



6.17 Health care use by older Australians

Australia's population is ageing, with an increase in both the number of older Australians and the proportion of the total population that is 65 and over. For example, in 2016 there is an estimated 3.7 million people aged 65 and over, up from 2.6 million in 2004 (ABS 2015a). This is expected to double to 7.5 million over the next 30 years (ABS 2013b). However, the change in proportion of older people is less dramatic, growing from 15% of the total population in 2016 to 20% in 2046, as Australia's total population will also grow.

Improved health and changing social attitudes are reshaping the circumstances of our older population, redefining what it means to be 'old' (see Box 6.17.1). Around 7 in 10 Australians aged 65 and over considered themselves to be in good health in 2014–15 (ABS 2015c) and many manage to live independently—with or without community-based supports—until their final days (AIHW 2015c). And good health is itself a resource, enabling older people to contribute socially, culturally and economically to the community.

Box 6.17.1: What do we mean by older Australians?

For many purposes, 'older' is defined as aged 65 and over, based on the original qualifying age for the Age Pension. While this article also uses this convention, a person does not necessarily become frail or dependent at age 65 (or at any other nominated age).

Like the broader Australian population, the group of older people is far from uniform. This diversity, combined with ongoing changes in the health, economic and social circumstances faced by all Australians, results in a very complex range of differing circumstances and needs as we grow older.

Ageing will present challenges to the health care system, given the larger number of older people; the fact that many health conditions and associated disability become more common with age; and that older people are generally higher users of health services than younger Australians. For example, the *2015 Intergenerational report* (Treasury 2015) showed that Australian Government expenditure on the Pharmaceutical Benefits Scheme (PBS) in 2012–13, for a person aged 85 or older, was more than four times the average expenditure per person. More generally, the report showed that the ageing of the population is expected to contribute around 10% of the projected increase in Australian Government health spending per person over the next 40 years. The bulk of the remaining projected increase is attributed to non-demographic factors, such as increased consumption, higher wages for health workers, changes in disease patterns, and technological changes.

This article describes major types of health service use for those aged over 65; change over time; and differences in use for the age groups 65–74, 75–84 and 85 and over.



It presents results from population surveys and collections on services provided to people aged 65 and over. For more information on data sources, see Box 6.17.2.

Other topics within this publication present information on the health of Australians aged 65 and over (see 'Chapter 3.5 Coronary heart disease', 'Chapter 3.8 Kidney disease', 'Chapter 3.12 Dementia', 'Chapter 3.16 Incontinence' and 'Chapter 5.6 Health and risks of the very old').

Population growth of older Australians

From 30 June 2004 to 30 June 2013, the population aged 65 and over grew by an annual average of 3.0%, compared with an annual average growth of 1.7% for the whole population. While the population aged 65–74 grew by the largest number, the population aged 85 and over grew at a quicker rate (Table 6.17.1).

Table 6.17.1: Estimated resident population growth of Australians aged 65 and over, 30 June 2004 to 30 June 2013

		Population ('000)		Growth		
		30 June 2004	30 June 2013	Number ('000)	Per cent	Annual average
Males	65–74	658.9	919.9	261.0	39.6	3.8
	75–84	395.2	471.9	76.7	19.4	2.0
	85 and over	89.8	155.2	65.4	72.8	6.3
	65 and over	1,143.8	1,547.0	403.1	35.2	3.4
Females	65–74	694.5	943.2	248.6	35.8	3.5
	75–84	524.0	565.3	41.3	7.9	0.8
	85 and over	196.5	282.1	85.6	43.6	4.1
	65 and over	1,415.0	1,790.5	375.5	26.5	2.6
Persons	65–74	1,353.4	1,863.0	509.6	37.7	3.6
	75–84	919.2	1,037.2	118.0	12.8	1.4
	85 and over	286.3	437.3	151.0	52.8	4.8
	65 and over	2,558.9	3,337.5	778.6	30.4	3.0

Source: AIHW analysis of ABS (2015c).

Box 6.17.2: Data used in this feature article

This article presents results from:

- information on medical practitioner consultations from the Medicare Benefits Schedule (MBS) (DHS 2015)
- data on the use of hospitals from the AIHW's National Hospital Morbidity Database (NHMD) and the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) (AIHW 2015a, 2014)
- the Survey of Disability, Ageing and Carers (SDAC) (ABS 2013a)
- information on specialised public sector mental health services from the AIHW's National Community Mental Health Care Database (NCMHCD) and National Residential Mental Health Care Database (NRMHCD) (AIHW 2015b).

(continued)



Box 6.17.2 (continued): Data used in this feature article

The MBS is an itemised schedule of fees for all medical services that are subsidised by the Australian Government as part of the Medicare Benefits Scheme (DHS 2015). These benefits are based on fees determined for each item (service) provided and, when benefits are paid, statistics are collected on each item.

The NHMD is a compilation of episode-level records from admitted patient data collection systems in Australian hospitals (AIHW 2015a). The episodes of admitted patient care collected in the NHMD are called 'hospitalisations' in this article. The data supplied are based on the NMDS for admitted patient care and include demographic and length of stay information, as well as data on diagnoses of the patients, the procedures they underwent in hospital, and external causes of injury and poisoning. The scope of the NMDS includes all public and private acute and psychiatric hospitals, free-standing day hospitals, and alcohol and drug treatment centres in Australia.

The NNAPEDCD is a compilation of episode-level data for presentations to selected emergency departments (EDs) in Australian public hospitals (AIHW 2014). The data supplied are based on National Minimum Data Set (NMDS) standards and include demographics, triage (urgency) category, waiting times for treatment, and length of time spent in the ED.

The SDAC was most recently conducted by the ABS in 2012 (ABS 2013a). Survey data are created from responses given by a sample of the Australian population. The SDAC data used here focus on the experience of health care use by Australians aged 65 and over who responded in the survey, and exclude people living in cared accommodation and other institutions, or experiencing long-term hospitalisations.

Information in this article on mental health services is taken from the NCMHCD and the NRMHCD (AIHW 2015b). The NCMHCD contains data on community mental health service contacts provided by government-funded community mental health care services, as specified by the Community Mental Health Care NMDS.

The NRMHCD contains data on episodes of residential care provided by government-funded residential mental health services, as specified by the Residential Mental Health Care NMDS.

Care should be taken when comparing different information from data sources on a given topic, particularly where there is information on the SDAC and other data sources. For instance, the SDAC provides information on the number of people, whereas the NHMD provides information on the number of hospitalisations. As well, information on hospitalisations relates to different time periods compared with the SDAC. Data from health services tell a different story (for example, services provided or numbers of hospitalisations) compared with the story that can be told from the SDAC (for example, people's experience of being admitted to hospital during the survey period).



General practitioner consultations

In 2014–15, there were almost 35 million general practitioner (GP) attendances claimed through Medicare by people aged 65 and over (28% of the total 123.1 million). Nearly three-quarters (24.5 million) of all GP consultations for older people were brief or standard consultations of less than 20 minutes in duration and took place during normal hours at the GP's consulting rooms. However, for the oldest age group, a large proportion of consultations took place either at home or within an institutional setting (with residential aged care accounting for the majority).

Attendance rates per 1,000 population showed little variation between the age groups for consultations at a GP's surgery, but rates for institutional or home consultations and after-hours consultations both increased with age (Figure 6.17.1).

Figure 6.17.1: General practitioner consultations, by setting, age-specific usage rates, people aged 65 and over, 2014–15



Source: AIHW analysis of Department of Human Services MBS items (DHS 2015).



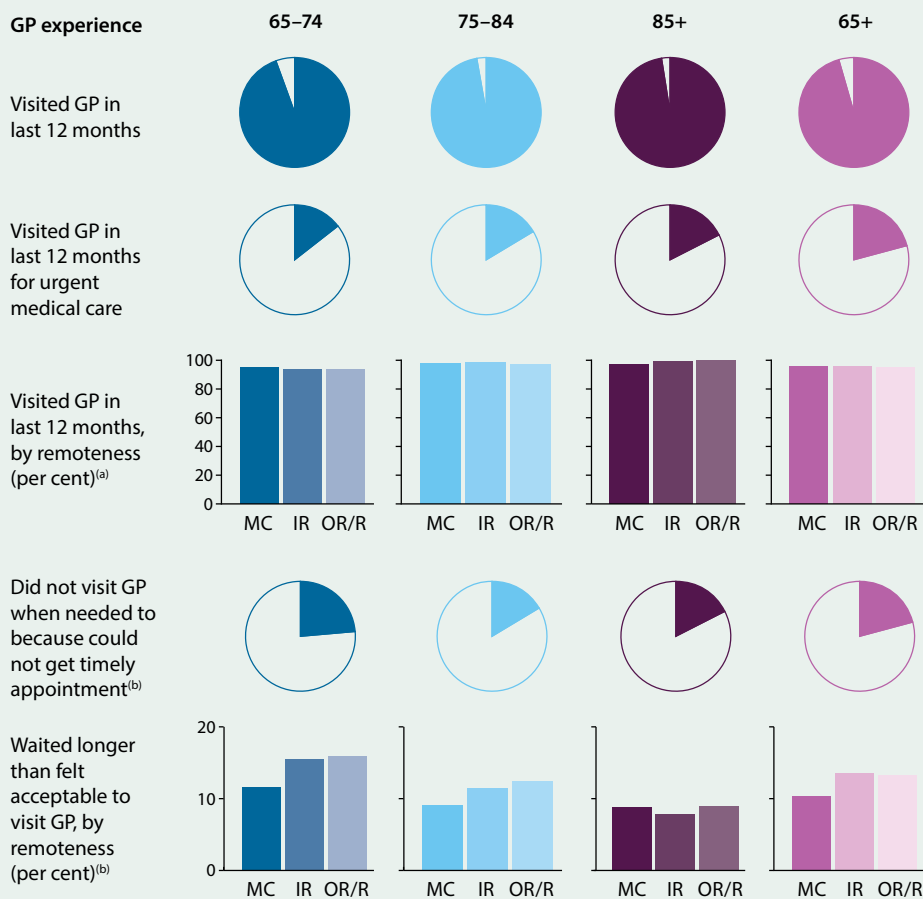
Experience of GP use

According to the SDAC, in 2012 most people aged 65 and over had visited a GP in the last 12 months. The likelihood of visiting a GP at all, or for urgent medical care, increased slightly with age (Figure 6.17.2).

People aged 65–74 were more likely to report not being able to get a timely appointment as a reason for not visiting a GP. This age group also reported waiting longer than they felt was acceptable for a GP appointment, in all remoteness areas.

There were few differences between the proportions of men and women who had visited a GP in the last 12 months in 2012. Overall, 95% of men, and 98% of women aged 65 and over, had visited a GP.

Figure 6.17.2: Experience of general practitioner consultations, people aged 65 and over, 2012



(a) MC: Major cities; IR: Inner regional; OR/R: Outer regional and Remote.

(b) For most recent visit.

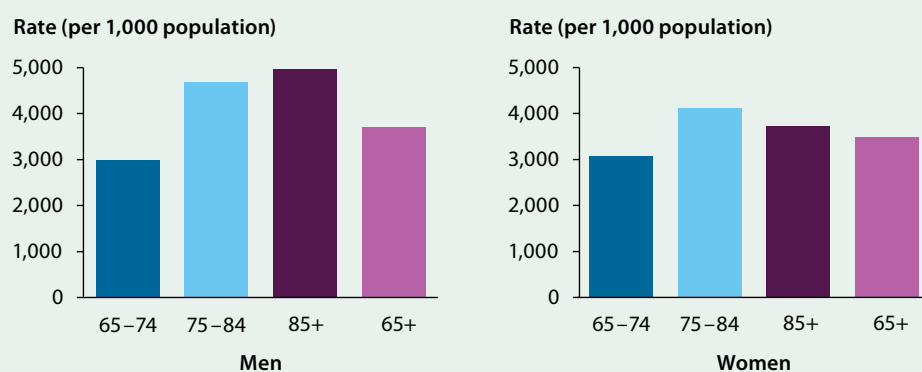
Source: AIHW analysis of 2012 ABS Survey of Disability, Ageing and Carers.



Medical specialist consultations

Older people accounted for 12.4 million specialist attendances claimed through Medicare in 2014–15—43% of all such attendances in that year (of which there were 29 million). Age-specific usage rates increased with age among men, but among women, usage rates were slightly higher for those aged 75–84 than for those aged 85 and over (Figure 6.17.3).

Figure 6.17.3: Medical specialist attendances claimed through Medicare, age-specific usage rates by sex, people aged 65 and over, 2014–15^(a)



(a) Medical specialists as defined by the Medical Benefit Schedule Broad Type of Service for Specialist attendances, 'medical specialists'.

Source: AIHW analysis of Department of Human Services MBS items (DHS 2015).

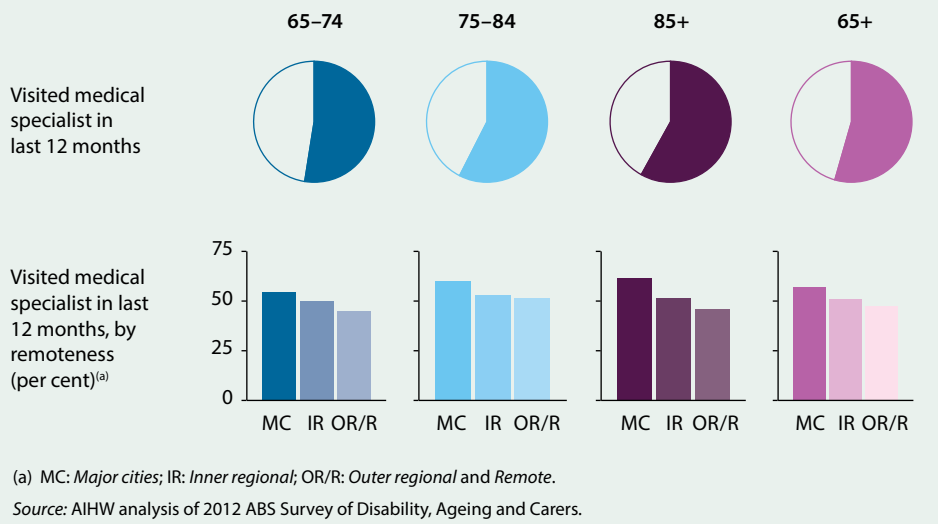
Experience of medical specialist use

The proportion of people in 2012 who had visited a medical specialist in the last 12 months increased with age, according to the SDAC (Figure 6.17.4). Across all age groups, people living in *Major cities* were most likely to have visited a specialist in the last 12 months, with the likelihood of visits declining as remoteness increased.

Men aged 65 and over were somewhat more likely to have visited medical specialists in the last 12 months in 2012 (58%, compared with 52% of women in the same age group). Similar differences were also evident between men and women within each age group—for instance, 64% of men and 52% of women aged 75–84 had visited a medical specialist.



Figure 6.17.4: Experience of medical specialist use, people aged 65 and over, 2012



Experience of dentist use

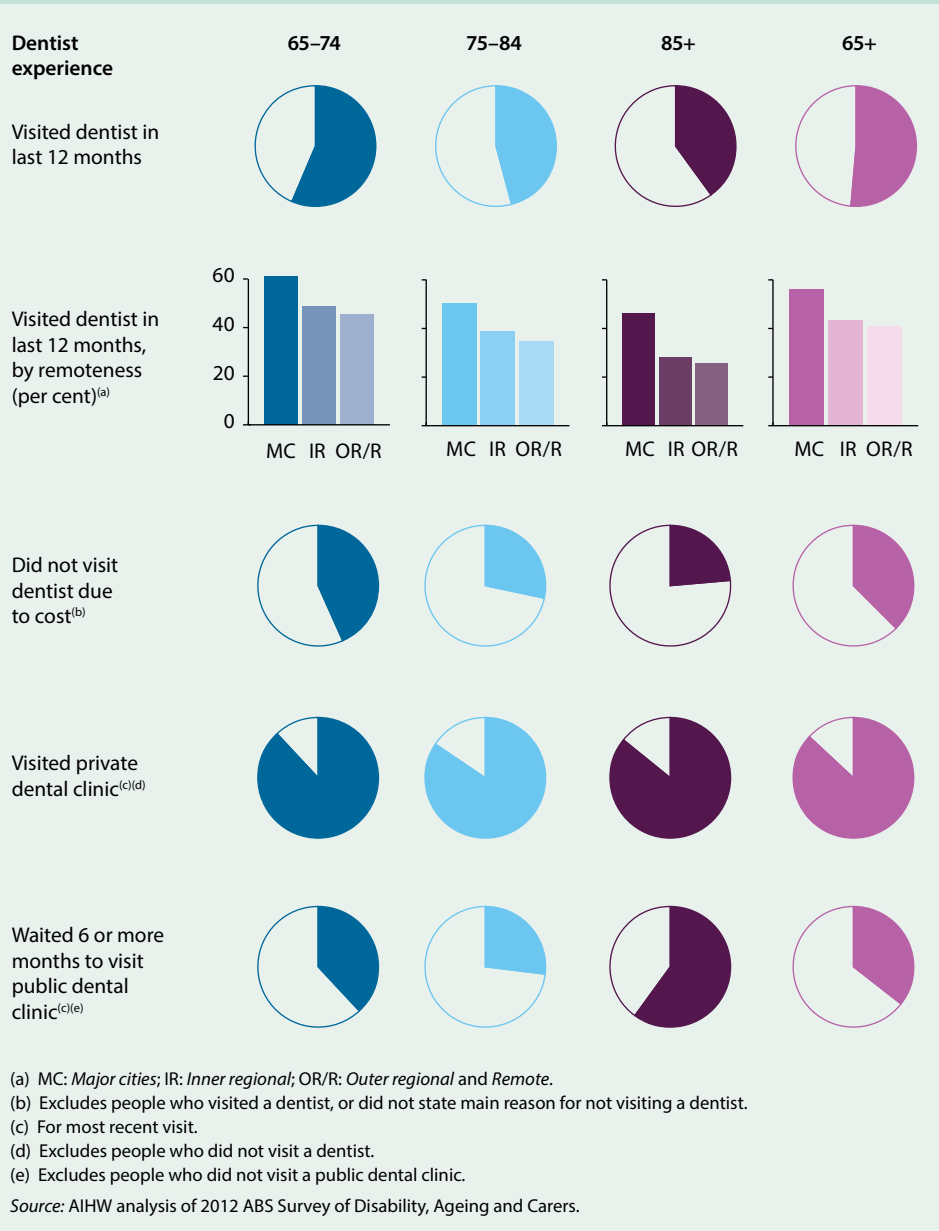
The proportion of people in 2012 who had visited a dentist in the last 12 months declined with age, according to the SDAC (Figure 6.17.5). Within each age group, this also declined as remoteness increased: people aged 85 and over living in *Outer regional* and *Remote* areas were the least likely of any of these age groups and regions to have visited a dentist in the past 12 months. For those who had not visited a dentist, cost was more likely to be the main reason among the youngest age group.

Among those people who had visited a dentist, in all age groups, the majority had last visited a private dentist. For the small proportion of people who had visited a public dental clinic, wait time varied greatly by age: people aged 75–84 were the least likely to have waited 6 or more months to visit a public dental clinic, while those aged 85 and older were the most likely.

Approximately 51% of men and women aged 65 and over had visited a dentist in the last 12 months in 2012. There were differences between men and women within each age group, but overall, the proportions decreased with age for both genders: 54% of men and 58% of women aged 65–74 had visited a dentist, compared with 44% and 38% for people aged 85 and over.



Figure 6.17.5: Experience of dentist use, people aged 65 and over, 2012



Hospitals

Emergency department presentations

As with all Australians, visits by Australians aged 65 and over to EDs are often the initial step on a pathway to care as an admitted patient or for other specialised care. Most large public hospitals have an ED, whereas smaller hospitals are less likely to have an ED.

Information from the NNAPEDCD demonstrates that there were 1.4 million presentations of Australians aged 65 and over to EDs in 2013-14, representing 19.6% of all ED presentations that year. Of presentations by older Australians, 576,900 were for people aged 65-74, 516,400 for 75-84 year olds and 317,500 for people aged 85 and over.



From 2004–05 to 2013–14, there was an average increase of 6.5% per year in ED usage by Australians aged 65 and over. ED presentations by people aged 85 and over grew the fastest, by 8.3% per year, resulting in ED presentations for this older group more than doubling over the 10 years, from 155,000 to 317,500 (compared with the annual average growth of 6.9% for 65–74 year olds and 5.2% for 75–84 year olds).

In all the years between 2004–05 and 2013–14, there were more presentations to EDs by females aged 65 and over than males. For those aged 65–74, there were more male than female presentations to EDs. In contrast, there were more presentations of females aged 75–84 and 85 and over to EDs than of males.

In 2013–14, the top three diagnoses recorded for Australians aged 65 and over presenting to EDs were *Pain in throat and chest*, followed by *Abdominal and pelvic pain* and *Syncope and collapse* (fainting). *Pain in throat and chest* was the most common diagnosis for patients aged 65–74, followed by *Abdominal and pelvic pain*, and *Cellulitis*. *Pain in throat and chest* was also the most common diagnosis for patients aged 75–84, followed by *Syncope and collapse* and *Abdominal and pelvic pain*. The top three diagnoses for patients aged 85 and over were *Other symptoms and signs involving the nervous and musculoskeletal systems* (mostly for tendency to fall), *Syncope and collapse*, and *Pain in throat and chest*.

EDs in hospitals use 'triage categories' to indicate the urgency of a patient's need for medical and nursing care (see Glossary). The overall distribution of triage categories assigned to Australians aged 65 and over on presentation to EDs was similar in 2004–05 and 2013–14:

- *Resuscitation* (immediate, within seconds)—represented 1.2% (16,500), of presentations in this age group in 2013–14 and 1.5% in 2004–05. The number of presentations grew, on average, by 3.9% per year, with the largest average growth (6.5% per year) being those aged 85 and over.
- *Emergency* (within 10 minutes) care—represented 16.9% (237,700) of presentations in this age group in 2013–14 and 13.8% in 2004–05. The number of presentations grew, on average, by 8.9% per year, with the largest average growth (11.3% per year) being for those aged 85 and over.
- *Urgent* (within 30 minutes) care—represented the largest proportion (41.0%, or 577,600 presentations) of presentations in this age group in 2013–14 and 38.3% in 2004–05. The number of presentations grew, on average, by 7.3% per year, with the largest average growth (9.5% per year) being for those aged 85 and over.
- *Semi-urgent* (within 60 minutes)—represented 32.9% (462,900) of presentations in this age group in 2013–14 and 37.1% in 2004–05. The number of presentations grew, on average, by 5.1% per year, with the largest average growth (6.2% per year) being for those aged 85 and over.
- *Non-urgent* (within 120 minutes)—represented 8.1% (114,400) of presentations in this age group in 2013–14 and 9.2% in 2004–05. The number of presentations grew on average at 5.0% per year, with the largest average growth (6.7% per year), being for those aged 85 and over.



Experience of emergency department use

According to the SDAC, the proportion of people in 2012 who reported they had attended an ED in the last 12 months increased for each older age group (Figure 6.17.6). People aged 65–74 were less likely to have attended an ED in the last 12 months, compared with their older counterparts, regardless of geographical region. People aged 85 and over living in *Major cities* were the most likely to have attended an ED. The likelihood of attending the ED three or more times, or of attending for a serious or life-threatening situation, also increased with age.

A similar proportion (18%) of men and women aged 65 and over had attended an ED in the last 12 months. However, 28% of men aged 85 and over reported attending an ED, compared with 22% of women in the same age group. Among people who had attended an ED, approximately 60% of both men and women aged 65 and over reported the seriousness of their condition as the reason. The likelihood of this was highest among men aged 85 and over (69%).

Figure 6.17.6: Experience of emergency department use, people aged 65 and over, 2012

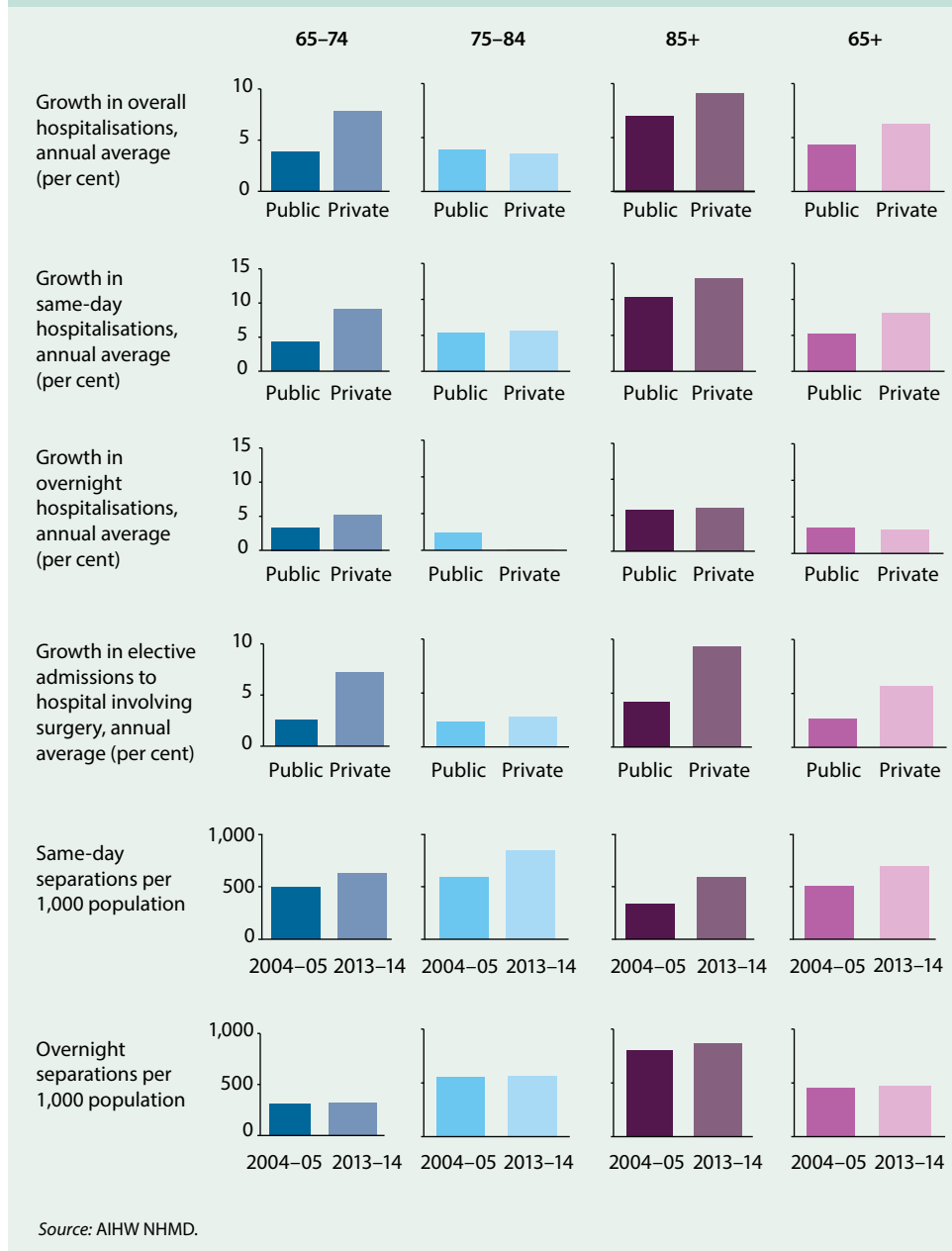




Hospitalisations

The AIHW's NHMD shows that, compared with 10 years ago, Australians aged 65 and over accounted for a greater proportion of all hospitalisations—increasing from 35% of all hospitalisations in 2004–05 to 40% in 2013–14. Hospitalisations for older Australians increased on average by 5.2% per year, from 2.5 million hospitalisations in 2004–05 to 3.9 million in 2013–14. The younger two age groups increased by 3.9% each, while hospitalisations for people aged 85 and over increased on average by 7.0% per year (Figure 6.17.7).

Figure 6.17.7: Hospitalisations, selected measures, 2004–05 to 2013–14





The yearly increase in hospitalisations of people aged 65 and over in private hospitals was greater, at 6.3%, increasing from nearly 1 million hospitalisations in 2004–05 to 1.7 million in 2013–14. The increase was greatest for people aged 85 and over (9.1%) (Figure 6.17.7).

Patients admitted to hospitals can be discharged on the same day as admission, or go on to stay overnight. For Australians aged 65 and over, same-day and overnight hospitalisations increased, on average, by 6.6% and 3.4% a year, respectively, between 2004–05 and 2013–14. Same-day separations from private hospitals increased by 8.0% per year, compared with 5.3% for public hospitals.

The increases in hospitalisations in the 10 years to 2013–14 were only partly explained by an increased population of Australians aged 65 and over (Figure 6.17.7). Rates of same-day hospitalisations for older Australians increased over the 10 years for each age group, whereas overnight hospitalisation rates in all age groups were about the same in 2004–05 and 2013–14.

In 2004–05 and 2005–06 there were more female than male same-day hospitalisations, but from 2006–07 to 2013–14, there were more male than female same-day hospitalisations.

From 2004–05 to 2013–14 there were more female than male overnight hospitalisations for all Australians aged 65 and over. There were more male overnight hospitalisations for Australians aged 65–74 than female hospitalisations.

Most Australians aged 65 and over are discharged to their place of usual residence after their hospitalisation. However, hospitalisations for older Australians may also end with a transfer to residential aged care. Excluding people for whom residential aged care is already their usual place of residence, these transfers increased by 2.4% per year (and therefore at a lower rate than growth in hospitalisations overall for this age group), from 55,500 in 2004–05 to 68,700 in 2013–14. In 2004–05, 85% of these transfers were from public hospitals, increasing to 89% in 2013–14.

For Australians aged 65 and over, there was a slight increase (0.6% per year on average) in the number of deaths in hospital, from around 56,200 in 2004–05 to 59,200 in 2013–14. This compares with average annual growth in deaths of 1.4% from 2004 to 2013.

Between 2004–05 and 2013–14, the average length of stay in hospital for people aged 65 and over declined for both public hospitals (from 5.3 to 4.0 days) and private hospitals (from 3.6 to 2.8 days) (including same-day and overnight hospitalisations). The average length of stay for overnight separations for all Australians aged 65 and over also declined, from 9.4 to 7.3 days in public hospitals, and from 7.4 days to 6.6 days in private hospitals. The largest decline in the average length of stay was for those aged 85 and over in public hospitals, from 11.5 days in 2004–05 to 8.1 days in 2013–14.

Type of care received in hospital

For Australians aged 65 and over, acute care (*medical, surgical and other*) was the most common broad type of care provided in 2013–14, accounting for 92% of hospitalisations for this age group (65–74, 93%; 75–84, 91%; 85 and over, 86%) (Figure 6.17.8). After acute care, rehabilitation was the next most common form of hospital admitted patient care received by older Australians, especially for the 85-and-over group.



Figure 6.17.8: Hospitalisations for Australians aged 65 and over, by top five ranked broad types of care, 2013–14

	65–74	75–84	85+	65+
1	Acute medical 54%	Acute medical 59%	Acute medical 62%	Acute medical 57%
2	Acute Surgical 24%	Acute Surgical 22%	Acute Surgical 19%	Acute Surgical 22%
3	Acute other 15%	Acute other 10%	Rehabilitation 8%	Acute other 12%
4	Rehabilitation 5%	Rehabilitation 6%	Acute other 6%	Rehabilitation 6%
5	Palliative care 1%	GEM ^(a) 1%	GEM ^(a) 2%	Palliative care 1%

(a) Geriatric evaluation and management.

Source: NHMD.

In 2013–14, the main reasons older Australians of each age group (65–74, 75–84 and 85 and over) experienced same-day hospitalisation were for procedures such as care involving dialysis; use of rehabilitation services; radiotherapy; chemotherapy; and palliative care (1.2 million of the total 2.3 million same-day hospitalisations).

Overnight hospitalisations presented a different pattern of care for Australians aged 65 and over in 2013–14. The main reason for hospitalisation of older Australians of each age group (65–74, 75–84 and 85 and over) was *Diseases of the circulatory system*, representing 14.7% (88,800 hospitalisations), 16.5% (96,700) and 16.6% (63,500) respectively. *Injury, poisoning and certain other consequences of external causes* represented an increasing proportion of care as older Australians' age increased: 8.0% (48,600) for those aged 65–74 years, 9.5% (55,600) for 75–84 years and 13.6% (52,000) for 85 and over.

Elective surgery

Elective hospitalisations for surgery among Australians aged 65 and over also increased between 2004–05 and 2013–14, by 4.6% per year on average (from 512,500 in 2004–05 to 768,500 in 2013–14), which was faster than the growth of this population (3.0%). Most of this increase occurred in private hospitals, growing on average by 5.6% per year (from 322,000 in 2004–05 to 527,600 in 2013–14). Elective surgery hospitalisations in public hospitals also increased, by 2.6% per year. All three age groups' rates of elective hospitalisation for surgery grew faster in private hospitals than in public hospitals (Figure 6.17.7). For both public and private hospitals, this growth was fastest for people aged 85 and over (9.3% for private hospitals, and 4.2% for public hospitals).

From 2004–05 to 2013–14, for Australians aged 65 and over, the average annual growth of male elective hospitalisations for surgery was 4.8% (from 254,500 in 2004–05 to 389,600 in 2013–14), while females grew at 4.4% (from 258,000 in 2004–05 to 378,800 in 2013–14). In particular, hospitalisations for males aged 85 and over grew at 8.5% per year, while those for females grew at 7.2% per year.



For Australians aged 65 and over, the three most common procedures in 2004–05 and 2013–14 were *Cataract extraction*, followed by *Cystoscopy* and *Total knee replacement*. This was also the pattern for the 65–74 and 75–84 age groups, although, for Australians aged 85 and over, the top three procedures were *Cataract extraction*, *Cystoscopy*, and then *Total hip replacement*.

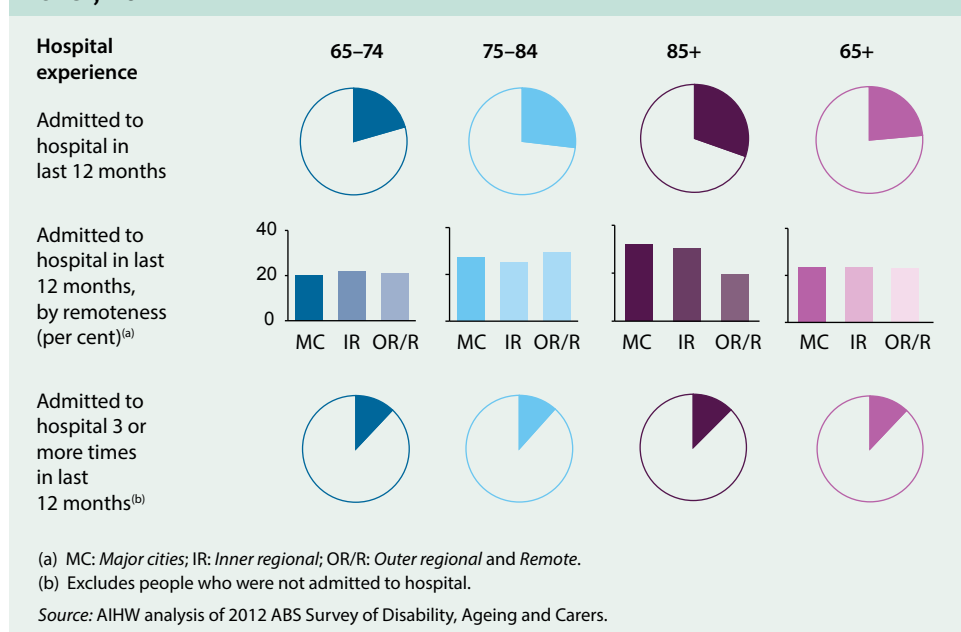
Experience of hospitalisations

In 2012, the likelihood of being admitted to hospital in the last 12 months increased with age (Figure 6.17.9).

The hospital admission rates were similar across all remoteness areas for all people aged 65 and over. However, for *Outer regional* and *Remote* areas, people aged 75–84 were most likely to have been admitted to hospital in the last 12 months, and people aged 85 and older least likely.

A slightly higher proportion of men aged 65 and over had been admitted to hospital in the last 12 months (25%, compared with 22% of women). This was also the case within each age group: 21% of men aged 65–74 had been admitted to hospital (compared with 20% of women in the same age group), rising to 36% of men aged 85 and over (compared with 26% of women).

Figure 6.17.9: Experience of hospital admissions, people aged 65 and over, 2012



Specialist mental health services

Mental health care services can be delivered in a variety of settings, from hospitals and residential facilities to community-based care and general and specialist practice. The AIHW collates data on state and territory specialised community mental health and on state and territory specialised residential mental health services. Generally, people aged 65 and over use mental health-related services at a lower rate than the total population.



Overall, older Australians accounted for around 8.7% of community mental health service contacts in 2013–14, and these service contacts have increased by 4.3% per year on average since 2006–07. More than half of all older people's service contacts in 2013–14 were among people aged 65–74 (54%, or 412,000), with people aged 75–84 accounting for 33% (248,000 contacts) and people aged 85 and over 13% (99,000 contacts).

Between 2006–07 and 2013–14, the rate of community mental health care service contacts for people aged 65 and over increased by an average of 0.9% per year—to 224 per 1,000 population, compared with 374 per 1,000 for the total population. For men aged 65–74, the rate of service contacts increased by 2.7% per year, and by 1.0% for women. The rates changed less for people aged 75–84 (0.1% for men and 0.7% for women), and those for 85 and over increased 0.5% for men and declined 0.1% for women.

Residential mental health care services offer specialist mental health care on an overnight basis in a domestic-like environment. Australians aged 65 and over comprised a small proportion of all episodes of residential mental health care, representing 2.9% (201 episodes, or 5.9 per 100,000 population) in 2013–14, compared with 29.9 per 100,000 of the total population.

There were around 163,000 people aged 65 and over who received Medicare-subsidised mental health-related services in 2013–14, representing 8.7% of all people who received such services. On average, older people received 4.3 services across all provider types (psychiatrists, GPs, psychologists and other allied health professionals—note that people were counted only once in the total, but may have received a service from more than one provider type during the year), compared with 4.7 services for the total population.

In 2012–13, people aged 65 and over accounted for over 22,000 mental health-related ED occasions of service. This represented 11% of all mental health-related occasions, while overall, older people accounted for 20% of all ED occasions of service.

There were 1.1 million people aged 65 and over for whom a mental health-related prescription was dispensed in 2013–14, accounting for 29% of all people. Concerns have been expressed about the higher observed prescription rates of mental health-related medications for older Australians, particularly for antipsychotic medications, which may be being over-prescribed to control challenging behaviours (NPS Medicinewise 2013).

The effect of income levels on health care use

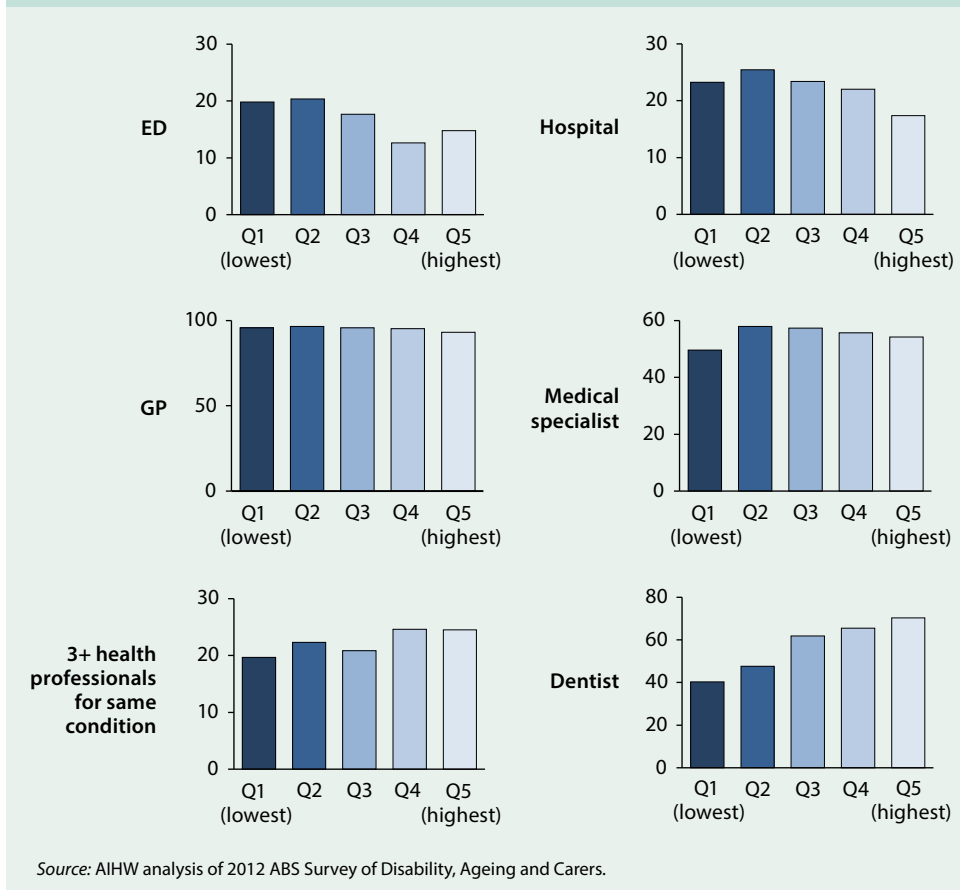
For Australians aged 65 and over, income generally decreases with age: according to the ABS 2013–14 Survey of Income and Housing, median gross weekly income declined by age for each age group from age 35–44 onwards (ABS 2015b).

Detailed analysis of health care use, by age group and income group, is hampered by the small numbers in the SDAC, particularly among people aged 85 and over. However, analysis for the broader group of people aged 65 and over showed that hospital and ED use decreased as household income levels increased, but the likelihood of visiting a medical specialist or dentist, or of consulting multiple health professionals for one condition, was higher among people living in higher-income households (Figure 6.17.10).

The proportion of people with private health insurance also decreased as age increased. Almost two-thirds (59%) of people aged 65–74 had private health insurance, compared with 51% of people aged 75–84, and 42% of people aged 85 and over.



Figure 6.17.10: Health care use by income quintile, people aged 65 and over, 2012



What is missing from the picture?

Most administrative data sources on health care use are based on individual episodes of care and are maintained separately, so it is not possible to identify multiple episodes for individuals in any data set, or across data sets. Linked data would enable patient pathways to be mapped on an individual level to understand how patients interact with the components of the health and aged care systems. This would provide more accurate information on the effectiveness and appropriateness of the care older Australians receive through the health and aged-care systems. In addition, it would allow diverse populations with specific characteristics to be examined in more depth—such as the health care use of people from non-English speaking backgrounds or people with particular health conditions.

Some research—even large-scale surveys such as the SDAC—excludes older people on certain grounds. Frail older people, older people with comorbid conditions, or older people not living in the community are frequently excluded. This limits the data available, and the extent to which the findings can be generalised.



Where do I go for more information?

Where appropriate, the AIHW's work reports on older age groups, highlighting age-related patterns in health care use. More information about older Australians is available at www.aihw.gov.au/ageing/. The report *Older Australia at a glance* (AIHW forthcoming) and other publications are available for free download.

Information about hospital use among Australians aged 65 and over is available at www.aihw.gov.au/hospitals/. The reports *Australian hospital statistics 2013–14: emergency department care* and *Admitted patient care 2013–14: Australian hospital statistics* are available for free download.

The report *Mental Health Services—in brief 2014* provides an overview of mental health services delivered in Australia, and it is accompanied by a comprehensive online portal of information at mhsa.aihw.gov.au/.

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