



## 7.0 Overview

A fundamental aim of any health system is to prevent disease and reduce ill health. Australia has a large and complex network of health providers and services, not all of which can be featured in this report. This chapter presents information on health promotion and specific prevention services, primary health care, hospitals and selected specialised treatment services. It also looks at the coordination of health care and the use of patient reported measures to improve the quality of health services, patient experiences and patient outcomes. This overview highlights some, but not all, of the topics presented in this chapter.

Health promotion plays an important role in preventing disease and injury. It can help to build social and physical environments that support healthy behaviours. Two of the biggest health promotion success stories in Australia have been the reductions in road deaths since the 1970s, and in smoking rates since the 1990s.

Other key preventive measures are immunisation, disease screening, and programs aimed at preventing suicide. Immunisation in Australia begins at birth, with routine vaccines provided against 16 diseases, including measles, mumps and whooping cough. More than 90% of all children had received all the scheduled vaccinations at the ages of 1, 2 and 5. Immunisation is a safe and effective way to protect against harmful communicable diseases at the population level.

Population-based cancer screening is another major area of health prevention, through national programs for breast, cervical and bowel cancers. Rates of participation in the three programs were 55% of the target population for breast cancer screening, 55% for cervical cancer screening and 41% for bowel cancer screening.

Suicide is a serious public health problem in Australia. A wide range of programs and services are available: some have suicide prevention as a core goal; others work either to reduce known risk factors for suicide or suicidality or to provide emergency medical care (for example, ambulance services). Suicide prevention-specific initiatives range from universal activities delivered to the whole population—regardless of their level of suicide risk—to acute care provided to people at imminent risk of suicide, and to follow-up after suicide attempts.

Medicines, too, play an important preventive role in the everyday lives of Australians. They are also designed to treat and cure disease and health conditions. Some medicines are available by prescription only from a health professional; others can be bought over-the-counter in places like pharmacies and supermarkets. In 2016–17, more than 280 million prescriptions were subsidised by the Australian Government under the Pharmaceutical Benefits Scheme (PBS). Medicines to treat cardiovascular conditions were the most common, accounting for 88.4 million dispensed prescriptions. The Australian Government spent about \$12 billion on PBS medicines in 2016–17.

Primary health care is typically the first point of contact people have with the health system in Australia, often delivered by a general practitioner (GP). But primary health care also includes allied health professionals, community health workers, nurse practitioners, pharmacists, dentists, Aboriginal and Torres Strait Islander health practitioners and midwives.



A sizeable proportion of health care services are delivered in primary health settings. In 2014–15, 85% of Australians had seen a GP in the last 12 months, 47% had seen a dentist, and 28% had seen another primary health professional such as a pharmacist (8.1%), physiotherapist (8.0%) or an optician or optometrist (6.5%). On average, people are using more primary health services than they were 10 years ago.

Hospitals are also an integral part of our health system. Australia has more than 1,300 public and private hospitals collectively providing about 30 million days of patient care a year. Emergency departments in public hospitals respond to about 21,000 presentations a day—or 7.8 million a year. People aged 65 and over, children aged under 5 and Indigenous Australians are over-represented in emergency department presentations, compared with their representation in the Australian population. Nearly one-third (31%) of emergency patients are admitted to hospital for further care.

Some people admitted to hospital need surgery. About two-thirds of elective surgery (that is, planned surgery) in Australia is performed in private hospitals. Patients undergoing elective surgery in public hospitals are clinically assessed, then placed on a waiting list. In 2016–17, the median waiting time was 38 days.

In 2015–16, 4.5 million (42%) of the 10.6 million services for admitted patients in both public and private hospitals were at least partially funded through private health insurance. In public hospitals, 14% of admissions were at least partially funded by private health insurance; in private hospitals, 83% of admissions were partially funded.

In Australia, the clear majority (97%) of the more than 300,000 births in 2015 occurred in a hospital (around three-quarters in public hospitals and one-quarter in private hospitals). One-third (33%) of babies born were delivered by caesarean section—the eighth highest rate among 33 of the 35 member countries of the Organisation for Economic Co-operation and Development reporting data.

The Australian health system also provides specialised treatment services to help people with a broad range of health concerns, including mental illness and alcohol and drug use. In 2015–16, about \$9 billion was spent on services related to mental health, more than half (\$5.4 billion) of which was for state and territory specialised services. In 2015–16, GPs provided almost one-third (31%) of the 11.1 million services related to mental health that were subsidised by Medicare—and state and territory community mental health services a further 9.4 million contacts.

Alcohol is the most common principal drug of concern for people seeking help at alcohol and drug treatment services—32% of treatment episodes are for alcohol. However, over the past five years, the percentage of clients seeking alcohol treatment services has fallen slightly.

Health systems can be difficult to navigate, especially for people with multiple conditions or complex, long-term health care needs. Coordinating care so relevant information is transferred between providers (for example, a GP and a specialist) and settings (for example, an emergency department and primary health care) is crucial if a patient is to receive consistent, cohesive care. Based on self-reported survey results, an estimated 98% of people had a usual GP or usual place of care, and 65% of people with a usual GP had been going to their GP for 5 or more years. Overall, people were positive about their experiences—96% reported receiving excellent, very good or good quality of care.