

Competing with Australia: How does our health system compare?

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The purpose of this talk is to provide an overview of the financing, payment, regulation and organisation of health care implemented in each country. This information may be useful for anaesthetists wanting to work in either country, to participate in trans-Tasman activities such as those of ANZCA, and or just to understand the current debates about health in Australia and New Zealand.

Australia and New Zealand have highly developed health care services for which governments of each country have overall responsibility. The health professionals of the two countries are highly educated, trained and regulated. Residents of the two countries enjoy exceptional health status and longevity on a global basis, with the exceptions of the Aboriginal and Torres Strait Islander people of Australia, the Māori of New Zealand and various disadvantaged immigrant groups. Australians utilise health services more and contribute higher out-of-pocket payments for health services and pharmaceuticals than New Zealanders. Various mutual recognition agreements provide for reciprocity with respect to the legal sale of goods, provision of services by medical practitioners and consumption of health services by citizens of the two countries.

Item	Australia	New Zealand
Governance structure	Federation of states	National
Number of governments with responsibility for health	Nine	One
Number of parliamentary houses	Two ¹	One
Financing		
<i>Public hospital care (public patients)</i>	Taxation revenue	Taxation revenue
<i>Public hospital care (other patients)</i>	Medicare ² , private insurance premiums, third party payers	ACC, other third party payers
<i>Private hospital care</i>	Medicare, private insurance premiums, out-of-pocket payments, third party payers	Private insurance payments, out-of-pocket payments, ACC, other third party payers
<i>Private specialist consultations</i>	Medicare, out-of-pocket payments	Private insurance payments, out-of-pocket payments
<i>Primary care</i>	Medicare, out-of-pocket payments	Taxation revenue
Payments to medical practitioners		
<i>Public hospital care</i>	Salary, fee-for-service, bonus	Salary
<i>Private hospital care</i>	Fee-for-service	Fee-for-service
<i>Private specialist consultations</i>	Fee-for-service	Fee-for-service
<i>Primary care</i>	Fee-for-service, pay-for-performance	Fee-for-service, capitation,
Payments to hospitals		
<i>Public hospital care</i>	Global budgets, case-mix adjusted funding	Global budgets, case-mix adjusted funding
<i>Private hospital care</i>	Per-day, per-item	Per-day, per-item
Regulation	National Regulation and Accreditation Scheme for 14 health professions; separate regulation and accreditation bodies for medicine	Single regulation and accreditation body for medicine
Organisation		
<i>Public hospital care</i>	Services organised by States and territories (Health Services)	Services organised nationally (District Health Boards)
<i>Private hospital care</i>	Privately organised	Privately organised
<i>Private specialist consultations</i>	Privately organised	Privately organised
<i>Primary care</i>	Services organised by the Commonwealth (mainly Primary Care Partnerships)	Services organised nationally (mainly Primary Health Organisations)

¹ Except for Queensland, Australian Capital Territory and Northern Territory which are unicameral

² Medicare is Australia's national insurance scheme, which is funded by general revenue and the Medicare levy

References

The Commonwealth Fund. 2014 International Profile of Health Care Systems. available at –

http://www.commonwealthfund.org/-/media/files/publications/fund-report/2015/jan/1802_mossialos_intl_profiles_2014_v7.pdf?la=en