New Zealand: health care indicators
Group 6: Hungary, Ireland, Italy, New Zealand, Norway, Poland, United Kingdom

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.

NEW ZEALAND

GROUP 6: Mostly public insurance. Health care is mainly provided by a heavily regulated public system, with strict gate-keeping, little decentralisation and a tight spending limit imposed via the budget process.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Average DEA score and lower rate of amenable mortality but higher inequalities in health status</td>
<td>Below average health care spending per capita</td>
<td>Higher public, tax-financed, share</td>
<td>More reliance on PHIL for the “over-the-basic” segment</td>
<td>Examine the reasons behind high inequalities in health status</td>
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<tr>
<td>Rather low scores on the efficiency in the acute care sector</td>
<td>Less doctors per capita and less medical students</td>
<td>Less hospital discharges per capita</td>
<td>Rather low out-of-pocket payment share</td>
<td>Less choice among providers</td>
<td>Examine the reasons behind the rather low performance of in-patient and out-patient care sectors. The degree of user choice among providers and the provider payment systems (in particular on the best mix between fixed and activity-based elements) should be examined</td>
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<tr>
<td>Mixed signals on the quality of out-patient and preventive care</td>
<td>Fewer high-tech equipment per capita</td>
<td>Less consultations per capita</td>
<td>High out-patient share and low drug share</td>
<td>More information available on the quality of services</td>
<td>Examining the high share of out-patient expenditure despite the low number of doctor consultations is striking</td>
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<tr>
<td>Very high administrative costs</td>
<td>High relative income level of nurses</td>
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<td></td>
<td>Examine options to reduce administrative costs</td>
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