



**Private Healthcare Australia**  
Better Cover. Better Access. Better Care.



# 4th Rural & Remote Health Scientific Symposium

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Area Type	All Voters with PHI	Voters with Hospital policies	Voters with General Treatment policies
Inner Metropolitan	72.8%	65.5%	72.3%
Outer Metropolitan	63.4%	55.6%	62.8%
Provincial	54.2%	49.6%	53.9%
Rural	51.1%	45.6%	50.8%

Source: Private Healthcare Australia Industry Data

# Private Sector Contribution

Selected Episodes: Proportion Performed in Private Hospitals  
AIHW Hospital Statistics 2011

Mental health treatment, sameday	<b>81%</b>
Other Knee Procedures	<b>78%</b>
Complex Middle Ear Infection	<b>72%</b>
Lens procedures	<b>71%</b>
Other major joint replacement & limb reattachment	<b>64%</b>
Cancer Therapy (Chemotherapy)	<b>60%</b>
Major procedures for malignant breast conditions	<b>55%</b>
Hip Replacements	<b>57%</b>



**Table 4.2 Public and private hospitals by location, 2009<sup>a</sup>**

	<i>Public hospitals</i>	<i>Private hospitals</i>	<i>Australia</i>
	%	%	%
Major cities	45	55	100
Inner regional	76	24	100
Outer regional	93	7	100
Remote	100	—	100
Very remote	100	—	100

<sup>a</sup> Acute and psychiatric hospitals. Remoteness area based on ABS (2005) Australian Standard Geographical Classification. — Nil.

Source: DOHA (2009c, 2009e).



# PHI in Rural & Remote Australia

- Why consumers in rural and remote areas do/don't purchase private health insurance?
- How can funds increase private health insurance membership in rural and remote Australia?
- What are the barriers to purchasing private health insurance in rural and remote areas?



# Improving Healthcare in Rural & Remote Australia

- The barriers that exist to farmers accessing timely mental and early detection health services?
- Variations in healthcare (ACSQHC: exploring healthcare variation in Australia)
- Rural and remote areas consistently exhibit greater variation not explained by age and gender standardisation. Why?
- Chronic Disease Management programs in Rural and Remote Australia: a pathway to improved health outcomes?



# Value of Research?

Why do any research if the results aren't utilised?

- perhaps hypothecate some quantum of every grant to a cost benefit analysis?
- perhaps hypothecate some quantum of every grant to an implementation strategy?

Simple example : hand washing in hospitals?



# Value of Research?

- Applied v Pure Research?

## PHIAC REGULATION OF RESEARCH OPTIONS





# Clinical Guidelines

- Congestive Heart Failure – evidence based management low
  - Metropolitan 4.6%
  - Regional 3.9%
  - Remote 3.7%

*(Centre of Clinical Research Excellence in Therapeutics – Prof Krum  
Monash University MJA 7 May 2007)*

- New Australian study shows only 35% patients diagnosed with curable rectal cancer are referred for radiotherapy – Clinical Oncology Society says 100% should be referred to prevent recurrence.

*(Asia Pacific Journal of Clinical Oncology).*



# THANK YOU

