

# Backgrounder

## Healthcare in Focus: how NSW compares internationally

December 2010

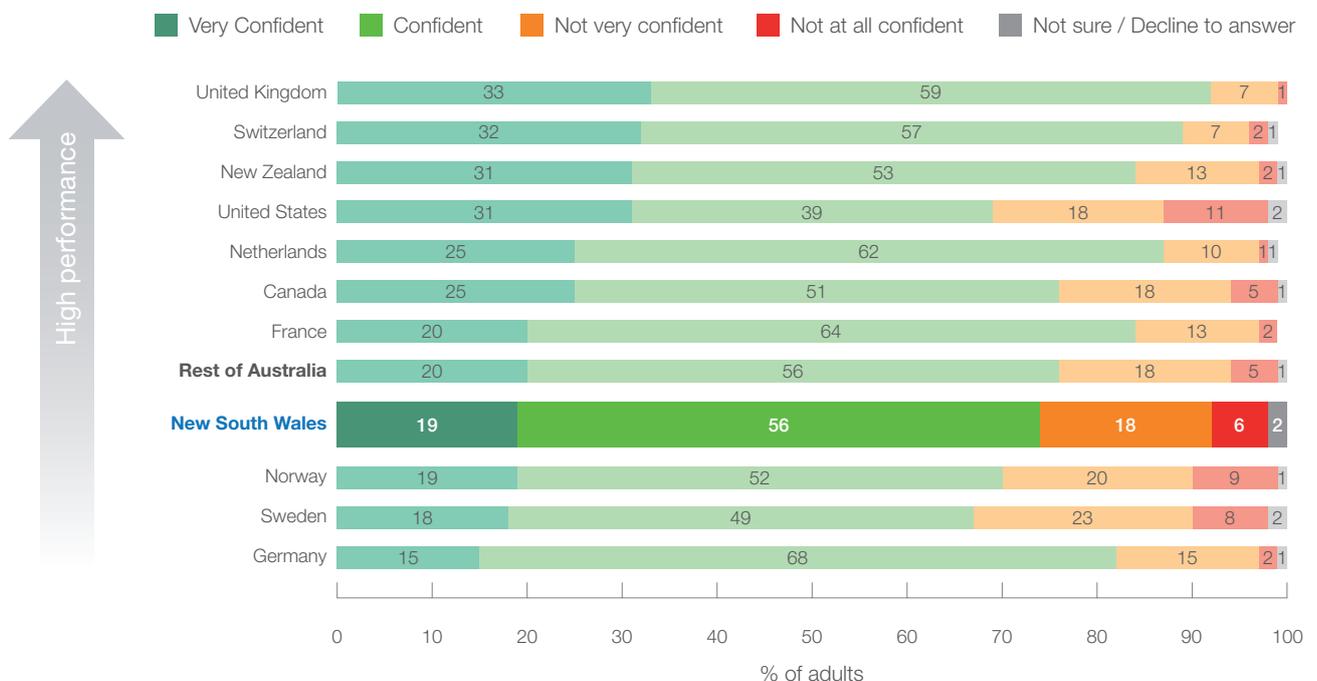
*Healthcare in Focus* is the Bureau of Health Information's first annual performance report and compares the NSW healthcare system to the rest of Australia and 10 other countries. The report examines healthcare across NSW, in both public and private sectors, in hospitals and primary care.

Using almost 90 measures of performance, *Healthcare in Focus* concentrates on three main areas: how healthy NSW people are compared to those in other countries; how the system as a whole performs; and what value NSW gets for its healthcare dollar relative to other nations.

To compare NSW internationally, the Bureau used information mainly from the 2010 Commonwealth Fund International Health Policy Survey<sup>1</sup> and the OECD.

The report shows that in 2010 most adults (75%) say they are confident they will receive the most effective treatment if they become seriously ill, though fewer people in NSW are confident in this area than those in other countries (Figure 1).

Figure 1: Survey 2010: How confident are you that if you became seriously ill, you will receive the most effective treatment, including drugs and diagnostic tests?



Source: 2010 Commonwealth Fund International Health Policy Survey.<sup>1</sup>

# How did we measure?

The Bureau has summarised NSW performance in each chapter of the report with a simple ranking scheme. In comparing countries the report ranks jurisdictions in order of achievement. The top four are ranked 'higher', the next four 'middle' and the bottom four 'lower'.

life expectancy is long and deaths from cancer and heart disease have decreased dramatically in the past decade (Figure 2). Improvements over time in the health of NSW people are considerable when placed in an international context.

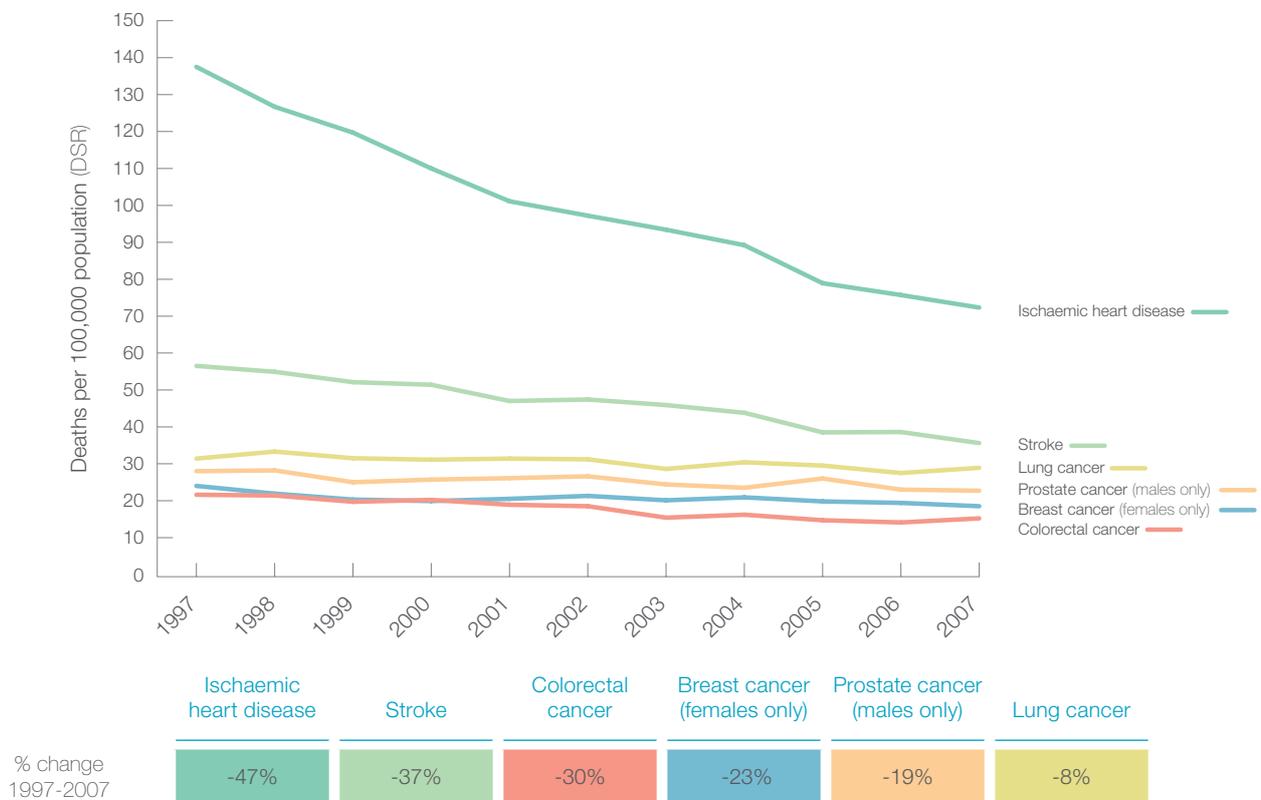
# What did we find?

## Health and lifestyle determinants

Nearly 60% of NSW adults rate their own health as either excellent or very good – a higher percentage than in most other countries. Our

Yet nearly 70% of adults in NSW say they have been diagnosed with a long-term health condition, a greater proportion than that seen internationally. NSW also struggles with an obesity problem but we are not alone. More than 60% of people are either overweight or obese, ranking NSW in the middle of other countries. These findings are important, given that chronic disease and rising rates of obesity have ongoing implications for the healthcare system.

Figure 2: Mortality from circulatory diseases and cancers, NSW 1997-2007



Source: OECD Health Data 2010 and AIHW analyses of WHO mortality database (Notes: Data are age-standardised to the 1980 OECD population; DSR is directly standardised rate).

## Effectiveness and appropriateness of healthcare

Measuring effectiveness and appropriateness gives an insight into whether the people of NSW receive healthcare that works.

The report found that years of life lost to **circulatory disease** and **cancer** have fallen significantly. Deaths from heart disease have dropped by 47%, stroke by 37% and colorectal cancer by 30%. NSW joins the Netherlands and Norway in leading the way on cardiovascular health gains.

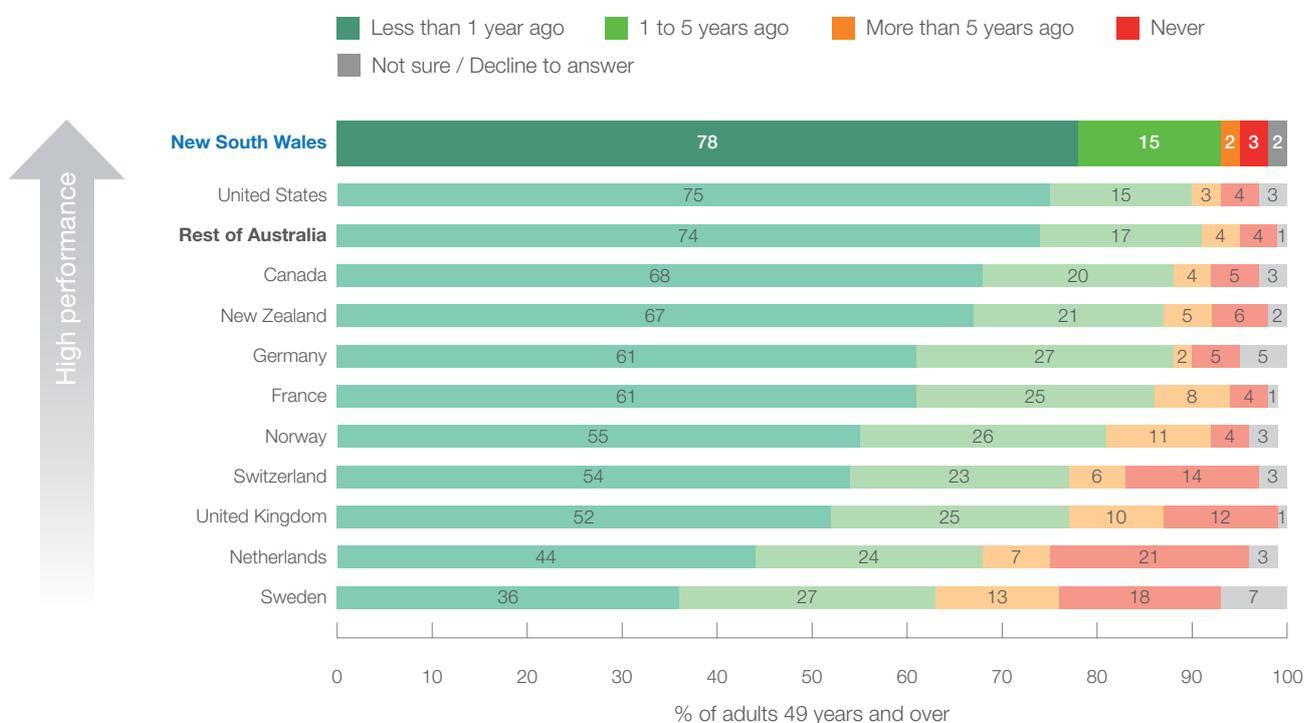
Most people report receiving appropriate monitoring tests for **blood pressure** (88%) and **cholesterol** (93%) (Figure 3), placing NSW ahead

of other countries surveyed. There are however, areas where current performance levels may be of concern.

**Caesarean section rates** in NSW are high by international standards (almost 30% of live births) and have increased more rapidly than in other countries. Although a caesarean section is appropriate for some mothers, it involves risks and requires more resources than vaginal delivery.

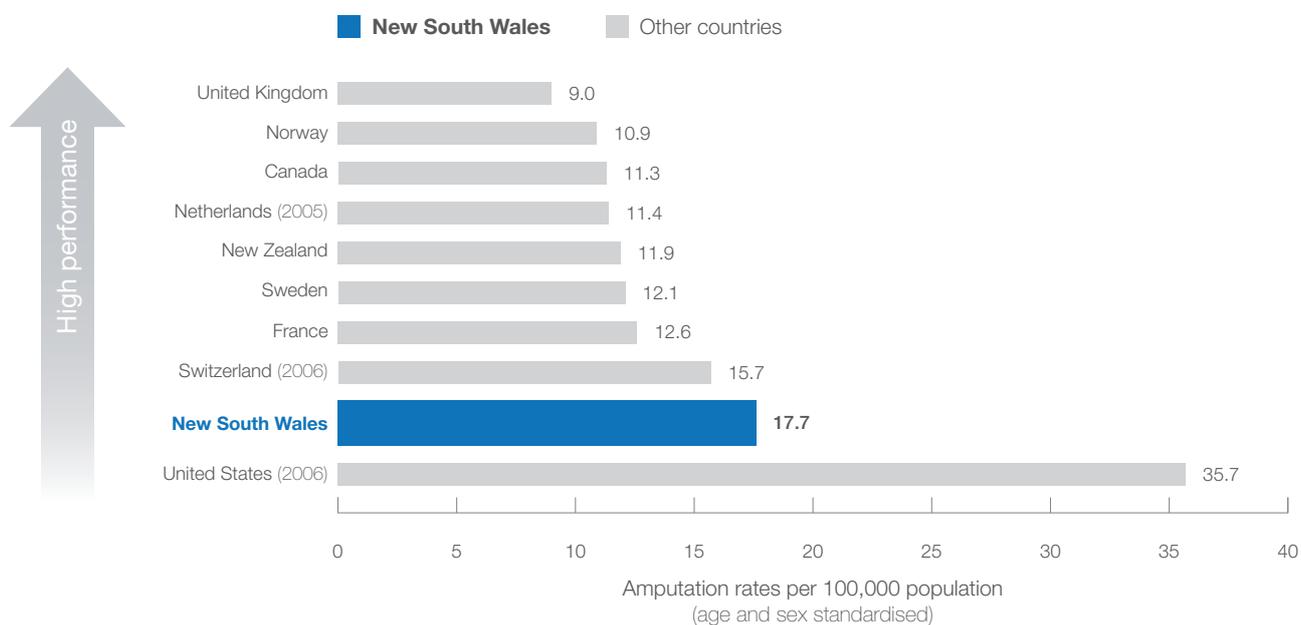
In 2010, of NSW adults hospitalised in the previous two years, about one in six reported returning to hospital or the emergency department because of complications. This is significantly higher than France and Switzerland and lower than the United Kingdom.

Figure 3: Survey 2010: About how long has it been since you had your cholesterol checked? (those aged 49+ years)



Source: 2010 Commonwealth Fund International Health Policy Survey.<sup>1</sup>

Figure 4: Diabetes lower extremity amputation rates, 2007 (or latest year)



Source: OECD Health Data 2010 and NSW Admitted Patient Data Collection (Notes: NSW rate calculated by the Bureau of Health Information; data are age and sex standardised to OECD population 2005; NSW result differs from that published in *The health of the people of New South Wales: Report of the Chief Health Officer 2010* due to differences in data definitions).

People with **diabetes** also experience preventable complications, such as amputations, at a greater rate than in other countries (Figure 4). In NSW, the rate of diabetes-associated lower limb amputation is 18 per 100,000 of the population, which suggests there are opportunities for improvement.

## Safety

In primary care, more than 70% of people taking at least one prescription say a GP or staff member at their regular place of care reviewed their **medications** and explained potential side effects. When being **discharged from hospital**, about 70% of people say they are given written instructions about what to do when they return home. Internationally, NSW adults are among the most likely to receive these safety checks.

NSW achieves a middle ranking when it comes to **test delays** and **medication error**. While most people receive timely test results, 6% of patients who had a medical test in the previous two years report experiencing a delay in receiving abnormal results and 5% report being given the wrong medication by a healthcare professional.

In NSW 10% of people think a **medical mistake** has been made in their care in the past two years, although the extent of harm was not assessed. In this area NSW has a lower ranking.

It should be noted that patients do not necessarily have all the information needed to decide whether there has been an error in their care. They might be unaware of errors that occur, or assume errors in situations with a poor outcome even if no mistake was made.

## Access and timeliness

More than 60% of adults say they are able to get a same-day or next-day **primary care appointment** and more than 80% who visit **emergency departments** say they wait less than four hours for treatment. Less than half though, find it easy to access **after-hours medical care** without going to the emergency department. NSW achieves a middle ranking on these three measures.

About one in six of patients who received **elective surgery** (in public or private hospitals) in the previous two years reported waiting more than six months for their operation. Compared to other countries, NSW ranks lower on this measure.

Areas for improvement may include **cost barriers** to care. About one in six people with a medical problem in the previous year did not visit a doctor because of cost and nearly 10% of people did not visit the doctor because of travel difficulties. NSW ranks lower on these measures of access.

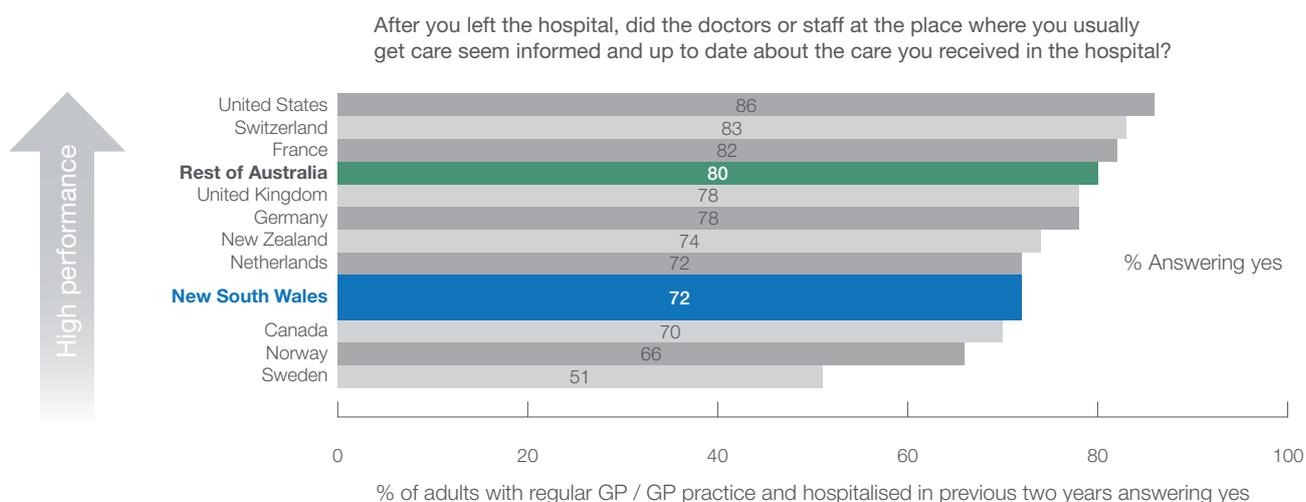
## Person centredness

Healthcare systems that are person centred have communities that actively participate in improvement efforts and place patients at the centre of their medical treatment. In this area, NSW generally achieves high rankings.

Most adults rate the care given by their GP as excellent or very good. Most people say their **regular GP** always knows important information about their medical history, always spends enough time with them and always involves them as much as they want to be in decisions about their care. More than 60% have their **care co-ordinated** by someone in their regular GP practice. In these areas NSW achieves high rankings.

Patients have observed problems in sending their medical details to GPs after **leaving hospital** or ED, with a sizeable minority reporting difficulties in information flow to general practice. NSW ranks lower on this measure (Figure 5).

Figure 5: Survey 2010: Information flow processes between primary care and hospitals



Source: 2010 Commonwealth Fund International Health Policy Survey.<sup>1</sup>

In 2010, almost a quarter of surveyed adults in NSW say the Australian healthcare system works pretty well and half say there are some good things about the system, but fundamental changes are needed. A quarter of adults say the healthcare system has so much wrong with it that it needs a complete rebuild. Among Australians these views have remained stable since 2001.

## Equity

*Healthcare in Focus* shows that people who live in more socioeconomically **disadvantaged areas** have more health problems but do not always receive more care.

People with below average income are less likely to report good or excellent health status or have confidence in receiving the most effective care than people with above average income. Relative to other countries the income-associated gap in health status or confidence places NSW in the middle ranking.

People living in the lowest **socioeconomic communities** are almost twice as likely to report they had been diagnosed with heart disease or other circulatory disease. Procedure rates for cardiac intervention such as coronary artery bypass grafts do not reflect this higher prevalence.

Across **rural NSW**, people have a lower life expectancy than those living in cities. They also have rates of potentially preventable hospitalisations that are 2.3 times higher than the rate for residents of major cities.

For 2002-2006, life expectancy at birth showed a clear gradient; decreasing with remoteness.

Aboriginal<sup>#</sup> mothers are more likely to have low birth-weight or pre-term babies compared to non-Aboriginal mothers. This places infants at increased risk of ill health. As adults, Aboriginal people are more likely to be hospitalised for a range of medical conditions and have a lower life expectancy than non-Aboriginal people.

## Resources and sustainability

In 2007, the people of NSW spent \$4,727 on average per person on public and private healthcare. After accounting for differences in currency, this ranks mid-range relative to 20 similar countries, including those featured in our report as well as founding European Union members.

In 2008, NSW had slightly **more nurses** and **more GPs** per person than most comparator countries. NSW is similar to other countries in terms of the number of working doctors and beds per 1,000 of the population.

### Want to learn more?

Information on some 90 measures of performance is available in *Healthcare in Focus: how NSW compares internationally* from the Bureau of Health Information website [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

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(#) We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.

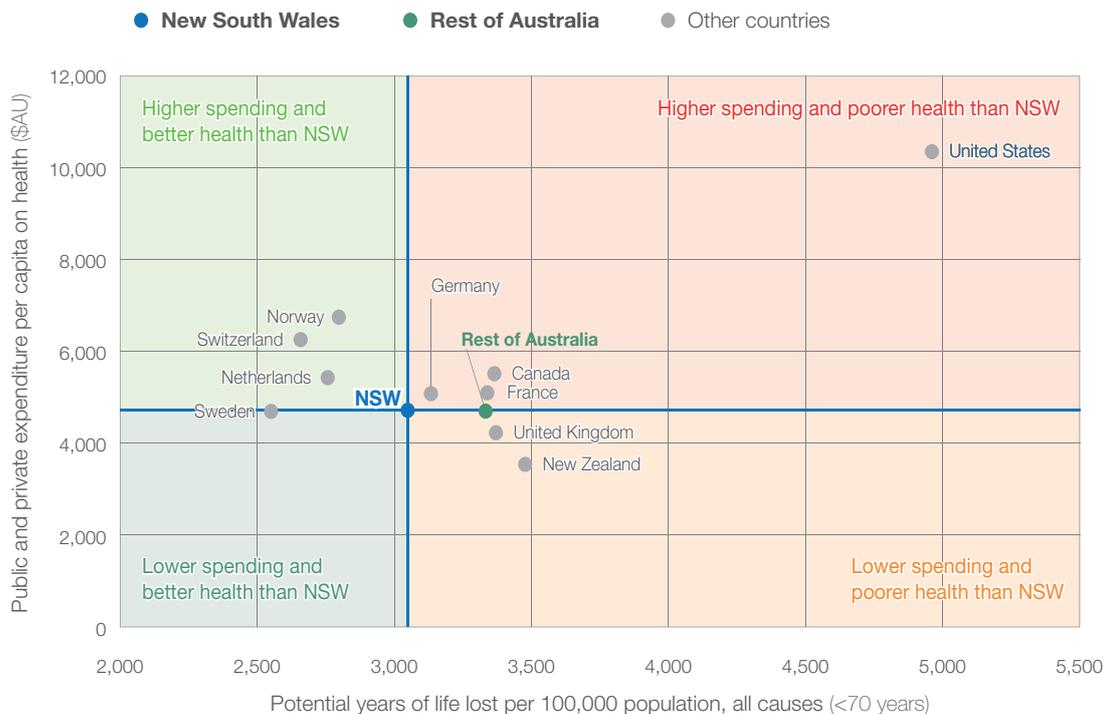
# Overall then, how does NSW perform?

Considering the health of NSW people ranks highly compared to other countries and that state health spending is mid-range compared to other nations' spending, NSW does well in achieving health per dollar spent. No country spends less per person than NSW and has better health at the same time. Higher spending does not necessarily mean better healthcare. There are some countries that spend more than NSW but have worse outcomes (see Figure 6).

The state has made significant health gains over recent years and is an international leader in this area. At the same time, *Healthcare in Focus* identifies where NSW needs to do better and points to countries it can learn from.

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

Figure 6: Per person health spending (\$AU) vs potential years of life lost (<70 years), 2007 (or latest year)



Source: Bureau of Health Information analysis of OECD Health Data 2010 and AIHW expenditure data. (Notes: Australian dollar 2007 (purchase price parity); potential years of life lost is a summary measure of premature mortality, calculated by totalling all deaths occurring at each age and multiplying this figure by the number of remaining years of life up to a selected age limit, here 70 years).

(1) The 2010 Commonwealth Fund International Health Policy Survey results are weighted to represent the age, sex, education and regional distribution of each country's population. For questions asked of all adults, the margin of sampling error is plus or minus 2 to 3%, depending on the country (95% confidence interval). Percentages may not add up to 100 due to rounding.

## Download the report

The report *Healthcare in Focus: how NSW compares internationally* and its accompanying products are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Healthcare in Focus: how NSW compares internationally* (full report)
- *At a Glance* (8 page summary document)
- *Technical Supplement*
- Downloadable package of key graphs.

## 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 organisation established by the NSW Government to be the leading source of information on the performance of the public health system in NSW.

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