

Using the ABS Patient Experience Survey to inform on rural health care

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Introduction

The Australian Bureau of Statistics (ABS) Patient Experience Survey (PEX) provides national data on access and barriers to a range of health care services, including general practitioners, medical specialists, dental practitioners, hospital admissions and emergency department visits. Data is also collected on aspects of communication between patients and health professionals, as well as labour force characteristics, education, income, and other demographic information.

The PEX Survey has been conducted annually since 2009 and provides population based data which are not available through administrative or other sources. This paper presents information from the most recent PEX publication 2013-14, in particular, items relating to health care access such as cost and long waiting times. With a sample size of approximately 36,000 persons aged 15 years and over the 2013-14 PEX offers a comprehensive picture of the nation, as well as an independent view of the health system.

As this paper will show, the PEX survey also offers a unique view of the barriers people face in terms of accessing health care. This is because data is collected from people who did not access health services as well as from those that did. This allows insight into people who may have needed to access a health service, but did not access this service, and the reasons they did not access the health service.

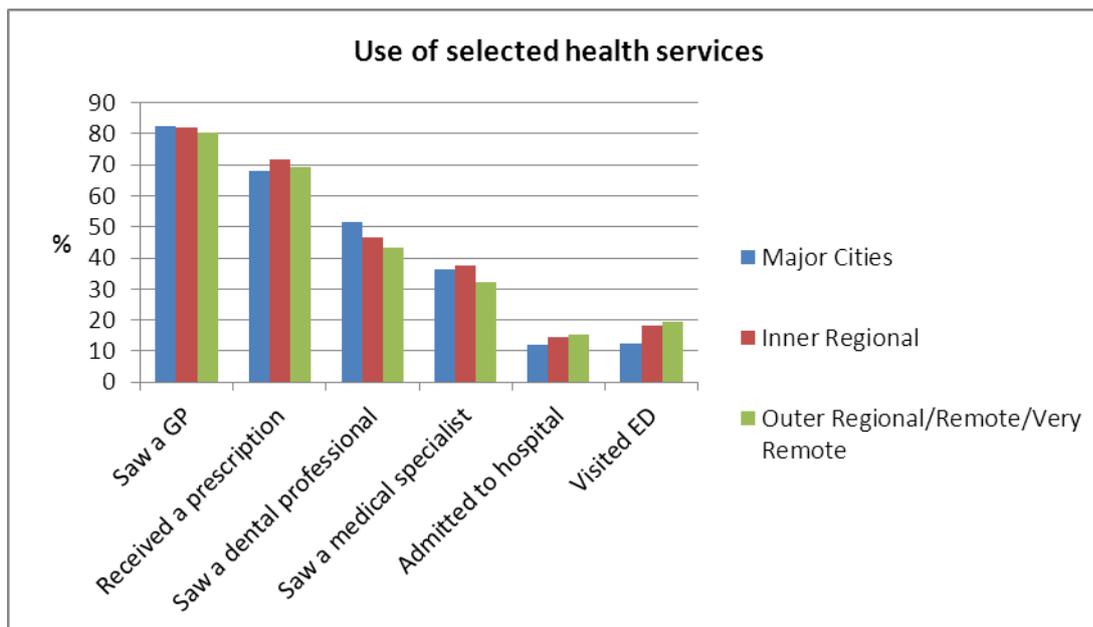
The 2013-14 Patient Experience Survey results highlight the differences between people living in outer regional, remote or very remote areas (11.1% of the population), those in inner regional (18.2% of the population), and those living in the major cities of Australia (70.7% of the population). In addition, PEX shows that people living in outer regional, remote and very remote areas are more likely to face barriers to accessing health care compared with people living in major cities. Finally, this paper will highlight how PEX data can be utilised to inform evidence based policy within rural health care, in turn helping to improve the health and wellbeing of those who live in rural, regional and remote Australia.^{1,5}

Access to health professionals

GPs

General practitioners (GP) are widely used in Australia and are generally the first point of contact for many Australians for their health issues. PEX data showed that GPs were the most common health service accessed during 2013-14 with eight out of ten people (82.2%) aged 15 years and over seeing a GP at least once in the previous 12 months. The proportions were similar for people living across Australia, with 80.4 per cent in outer regional, remote and very remote areas and 82.4 per cent in major cities, reporting to have seen a GP at least once in the previous 12 months.²

After hours GPs provide more flexibility and convenience in accessing health care when required. This in turn may alleviate pressure on the wider health system, as people with non-life threatening illnesses or injuries are able to visit an after hours GP instead of visiting an emergency department. People living in outer regional, remote or very remote areas were less likely to see an after hours GP than those living in major cities of Australia (7.2% compared with 8.6%).²



The way that a patient is treated by a health professional is an important aspect of their satisfaction with their care. All respondents who had seen a GP were asked for their perceptions on how they were treated by the GPs they had seen. When compared with those in major cities people living in outer regional, remote or very remote areas were less likely to report that:

- the GP always listened carefully to them (68.7% compared to 71.9%)
- the GP always showed them respect (74.4% compared to 77.9%)

In comparison, similar proportions were reported for those that felt that the GP always spent enough time with them, in both outer regional, remote and very remote areas (70.5%) and major cities (72.2%).²

Medical specialists

Medical specialists play a crucial role in the management and treatment of health conditions where they have specialist knowledge and skills. People living in outer regional, remote or very remote areas of Australia were less likely to see a medical specialist than those living in major cities (32.3% compared with 36.5%).²

As with people who had seen a GP, all respondents who had visited a medical specialist were asked for their perceptions on how they were treated by the medical specialist they had seen. The satisfaction levels between patients in outer regional, remote and very remote areas compared to major cities were similar:

- the medical specialist always listened carefully to them (75.7% compared to 76.6%)
- the medical specialist always showed them respect (78.9% compared to 79.7%)
- the medical specialist always spent enough time with them (76.2% compared to 76.4%).²

Dental

Visiting a dental professional for a regular check up is important for maintaining healthy teeth and gums. While there are no official guidelines in Australia as to the recommended frequency of visiting a dental professional, most dental diseases are preventable and therefore early intervention can assist in promoting good oral health as well as overall health. Nationally, one in two people aged 15 and over had visited a dental professional in the previous 12 months (49.7%). People living in outer regional, remote or very remote areas were less likely to visit a dental professional compared with people living in major cities (43.5% compared with 51.4%).²

Hospital and Emergency Department

People access hospitals and emergency departments to diagnose and treat serious illness or injury. Information on levels of access is useful in determining service provision. In 2013–14, approximately 2.3 million people aged 15 years and over (12.8%) were admitted to hospital in the previous 12 months and 2.6 million (14.3%) had visited an emergency department (ED). People who live in the outer regional, remote and very remote areas of Australia were more likely to be admitted to hospital compared with those living in major cities (15.3% and 12.1% respectively). People living in outer regional, remote and very remote areas of Australia were also more likely to visit the ED than those living in major cities (19.5% compared with 12.6%).²

When asked the main reason people went to an ED instead of a GP, those living in outer regional, remote and very remote areas were more likely to report a GP was not available when required compared with people living in major cities (32.7% compared with 19.1%).²

Similarly people living in outer regional, remote and very remote areas were more likely to have felt a GP could have provided care for the most recent time they went to emergency department than those living in major cities (27.0% compared to 19.3%). Over time this has remained relatively stable for both outer regional, remote and very remote areas (28.7% in 2010-11 and 27.0% in 2013-14) and major cities (17.3% in 2010-11 and 19.3% in 2013-14).^{2,3}

Barriers to health care

Delay due to cost

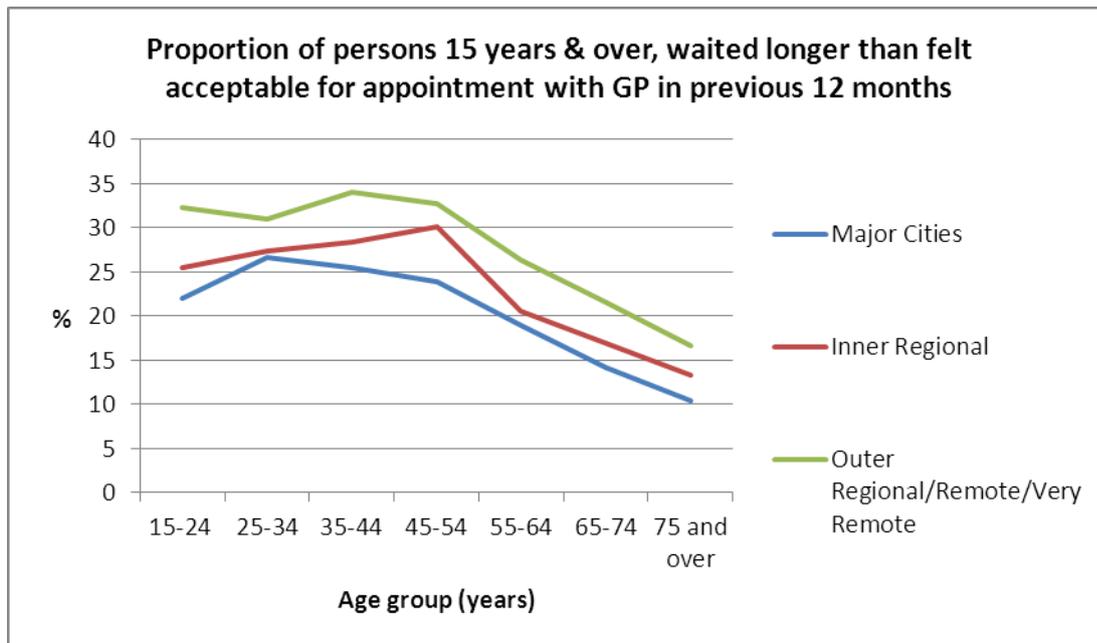
When compared with those in major cities, people living in outer regional, remote or very remote areas were more likely to delay seeing or not see a health professional due to cost, such as:

- a GP (6.0% compared with 4.3%)
- a medical specialist (8.9% compared with 7.5%)
- a dental professional (24.8% compared with 18.3%).²

The proportion of people who have delayed or didn't get prescribed medication due to cost has remained relatively stable in outer regional, remote, and very remote areas over the last three years (9.7% in 2010-11 and 7.8% in 2013-14). These results were similar to the proportion of people who delayed or didn't get prescribed medication due to cost in major cities (9.1% in 2010-11 and 7.5% in 2013-14). These similarities, between outer regional, remote, and very remote areas and major cities, have remained constant over time.^{2,3}

Waiting times

Difficulties in obtaining appointments for health professionals can be both frustrating and sometimes even have a detrimental effect on a person's overall health. People living in outer regional, remote or very remote areas of Australia were more likely to wait longer than they felt acceptable to get an appointment with a GP (28.5%) compared with those living in inner regional Australia (23.7%) or major cities (21.5%). Of those who saw a GP for urgent medical care, nearly two thirds (64.2%) were seen by a GP within four hours of making an appointment. People living in outer regional, remote or very remote areas were less likely to be seen within four hours compared with those living in major cities (60.6% compared with 67.0%).²



Coordination of care

The coordination of a person's health care is an important factor in ensuring the best possible health outcomes. This is particularly true for those people who have seen several health professionals for the same health condition. Ensuring the correct information is passed between health professionals will serve to minimise errors and limit the possibility for symptoms to be overlooked. The coordination of health care enables a person to access the full range of services they need to treat their health condition.²

Those living in outer regional, remote or very remote areas of Australia were more likely to report that there were issues caused by a lack of communication between health professionals compared with those living in major cities of Australia (18.6% compared with 13.2%). These differences have remained constant since 2012-13.^{2,4}

References

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Presenter

Lauren Ford is an experienced statistician, having worked at the Australian Bureau of Statistics for 10 years in a wide range of roles covering social statistics, economic statistics and the Census. Her most recent role has been project manager of the Patient Experience Survey, which collects annual data on access and barriers to a range of health care services, including general practitioners, medical specialists, dental professionals, hospital admissions and emergency department visits. Lauren has also worked on key outputs from the 2011–12 Australian Health Survey, which is the largest and most comprehensive health survey ever run in Australia.