

# At a glance

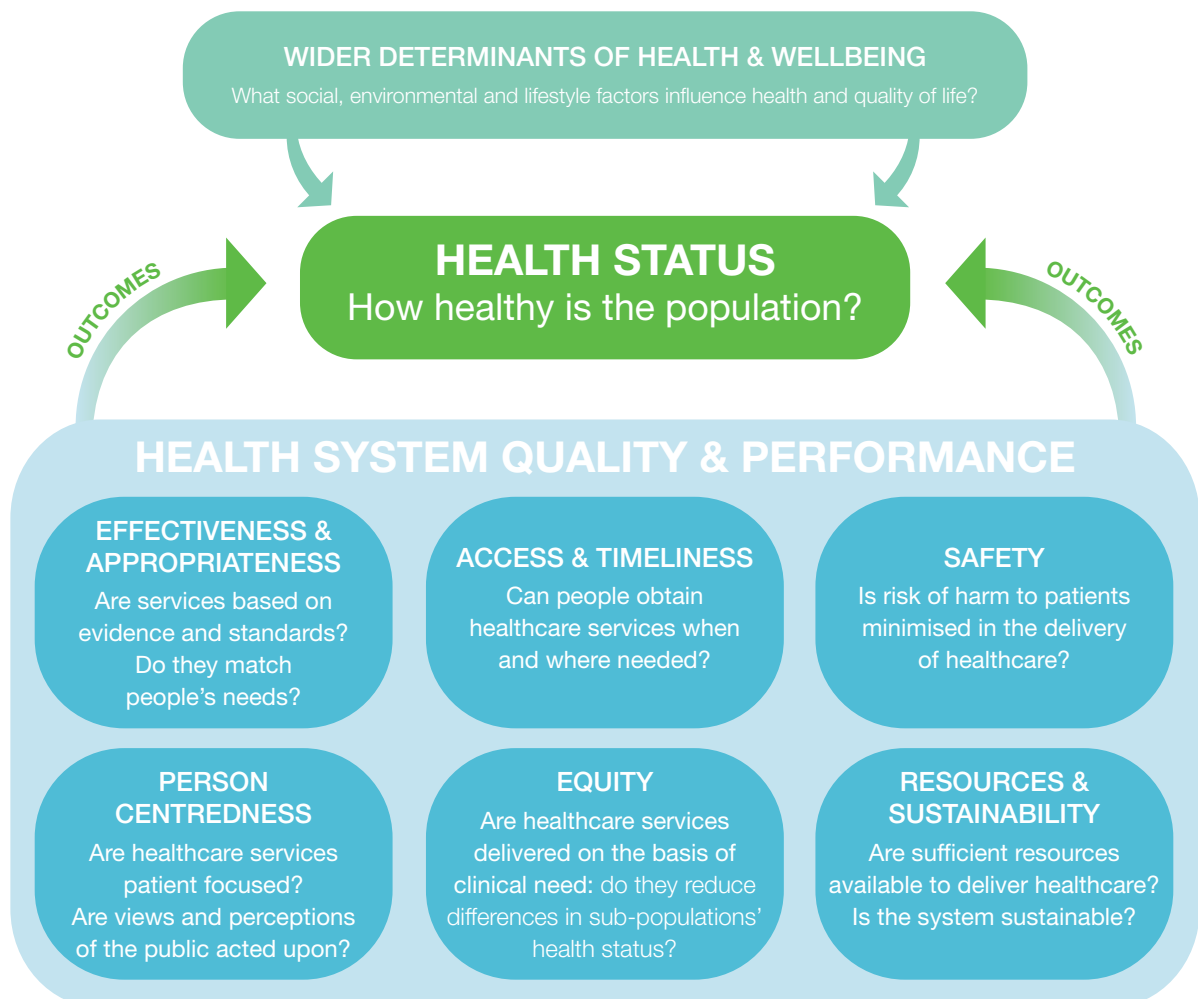
Healthcare in Focus:  
how NSW compares  
internationally

December 2010

**Does the NSW healthcare system deliver value and provide high-quality, safe care when it is needed?**

*Healthcare in Focus: how NSW compares internationally* provides a comprehensive assessment of quality and performance, asking: are healthcare services effective, appropriate, safe and delivered on the basis of clinical need? To what degree are they patient-focused? Can people access care when and where they need it? Do services have enough resources and how do costs of care compare? (Figure 1)

Figure 1: The Bureau of Health Information's performance framework: a guide for understanding and evaluating the NSW healthcare system



# Measuring NSW performance

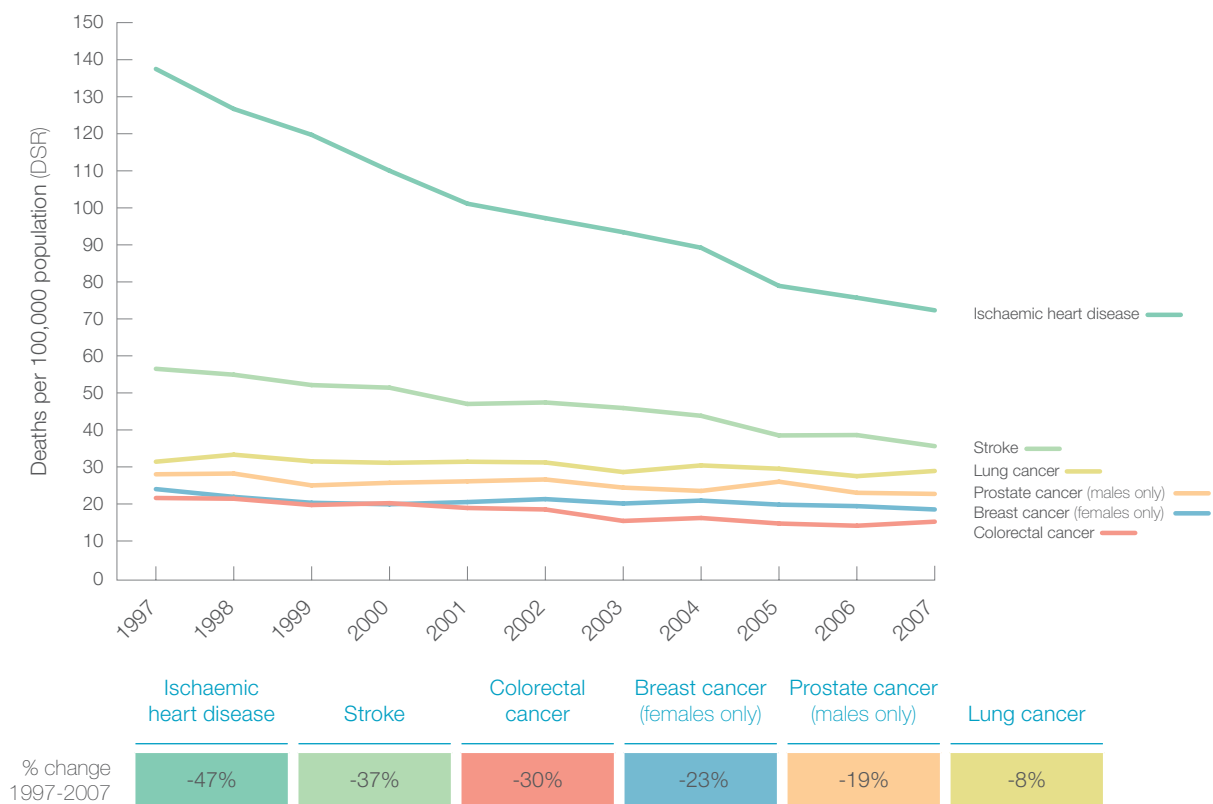
*Healthcare in Focus* is the Bureau of Health Information's first annual performance report. It compares the NSW health system to the rest of Australia and 10 other countries, primarily using data from the 2010 Commonwealth Fund International Health Policy Survey<sup>1</sup> and the Organisation for Economic Co-operation and Development (OECD). Shaped by the availability of international data, the indicators featured do not align directly with performance priorities identified for NSW.

Performance information focuses on three main areas: how healthy NSW people are compared to those in other countries; how system performance as a whole compares; and what

value NSW gets from the healthcare dollars it spends compared to funds spent internationally. Comparative performance is summarised by a simple ranking scheme. The report ranks jurisdictions in order of achievement. The top four are ranked 'higher', the next four 'middle' and the bottom four 'lower'.

In NSW, healthcare is funded, managed and delivered by a blend of organisations: private and public; state and federal; general and specialist. With a focus on system performance from the point of view of the people of NSW, this report asks whether high-quality / high-value care is delivered – regardless of how that care is funded or the underlying managerial arrangements.

Figure 2: Mortality from circulatory disease and cancer, NSW 1997-2007



Source: OECD Health Data 2010 and AIHW analyses of WHO mortality database (Notes: Data are age-standardised to the 1980 OECD population; DSR is directly standardised rate).

# What did we find?

## Health and lifestyle determinants

Nearly 60% of NSW adults **rate their own health** as either excellent or very good – a higher percentage than in most other countries. Our **life expectancy** is long and deaths from cancer and heart disease have decreased dramatically in the past decade (**Figure 2**). Improvements over time in the health of NSW people are considerable when placed in an international context.

Yet nearly 70% of adults in NSW say they have been diagnosed with a **long-term health condition**, a greater proportion than that seen internationally. NSW also struggles with an **obesity** problem but we are not alone. More than 60% of people are either overweight or obese, ranking NSW in the middle of other countries. These findings are important, given that chronic disease and rising rates of obesity have ongoing implications for the healthcare system.

## Effectiveness and appropriateness of healthcare

Measuring effectiveness and appropriateness gives an insight into whether the people of NSW receive healthcare that works.

The report found that years of life lost to **circulatory disease** and **cancer** have fallen significantly. Deaths from heart disease have dropped by 47%, stroke by 37% and colorectal cancer by 30%. NSW joins the Netherlands and Norway in leading the way on cardiovascular health gains.

Most people report receiving appropriate monitoring tests for **blood pressure** (88%) and **cholesterol** (93%), placing NSW ahead of other countries surveyed.

There are however, areas where current performance levels may be of concern.

**Caesarean section rates** in NSW are high by international standards (almost 30% of live births) and have increased more rapidly than in other countries. Although a caesarean section is appropriate for some mothers, it involves risks and requires more resources than vaginal delivery.

In 2010, of NSW adults hospitalised in the previous two years, about one in six reported returning to hospital or the emergency department because of complications. This is significantly higher than France and Switzerland and lower than the United Kingdom.

People with **diabetes** also experience preventable complications, such as amputations, at a greater rate than in other countries (**Figure 3**). In NSW, the rate of diabetes-associated lower limb amputation is 18 per 100,000 of the population, which suggests there are opportunities for improvement.

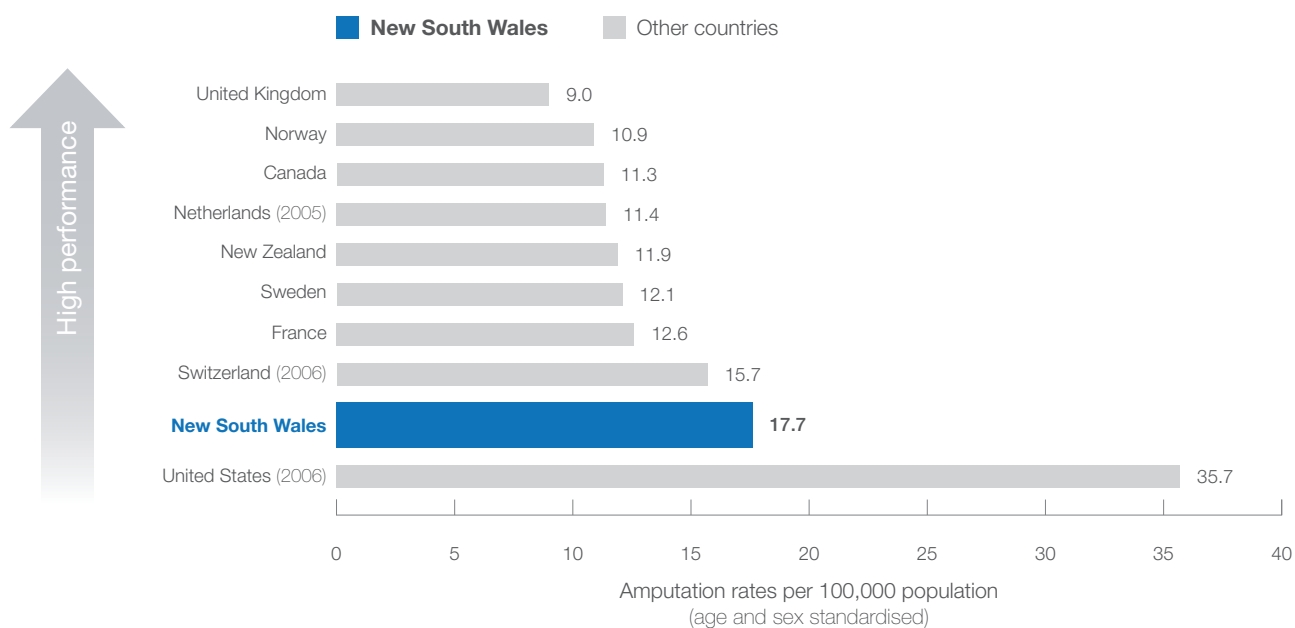
## Safety

In primary care, more than 70% of people taking at least one prescription say a GP or staff member at their regular place of care reviewed their **medications** and explained potential side effects.

When being **discharged from hospital**, nearly 70% of people say they are given written instructions about what to do when they return home. Internationally, NSW adults are among the most likely to receive these safety checks.

NSW achieves a middle ranking when it comes to **test delays** and **medication error**. While most people receive timely test results, 6% of patients who had a medical test in the previous two years report experiencing a delay in receiving abnormal results and 5% report being given the wrong medication by a healthcare professional.

Figure 3: Diabetes lower extremity amputation rates, 2007 (or latest year)



Source: OECD Health Data 2010 and NSW Admitted Patient Data Collection (Notes: NSW rate calculated by the Bureau of Health Information; data are age and sex standardised to OECD population 2005; NSW result differs from that published in *The health of the people of New South Wales - Report of the Chief Health Officer 2010* due to differences in data definitions).

In NSW 10% of people think a **medical mistake** has been made in their care in the past two years, although the extent of harm was not assessed. In this area NSW has a lower ranking.

It should be noted that patients do not necessarily have all the information needed to decide whether there has been an error in their care. They might be unaware of errors that occur, or assume errors in situations with a poor outcome even if no mistake was made.

### Access and timeliness

More than 60% of adults say they are able to get a same-day or next-day **primary care appointment** and more than 80% who visit **emergency departments** say they wait less than four hours for treatment. More than half though, find it difficult

to access **after-hours medical care** without going to the emergency department. NSW achieves a middle ranking on these three measures.

About one in six patients who received **elective surgery** (in public or private hospitals) in the previous two years reported waiting more than six months for their operation. Compared to other countries, NSW ranks lower on this measure.

Areas for improvement may include **cost barriers** to care. About one in six people with a medical problem in the previous year did not visit a doctor because of cost and nearly 10% of people did not visit the doctor because of travel difficulties. NSW ranks lower on these measures of access.

## Person centredness

Healthcare systems that are person centred depend on informed and involved patients. They have communities that actively participate in improvement efforts and place patients at the centre of their medical treatment. In this area, NSW generally achieves high rankings.

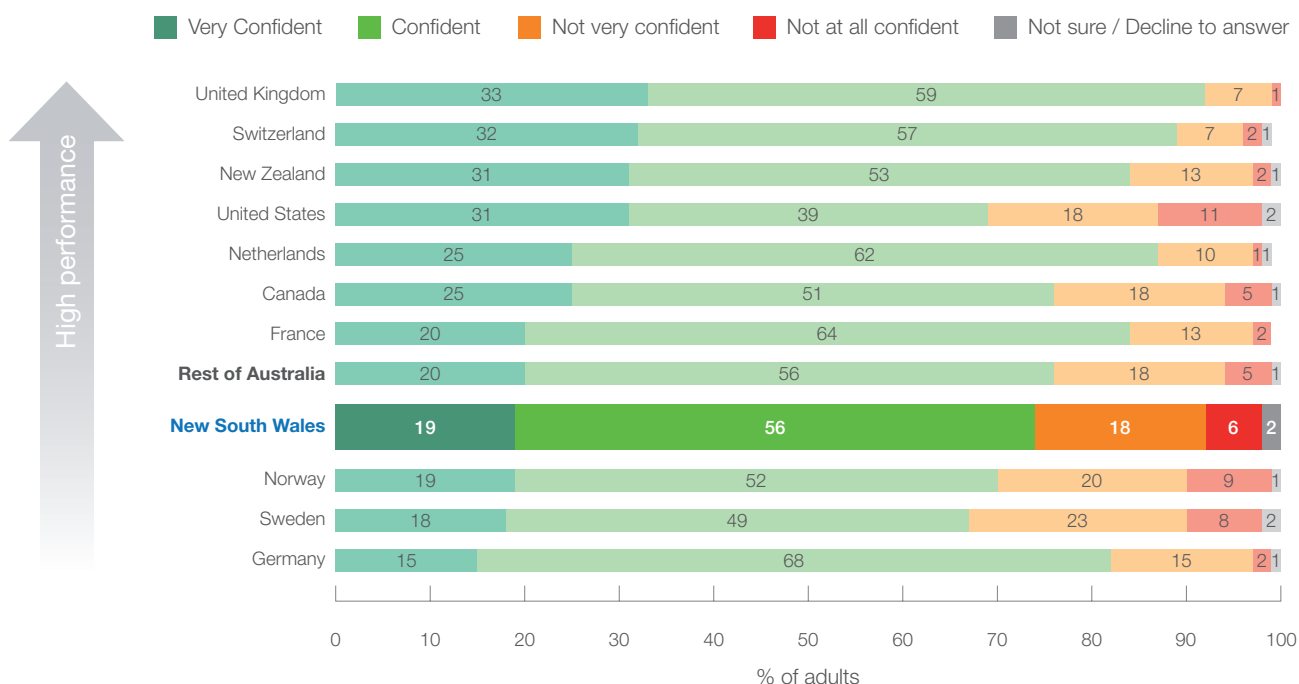
Most adults rate the care given by their GP as excellent or very good. Most people say their **regular GP** always knows important information about their medical history, always spends enough time with them and always involves them as much as they want to be in decisions about their care. More than 60% have their **care co-ordinated** by someone in their regular GP practice. In these areas NSW achieves high rankings.

The report shows that in 2010 most adults (75%) say they are confident they will receive the most effective treatment if they become seriously ill, though fewer people in NSW are confident in this area than those in other countries (Figure 4).

In 2010, almost a quarter of surveyed adults in NSW say the Australian healthcare system works pretty well and a quarter of adults say the healthcare system has so much wrong with it that it needs a complete rebuild. Among Australians these views have remained stable since 2001.

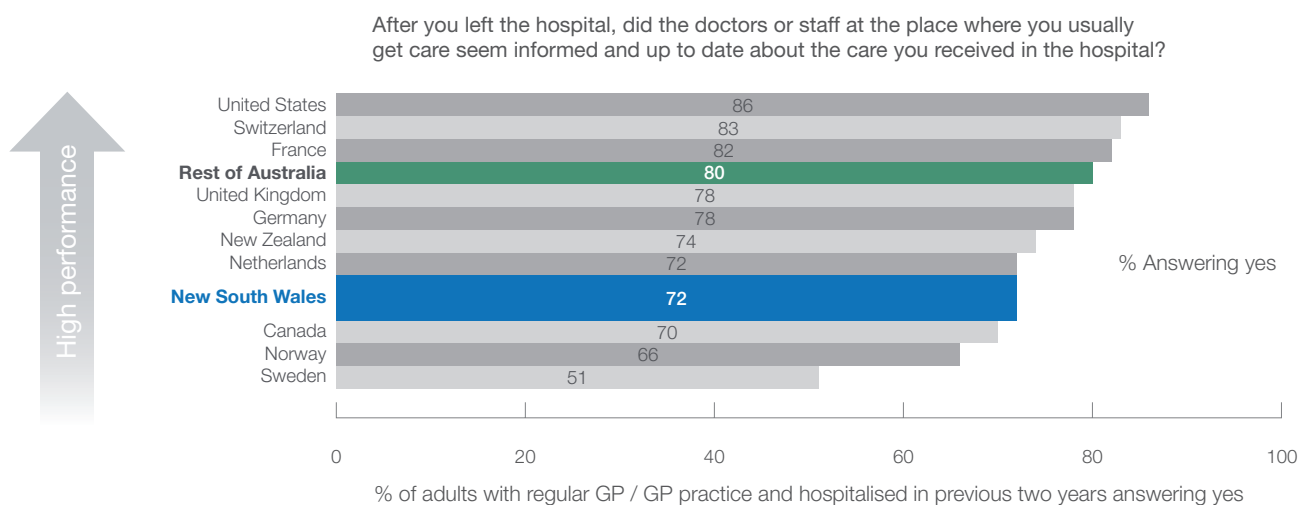
Patients have observed problems in sending their medical details to GPs after **leaving hospital** or the ED, with a sizeable minority reporting difficulties in information flow to general practice. NSW ranks lower on this measure (Figure 5).

Figure 4: Survey 2010: How confident are you that if you became seriously ill, you will receive the most effective treatment, including drugs and diagnostic tests?



Source: 2010 Commonwealth Fund International Health Policy Survey.<sup>1</sup>

Figure 5: Survey 2010: Information flow processes between primary care and hospitals



Source: 2010 Commonwealth Fund International Health Policy Survey.<sup>1</sup>

## Equity

*Healthcare in Focus* shows that people who live in more socioeconomically **disadvantaged areas** have more health problems but do not always receive more care.

People living in the **lowest socioeconomic communities** are almost twice as likely to report they had been diagnosed with heart disease or other circulatory disease. Procedure rates for cardiac intervention such as coronary artery bypass grafts do not reflect this higher prevalence.

Across **rural NSW**, people have a lower life expectancy than those living in cities. They also have rates of potentially preventable hospitalisations that are higher than the rate for residents of major cities.

Aboriginal<sup>#</sup> mothers are more likely to have low birth weight or preterm babies compared to non-Aboriginal mothers. This places infants at increased risk of ill health. As adults, Aboriginal people are more likely to be hospitalised for a range of medical conditions and have a lower life expectancy than non-Aboriginal people.

## Resources and sustainability

In 2007, the people of NSW spent \$4,727 on average per person on public and private healthcare. After accounting for differences in currency, this ranks mid-range relative to 20 similar countries, including those featured in our report as well as founding European Union members.

In 2008, NSW had slightly **more nurses** and **more GPs** per person than most comparator countries.

(#) We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.

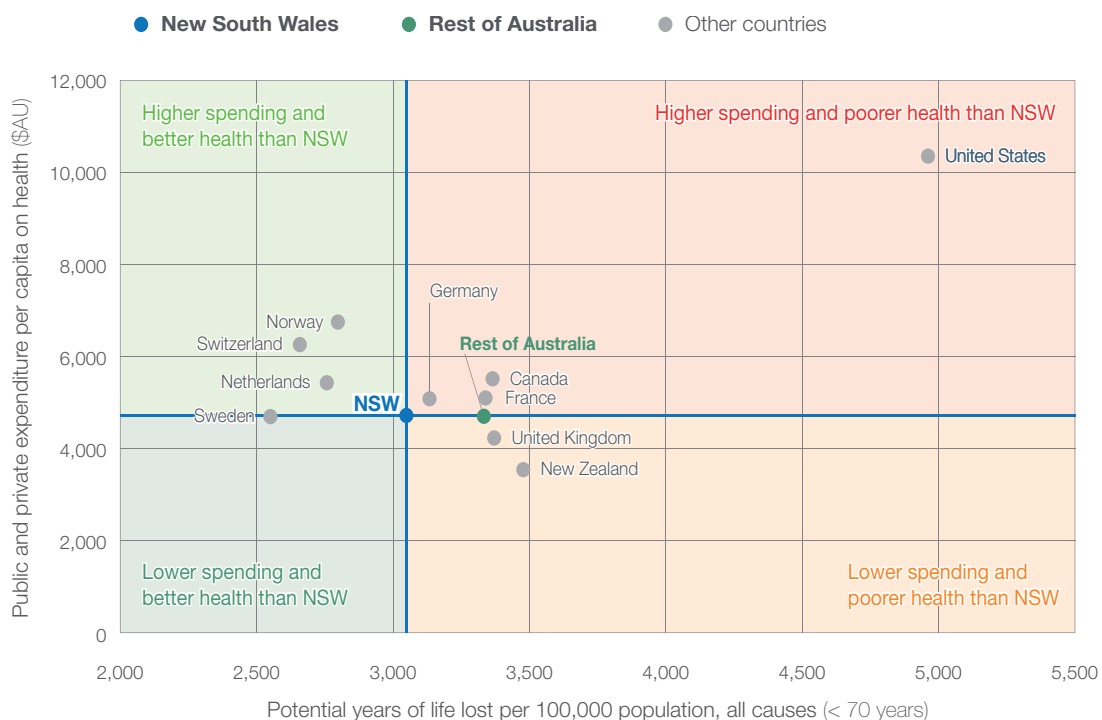
# Overall then, how does NSW perform?

Considering the health of NSW people ranks highly compared to other countries and that state health spending is mid-range compared to other nations' spending, NSW does well in achieving health per dollar spent. No country spends less per person than NSW and has better health at the same time. Higher spending does not necessarily mean better healthcare. There are some countries that spend more than NSW but have worse outcomes (see Figure 6).

The state has made significant health gains over recent years and is an international leader in this area. At the same time, *Healthcare in Focus* identifies where NSW needs to do better and points to countries it can learn from.

Learning from success and focusing attention on areas for improvement are critically important in the quest to deliver high-quality, safe healthcare services to people when they need them.

Figure 6: Per person health spending (\$AU) vs potential years of life lost (< 70 years), 2007 (or latest year)



Source: Bureau of Health Information analysis of OECD Health Data 2010 and AIHW expenditure data. (Notes: Australian dollar 2007 (purchase price parity); potential years of life lost is a summary measure of premature mortality, calculated by totalling all deaths occurring at each age and multiplying this figure by the number of remaining years of life up to a selected age limit, here 70 years).

(1) The 2010 Commonwealth Fund International Health Policy Survey results are weighted to represent the age, sex, education and regional distribution of each country's population. For questions asked of all adults, the margin of sampling error is plus or minus 2 to 3%, depending on the country (95% confidence interval). Percentages may not add up to 100 due to rounding.

## Download the report

The report *Healthcare in Focus: how NSW compares internationally* and its accompanying products are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Healthcare in Focus: how NSW compares internationally* (full report)
- *At a Glance* (8 page summary document)
- *Technical Supplement*
- Downloadable package of key graphs.

## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed organisation established by the NSW Government to be the leading source of information on the performance of the public health system in NSW.

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