

9 Recommendations

This chapter makes a number of recommendations aimed at improving future studies of health expenditure. The recommendations are in regard to improving the quality of the data and the timeliness of this report. Such improvements should ultimately enhance the evidence base for policy makers and assist in planning of health services.

The recommendations that follow are based on experience derived during the course of this particular study. They build on developments that have taken place over the seven years since 1998, when the first report in this series was published, and they have the endorsement of the steering committee for the project.

It is recommended that:

1. Indigenous status be made a mandatory element for all health and community services National Minimum Data Sets (NMDSs);
2. strategies be identified and implemented that would improve the quality and timeliness of mortality data;
3. estimates of expenditure on health for Indigenous Australians continue to be published each three years. But these be supplemented with annual estimates of Indigenous expenditure through major programs – such as Medicare, PBS and hospital funding programs – where the estimates can be based on utilisation data generated through the programs concerned, not on population-derived estimates of use. This will improve the timeliness of estimates being publicly available;
4. future reports in this series include state/territory estimates of Indigenous expenditure on medical services funded through Medicare and pharmaceuticals funded through the PBS;
5. work be undertaken to identify Indigenous exposure to, and potential benefit from, those public health activities that are not specifically targeted towards Indigenous populations; and
6. a single definition of community health services be developed to provide a framework for jurisdictions to use in identifying expenditures.