



## Data overview

This report presents data up to the end of December 2020 and represents an update of the MBS and PBS data originally published in December 2020, which presented data up to the end of August 2020.

The following data visualisations show the impact of COVID-19 on the MBS and PBS service use in 2020 compared with the same period in the previous year. The visualisations display the:

- Medicare Benefits Scheme (MBS) by presenting the number of MBS services and Government benefits paid; and
- Pharmaceutical Benefits Scheme (PBS) by presenting the number of prescriptions dispensed and Government benefits paid.

### Explore the impacts of COVID-19

[MBS service utilisation](#)

[PBS service utilisation](#)

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## Impact on MBS service utilisation

The following data visualisation provides an overview of the impact of the COVID-19 pandemic on the Medicare program. Total Medicare claiming can be seen on the Broad Type of Service (BTOS) comparison tab, and the volume of services and benefits paid for items more specific to COVID can be seen on the COVID items and GP attendances tabs. The bulk-billing incentive items detail the impact of both the introduction of bulk-billing incentive items specific to the pandemic response, and the temporary doubling of all Medicare bulk-billing incentive fees which ceased on 1 October 2020.

From September 2018 to December 2020 points of note are:

- The unseasonably low volume of Medicare services processed in April 2020, including large falls across the pathology, optometry, operations and anaesthetics BTOS groups due to lockdown measures and the temporary ban on elective surgeries;
- The introduction of temporary telehealth via video conference and/or telephone consultation items in March 2020, and the subsequent drop in face to face consultations, particularly for general practitioner consultations in Victoria during their second COVID wave (July to September 2020);
- The large spike in brief (referred to as 'obvious problem' attendances) GP attendances in April 2020; and
- The increase in benefits paid for incentive items during the period April 2020 to September 2020, where the fees associated with the temporary COVID-19 bulk-billing incentives items were doubled.

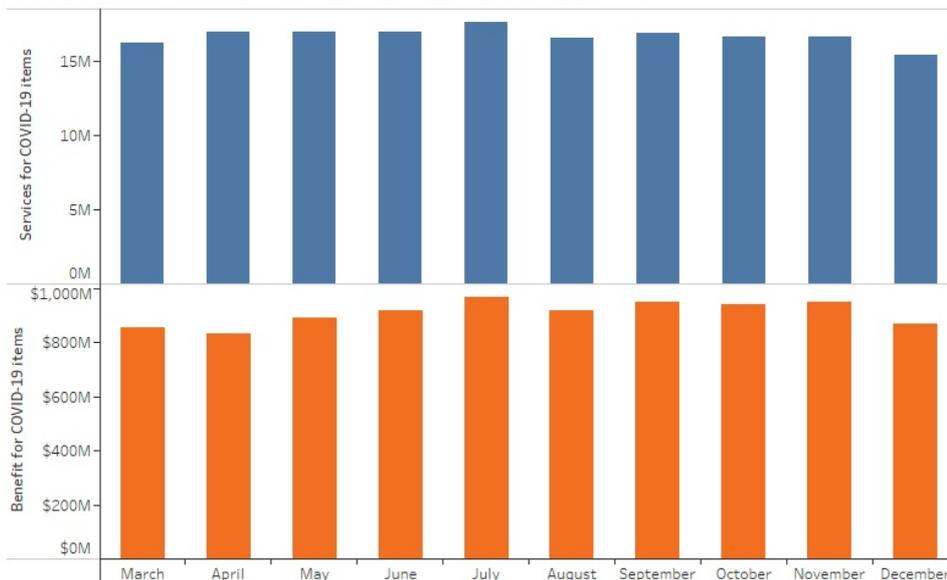
Interactive charts showing: (a) overview of temporary COVID-19 items introduced to the MBS by month; (b) BTOS comparison; (c) COVID-19 related items by mode of delivery; (d) standard GP attendance items by mode of delivery; and (e) bulk billing incentives for non-referred services.

### Overview

Beginning 13 March 2020, the Australian Government introduced a range of temporary Medicare items to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.

Between 01 March and 31 December 2020, there were: **166,752,498** services processed and **\$9,092,485,758** in benefits paid for COVID-19 related items

Medicare services and benefits for COVID items by month



Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.  
<http://www.aihw.gov.au>

### Data table

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## Impact on PBS service utilisation

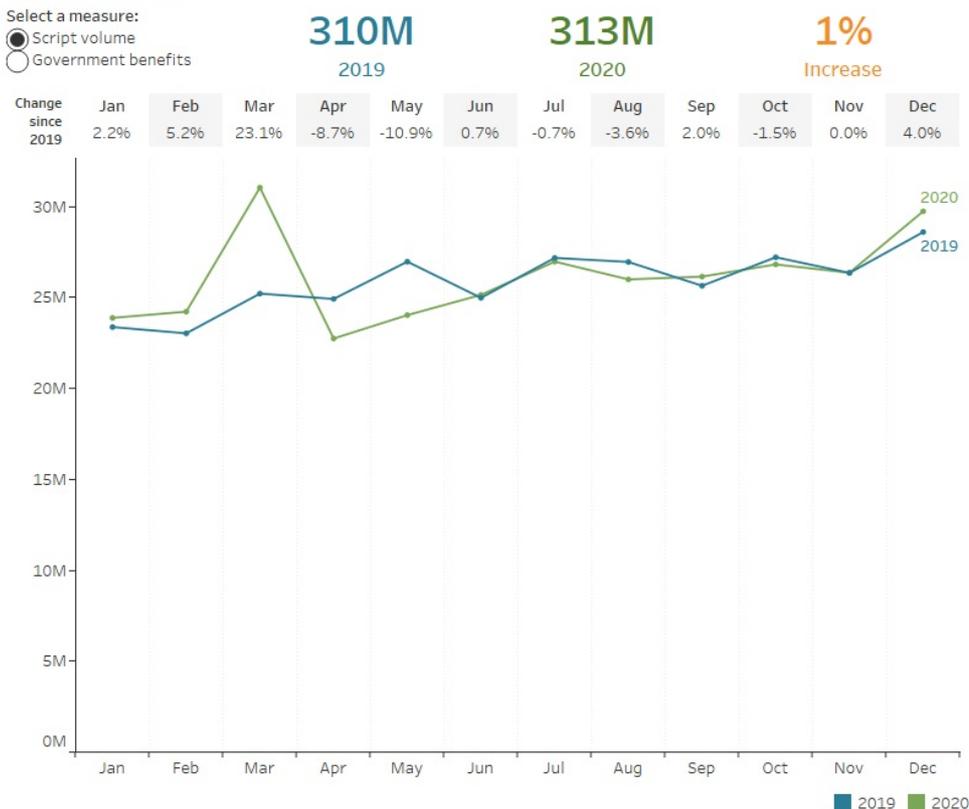
The following data visualisation provides an overview of the impact of the COVID-19 pandemic on the PBS in 2020 by comparing data on PBS prescriptions dispensed and government benefits paid with that seen in 2019. Prescription volumes by state and territory are presented for: Greater capital cities and Rest of state/territory areas, original and repeat prescriptions, prescriptions dispensed concurrently (regulation 49), PBS programs and Anatomical Therapeutic Classification (ATC) groups.

From January 2019 to December 2020 points of note are:

- There was a high volume of prescriptions dispensed in March 2020, coinciding with the introduction of restrictions nationally, and followed by a decrease in April 2020. This pattern occurred in every state and territory and in most areas within states and territories.
- There was an increase in the number of prescriptions dispensed for respiratory system medicines in March 2020 compared to the corresponding period in 2019. This increase was largely driven by the group of medicines used to treat respiratory related conditions such as asthma and chronic obstructive pulmonary disease (COPD).
- There was a decrease in prescriptions dispensed for anti-infectives (this group consists predominantly of antibiotics and antivirals) from 2.5 million in March 2020 to 1.5 million in April. This downward trend carried through to December 2020 compared to the same months in 2019. This decrease in antimicrobial utilisation could be associated with COVID-19 measures such as physical distancing and improved hand hygiene practices. This corresponds with reports of lower numbers of influenza cases in Australia compared to previous years. Please refer to the [National Notifiable Diseases Surveillance System](#) for laboratory confirmed influenza data.

Interactive charts showing: (a) overview of number of scripts and benefits paid by month; (b) script dispensing by location; (c) how people obtained their medicines; (d) number of PBS scripts supplied at the same time; (e) PBS programs; and (f) medicine utilisation.

### Comparison of the total number of scripts dispensed 2019 and 2020



Source: AIHW analysis of PBS data maintained by the Australian Government Department of Health.  
<http://www.aihw.gov.au>

#### [Data table](#)

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## Technical notes

### Medicare Benefits Scheme

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Statistics in this release were extracted by the AIHW from the Medicare Benefits Schedule (MBS) claim records data in the Australian Government Department of Health Enterprise Data Warehouse.

The MBS provides a subsidy for services listed in the MBS, for all Australian residents and certain categories of visitors to Australia. The major elements of Medicare are contained in the *Health Insurance Act 1973*. See details of the [services covered by the MBS](#).

Medicare benefits are claimable only for 'clinically relevant' services rendered by an appropriate health practitioner. A 'clinically relevant' service is one which is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

In general, MBS statistics exclude services:

- Provided to public admitted patients and public outpatients of public and private hospitals
- Provided to patients in public Emergency Departments
- Covered by the Department of Veterans' Affairs National Treatment Account
- Covered by an entitlement conferred by legislation other than the Health Insurance Act. (e.g. services covered by third party or workers' compensation)
- Covered by other publicly funded programs.

The statistics in this release are reported by the month of processing, for the period September 2018 to December 2020. It should be noted that this is not always the same as the month of service (the month in which the visit to a health practitioner occurred, the month in which a procedure was performed, or the month in which a test was undertaken).

Statistics are available on the total number of services and benefits paid, in and out of hospital, by region within state and territory. In addition, MBS-subsidised services are reported using the broad type of service (BTOS) classification, whereby each MBS item is allocated to a BTOS category. The BTOS groups presented in this report are:

- Un-referred (GP) attendances
- Practice nurse services on behalf of a GP
- Specialist attendances
- Obstetrics
- Anaesthetics
- Pathology
- Diagnostic imaging
- Operations
- Assistance at operations
- Optometry
- Radiation therapy
- Other allied health
- Other MBS.

On the 13th March 2020 telehealth via video conferencing and telephone items were introduced into MBS. Statistics on these new items as well as the pre-existing items are published in this release to provide an overview of the impact of the new items on overall utilisation of MBS. Details of the changes to the MBS on account of COVID-19, are available in a [Circular](#) on the MBS website.

On 23<sup>rd</sup> December 2020 the Department of Health issued two MBS circulars:

-  [Extending Mental Health Support for Aged Care Residents During COVID-19](#)
-  [COVID-19 Temporary MBS Allied Health Services for Residents of Aged Care Facilities.](#)

All items listed in both circulars, including items newly introduced as well as pre-existing items for people living in rural and remote areas, are treated as COVID items in the telehealth section of this report.

Statistics in this release are presented separately for non-hospital and hospital MBS subsidised services. Non-hospital MBS subsidised services refer to services provided in non-inpatient settings, and include services in private outpatient clinics. Hospital MBS subsidised services include all services to private inpatients of public and private hospitals, and services rendered as part of a privately insured episode of hospital-substitute treatment.

### Pharmaceutical Benefits Scheme

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#### About the data

The Australian Government subsidises the cost of a wide range of prescription medicines through two separate schemes, the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Claims for reimbursement for the supply of PBS- or RPBS-subsidised medicines are submitted by pharmacies through Services Australia for processing, and are provided to the Australian Government Department of Health. Subsidies for prescription medicines are available to all Australian residents who hold a current Medicare card, and overseas visitors from countries with which Australia has a Reciprocal Health Care Agreement. In general, patients pay a contribution to the cost of the medicine (co-payment), and the Australian Government covers the remaining cost. This remaining cost is referred to as the benefit paid. In some circumstances, the full cost of the medicine is covered by the Australian Government.

PBS data in this report are from records of prescriptions dispensed under the two schemes, where either:

- The Australian Government paid a subsidy
- The prescription was dispensed at a price less than the relevant patient co-payment (under co-payment prescriptions) and did not attract a subsidy.

PBS data cover all PBS prescriptions dispensed by approved suppliers, including community pharmacies, public and private hospital pharmacies, and dispensing doctors.

PBS does not cover:

- Over-the-counter purchases (non-prescription)
- Private prescriptions
- Medicines supplied to admitted patients in public hospitals, although prescriptions to patients on discharge and non-admitted patients in all states and territories are in scope, except New South Wales and the Australian Capital Territory.

Medicines dispensed through alternative arrangements where the patient cannot be identified, such as direct supply to Aboriginal health services, are excluded.

Provision of some medicines may be under-represented in those remote areas, particularly for the Northern Territory with a high proportion of Aboriginal and Torres Strait Islander people who can access medicines through Aboriginal health services.

The number of prescriptions represents the total number of times that a prescribed medicine is supplied to a patient. For individual prescriptions where the quantity dispensed varied from the listed maximum quantity, no adjustment was made for increased or reduced quantity supplied. The supply was counted as one prescription.

Prescriptions dispensed and government benefits paid in this report are presented by month which is based on the date the medicine was supplied to the patient.

Prescription numbers presented in this report may vary slightly from previous reports due to processing of late claims, updates and cancellations.

## The Schedule of Pharmaceutical Benefits

The Schedule of Pharmaceutical Benefits (the Schedule) is released monthly and provides information on the arrangements for the prescribing and supply of pharmaceutical benefits under the PBS. The Schedule lists all of the ready-prepared items subsidised under the PBS.

## Anatomical Therapeutic Chemical (ATC) classification

PBS listed medicines are organised into Anatomical Therapeutic Chemical (ATC) classification groups according to the body system or organ on which they act. See the [World Health Organization Collaborating Centre for Drug Statistics Methodology \(WHOCC\)](#) for further information on the ATC classification system.

The ATC Classification used in this report is from the Australian Government Department of Health's version of the WHOCC ATC Classification, which has some minor differences from the WHOCC version, based upon a particular medicine's usage in Australia. The Schedule of Pharmaceutical Benefits according to ATC groups can be viewed via [browsing by body system](#).

## PBS programs types

This web report has categorised PBS listed medicines into 'program types' which reflect the groupings in the Schedule and are described below.

Most PBS medicines are dispensed by community pharmacies and used by patients at home. These are known as 'General Schedule' medicines.

Section 100 of the [National Health Act 1953](#) provides for an alternative method of medicine supply to patients when normal PBS arrangements are not appropriate.

Section 100 programs include:

- Highly Specialised Drugs Program
- Efficient Funding of Chemotherapy
- Botulinum Toxin Program
- Growth Hormone Program\*

- In-Vitro Fertilisation Program.

Separate sub-schedules exist for specific prescribers or for a specific cohort of the population. These include:

- [Dental](#)
- [Optometrical](#)
- [Palliative Care](#)
- [Prescriber bag](#).

Items annotated with an asterisk (\*) were excluded from visualisation titled 'Number of scripts dispensed by PBS program'.

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## Data

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## Related material

### Resources

### Related topics

- [Health & welfare expenditure](#)
  - [Primary health care](#)
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