

At a glance

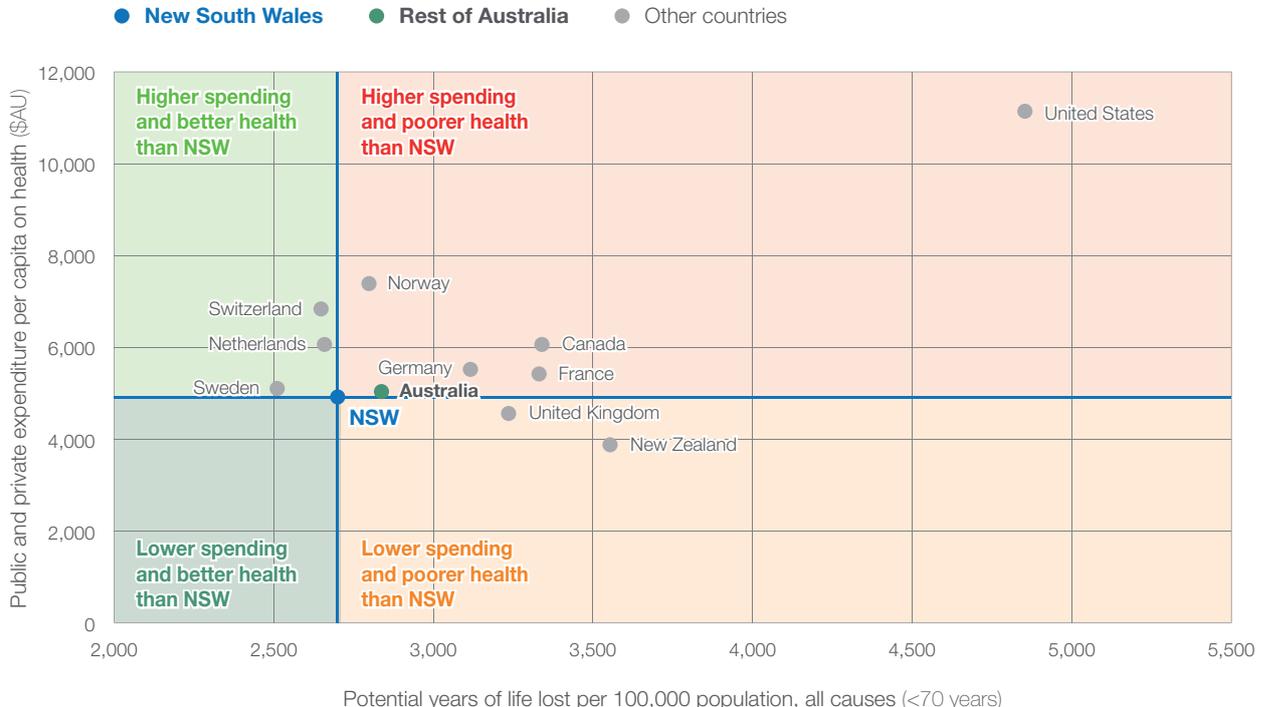
Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011

People want long healthy lives. Communities want healthcare systems that provide the right care, in the right place at the right time. They want high-quality, safe care organised in a sustainable way.

The goal of all healthcare systems is to improve the health of the population served. *Healthcare in Focus 2011: How well does NSW perform?* uses almost 90 performance measures to look at how the healthcare system in NSW compares with Australia as a whole and with 10 other countries. The report provides detailed information on six performance dimensions: effectiveness and appropriateness; access and timeliness; safety; person centredness; equity; and resources.

NSW gets value for its healthcare dollar. No country included in the report spends less than NSW and has better health (Figure 1).

Figure 1: Per person health spending (\$AU) 2008–09 vs potential years of life lost, 2009 (or latest year)[¥]



(¥) OECD Health Data 2011 and AIHW expenditure database. Potential Years of Life Lost (PYLL) is a summary measure of premature mortality. The calculation for PYLL involves adding up deaths occurring at each age and multiplying this with the number of remaining years to live until a selected age limit. The age limit of 70 years has been chosen for OECD calculations.
(\$AU) Australian dollars (purchase price parity and current prices).

Measuring performance in NSW

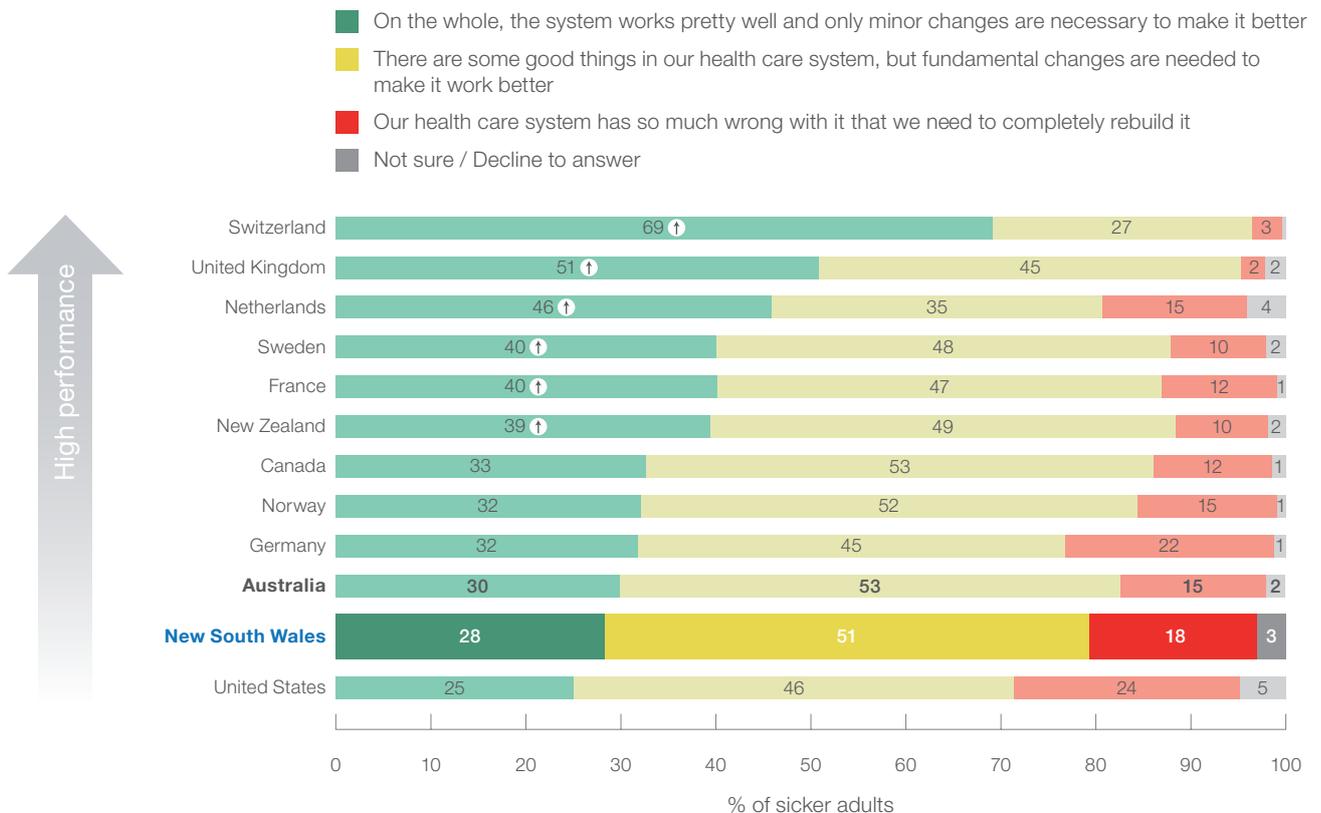
Achieving improved health requires both an understanding of the factors that contribute to high performance and fair, balanced and accurate reporting of the extent to which those factors feature in the healthcare system.

Healthcare in Focus 2011 assesses system performance by asking a series of questions. [Are healthcare services effective, appropriate, safe and delivered on the basis of clinical need?](#) [To what degree are they responsive to patients?](#) [Can people access care when and where they need it?](#) [Do services have enough resources and how do costs compare?](#)

To compare NSW internationally the Bureau mainly used data from the *Commonwealth Fund's 2011 International Survey of Sicker Adults* in Eleven Countries* and the *Organisation for Economic Co-operation and Development (OECD)*.

'*Sicker adults*' are people likely to have had significant direct experience of the healthcare system in the recent past. It includes people who either: described their overall health as fair or poor; received medical care in the previous year for a serious or chronic illness, injury or disability; were hospitalised or had surgery in the previous two years (for any reason other than childbirth).

Figure 2: **Survey 2011** Which of the following statements comes closest to expressing your overall view of the healthcare system in this country?^Ω



(Ω) The Commonwealth Fund's 2011 International Survey of Sicker Adults in Eleven Countries (fair / poor self-rated health OR chronic condition OR hospitalised or had surgery in previous two years). Percentages may not add up to 100 due to rounding, ↑ estimate almost certainly higher than NSW; ↓ estimate almost certainly lower than NSW.

So what did we find?

Perceived need for reform, health status

When asked about their overall view of their country's healthcare system, almost three in 10 NSW sicker adults (28%) indicated that the system works well and only minor change is required. Nearly two in 10 (18%) said the system requires a complete rebuild. Views in NSW were less positive than in six other countries (Figure 2).

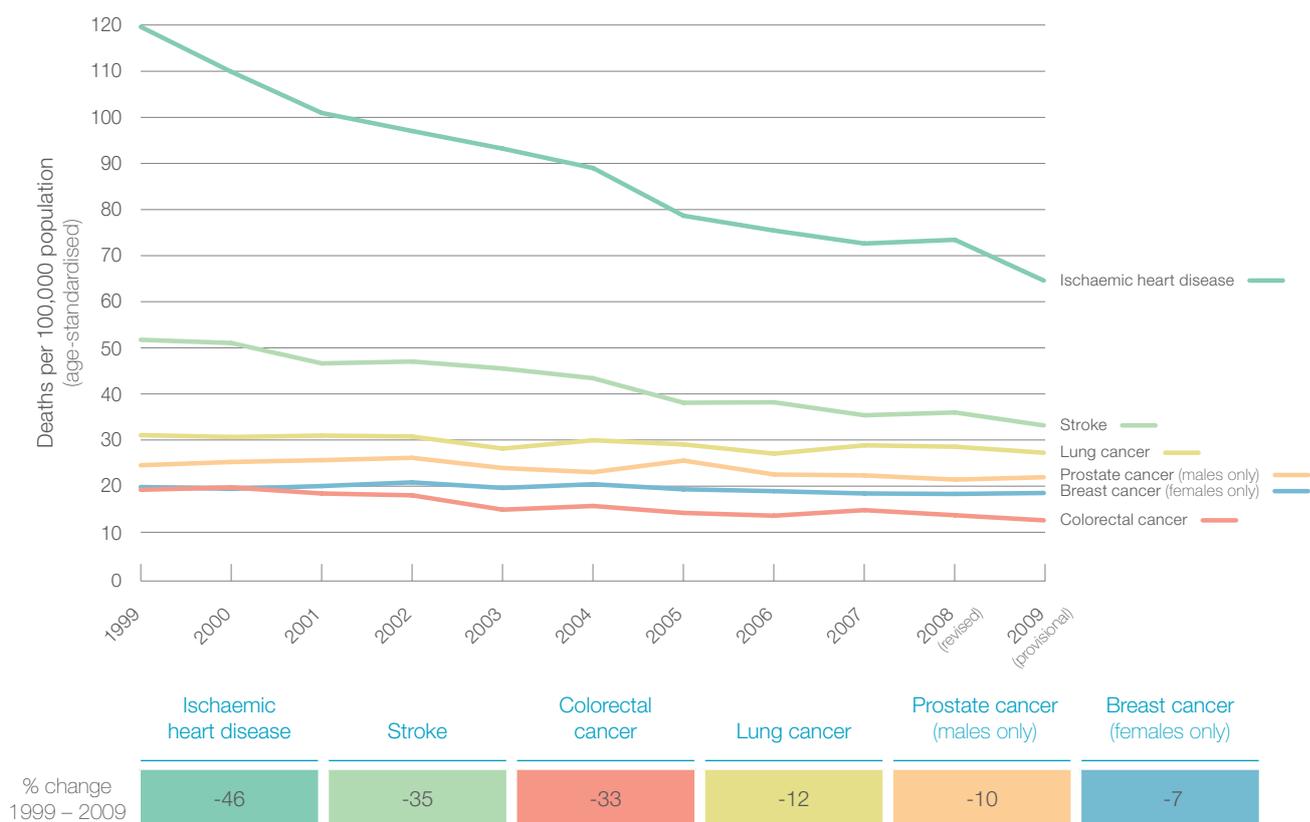
People are living longer, and mortality rates from common cancers and circulatory diseases fell across NSW between 1999 and 2009 (Figure 3).

In NSW, 16% of adults described their health as fair or poor. Almost a quarter (24%) reported being hospitalised in the previous two years - a much higher proportion than in Canada (14%) and the United Kingdom (15%).

Effectiveness

The most recently available data show that premature deaths from circulatory disease continue to fall. Most adults with circulatory disease and diabetes report receiving appropriate monitoring tests for cholesterol and blood pressure.

Figure 3: Mortality from cancer and circulatory diseases, NSW, 1999 – 2009†



(†) HOIST 1999 – 2007; Australian Bureau of Statistics (ABS), 2007 – 2009. Age-standardised to the 1980 OECD population. 2008 and 2009 figures are subject to further revision.

For cancer, the magnitude of premature mortality (as measured by potential years of life lost <70 years) decreased significantly between 1999 and 2009. Five-year survival for major cancers has increased and compares favourably on the international stage.

There are however, some areas where current patterns of care may be of concern. Caesarean section rates in NSW (almost 30% of live births) are very high by international standards and continue to increase. While a Caesarean section is appropriate for some mothers, it involves risks and requires more resources than a vaginal delivery.

The number of people with end-stage renal disease, a long-term complication of poorly controlled diabetes, is increasing in NSW. A number of other countries have higher rates of end-stage renal disease while also reporting marked increases in prevalence. In 2010, the Bureau reported that NSW adults who have diabetes are more likely than adults in comparable countries to have complications such as lower extremity amputations.

Access

More than 60% of NSW sicker adults report getting a same-day or next-day primary care appointment. Almost 40% who needed care in the evening, on weekends or holidays said it was very or somewhat easy to access medical care without going to the emergency department (ED). Among NSW sicker adults who attended the ED, 35% reported that their visit was for a condition they thought could have been treated by their regular GP if he or she had been available.

Access-related areas for improvement include cost barriers to care. While no public patient in NSW incurs out-of-pocket costs for

hospitalisation, 42% of sicker adults reported they and their family had out-of-pocket costs of more than \$1,000 for medical treatments or services not covered by Medicare or insurance – a higher proportion than in any other country surveyed (Figure 4).

Similarly, only the United States had a higher percentage of sicker adults who reported cost barriers to accessing doctors, treatments and medicines (For medicines, see Figure 5).

Safety

In NSW, 21% of sicker adults think a medical mistake, medication error or incorrect lab result occurred in their care in the previous two years. The United Kingdom (8%), Switzerland (9%) and France (13%) outperformed NSW.

Of NSW sicker adults who had surgery or were hospitalised in the past two years, one in 10 (13%) reported developing an infection during or shortly after their hospital stay - a similar result to most comparator countries surveyed.

Medicines are the most commonly provided healthcare treatment and are often implicated in adverse events. Medication reviews can help prevent errors. More than six in 10 NSW sicker adults (65%) had a medication review in the past year – a higher proportion than four countries but lower than the United Kingdom and Switzerland.

High-quality healthcare requires clear and efficient communication between healthcare professionals, their patients and carers. Around one in six NSW sicker adults (15%) reported occasions when healthcare professionals did not share important information about their medical history or treatment, compared with 7% of British and 11% of Swiss sicker adults.

Figure 4: **Survey 2011** In the past 12 months, have you spent more than \$1,000 (\$US) out-of-pocket for medical treatments or services that were not covered by insurance?^Ω

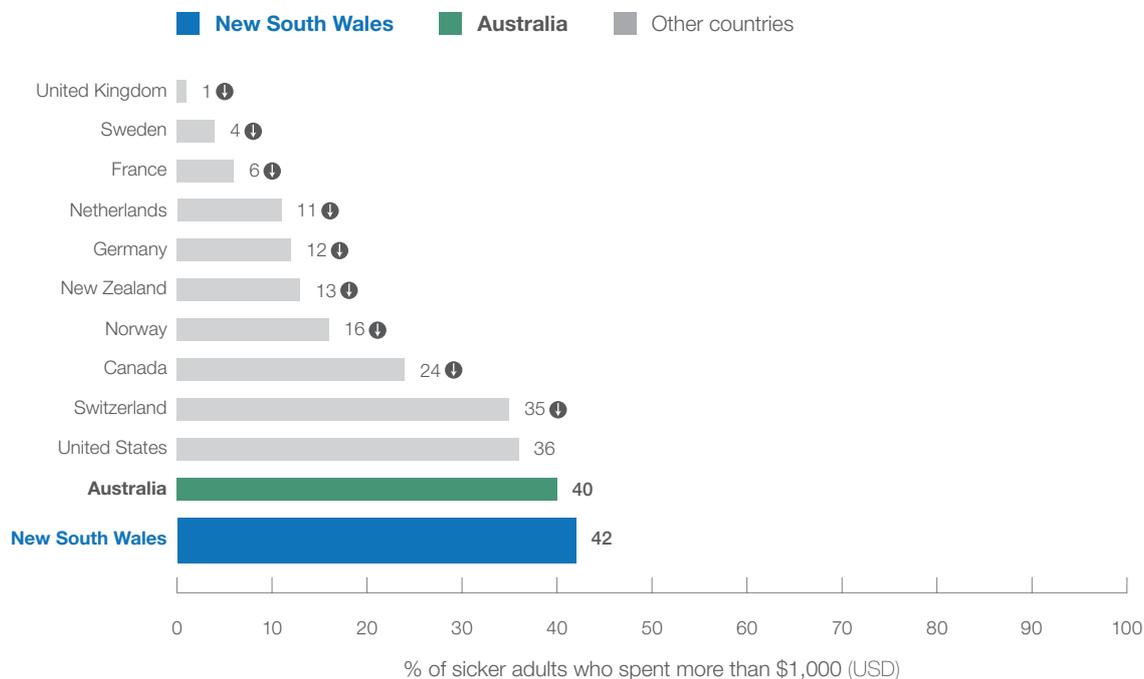
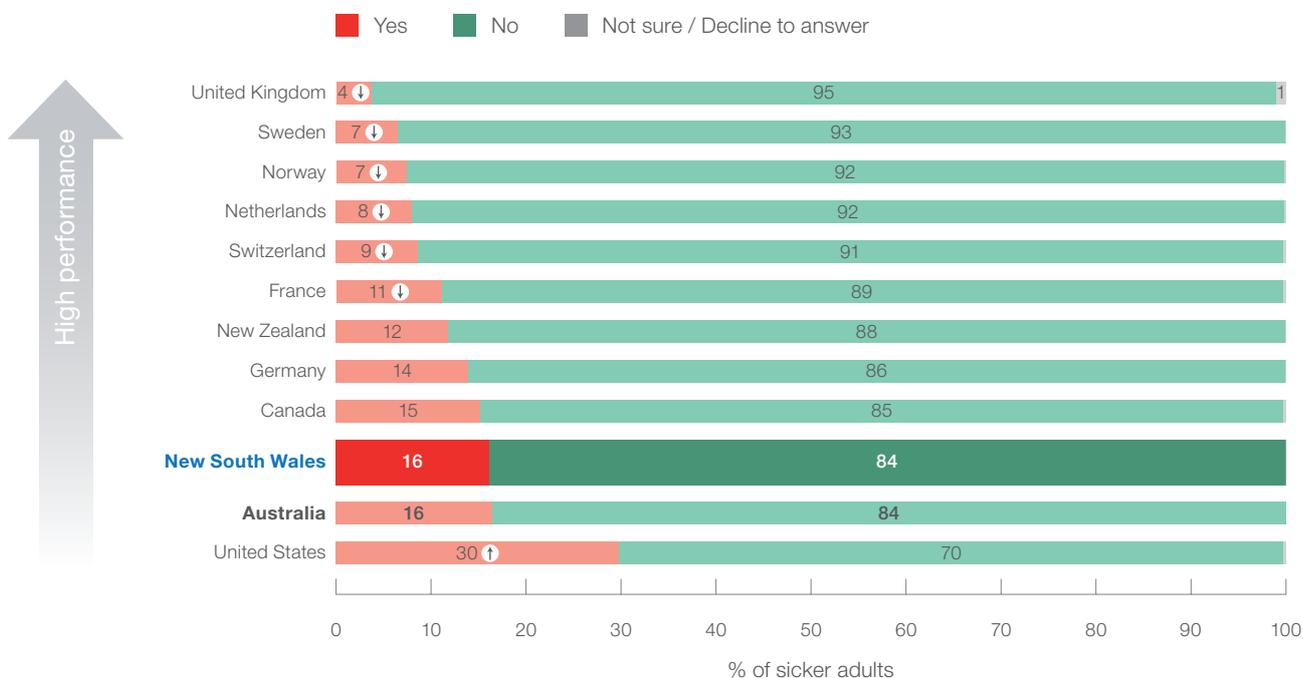


Figure 5: **Survey 2011** Was there a time in the past two years when you did not fill a prescription for medicine or skipped doses because of cost?^Ω



(Ω) The Commonwealth Fund's 2011 International Survey of Sicker Adults in Eleven Countries (fair / poor self-rated health OR chronic condition OR hospitalised OR had surgery in previous two years). Percentages may not add up to 100 due to rounding, ⊕ estimate almost certainly higher than NSW; ⊖ estimate almost certainly lower than NSW.

Person centredness

In NSW, 30% of sicker adults rated the quality of their medical care as excellent - a higher proportion of excellent ratings than Sweden, Switzerland, France, Netherlands and Germany. Only New Zealand had a higher rate.

Hospitalisations for chronic conditions can be minimised with effective monitoring and treatment. Among NSW sicker adults with a chronic health condition, 15% said their condition resulted in hospitalisation or a visit to the ED in the previous year; twice as high as in France.

Most NSW sicker adults said their GP always explains things in a way that is easy to understand (71%); knows important information about their medical history (70%); and spends enough time with them (69%). While a similar proportion (70%) said that following hospitalisation, their GP seemed informed about the care they received, NSW was outperformed by five countries on this measure.

Just over half of NSW sicker adults (52%) had a *'medical home'*^(†), fewer than in three comparator countries. Statistical analyses show that the limited prevalence of medical home in NSW was primarily a result of coordination issues.

Compared with sicker adults without a medical home, those with a medical home were more likely to report they could get needed care in the evening, on a weekend or on a holiday without going to the ED; and more likely to report elements needed for strong patient-doctor communication and coordinated care.

(†) Sicker adults have a *'medical home'* if: they have a regular doctor or GP practice; *and* their regular doctor always / often knows about their medical history; *and* they are able to get a same-day / next-day appointment *or* the GP practice always / often gives a same-day response to telephoned medical questions; *and* one person is responsible for all care they receive from other doctors for a chronic condition *or* the GP practice always / often helps coordinate care received from other doctors or places.

Equity

Although the overall health and wellbeing of NSW people is high compared with other countries, there are considerable differences across groups within the state.

Among NSW sicker adults with below-average income, 44% said their health limits their ability to work full time or carry out daily activities. For those with above-average income, 19% reported such limitations.

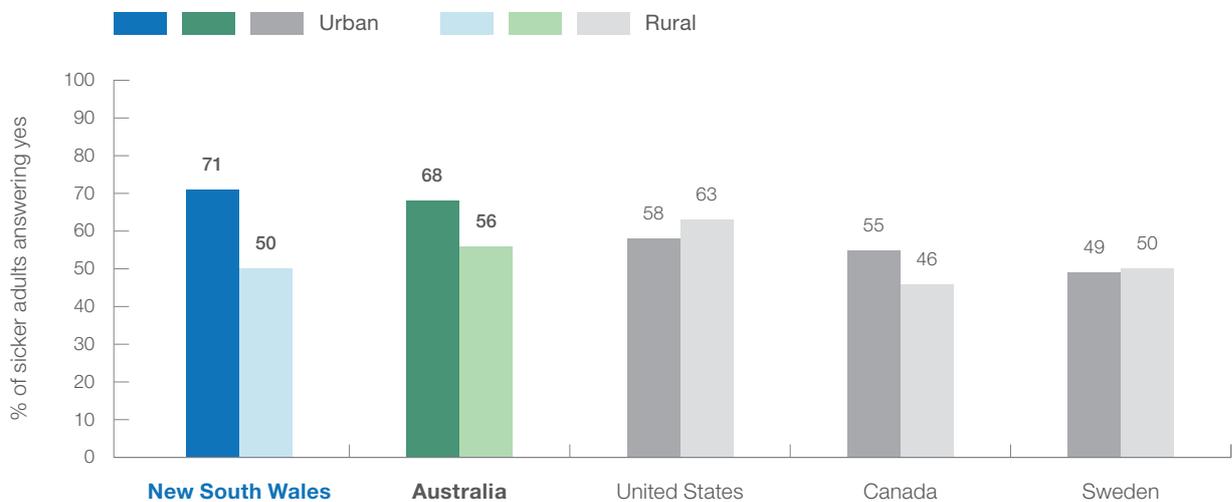
Two in 10 NSW sicker adults (23%) with below-average income said a complete rebuild of the country's healthcare system was necessary, compared with 10% of those on above-average income.

There were also differences in the responses of urban and rural sicker adults. On the question of whether their most recent visit to the ED could have been avoided by the availability of their regular doctor, 26% of NSW sicker adults in urban areas answered yes, compared with 46% in rural areas. This 20 percentage point difference – the *'rurality-associated gap'* – was largest in NSW and Australia.

When sicker adults were asked about their ability to see a doctor or nurse on the same or next day when sick, the rurality-associated gap was 21 percentage points in NSW – the highest among surveyed countries (Figure 6).

Aboriginal people in NSW have higher rates of potentially avoidable and premature deaths than non-Aboriginal people.

Figure 6.4: **Survey 2011** The last time you were sick, were you able to see doctor or nurse on same day / next day, rural and urban residents^Ω



(Ω) The Commonwealth Fund's 2011 International Survey of Sicker Adults in Eleven Countries (fair / poor self-rated health OR chronic condition OR hospitalised or had surgery in previous two years). Percentages may not add up to 100 due to rounding. Data are provided for jurisdictions that are geographically large (total land area of 400,000 square kilometres or more). Within jurisdictions, urban and rural areas were defined slightly differently, see *Technical Supplement: Healthcare in Focus 2011*.

Resources

In 2008–09, NSW spent a total (public and private) of \$4,933 per person on healthcare. After accounting for differences in currency, this is at least 10% lower than the per capita spend in six comparator countries.

A significant proportion of the state's resources are spent on healthcare. In 2008-09, total public and private health expenditure was \$35 billion – almost 9% of gross state product.

Healthcare in Focus 2011 does not distinguish whether the public or private sector is responsible for achievements or improvements identified because together we hold responsibility to keep people healthy and ensure patients have affordable access to the right care in the right place.

Overall then, how does NSW perform?

Healthcare in Focus 2011 highlights how well NSW does in achieving value for its healthcare dollar. The health of NSW people ranks highly compared with other countries and total health investment is the same or lower than other countries' spending. The state has made significant health gains in recent years. At the same time, our reports have identified where NSW needs to do better and points to countries from which it can learn.

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

Download the report

The report, *Healthcare in Focus 2011: How well does NSW perform? An international comparison* and related documents are available at www.bhi.nsw.gov.au

The suite of products includes:

- The main report describes performance of the healthcare system in NSW, using almost 90 indicators. It compares NSW with Australia as a whole and 10 other countries
- *At a glance* (8 page summary document)
- *Technical Supplement* (research methods and statistical analyses)
- Downloadable slide library of key figures
- In 2010, *Healthcare in Focus: how NSW compares internationally* (full report)



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 statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW statutory health corporation is intended or should be inferred.

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.