

November 2023

The Patient POV

Exploring cost of living impact | emerging
healthcare services | mental health

Special report from the creators of the Australian Healthcare Index



Disclaimer inherent limitations

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

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

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Opening

For the last 2 ½ years the Australian Patients Association and Healthengine have worked together to present the [Australian Healthcare Index \(AHI\)](#), a 6 monthly survey sent to more than 1.8M Australians, to get patient perspectives on a range of issues, and producing over that time, a range of important trend data. Our commitment is to ensure that patient perspectives are part of the healthcare landscape, contributing to the work that our state and federal governments and thousands of healthcare service providers do, to ensure that Australia's healthcare system is affordable, accessible and of the highest possible quality.

The challenges we collectively face in healthcare are widespread, complex, costly, and impactful. There are many competing priorities and between healthcare and other areas of national expenditure, and within healthcare, many additional competing priorities.

In order to seek deeper insights into these issues, from this point forward we will be delivering the Australian Healthcare Index annually, and with additional partners, conducting a further special report which looks to dig a little deeper into the issues of the day.

The main focus of this first special report is affordability, which we know is already Australians' greatest concern with their healthcare system. The information in this report suggests that recent cost of living pressures are now affecting the healthcare decisions of a significant majority of Australians across all income brackets. When Primary and Preventative Healthcare becomes a discretionary spend, the future impact on Australians' health, and the potential impact on acute care, is of serious concern.

We commend this report of patient perspectives for discussion.



David Clarke

Australian Patients Association CEO



Dan Stinton

Healthengine CEO

Population

9,081

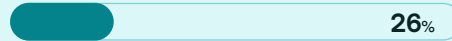
Survey participants

Age breakdowns

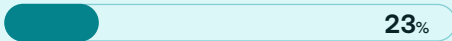
18-34 years old



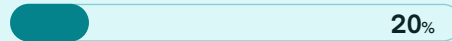
35-49 years old



50-64 years old

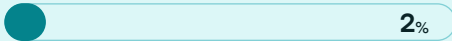


65+ years old

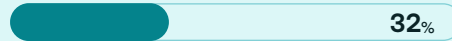


Participation by state

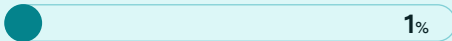
ACT



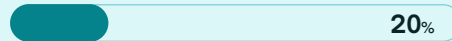
NSW



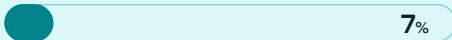
NT



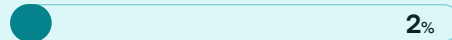
QLD



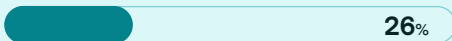
SA



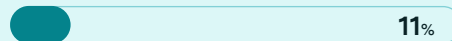
TAS



VIC



WA



Gender

51% Female | 48% Male | 1% Other

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

About this report

From the creators of the Australian Healthcare Index, this special report delves into timely topics affecting Australian patients. Based on the findings from a national survey of more than 9,000 Australian adult patients, it explores the cost of living impact on healthcare, awareness on topical or emerging services and perspectives on mental health and mental health services.

About NPS:

Australian adults were surveyed through an online survey run by Painted Dog Research who were also commissioned to process data from the survey. The final sample was 9,081 which was weighted to be nationally representative. The survey was promoted by Healthengine and the Australian Patients Association through emails, newsletters, website and social media, and this report has been written by the Australian patients and Association and Healthengine.

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





Section 1

Cost of living impact on healthcare

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

Yes 73% 

No 27% 

Breakdowns by age cohort

Yes

18-34



25-49



50-64



65+



Breakdowns by household income

Yes

Less than \$60,000



\$60,001-100,000



\$100,001-140,000



\$140,001-180,000



180,001+



Rising cost of living & impact on healthcare

Recent inflation and associated rises in the cost of living have been widely reported. Nearly three in four (73%) of respondents report that cost of living is now impacting their healthcare decisions, which include delaying or skipping care. Concerns span across all age cohorts and income groups.

In addition, recent [Australian Healthcare Index](#) reports have recognised growing trends in a loss of affordable healthcare services to the point that increasing out-of-pocket costs to see GP/doctor have been Australians' number one concern.

This section further explores the issue of access and affordability in more detail, starting with general practice.



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

59%

delayed GP/doctor visit

59%

delayed dental treatment

43%

reduced allied care appointments

33%

postponed diagnostic test or scan

28%

skipped buying medications

27%

delayed mental health support

Access to General Practice

The issues of healthcare cost start at the entry point to the healthcare system – General Practice. In this survey, nearly two-thirds (61%) of respondents reported paying in the range \$21 - \$60 in out-of-pocket costs for a standard GP consultation. Only 10% reported no out of pocket costs.

Fully bulk billing clinics now have a minority presence in our General Practice system. Financial pressures on practices have led many to move away from bulk billing, resulting in higher out-of-pocket costs for patients.

Increasing costs are delaying care. Nearly 3 in 5 respondents (59%) report delaying their GP visit due to cost of living increases.

What people are paying in OOP costs for GP



Cost of living pressures:

 **33%**

postponed a diagnostic test or scan

 **28%**

skipped buying needed medication



Diagnosis and treatment

One-third (33%) of respondents reported that they had postponed a diagnostic test or scan during the previous 6 months due to cost of living pressures.

More than one in four (28%) of respondents reported that they have gone without prescription medication for financial reasons in the past 6-12 months (11% for up to a week and 17% for more than a week). Cost of living pressures are significant in this area and rising rapidly.

In the past 6-12 months, have you gone without prescription medication due to cost concerns?

Yes

28%

11% Up to 1 week

9% 2-3 weeks

8% 1 month +

No

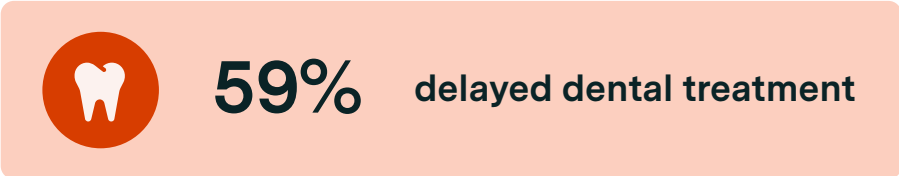
72%



Dental Care

Due to cost of living pressures, over the last 6 months, 59% of respondents reported delaying dental treatment. Of the respondents who had visited the dentist, 73% of those visits were for preventative check-ups/scale and clean and 22% were for emergency procedures.

Cost of living pressures:



Mental Health

Cost of living pressures also led to more than one in four (27%) of respondents delaying mental health support. Of the respondents who self-identified as having poor or fairly poor mental health, 62% chose financial stress as a key contributor. This also has implications for later costs in mental health service delivery.

This topic will be discussed further on page 21 in the Mental Health section of the report.

Allied Health

People are now neglecting allied health care, with 43% of respondents reporting they had reduced their allied care appointments due to cost of living pressures. This may prevent efficient and effective recovery from an illness, or injury, or lead to further complications.

Cost of living pressures:



43% reduced allied care appointments (physio, chiropractic, acupuncture, etc)

44% of respondents visited Emergency Department (ED) in last 6 months



47% said their Emergency Department care could have been provided by GP



Why people chose the ED:

27% chose ED to avoid out-of-pocket costs for care

Emergency Department

Cost of living pressures can also be tied to exacerbating Emergency Department wait times. Of the 44% of respondents who visited a hospital ED in the last 6 months, 47% said their care could have been provided by a GP clinic.

For these non-emergency cases, over 1 in 4 (27%) reported they chose the ED instead of GP to avoid out-of-pocket costs.



Private Health Insurance

Referencing the [Australian Healthcare Index report](#), private health insurance (PHI) costs have been a key concern over time.

In this survey, of the 73% of respondents who said the cost of living pressures impacted their healthcare decisions, 13% have cancelled their PHI and 18% switched to a less expensive PHI coverage.

This is despite the fact that private health insurance membership is currently at record levels with over 12M Australians as members. This is worthy of further investigation. If the growth of private health care is now slowing, this trend may have an increasing impact on the public health system, particularly with the long wait lists for elective surgery in public hospitals.

Cost of living pressures:

 **13%**
cancelled their private health insurance

 **18%**
switched to a less expensive private health insurance coverage

Paying on Credit

Cost of living pressures have changed how more than one in three (37%) respondents pay for healthcare.

The top three ways include over half (52%) using their credit card, 43% borrowing funds from family or friends and 28% using a payment plan provider allowing them to buy now, pay later.



37% have changed how they pay for healthcare

How people are paying for healthcare now:



52% used credit card



43% borrowed money from a friend or family member



28% used payment plan provider (e.g., buy now, pay later)



15% used medical healthcare payment plan



8% Reported dipping into Superannuation for elective surgery costs





Section 2

Awareness of emerging healthcare initiatives

MyMedicare

[MyMedicare](#), which was introduced on 1 October 2023, is a free voluntary patient registration model that allows people to register as a MyMedicare patient with their participating GP clinic.

It's designed to strengthen the relationship between patients and their general practice and doctors. For patients who may see multiple healthcare professionals, the program is designed to more strongly place the GP at the centre of their coordinated care.

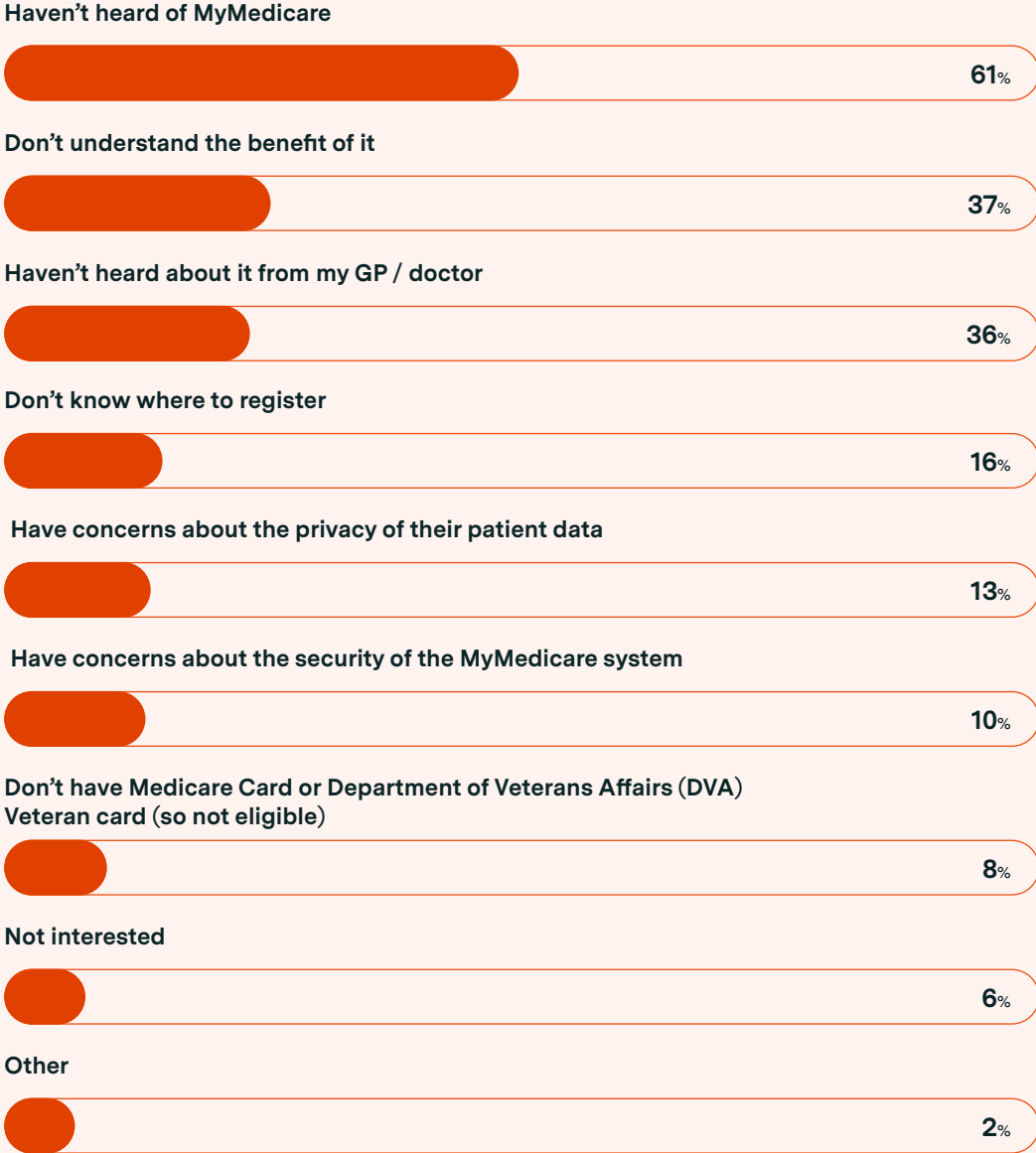
Only 25% of people said they planned to register for MyMedicare. For those who don't plan to register or were unsure, 61% of this cohort said they hadn't heard about the scheme.

Whilst the program has only been in effect for a short time, there is a lot of opportunity ahead to engage and educate the public on the benefits of registration. GPs can be a strong conduit for the message as more than one-third (36%) of respondents said they hadn't heard about it from their GP/doctor.

25% plan to register for MyMedicare with preferred GP/practice



Reason(s) for not planning to register or undecided:





60-Day Prescriptions

Since 1 September 2023, medical practitioners, nurse practitioners and optometrists currently permitted to prescribe Pharmacy Benefit Scheme (PBS) medicines, can make the clinical decision about whether 60-Day Prescriptions are appropriate for their patients with ongoing health conditions.

[Stage one](#) of the program includes about 100 medicines and represents around one third of all the medicines that will be available for 60-Day Prescriptions. From September 2024, this will apply to more than 300 medicines on the PBS.

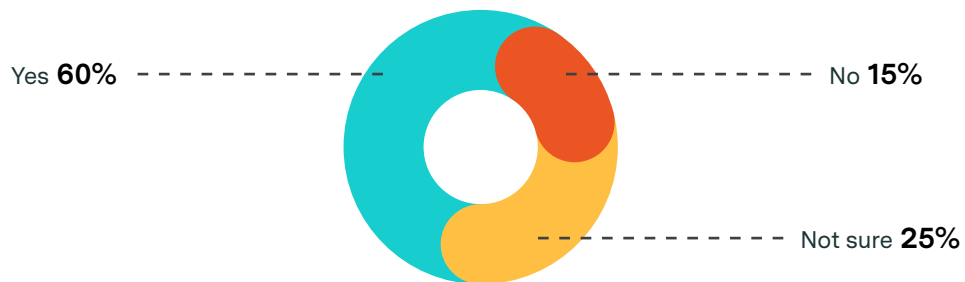
The introduction of 60-day prescribing and dispensing garnered widespread media attention, as GP and pharmacy groups brought forward countering positions on the benefit to patients vs the financial disadvantages that community pharmacies could face.

Despite the media attention, only 49% of survey respondents were aware of 60-Day Prescriptions. Of those who knew about the program, only 60% said they planned to get a 60-day prescription.

Awareness of 60-Day Prescriptions for some PBS medicines



If your medication is included on PBS, do you plan to get a 60-Day Prescription from your GP/doctor?





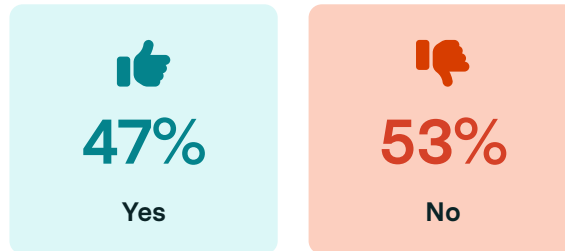
Awareness of local Urgent Care Clinics



Visited Urgent Care Clinic



Based on Emergency Department visit, could care have been provided by a GP or Urgent Care Clinic instead?



Urgent Care Clinics:

Bulk billing urgent care clinics are opening up across Australia, to reduce pressure on Emergency Departments (ED) caused by patients presenting with non-emergency needs.

47% of respondents who visited an ED for care in the past 6 months said in hindsight, their care could have been provided by a GP or Urgent Care Clinic. For these non-emergency cases, more than 1 in 4 (27%) reported they chose the ED instead of GP because there were no out-of-pocket costs.

The success of Urgent Care Clinics is dependent on widespread awareness of the services, however awareness is poor. Less than 1 in 4 (23%) survey respondents reported being aware of these clinics, and as noted above, patients continue to present at ED for non-emergency care.

The impact of the large-scale investment in Urgent Care Clinics is yet to be felt.



Awareness of the availability of medicinal cannabis in Australia

17%

knew its available nationally by prescription or clinical trial

25%

said only available in some states

5%

said it's not legal

3%

said it's only available through clinical trial

50%

did not know

Perspective on medicinal cannabis

It should be more widely accepted

67%
Agree

11%
Disagree

12%
Neutral

It should be more widely available

67%
Agree

11%
Disagree

13%
Neutral

Medicinal Cannabis

Medicinal cannabis plays a role in the suite of prescribed treatments for chronic pain and other related conditions. While medicinal cannabis is fundamentally different to unregulated marijuana, it continues to carry social stigma.

Despite widespread data on its efficacy as a treatment and increased prescribing, it is still not listed under the PBS, keeping costs high for patients. Despite the high cost, in May 2022, [NewsGP](#) reported more than 248,000 prescriptions had been approved over 5 years with 85% of those given out since January 2022.

Although the Australian government legalised access to medicinal cannabis products in 2016 and has subsequently registered some for use in Australia, the awareness of its availability to the general public is also poor. Only 17% of survey respondents knew about its national availability through prescription or clinical trials.

Despite only a small percentage of Australians knowing about its availability, people feel strongly (67%) about medicinal cannabis being more widely accepted and more widely available.

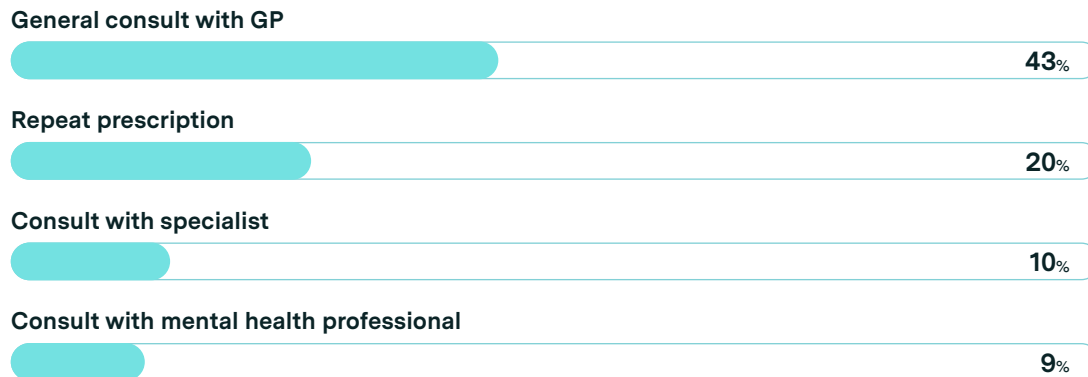


Had telehealth appointment by phone or video in the past 6 months?

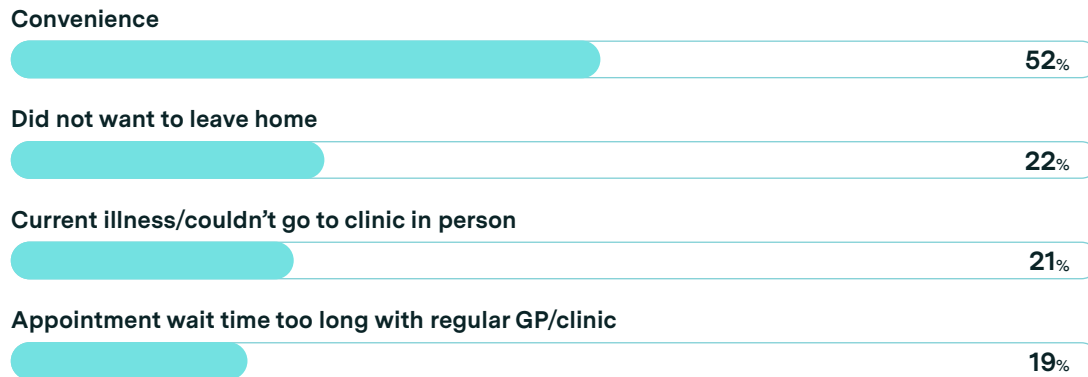


Reason for telehealth consultation & why people chose telehealth?

Top Reasons for consultation:



Top Reasons for choosing:



Telehealth

The onset of COVID-19 drove a large-scale increase in the use of telehealth services (remote consultation via telephone or video) as GPs sought to provide patient care whilst keeping patients, healthcare practitioners and clinic staff safe.

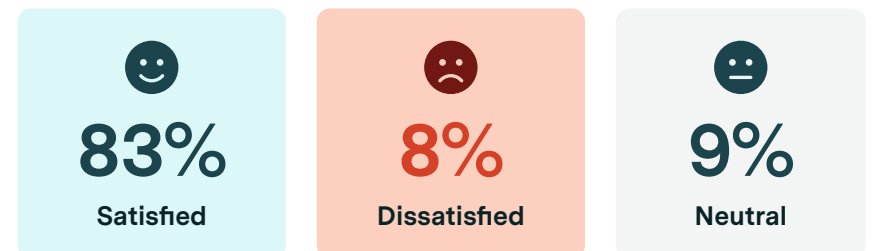
While COVID-19 isn't a primary driver of telehealth services anymore, patients are drawn to its convenience and as another way to access care for GP consults, script renewals and more. It is generally accepted that telehealth will become a strong component of the healthcare landscape.

More than 2 in 5 survey respondents (42%) have used telehealth in the past 6 months. Of those who have used telehealth, 43% used it for a general consultation with their GP. More than half (52%) attribute convenience as the top reason to use telehealth services.

Satisfaction with telehealth is quite high, with 83% of patients satisfied with the service they received.

For people not using telehealth, 58% said they haven't had a reason to use it, whilst 33% prefer in-person care and 11% couldn't access a bulk billing option.

Satisfaction with telehealth experience:





Section 3

Perspectives on mental health & services

How would you describe your mental health in general?

11%



Poor

26%



Fair

32%



Good

21%



Very Good

10%



Excellent

What's contributing to fair or poor mental health?

Stressful life events

67%

Financial stress

62%

Health issues

53%

Work pressures

39%

Family conflict

29%

Job insecurity/unemployment

25%

Genetic predisposition

17%

Other

13%

Alcohol or drug use

7%

Perspectives on mental health & services

Cost of living increases are also contributing to people's mental health and wellbeing challenges. This section explores cost of living, access to Mental Health Treatment Plans, how people are getting support, satisfaction with providers, and workplace impact on mental health.

The survey found nearly 1 in 4 respondents have sought mental health support in past 6 months and 37% of respondents overall described their current mental health as fair or poor. For those rating their mental health as poor or fair, the top contributing factors named are stressful life events, financial stress and health issues.

When taken alongside the fact that over 1 in 4 (27%) respondents reported delaying mental health support, it is clear that cost of living increases have strong implications for not only physical health but mental health and wellbeing as well.

The GP-referred Mental Health Treatment Plan is one way people can access free or subsidized sessions from registered or clinical psychologists, eligible social workers or occupational therapists.

For the 24% who've sought mental health support in the past 6 months, 62% had received a Mental Health Treatment Plan, 31% did not and 7% were not aware of the plan

24% of respondents have sought mental health support in the past 6 months

Have a Mental Health Treatment Plan (MHTP)

62%
Yes

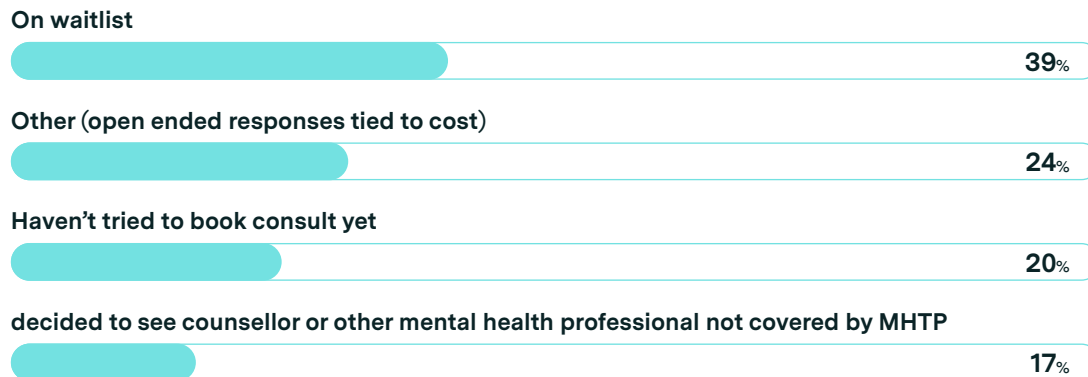
31%
No

Have you used MHTP?

76%
Yes

24%
No

Why haven't you used MHTP?



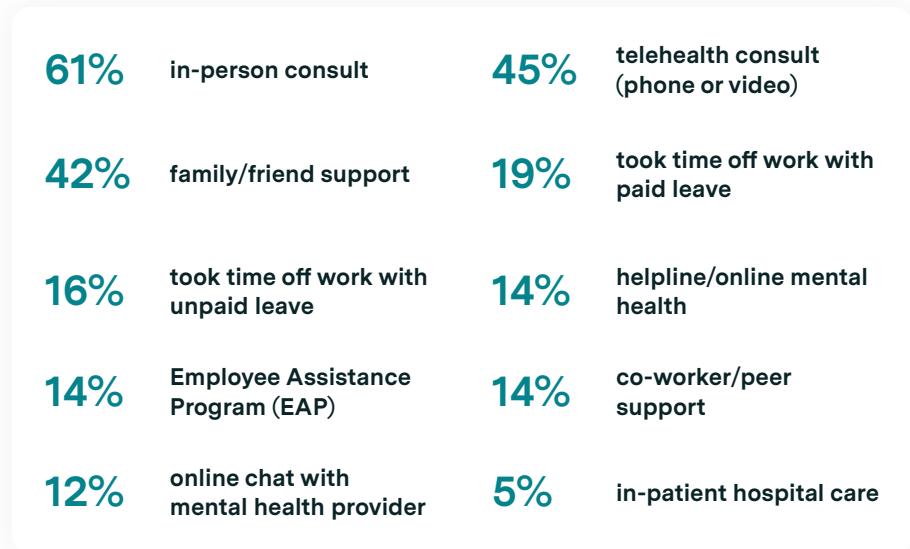
Mental Health Treatment Plan access & usage

Of the 62% of respondents with a Mental Health Treatment Plan, 3 in 4 have accessed care with it. 24% haven't used it yet.

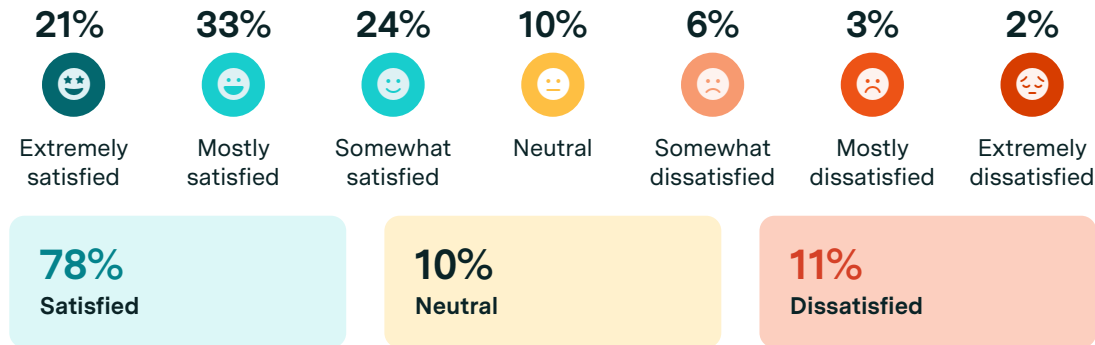
For people who haven't used their Mental Health Treatment Plan, 39% were on waiting lists to see a psychologist or other health professional who can provide care through the [Better Access initiative](#).

In addition, 20% hadn't tried to book their consult yet, whilst 17% sought care from a counsellor or other mental health professional not eligible to support the Mental Health Treatment Plan. Nearly 1 in 4 respondents cited cost as a reason for not using, as even with access to the Mental Health Treatment Plan, they still deemed the out-of-pocket costs too high to see a psychologist or other eligible health professional.

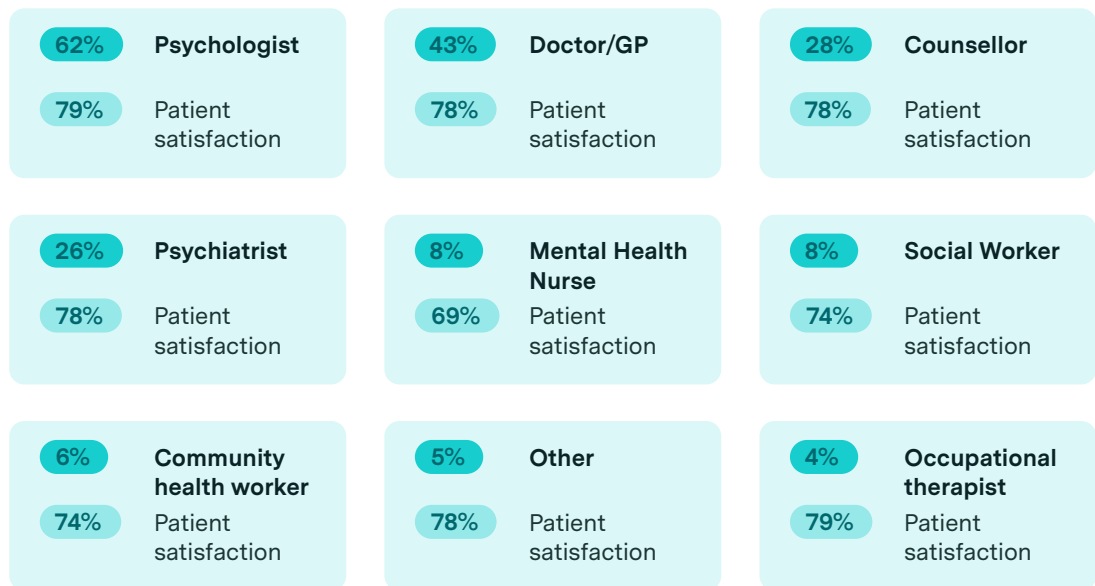
How people have accessed mental health support in the past 6 months



Patient satisfaction with mental healthcare support



Who are patients seeing for mental health support and what is their satisfaction with care?



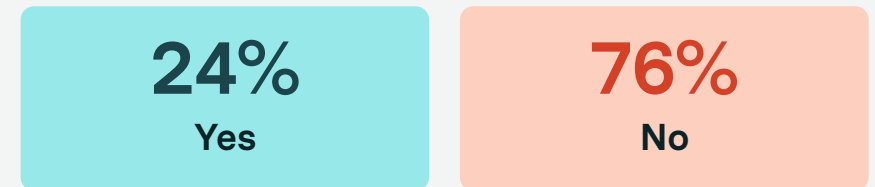
Patient satisfaction with mental healthcare support

Of the 24% of respondents who sought mental health support, 83% accessed care through a variety of mental health professionals available. Psychologists and GPs are most often seen for care, followed by counsellors and psychiatrists.

Across the board, 78% of people are satisfied with the support they've received and this is consistent across providers.

Counsellors, Doctors (GPs), Psychiatrists, Psychologists and Occupational Therapists all had a 78-79% satisfaction rating. Mental Health Nurses, Community Health Workers and Social Workers ranged between 69-74%. This was consistent across the three-tier satisfaction scale. While the majority of patients are positive about the support they've received, 11% are dissatisfied.

24% have sought mental health support in the past 6 months from a mental health professional



Have received support



Workplace impact on mental & physical health

The OECD Better Life Index found full-time workers in Australia dedicate 60% of their day on average or 14.4 hours, to personal care and leisure (less than the OECD average of 15 hours). That other 40% is tied to work. Given the time we spend at or thinking about work, how is it affecting Australians' mental wellbeing and physical health?

For the nearly 1 in 4 respondents seeking mental healthcare, 72% said the workplace impacts their mental health. Of that group, 70% experience negative effects: either the worsening of mental health or driving them to seek mental health support. Only 14% said work was making a positive impact on their mental health. Looking at work-related supports, 14% have used a provided Employee Assistance Program (EAP) to support mental health, 14% said they sought support from co-workers/peers at work and 19% took time off work using paid leave. An additional 16% took time off work using unpaid leave.

The survey also explored workplace burnout and found 13% of working Australians are experiencing persistent symptoms of emotional, physical and mental exhaustion and 8% are at a point where they need a workplace change or need to seek help. With 1 in 5 respondents challenged by chronic workplace stress, it underscores the role employers can play in supporting health and wellbeing.

Did your workplace impact your mental health in any way (positive or negative)? (based on 24% who said they sought care and are working)

72%
Yes

28%
No

24% of respondents have sought mental health support in the past 6 months. Of these:

Workplace made mental health worse

44%

Workplace caused them to seek mental health support

26%

Workplace made a positive impact on mental health

14%

Prefer not to say

16%

People's perspective on burnout

Workplace burnout is a state of emotional, physical and mental exhaustion resulting from chronic workplace stress that has not been successfully managed.

Rate your level of burnout (asked only working respondents)

17%
No symptoms of burnout. I enjoy my work.

27%
Don't feel burnt out, but occasionally under stress and don't always have as much energy as I once did.

29%
Have one or more symptoms of burnout (such as physical and/or emotional exhaustion), but it is still mild.

13%
Symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.

8%
Feel completely burnt out and often wonder if I can go on. I am at the point where I may need a change or may need to seek some sort of help.

6%
None of these statements apply to me.



Implications of the survey results

One of the most significant factors in any healthcare system that keeps acute care costs manageable and populations healthy, is that when illness and disease are present, people have early access to diagnosis and good quality care.

The responses to this and previous patient surveys tied to the Australian Healthcare Index reflect a healthcare system that no longer offers equal access or a universally free system.

There is a pervasive, increasing trend of Australians delaying or cancelling care and treatment across primary and preventative care, including mental health care, for financial reasons.

There is also a lack of public awareness of recent initiatives which are designed in part to address some of the cost pressures on the system, and this lack of awareness affects the efficacy of these initiatives.

Opting out of care

The negative health impacts of delaying or cancelling care are generally felt most by lower-income Australians whose health is already behind the rest of the population. However, it is also notable that Australians across all income scales and ages are choosing to delay healthcare based on financial cost. This reflects a cumulative cost of living impact, as people are driven toward cost savings wherever they can find them.

The increasing trends associated with Private Health Insurance will amplify this problem further.

The flow-on impacts of this growing inability to pay for basic healthcare will take time to flow through the system. When it does, we should expect increasing levels of acute illness and disease with increased pressure on the healthcare system and increased health inequity amongst Australians.



Implications of the survey results (cont.)

Awareness of health initiatives

New government initiatives that are designed to contribute to better healthcare and/or control costs, must be communicated as well as possible to the general public.

High-cost initiatives such as Urgent Care Clinics, 60-Day Prescriptions and MyMedicare, cannot be properly assessed for their effectiveness unless they are widely utilised.

Although MyMedicare and 60-Day Prescriptions are new, and Urgent Care Clinics have only recently been established Australia-wide, the survey suggests we still have a very poor level of awareness of their function and availability.

Summary

Rising healthcare costs and cost of living have now accelerated the practice of delaying timely diagnosis and treatment throughout our community, across all age and income levels.

Although the greatest negative impact of this trend is on less wealthy Australians, it has become a mainstream issue. The impact of this is yet to be felt - more acute, later and higher cost interventions which will further stress the system. As a result, in our view this now represents Australia's greatest systemic healthcare risk.

The opportunity ahead is to build the strongest possible focus on:

- The creation of incentives, and the abolition of disincentives (especially affordability) for Australians to seek early diagnosis and treatment for illness; and
- More strongly communicating the availability of new services and initiatives which are designed to address the issues.

About us



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

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

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



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

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

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

Contact

If you or your organisation would like to discuss the report further, please get in touch with the APA or Healthengine.

We look forward to future connections and collaboration to strengthen the patient experience.

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November 2023