayside	202	7.0%
Sydney North Shore & Beaches	108	6.3%
Australian Capital Territory	801	5.4%
Metro 2		**8.1%**
South Eastern Sydney	103	10.3%
South Western Melbourne	203	10.1%
Gold Coast	303	9.9%
Sthn Adelaide-Fleurieu-Kang. Is.	403	9.0%
Greater Metro South Brisbane	302	8.8%
Eastern Melbourne	207	8.5%
Central Adelaide & Hills	402	8.3%
Metro North Brisbane	301	7.9%
Perth North Metro	502	6.3%
Perth Central & East Metro	501	5.6%
Bentley-Armadale	504	5.6%
Fremantle	503	5.5%
Metro 3		**11.6%**
South Western Sydney	104	13.1%
Western Sydney	105	12.6%
South Eastern Melbourne	208	11.1%
Macedon Ranges & NW Melb	204	10.9%
Northern Melbourne	205	10.9%
Northern Adelaide	401	10.4%
West Moreton-Oxley	305	10.1%
Regional 1		**9.5%**
Nepean-Blue Mountains	106	11.4%
Illawarra-Shoalhaven	110	10.8%
Sunshine Coast	304	10.3%
Central Coast NSW	109	9.8%
Frankston-Mornington Peninsula	209	9.3%
Hunter	111	8.8%
Barwon	210	8.4%
Perth South Coastal	505	7.3%
Regional 2		**8.1%**
Wide Bay	307	10.6%
Goulburn Valley	215	10.0%
North Coast NSW	113	9.8%
Gippsland	217	9.2%
Grampians	211	8.7%
Loddon-Mallee-Murray	214	8.2%
Tasmania	601	7.8%
Great South Coast	212	7.7%
Western NSW	115	7.6%
Country South SA	404	7.5%
Murrumbidgee	116	7.5%
Darling Downs-SW Qld	306	7.5%
Hume	216	7.2%
Southern NSW	117	6.3%
South West WA	506	6.0%
New England	114	5.9%
Rural 1*		**7.7%**
Far West NSW*	118	10.1%
Lower Murray*	213	8.8%
Country North SA*	405	8.8%
Central Qld*	308	7.2%
Townsville-Mackay*	310	7.0%
Rural 2*		**4.8%**
Far North Qld*	311	7.1%
Goldfields-Midwest*	507	4.0%
Central & NW Qld*	309	4.0%
Northern Territory*	701	3.9%
Kimberley-Pilbara*	508	2.6%



* People in rural areas are known to have access to alternatives to Medicare-funded GPs (e.g. state government-funded salaried doctors). Therefore, comparisons between catchments should be restricted to metropolitan and regional areas.

More information can be found at **www.myhealthycommunities.gov.au** and in this report's Technical Supplement.
Data can be downloaded from **www.myhealthycommunities.gov.au**

Very high GP attenders, by statistical area

Year of data: 2012–13

Variation *within* Medicare Local catchments

The maps on these pages show the percentages of the population that had 20 or more Medicare-funded GP attendances[1] by geographic areas referred to as Statistical Areas Level 3 (SA3s).[2]

Since many people in rural areas have access to primary health care services funded by other sources and by health professionals other than GPs, comparisons in this report are restricted to metropolitan and regional areas.

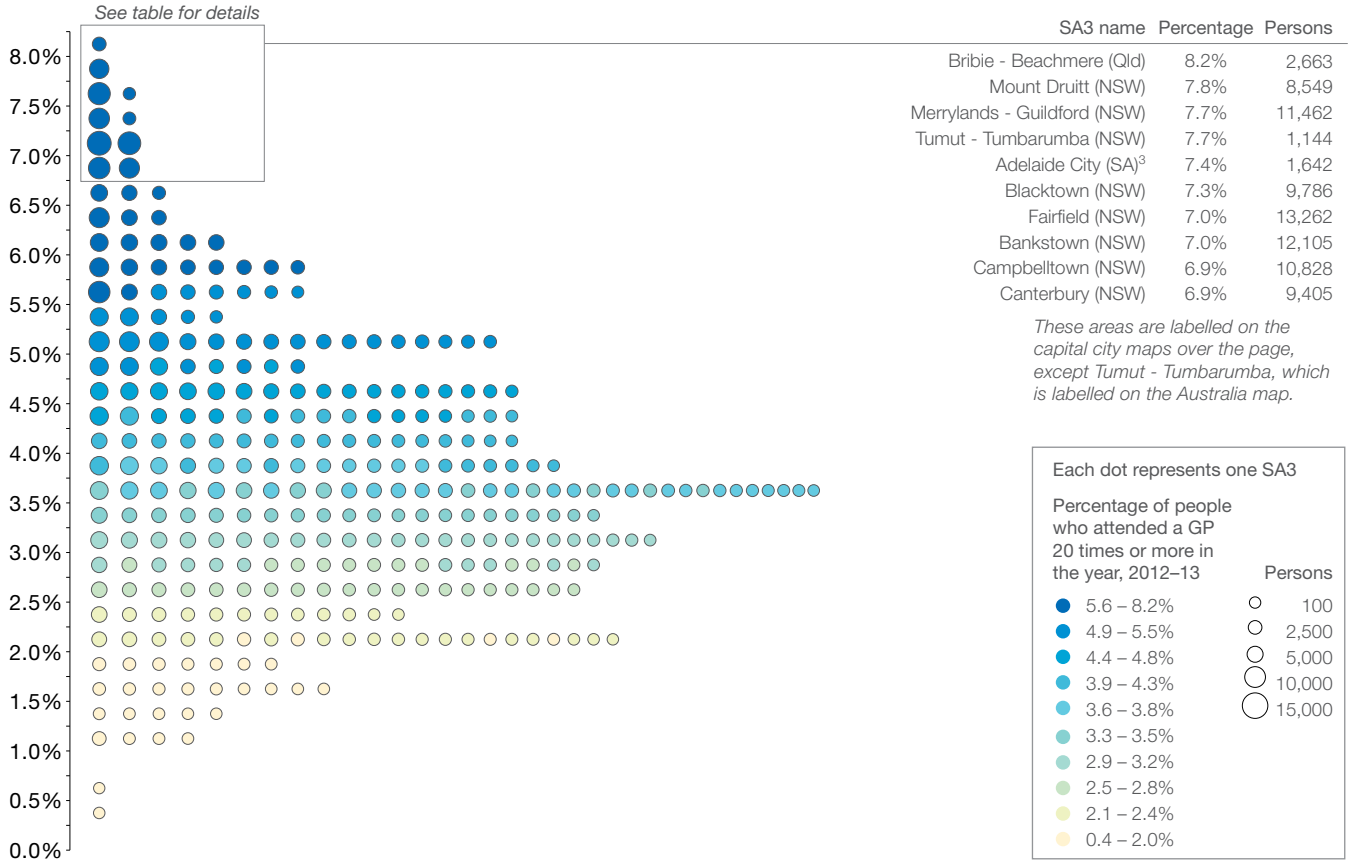
Findings

In 2012–13, the percentage of people who were **very high** GP attenders (20+ visits) varied across SA3s, ranging from 1.2% to 8.2%.

The statistical areas with the lowest percentage were North Canberra and Gungahlin (ACT) both with 1.2%.

The statistical area with the highest percentage was Bribie – Beachmere (Qld) with 8.2%.

Percentage of people who attended a GP 20 times or more in the year, 2012–13



SA3 name	Percentage	Persons
Bribie - Beachmere (Qld)	8.2%	2,663
Mount Druitt (NSW)	7.8%	8,549
Merrylands - Guildford (NSW)	7.7%	11,462
Tumut - Tumbarumba (NSW)	7.7%	1,144
Adelaide City (SA)[3]	7.4%	1,642
Blacktown (NSW)	7.3%	9,786
Fairfield (NSW)	7.0%	13,262
Bankstown (NSW)	7.0%	12,105
Campbelltown (NSW)	6.9%	10,828
Canterbury (NSW)	6.9%	9,405

These areas are labelled on the capital city maps over the page, except Tumut - Tumbarumba, which is labelled on the Australia map.

Each dot represents one SA3

Percentage of people who attended a GP 20 times or more in the year, 2012–13

- 5.6 – 8.2%
- 4.9 – 5.5%
- 4.4 – 4.8%
- 3.9 – 4.3%
- 3.6 – 3.8%
- 3.3 – 3.5%
- 2.9 – 3.2%
- 2.5 – 2.8%
- 2.1 – 2.4%
- 0.4 – 2.0%

Persons

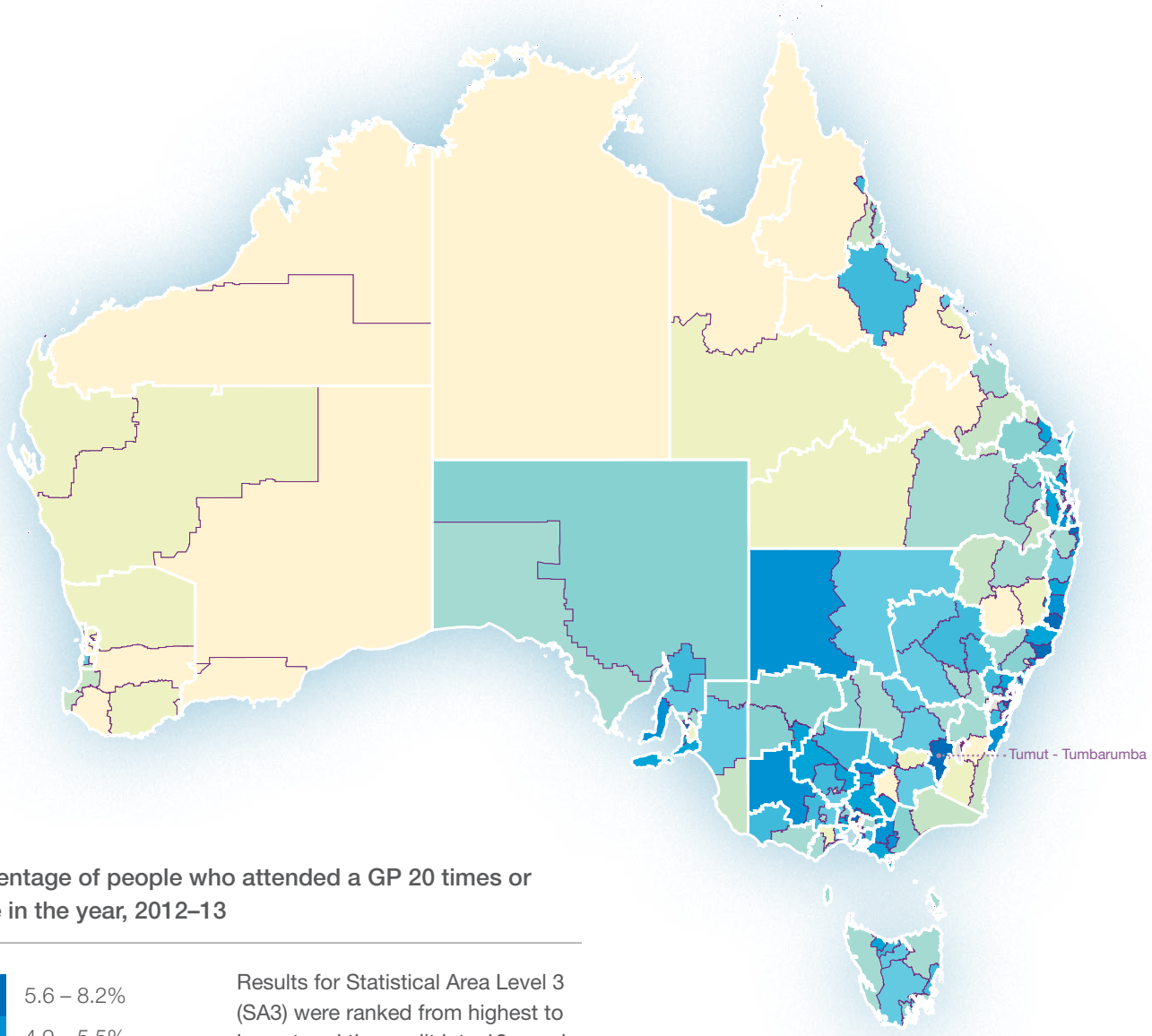
- 100
- 2,500
- 5,000
- 10,000
- 15,000

1. GP attendances are non-referred Medicare benefits-funded patient/doctor encounters and exclude services provided on the GP's behalf. Australians were grouped based on the number of GP attendances they had in 2012–13. Australians who had 20 or more GP attendances in the year were counted as very high GP attenders.
2. For more information about SA3s see Australian Bureau of Statistics (2010) Australian Statistical Geography Standard (ASGS): Volume 1 – Main Structure and Greater Capital Cities Statistical Areas, July 2011. **www.abs.gov.au**
3. Interpret with caution as the estimated resident population was less than the number of Medicare Benefits Schedule claimants in the Adelaide City SA3.

Note: MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements and through other publicly funded programs.

Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013, data extracted November 2014.

Very high GP attenders, by SA3, 2012–13



Percentage of people who attended a GP 20 times or more in the year, 2012–13

Highest group

5.6 – 8.2%
4.9 – 5.5%
4.4 – 4.8%
3.9 – 4.3%
3.6 – 3.8%
3.3 – 3.5%
2.9 – 3.2%
2.5 – 2.8%
2.1 – 2.4%
0.4 – 2.0%
Not available for publication

Lowest group

Results for Statistical Area Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups. The range within each of the 10 groups is displayed on the left.

Medicare Local catchment boundary

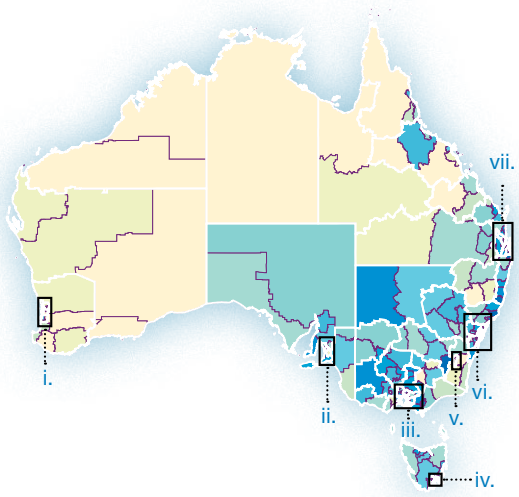
ABS Statistical Area Level 3 (SA3) boundary

Very high GP attenders, by statistical area

Year of data: 2012–13

Variation *within* Medicare Local catchments

i. Greater Perth



Medicare Local catchment boundary

ABS Statistical Area Level 3 (SA3) boundary

Percentage of people who attended a GP 20 times or more in the year, 2012–13

Results for Statistical Areas Level 3 (SA3s)[1] were ranked from highest to lowest and then split into 10 equal-sized groups. The range within each of the 10 groups was:

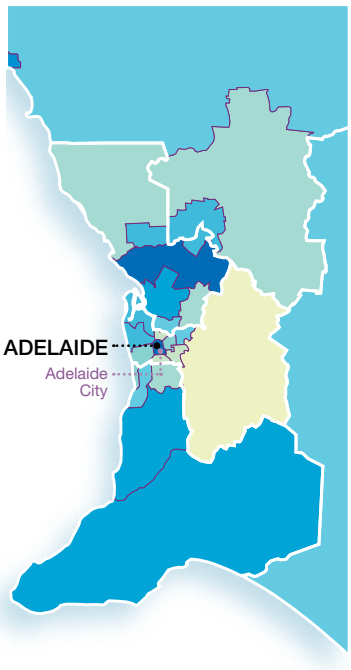
Highest group

- 5.6 – 8.2%
- 4.9 – 5.5%
- 4.4 – 4.8%
- 3.9 – 4.3%
- 3.6 – 3.8%
- 3.3 – 3.5%
- 2.9 – 3.2%
- 2.5 – 2.8%
- 2.1 – 2.4%
- 0.4 – 2.0%

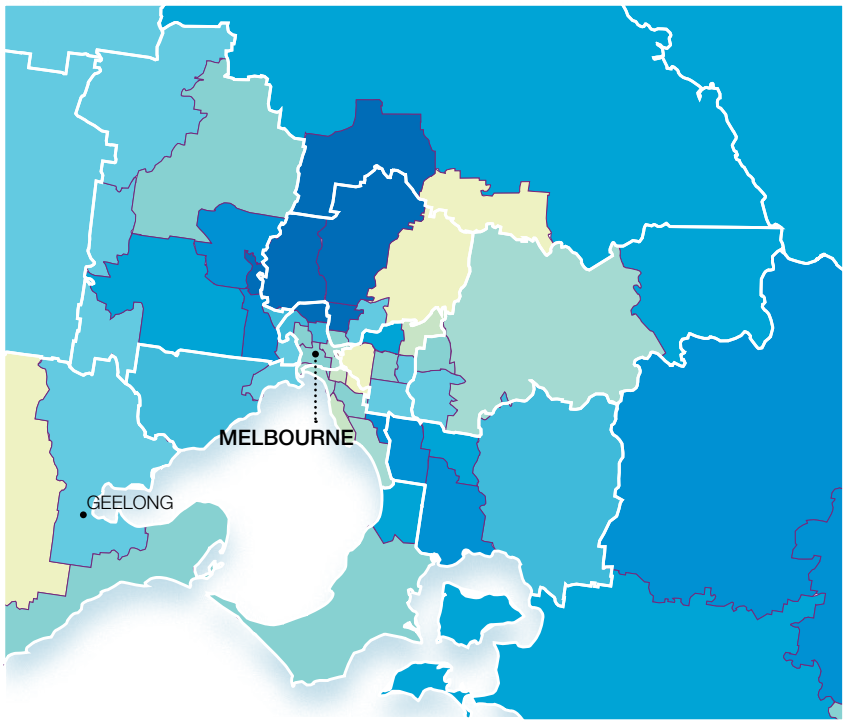
Lowest group

Not available for publication

ii. Greater Adelaide



iii. Greater Melbourne



Local areas with the highest percentage of very high GP attenders

SA3 name	Percentage	Persons
Bribie - Beachmere (Qld)	8.2%	2,663
Mount Druitt (NSW)	7.8%	8,549
Merrylands - Guildford (NSW)	7.7%	11,462
Tumut - Tumbarumba (NSW)	7.7%	1,144
Adelaide City (SA)[2]	7.4%	1,642
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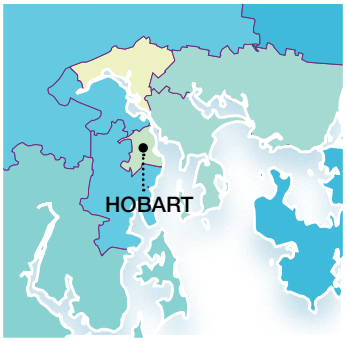
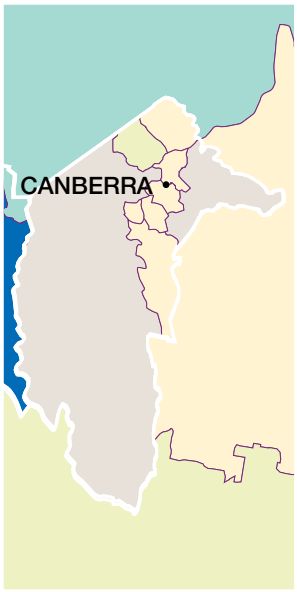
Campbelltown (NSW)	6.9%	10,828
Canterbury (NSW)	6.9%	9,405

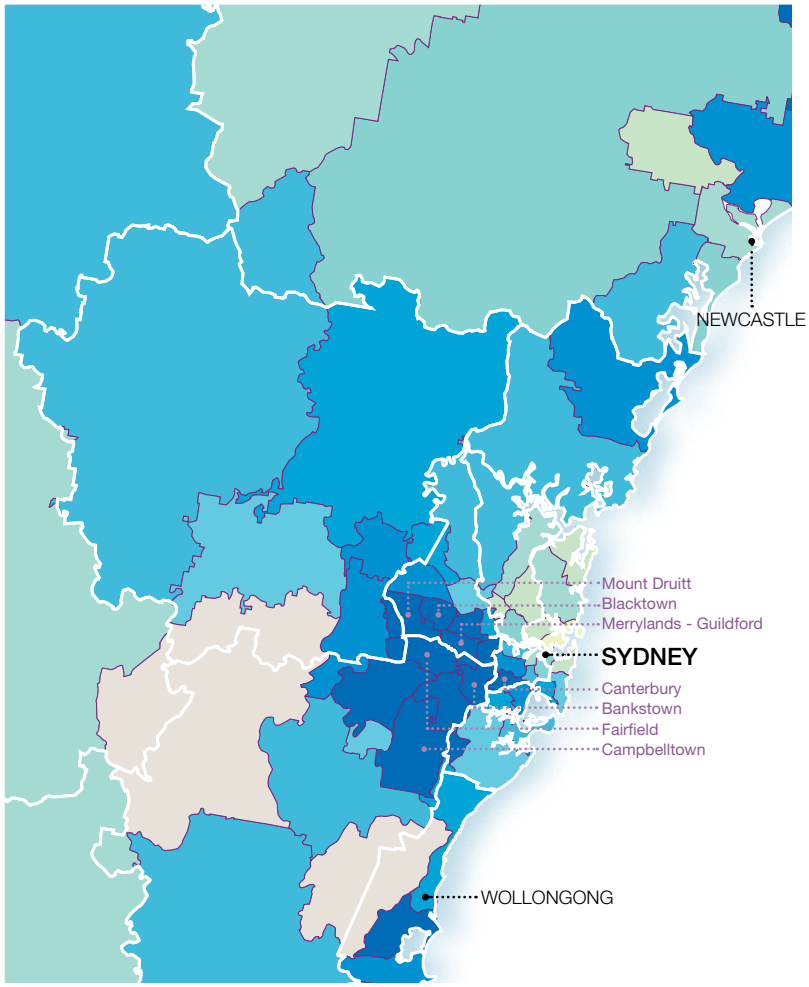
iv. Greater Hobart



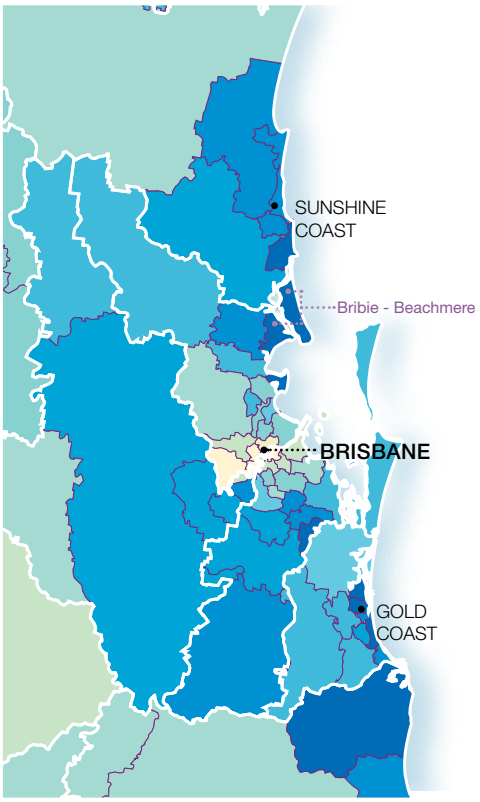
v. ACT



vi. Greater Sydney



vii. Greater Brisbane



1. For more information about SA3s see Australian Bureau of Statistics (2010) Australian Statistical Geography Standard (ASGS): Volume 1 – Main Structure and Greater Capital Cities Statistical Areas, July 2011. **www.abs.gov.au**
2. Interpret with caution as the estimated resident population was less than the number of Medicare Benefits Schedule claimants in the Adelaide City SA3.

Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013, data extracted November 2014.

Frequent GP attenders, by statistical area

Year of data: 2012–13

Variation *within* Medicare Local catchments

The maps on these pages show the percentages of the population that had 12 to 19 Medicare-funded GP attendances[1] by geographic areas referred to as Statistical Areas Level 3 (SA3s).[2]

Since many people in rural areas have access to primary health care services funded by other sources and by health professionals other than GPs, comparisons in this report are restricted to metropolitan and regional areas.

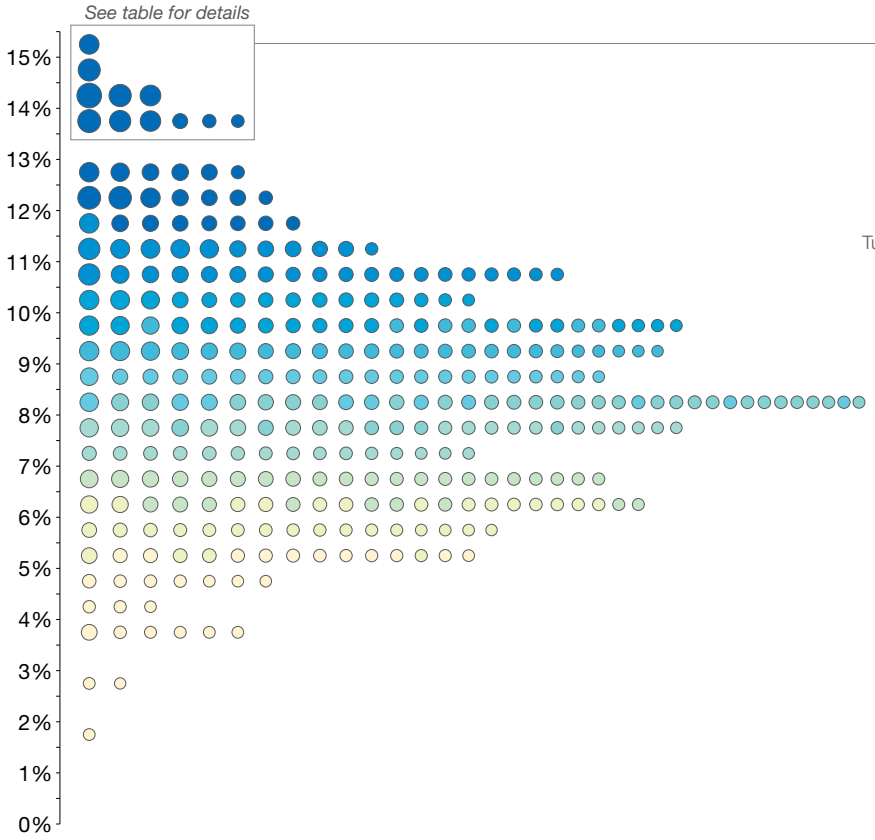
Findings

In 2012–13, the percentage of people who were **frequent** GP attenders (12–19 visits) varied across SA3s, ranging from 3.8% to 15.4%.

The statistical area with the lowest percentage was South Perth (WA) with 3.8%.

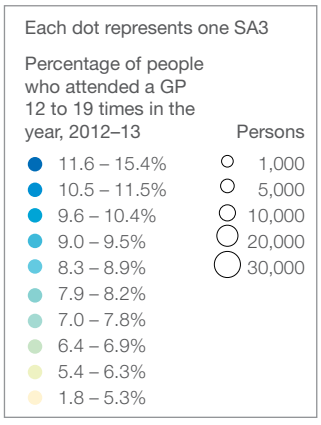
The statistical area with the highest percentage was Mount Druitt (NSW) with 15.4%.

Percentage of people who attended a GP 12 to 19 times in the year, 2012–13



SA3 name	Percentage	Persons
Mount Druitt (NSW)	15.4%	16,966
Merrylands - Guildford (NSW)	14.8%	21,973
Blacktown (NSW)	14.4%	19,202
Fairfield (NSW)	14.3%	26,982
Campbelltown (NSW)	14.2%	22,147
St Marys (NSW)	13.9%	7,727
Bribie - Beachmere (Qld)	13.9%	4,545
Tullamarine - Broadmeadows (Vic)	13.8%	20,246
Bankstown (NSW)	13.7%	23,579
Canterbury (NSW)	13.7%	18,668
Adelaide City (SA)[3]	13.7%	3,033

These areas are labelled on the capital city maps over the page

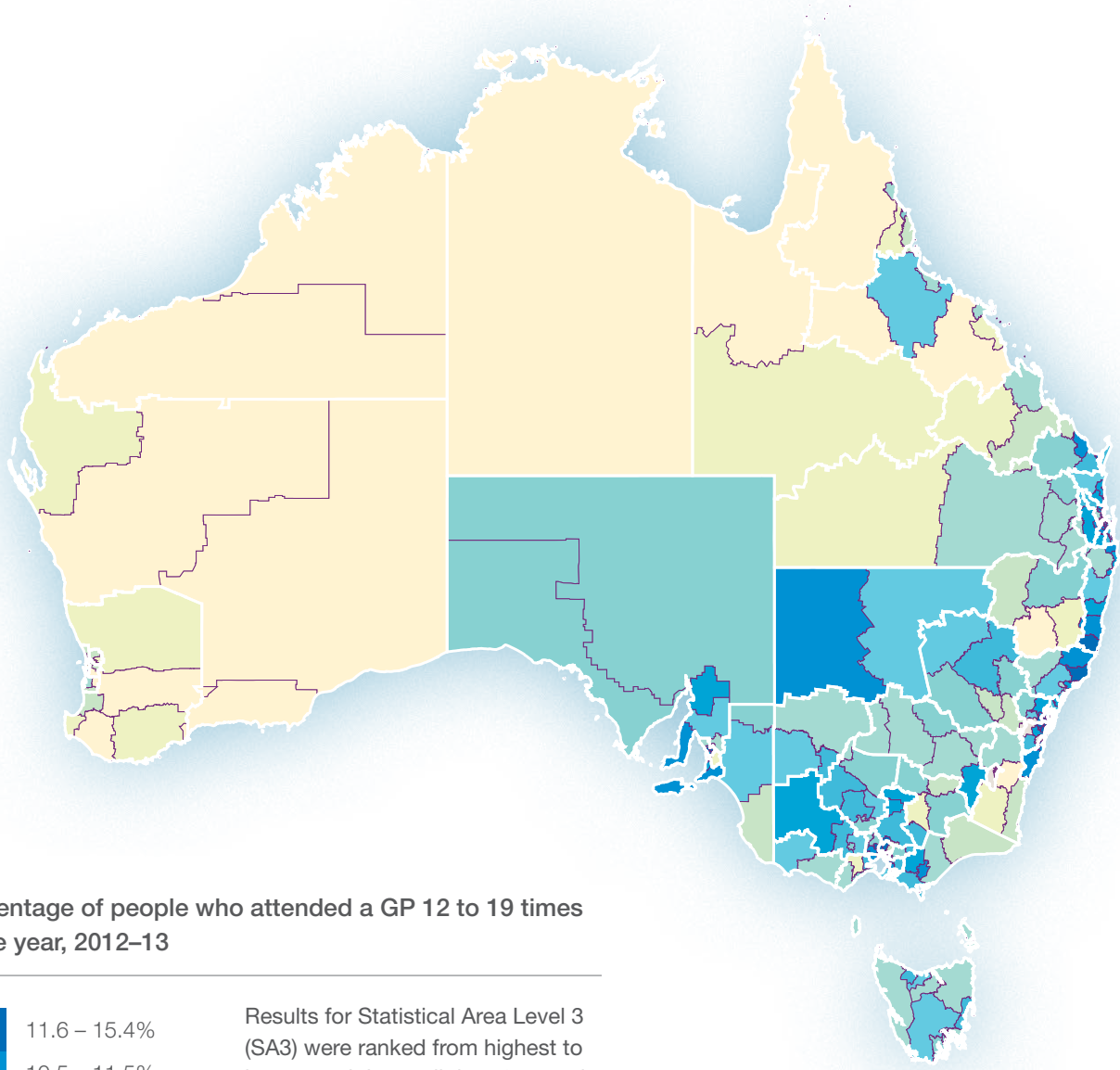


1. GP attendances are non-referred Medicare benefits-funded patient/doctor encounters and exclude services provided on the GP's behalf. Australians were grouped based on the number of GP attendances they had in 2012–13. Australians who had 12 to 19 GP attendances in the year were counted as frequent GP attenders.
2. For more information about SA3s see Australian Bureau of Statistics (2010) Australian Statistical Geography Standard (ASGS): Volume 1 – Main Structure and Greater Capital Cities Statistical Areas, July 2011. **www.abs.gov.au**
3. Interpret with caution as the estimated resident population was less than the number of Medicare Benefits Schedule claimants in the Adelaide City SA3.

Note: MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, some patients under compensation arrangements and through other publicly funded programs.

Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013, data extracted November 2014.

Frequent GP attenders, by SA3, 2012–13



Percentage of people who attended a GP 12 to 19 times in the year, 2012–13

Highest group

11.6 – 15.4%
10.5 – 11.5%
9.6 – 10.4%
9.0 – 9.5%
8.3 – 8.9%
7.9 – 8.2%
7.0 – 7.8%
6.4 – 6.9%
5.4 – 6.3%
1.8 – 5.3%
Not available for publication

Lowest group

Results for Statistical Area Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups. The range within each of the 10 groups is displayed on the left.

Medicare Local catchment boundary

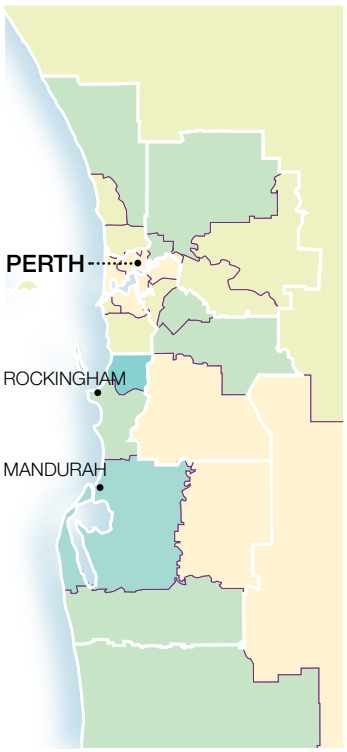
ABS Statistical Area Level 3 (SA3) boundary

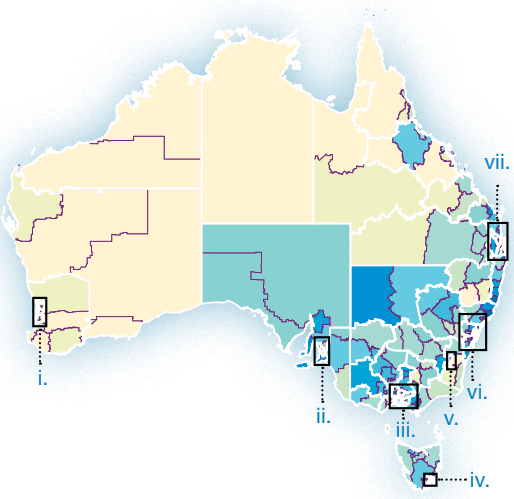
Frequent GP attenders, by statistical area

Year of data: 2012–13

Variation *within* Medicare Local catchments

i. Greater Perth





Medicare Local catchment boundary

ABS Statistical Area Level 3 (SA3) boundary

Percentage of people who attended a GP 12 to 19 times in the year, 2012–13

Results for Statistical Areas Level 3 (SA3s)[1] were ranked from highest to lowest and then split into 10 equal-sized groups. The range within each of the 10 groups was:

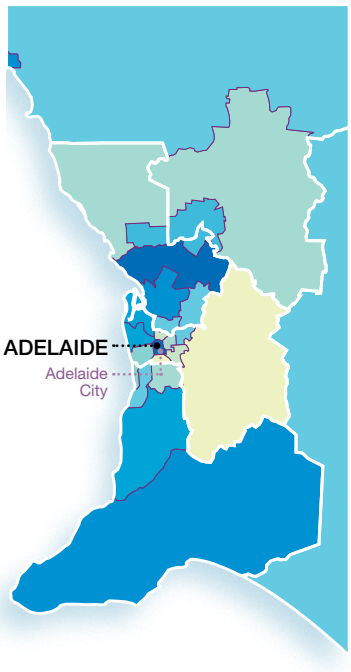
Highest group

- 11.6 – 15.4%
- 10.5 – 11.5%
- 9.6 – 10.4%
- 9.0 – 9.5%
- 8.3 – 8.9%
- 7.9 – 8.2%
- 7.0 – 7.8%
- 6.4 – 6.9%
- 5.4 – 6.3%
- 1.8 – 5.3%

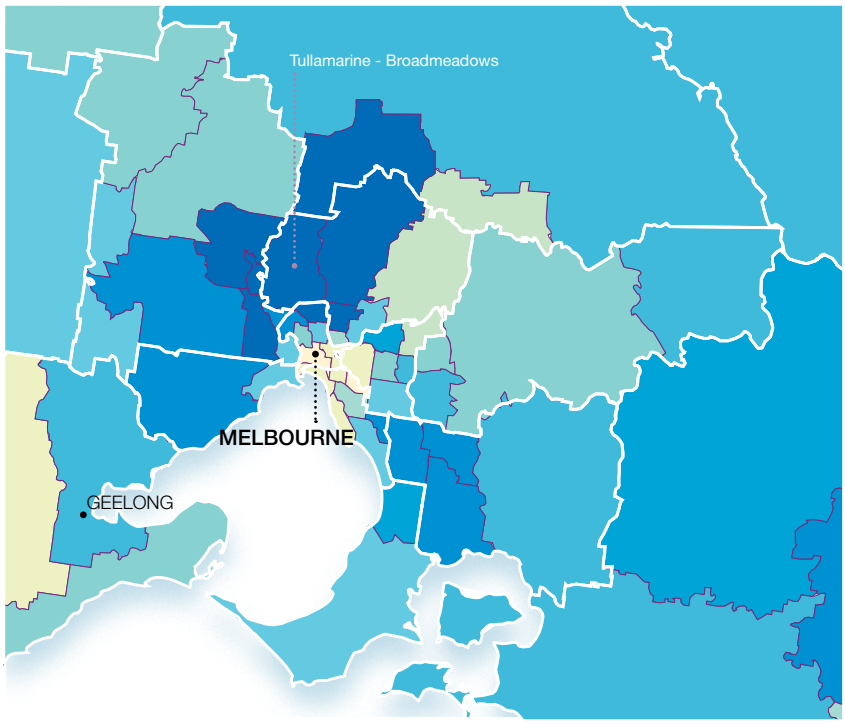
Lowest group

Not available for publication

ii. Greater Adelaide



iii. Greater Melbourne



Local areas with the highest percentage of frequent GP attenders

SA3 name	Percentage	Persons
Mount Druitt (NSW)	15.4%	16,966
Merrylands - Guildford (NSW)	14.8%	21,973
Blacktown (NSW)	14.4%	19,202
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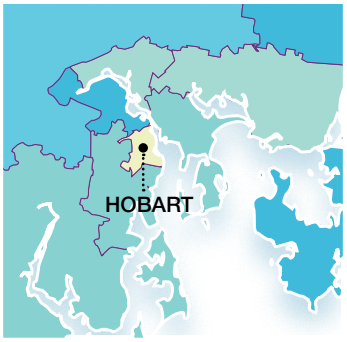
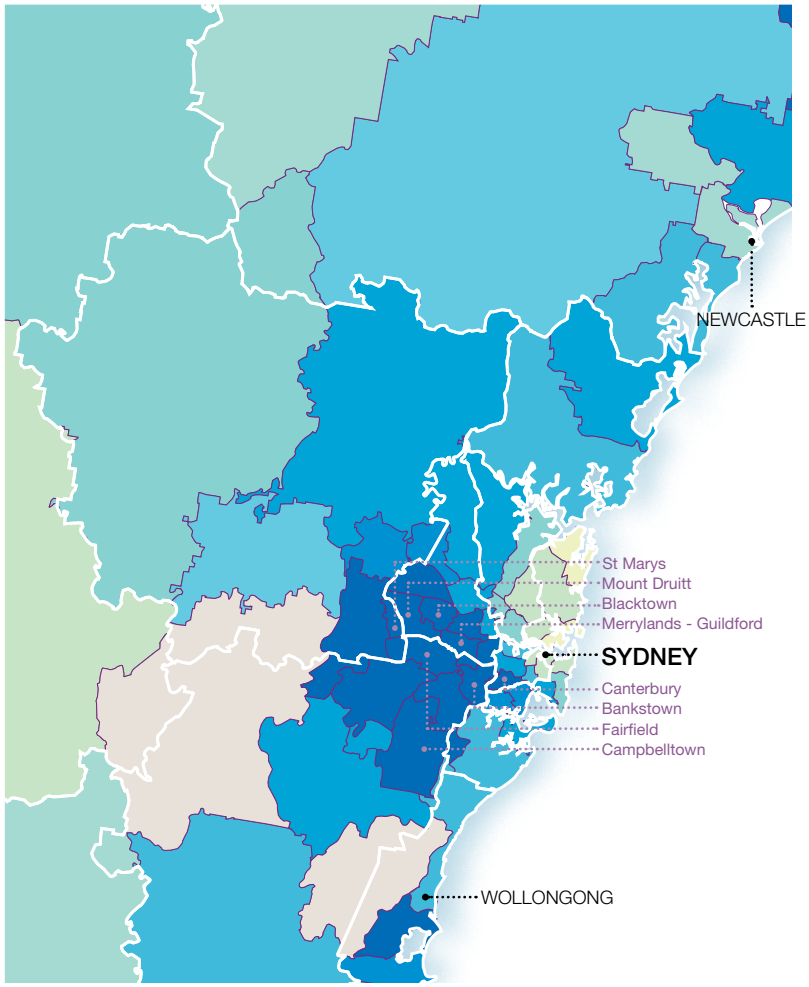
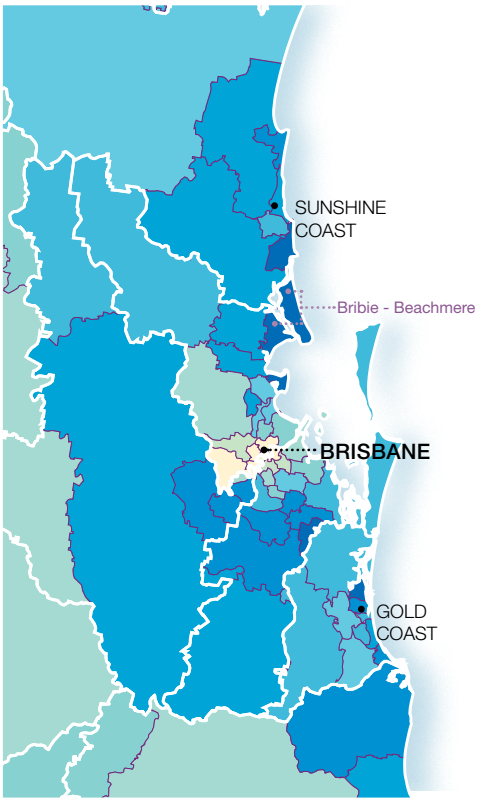


v. ACT

vi. Greater Sydney



vii. Greater Brisbane



1. For more information about SA3s see Australian Bureau of Statistics (2010) Australian Statistical Geography Standard (ASGS): Volume 1 – Main Structure and Greater Capital Cities Statistical Areas, July 2011. **www.abs.gov.au**
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Sources: National Health Performance Authority analysis of Department of Human Services, Medicare Benefits statistics 2012–13 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2013, data extracted November 2014.

Appendix

About the peer groups

To enable fairer comparisons, the Authority allocated each Medicare Local catchment to one of seven peer groups based on socioeconomic status, remoteness and distance to hospitals.

- **Metro 1:** High urban density, higher socioeconomic status
- **Metro 2:** Medium urban density, medium socioeconomic status
- **Metro 3:** Low urban density, lower socioeconomic status
- **Regional 1:** Outer urban areas, middle socioeconomic status
- **Regional 2:** Mostly non-metro urban and regional areas, middle socioeconomic status
- **Rural 1:** Distance from metro cities, with diverse socioeconomic status
- **Rural 2:** Mostly large remote areas, middle or lower socioeconomic status

To find more information about peer groups, see *Healthy Communities: Australians' experiences with primary health care in 2010–11, Technical Supplement* at **www.myhealthycommunities.gov.au**

Glossary

Below is a list of the main technical terms used in the report. To check the meaning of terms not listed here, or other health-related words, visit the online glossary at **www.myhealthycommunities.gov.au**

After-hours attendance	After-hours non-referred GP attendance between patients and medical practitioners (including general practitioners) for the purposes of primary health care.
Age standardisation	Age-standardised rates enable the comparison of rates between populations with different age structures by removing the influence of age. This adjustment is important because the rates of many health conditions and health service use vary with age. Age-standardised data should only be used for comparison purposes. Refer to the this report's Technical Supplement for more information on the methodology used.
All other non-hospital MBS services	The remaining non-hospital Medicare Benefits services once non-hospital GP attendances, specialist attendances, pathology services and diagnostic imaging services are excluded. Includes a broad range of services such as optometry, diagnostic procedures (e.g. ECGs, audiograms), therapeutic procedures (e.g. obstetrics, IVF, radiation oncology), oral and maxillofacial services, bulk-billing incentives and services provided by nursing, Aboriginal and Torres Strait Islander health practitioners and allied health professionals (e.g. psychologists, physiotherapists).
Diagnostic imaging	Production of diagnostic images; for example CT (computed tomography), MRI (magnetic resonance imaging), X-rays, ultrasound and nuclear medicine scans. Refer to this report's Technical Supplement for more information on what is included in Diagnostic imaging or Imaging statistics.
GP attendance	A non-referred Medicare benefits-funded patient/doctor encounter, such as a visit or consultation, for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.
GP attendance group	Groupings, or cohorts, of persons depending on how many times they visited a GP in a year: Very high (20 or more visits), Frequent (12–19 visits), Above average (6–11 visits), Occasional (4–5 visits), Low (1–3 visits) and No visits.

GP chronic disease planning and management service	A set of activities funded through Medicare. Medicare benefits are provided for GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions, including patients with these conditions who require multidisciplinary, team-based care from a GP and at least two other health or care providers. They are a subset of GP attendances and include GP management plans, team-care arrangements, multidisciplinary care plans, and case conferences involving a general practitioner. Referred to in early reports as GP Care Planning.
Medicare benefit	The amount paid by the Department of Human Services for a particular health service listed on the Medicare Benefits Schedule (MBS). Synonymous with the term Medicare rebate.
Medicare Benefits expenditure	Expenditure provided under Medicare covers benefits paid by the Department of Human Services for services listed in the Medicare Benefits Schedule (MBS). It does not include out-of-pocket costs incurred by patients or third parties such as private health insurers.
Medicare Benefits Schedule (MBS)	A Department of Health publication that lists services that are subsidised by the Australian Government under Medicare as set out in the Health Insurance Act 1973.
Medicare Local	Medicare Locals were established to plan and fund health services in communities across Australia. They help to ensure patients can access the care they need, particularly when a variety of health workers are involved in providing treatments. The Australian Government has announced that in 2015 Medicare Locals will be replaced by Primary Health Networks (PHNs). Also see Primary Health Network.
Medicare Local catchment	A Medicare Local catchment is a population that lives in a specific geographical area covered by a particular Medicare Local. See Medicare Local.
Medicare Local peer group	For some reports the Performance Authority groups Medicare Locals into one of seven peer groups based on remoteness, socioeconomic status and distance to hospitals. This allows Medicare Locals to be compared to other Medicare Locals with similar characteristics, and to the average for their peer group. See *Healthy Communities: Australians' experiences with primary health care in 2010–11, Technical Supplement* for more information.

Non-hospital MBS services	Hospital MBS-funded services are those services for which the benefit is 75% of the Medicare Schedule Fee. Non-hospital MBS services are all other Medicare-funded services, that is in general, services provided to people who are not patients of a hospital.
Out-of-pocket cost	The net cost to the patient of a health service, after deducting the Medicare benefit paid.
Pathology episode	Under Medicare, a non-hospital pathology episode is generally equivalent to a visit to a private pathology clinic for services requested by a private practitioner such as a GP or medical specialist. One or more pathology tests may be undertaken within a pathology episode. A patient can only claim one pathology episode per day (with some exceptions).
Primary health care organisation	Organisations focused on improving health at the population level, generally for a particular region. In Australia, Primary Health Networks and Medicare Locals are examples of primary health care organisations.
Primary Health Network	The Australian Government announced in the 2014–15 Budget that new Primary Health Networks (PHNs) will begin operations from 1 July 2015. Primary Health Networks will play a critical role in connecting health services across local communities so that patients, particularly those needing coordinated care, have the best access to a range of health care providers, including practitioners, community health services and hospitals. PHNs will work directly with GPs, other primary care providers, secondary care providers and hospitals.
Socioeconomic status	For the purposes of determining socioeconomic status, the Australian Bureau of Statistics (ABS) gives every geographic area in Australia a SEIFA number which shows how disadvantaged that area is compared with other areas in Australia. The ABS Patient Experience Survey uses the Index of Relative Socio-economic Disadvantage, derived from Census variables related to disadvantage such as low income, low educational attainment, unemployment, jobs in relatively unskilled occupations and dwellings without motor vehicles. The socioeconomic status of survey respondents is estimated by using the SEIFA number for the area in which they live.

Specialist attendance	Specialist attendances are Medicare benefits-funded referred patient/doctor encounters, such as visits, consultations and attendances (including video conference), involving medical practitioners who have been recognised as specialists or consultant physicians for Medicare benefits purposes. Refer to this report's Technical Supplement for more information on the MBS items included in Specialist attendance statistics.
Statistical Area Level 3 (SA3)	A geographic area defined by the Australian Bureau of Statistics (ABS) which typically has a population of between 30,000 and 130,000 people. There are more than 300 Statistical Areas Level 3 in Australia.

References

1. Australian Government Department of Health. Primary Health Networks [Internet]. Canberra: Commonwealth of Australia; 2014 [cited 2015 Jan 30]. Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/primary_Health_Networks

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5. Knox SA and Britt H. The contribution of demographic and morbidity factors to self-reported visit frequency of patients: a cross-sectional study of general practice patients in Australia. BMC Family Practice, 2004; 5:17. Available from: http://www.biomedcentral.com/1471-2296/5/17

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This report has benefited from advice from a number of individuals and organisations with interests and expertise in health care.

The National Health Performance Authority established a report advisory committee to provide advice around various aspects of this work. The committee did not have a direct role in writing the report. The committee comprised:

- Dr Evan Ackermann
  - Chair of the RACGP National Standing Committee - Quality Care
- Associate Professor Helena Britt
  - Director, Family Medicine Research Centre, Sydney School of Public Health, Sydney Medical School, University of Sydney
- Ms Patrice Cafferky
  - Board member, Australian Primary Health Care Nurses Association (APNA), Director, Greater Metro South Brisbane Medicare Local, Registered Nurse, Practice Manager Calamvale Medical Centre
- Dr Ian McRae
  - Research Fellow, Australian Primary Health Care Research Institute, Research School of Population Health, ANU College of Medicine, Biology and Environment
- Mr Mark Metherell
  - Communications Director, Consumers Health Forum of Australia
- Associate Professor Chris Pearce
  - President, Australasian College of Health Informatics, Director of Research, Inner East Melbourne Medicare Local, Adjunct Associate Professor in General Practice, Monash University, Visiting Fellow, Australian National University
- Mr Andrew Phillips
  - Policy Advisor, National Rural Health Alliance
- Associate Professor Gawaine Powell Davies
  - CEO, Centre for Primary Health Care and Equity, University of NSW
- Professor Elizabeth Sullivan
  - Associate Dean (Research), Professor Public Health, Faculty of Health, University of Technology Sydney

This report relies on data provided by the Australian Bureau of Statistics (ABS) and the Australian Government Department of Health (DoH). These data were used to calculate the performance measures in this report. The Authority does a number of checks to ensure data quality, and also relies on the data quality work of the ABS and DoH.

Thanks are extended to all those who contributed.

About the Authority

The National Health Performance Authority has been set up as an independent agency under the *National Health Reform Act 2011*. It commenced full operations in 2012.

Under the terms of the Act, the Authority monitors and reports on the performance of Local Hospital Networks, public and private hospitals, primary health care organisations and other bodies that provide health care services.

The Authority's reports give all Australians access to timely and impartial information that allows them to compare fairly their local health care organisations against other similar organisations and against national standards.

The reports let people see, often for the first time, how their local health care organisations measure up against comparable organisations across Australia.

The Authority's activities are also guided by a document known as the Performance and Accountability Framework agreed by the Council of Australian Governments. The framework contains a set of indicators that form the basis for the Authority's performance reports.

The Authority's role includes reporting on the performance of health care organisations against these indicators in order to identify both high-performing Local Hospital Networks, primary health care organisations and hospitals (so effective practices can be shared), and Local Hospital Networks and primary health care organisations that perform poorly (so that steps can be taken to address problems).

In addition to publishing regular print-style reports, the Authority releases performance information on the MyHospitals website (**www.myhospitals.gov.au**) and the MyHealthyCommunities website (**www.myhealthycommunities.gov.au**), and presents other information about its activities on **www.nhpa.gov.au**

The Authority consists of a Chairman, a Deputy Chairman and five other members, appointed for up to five years. Members of the Authority are:

- Ms Patricia Faulkner AO (Chairman)
- Mr John Walsh AM (Deputy Chairman)
- Dr David Filby PSM
- Professor Claire Jackson
- Professor Michael Reid
- Professor Bryant Stokes AM RFD (on leave)
- Professor Paul Torzillo AM.

The conclusions in this report are those of the Authority. No official endorsement from any Minister, department of health or health care organisation is intended or should be inferred.

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