Australia: health care indicators
Group 2: Australia, Belgium, Canada, France

A. Efficiency and quality

B. Amenable mortality by group of causes

C. Prices and physical resources

D. Activity and consumption

E. Financing and spending mix

F. Policy and institutions

Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).

In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).

In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.

In Panel F, data shown are simple deviations from the OECD average.

**AUSTRALIA**

**GROUP 2:** Public basic insurance coverage combined with private insurance beyond the basic coverage. Heavy reliance on market mechanisms at the provider level, with wide patient choice among providers and fairly large incentives to produce high volumes of services contained by gate-keeping arrangements.

<table>
<thead>
<tr>
<th>Efficiency and quality</th>
<th>Prices and physical resources</th>
<th>Activity and consumption</th>
<th>Financing and spending mix</th>
<th>Policies and institutions</th>
<th>Weaknesses and policy inconsistencies emerging from the set of indicators</th>
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<tbody>
<tr>
<td>High DEA score</td>
<td>Less doctors per capita</td>
<td></td>
<td>Lower public share</td>
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<td>Rather high output efficiency in the acute care sector but long stays in the in-patient care sector</td>
<td>Less hospital discharges</td>
<td>Less volume incentives, in particular in the in-patient care sector</td>
<td>Examine the reasons behind the long stays in the in-patient (non-acute) care sector</td>
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<td>Data missing on quality of care</td>
<td>Lower income level for GPs</td>
<td>Higher out-patient share; lower drug share</td>
<td>Less gate-keeping</td>
<td>Improve availability of internationally comparable data on quality of care</td>
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<td>Low administrative costs</td>
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<td>Improved consistency in the allocation of responsibilities across levels of government could generate efficiency gains</td>
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