

Access and timeliness

Getting services when and where needed

Ensuring people receive services when and where they need them is a central element of quality healthcare. Access and timeliness of healthcare are important because:

- Long-term disability or risk of death from acute conditions such as stroke and heart attack are greatly influenced by timeliness of treatment
- Prolonged waiting for certain procedures such as hip replacement and spinal surgery may reduce patients' quality of life, their productivity at work, and the likelihood of achieving good health outcomes
- If healthcare services and diagnostic test results are not available or not delivered in a timely way, patients can experience emotional distress, physical harm and higher treatment costs
- Waiting times can influence the way patients seek care, such as visiting a hospital emergency department rather than a GP
- Availability of strong community and primary care delivers better access to specialised care when needed and achieves better health outcomes, often at a lower cost
- Receiving reassurance that appropriate healthcare will be available when needed is very important to the people of NSW.

This chapter covers:

- Patient assessments of how easily they are able to access healthcare
- Waits for primary care and specialist appointments
- Cost-based barriers to access.

'Sicker adults' refers to people who are likely to have had significant direct experience of the healthcare system in the recent past. It includes people who met at least one of the following criteria:

- Described their overall health as fair or poor
- Received medical care in the previous year for a serious or chronic illness, injury or disability
- Had been hospitalised in the previous two years (for any reason other than childbirth)
- Had surgery in the previous two years.

How well does NSW perform?

What we learnt about NSW	NSW performed <i>better</i> than*:	NSW performed <i>worse</i> than*:
More than nine in 10 sicker adults (94%) have a regular doctor	Canada United States Sweden	Netherlands Switzerland France Norway United Kingdom
Six in 10 sicker adults (60%) waited four weeks or less for a specialist appointment	Canada Norway	Switzerland United States Netherlands United Kingdom Germany New Zealand France
One in 10 sicker adults (10%) who needed out-of-hours care said it was very easy to access care without going to the emergency department (ED)	No countries	United Kingdom Norway Switzerland New Zealand
Around two in 10 sicker adults (17%) reported that concerns about costs discouraged them from visiting a doctor for a specific medical problem	United States	Sweden Canada United Kingdom Netherlands Norway France Switzerland Germany
Four in 10 sicker adults (42%) said they and their family had out-of-pocket healthcare costs of more than \$1,000 (USD) in the previous year	No countries	United Kingdom Sweden France Netherlands Germany New Zealand Norway Canada Switzerland

* Statistical analyses suggest that NSW results were truly different from those in the countries indicated.

Access and timeliness: Primary care

Sicker adults in NSW have good access to primary care

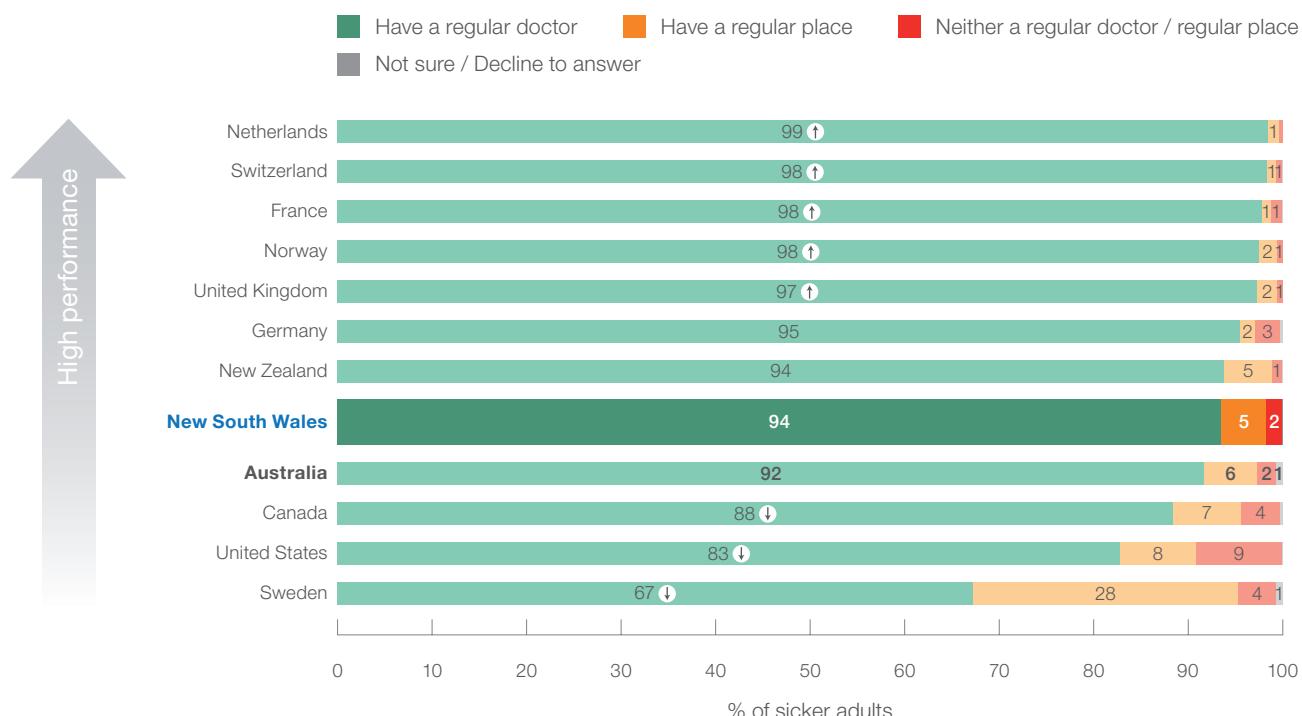
Having a regular doctor who provides and coordinates medical care increases access to healthcare services, bolsters satisfaction and improves health.¹

In 2011, more than nine in 10 NSW sicker adults (94%) reported having one GP they usually see for their medical care. An additional 5% have a group health centre or clinic they usually go to for care (**Figure 3.1**).

More than six in 10 NSW sicker adults (63%) said that the last time they were sick they were able to get an appointment to see a doctor or nurse on the same day (46%) or the next day (17%) (**Figure 3.2**).

Almost four in 10 NSW sicker adults who needed care in the evening, on weekends or on holidays said it was very easy (10%) or somewhat easy (28%) to access medical care without going to the emergency department. Responses from sicker adults in the UK, Norway, Switzerland and New Zealand indicate that out-of-hours care is easier to access in those countries (**Figure 3.3**).

Figure 3.1: Survey 2011 Is there one GP or GP practice you usually go to for your medical care?^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.

Figure 3.2: Survey 2011 Last time you were sick, how quickly could you get to see a doctor or a nurse? (Please do not include a visit to the hospital emergency room)^Ω

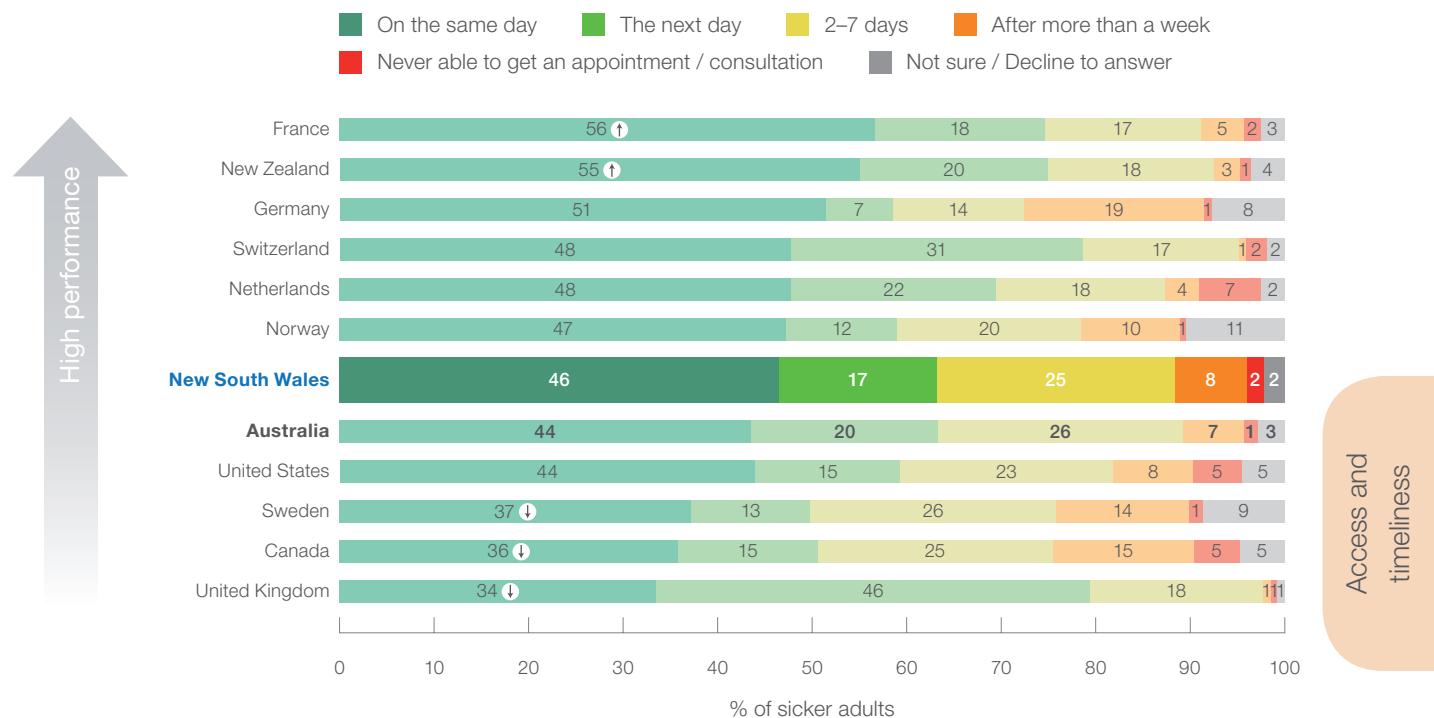
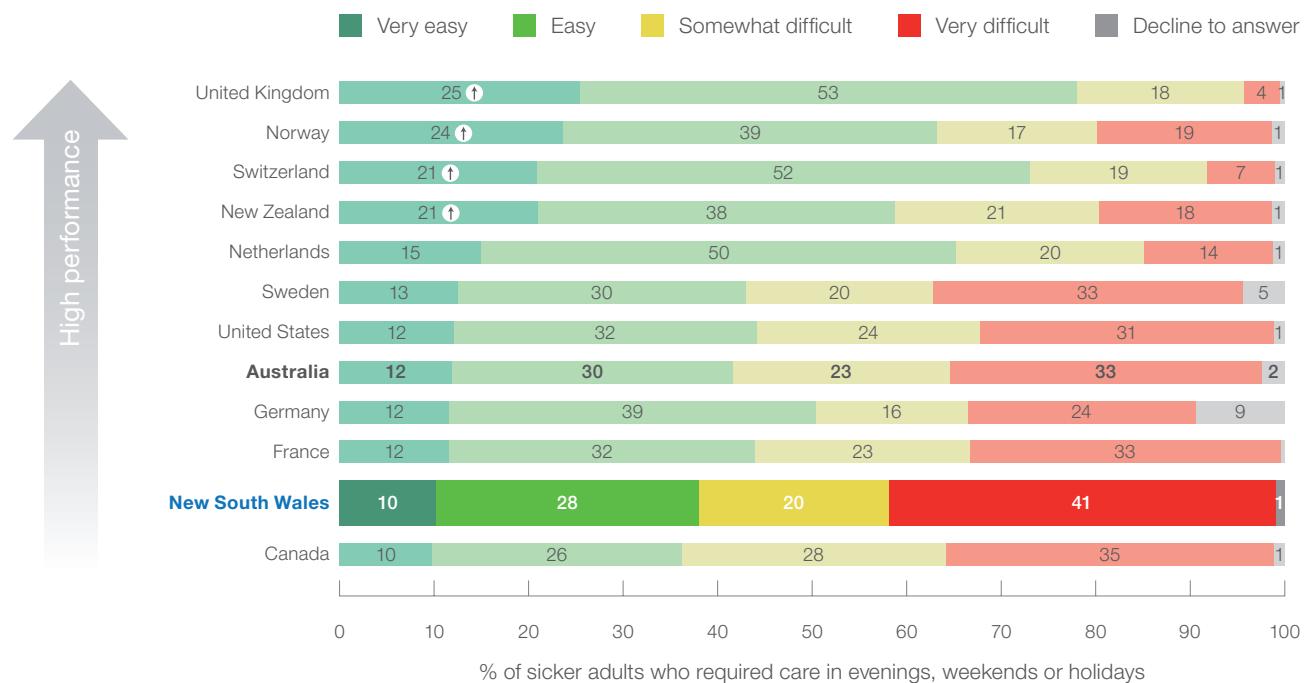


Figure 3.3: Survey 2011 Last time when you needed medical care in the evening, on a weekend or on a holiday, how easy or difficult was it to get care without going to the emergency department?^Ω



Access and timeliness: Specialist and ED care

Two in 10 sicker adults wait more than eight weeks for a specialist appointment

In 2011, six in 10 NSW sicker adults (60%) who needed to see a specialist in the past two years reported waiting fewer than four weeks for an appointment. About one in five (19%) reported waiting more than eight weeks (**Figure 3.4**).

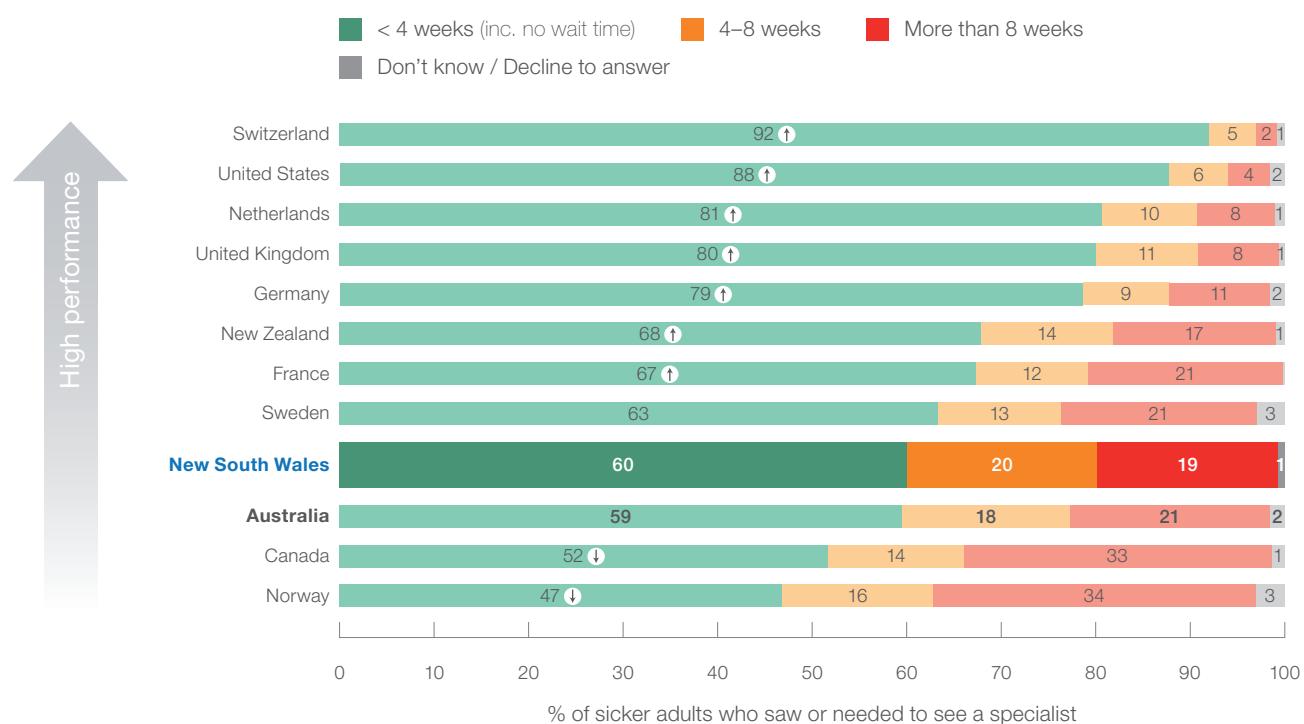
Like many other jurisdictions, there are concerns in NSW that long waiting times in ED are exacerbated by patients having difficulties getting primary or community care.

In 2011, more than three in 10 NSW sicker adults (35%) who had used an ED in the previous two years reported that the condition prompting their

most recent ED visit could have been treated at their regular general practice if it had been available. Sicker adults in the UK, France and New Zealand were less likely to say their ED visits could have been prevented with greater availability of primary care (**Figure 3.5**).

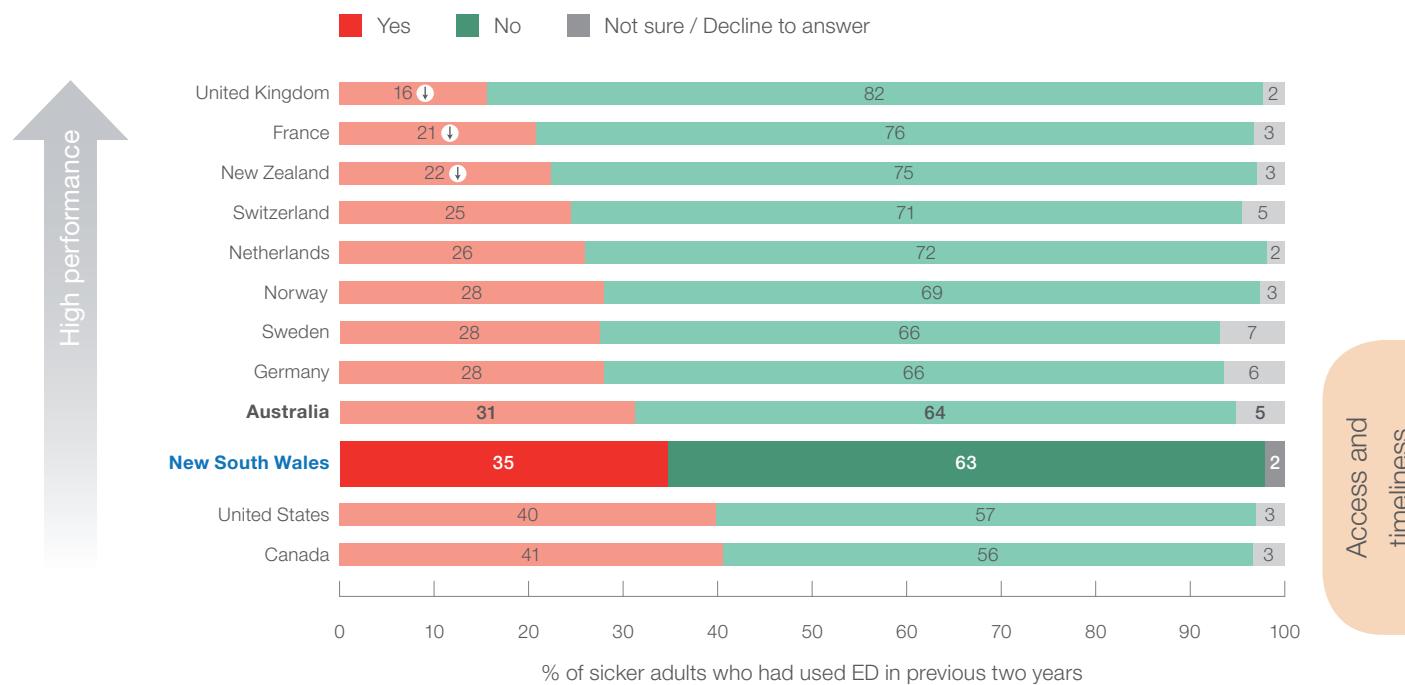
The Bureau releases quarterly reports on waiting times for planned surgery and emergency departments (ED).²

Figure 3.4: Survey 2011 After you were advised to see, or decided to see, a specialist or consultant, how long did you have to wait for an appointment?^②



(②) 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.

Figure 3.5: Survey 2011 The last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your regular GP if he or she had been available?¹²



Access and timeliness: Barriers to healthcare

Cost is a barrier to care in NSW

Barriers to healthcare can be caused by a range of factors such as difficulties travelling, lack of health insurance coverage, limited availability of services, low health literacy and costs.

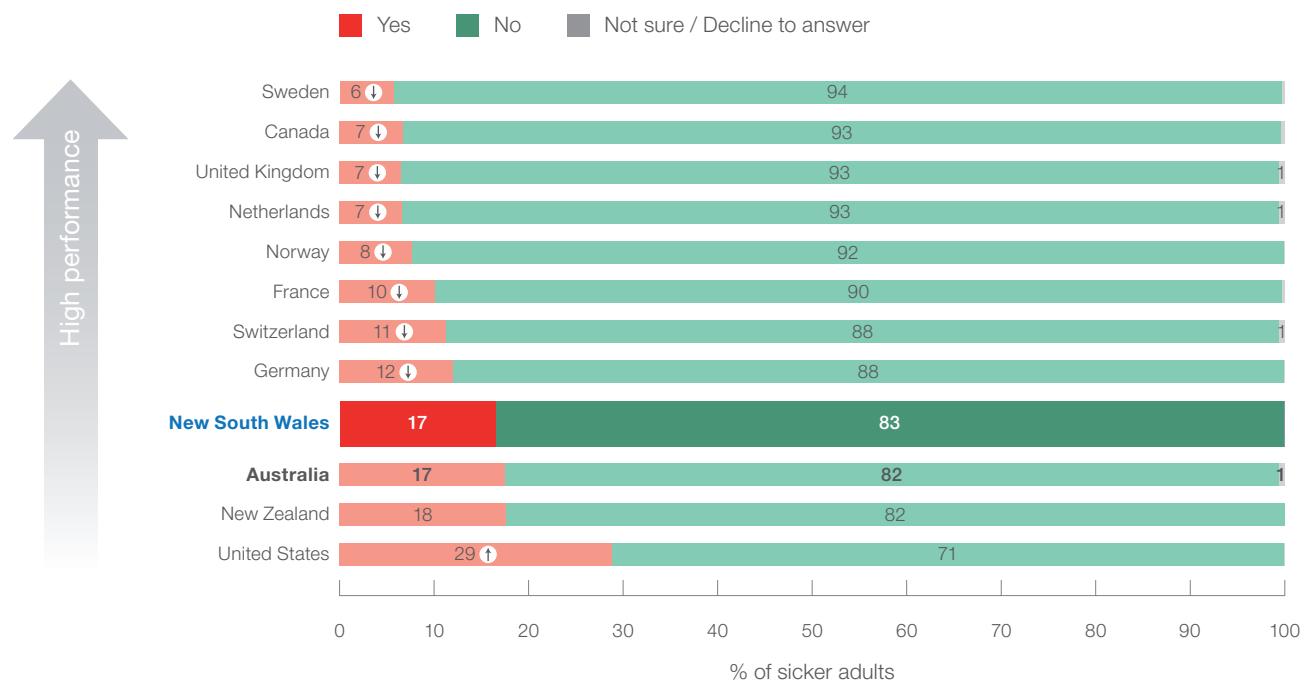
In terms of financial barriers, almost two in 10 NSW sicker adults (17%) said concerns about costs discouraged them from visiting a doctor for a specific medical problem, a higher proportion than in eight comparator countries ([Figure 3.6](#)).

Similarly, 16% of NSW sicker adults reported cost concerns prevented them filling a prescription or caused them to skip doses ([Figure 3.7](#)).

Almost two in 10 NSW sicker adults (19%) reported that, in the past two years, as a result of cost concerns they had skipped or did not get a medical test, treatment or follow-up that was recommended by a doctor ([Figure 3.8](#)).

In comparison with 10 countries, only the United States had a higher proportion of sicker adults reporting cost barriers to access doctors, medicines, tests and treatments.

Figure 3.6: Survey 2011 Was there a time in the past year when you had a specific medical problem but did not visit a doctor 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.

Figure 3.7: Survey 2011 Was there a time in the past year when you did not fill a prescription for medicine or skipped doses because of cost? ^②

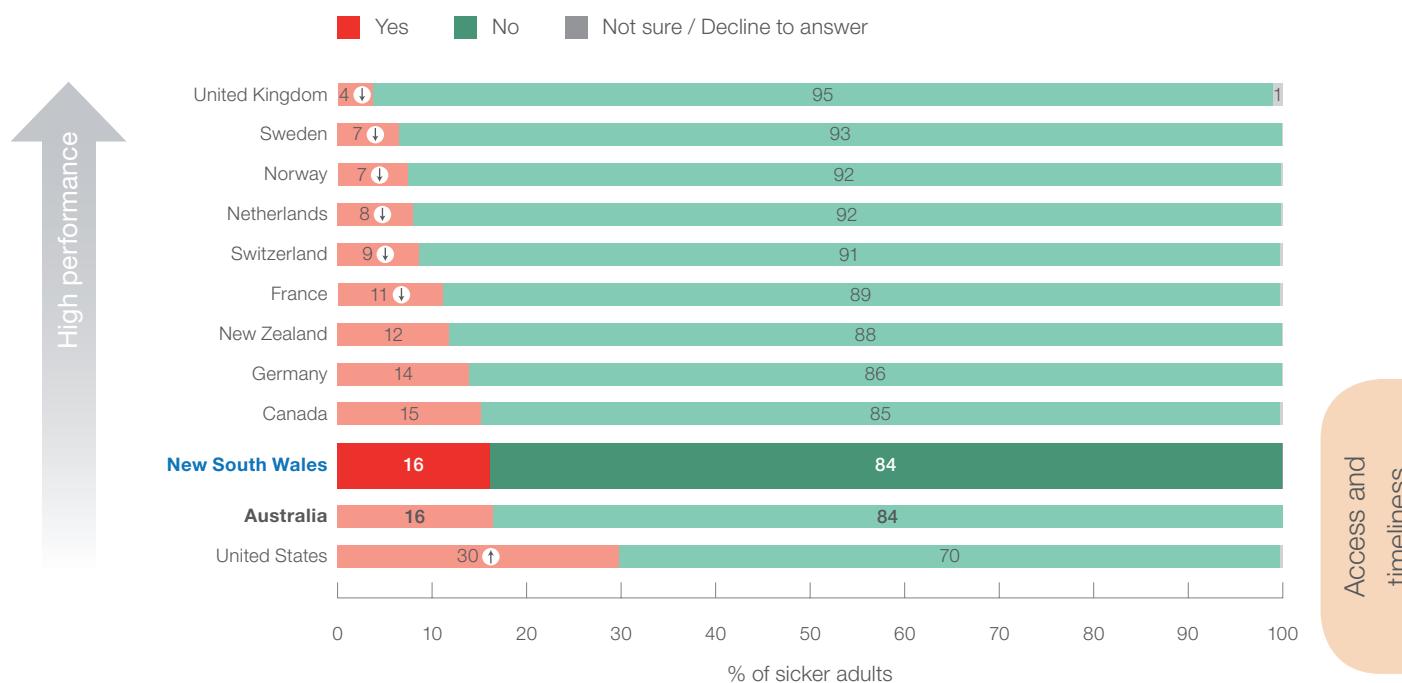
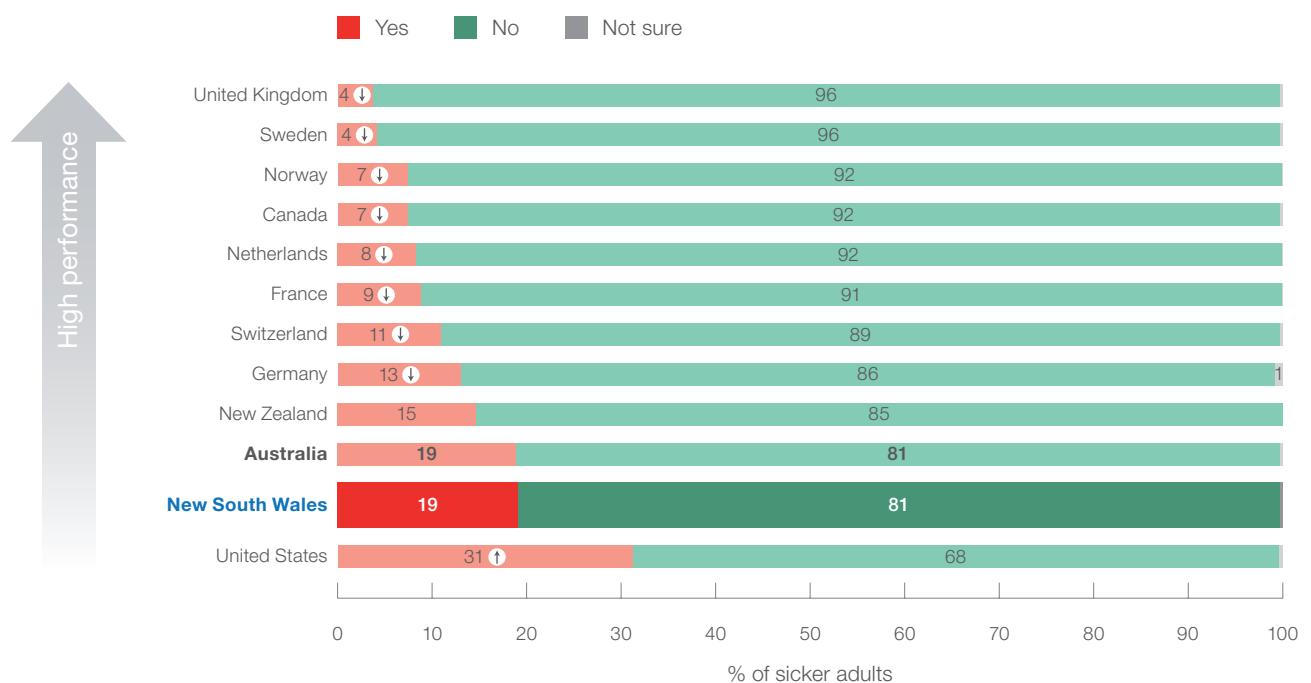


Figure 3.8: Survey 2011 Was there a time in the past year when you skipped or did not get a medical test, treatment or follow-up that was recommended by a doctor because of cost? ^②



Access and timeliness: Costs of healthcare

Out-of-pocket healthcare costs are high in NSW

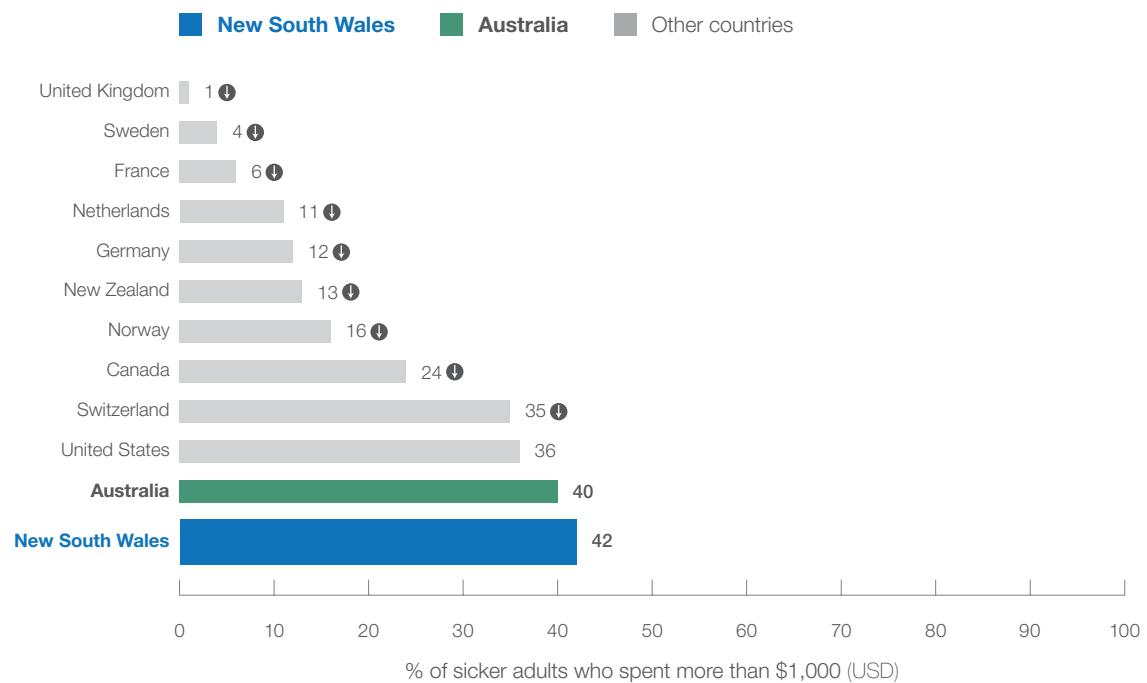
In Australia, out-of-pocket healthcare costs include charges for treatments and consultations not covered by Medicare or private health insurance and any differences between actual charges for healthcare and the amount that Medicare or private health insurance reimburses the patient.

While no public patient in NSW incurs out-of-pocket costs for hospitalisation, more than four in 10 NSW sicker adults (42%) said they and their family had out-of-pocket costs of more than \$1,000 (USD) in the previous year for medical treatments or services not covered by Medicare or insurance. Statistical analysis shows that this proportion is almost certainly higher than that reported in nine comparator countries ([Figure 3.9](#)).

One in 10 NSW sicker adults (10%) reported they had serious problems paying, or were unable to pay, their medical bills in the past year (data not shown).

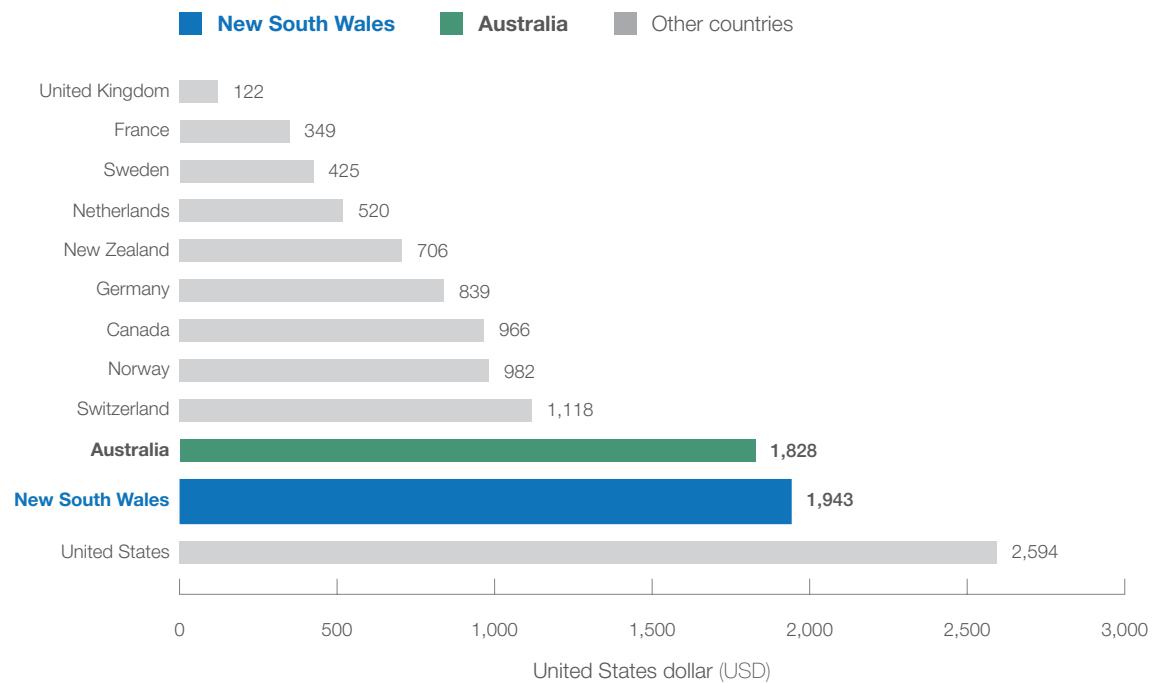
The average out-of-pocket costs among NSW sicker adults* and their families were about \$2,000 (USD) in the past year. This was higher than reported spends in all other countries compared, except the United States ([Figure 3.10](#)).

Figure 3.9: Survey 2011 In the past 12 months, about how much have you and your family spent out-of-pocket for medical treatments or services that were not covered by insurance? (percent of sicker adults who spent more than \$1,000 USD)^a



* Excludes sicker adults who did not know out-of-pocket spend.

Figure 3.10: Survey 2011 In the past 12 months, about how much have you and your family spent out-of-pocket for medical treatments or services that were not covered by insurance? (average)^{(Q)(Y)}



Access and
timeliness

- (Q) 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.
- (Y) Excludes sicker adults who did not know out-of-pocket spend. USD calculated on the basis of purchase price parity and current prices.