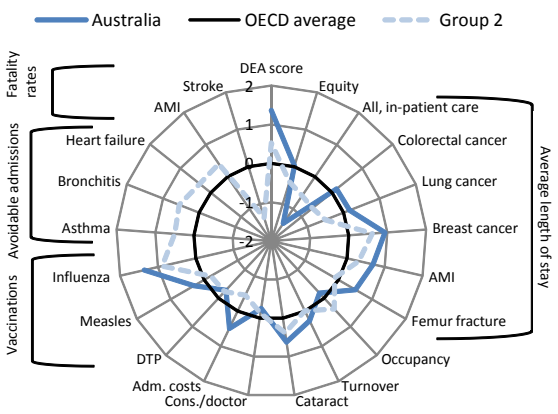
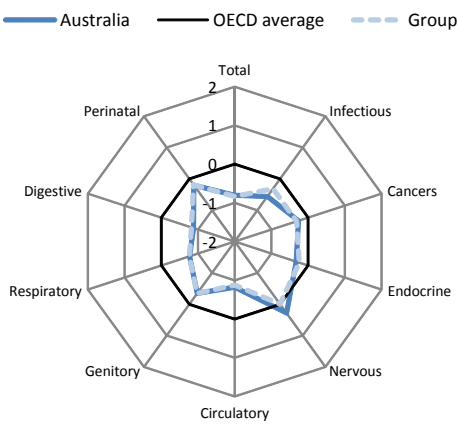
Australia: health care indicators

Group 2: Australia, Belgium, Canada, France

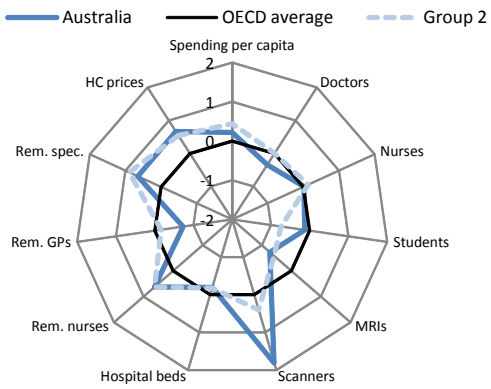
A. Efficiency and quality



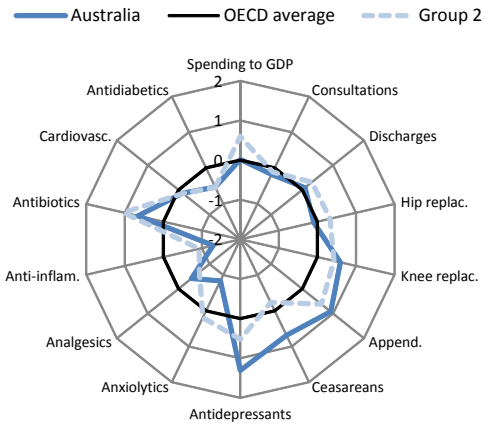
B. Amenable mortality by group of causes



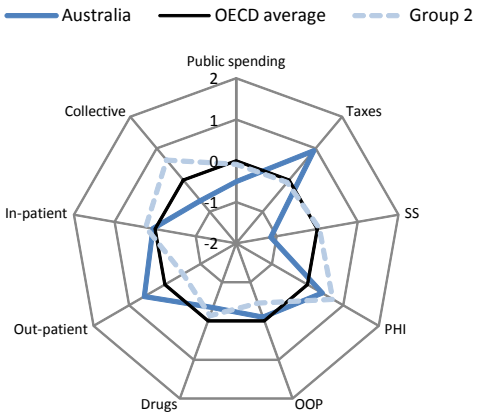
C. Prices and physical resources



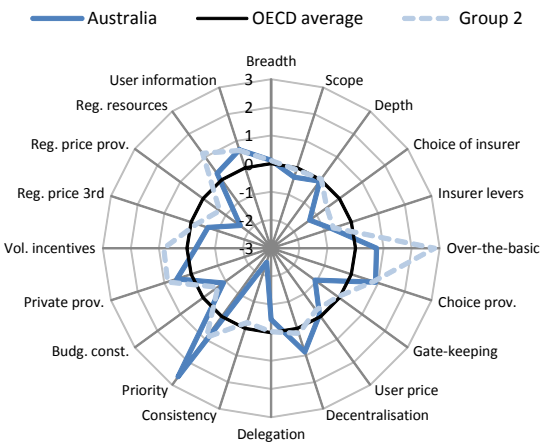
D. Activity and consumption



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.

Source: OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

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.

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