

**Community Affairs  
Legislation Committee**

**Examination of Budget Estimates 2003-2004**

**Additional Information Received**

**VOLUME 4**

**Outcomes: 2 & 3**

**HEALTH AND AGEING PORTFOLIO**

**NOVEMBER 2003**



Note: Where published reports, etc. have been provided in response to questions, they have not been included in the Additional Information volume in order to conserve resources.

## **ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF BUDGET EXPENDITURE FOR 2003-2004**

Included in this volume are answers to written and oral questions taken on notice  
relating to the budget estimates hearings on 2, 3 and 5 June 2003

### **HEALTH AND AGEING PORTFOLIO**

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[www.medicinesaustralia.com.au](http://www.medicinesaustralia.com.au)

## Concessional Bulk Billing Data

Table 1. Estimated Bulk Billing rates for unreferred services provided to concessional patients.

	Metropolitan Areas <sup>1</sup>	Rural Areas <sup>1</sup>	Total
2001	91.5%	72.5%	86.4%
2002	85.8%	67.3%	80.7%

<sup>1</sup> “Metropolitan” consists of RRMA 1 & 2, while “Rural” consists of RRMA 3-7.

### Notes:

- Data on concessional status of MBS patients has been determined by the HIC using information derived from a matching of the Centrelink concessional file to the Medicare registration file. Some 80 percent of cases are able to be securely matched through this process.
- Information on concessional status of Medicare records for 2001 and 2002 was provided by HIC. This data was released to the Department under an Instrument of Release under Section 135AA of the National Health Act for analytical and policy development purposes only.
- Information on concessional status of Medicare records was used to flag all Medicare services for 2001 and 2002 with a concessional/non concessional status based on status of the recipient at the time of service delivery.
- For estimation purposes an adjustment (of 20%) was applied to correct for the understatement of concessional services due to data mismatching between Centrelink and HIC records.



**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - UNREFERRED ATTENDANCES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 DECEMBER QUARTER 2002**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	97,483	148,807	65.5%
Aston	128,371	172,667	74.3%
Ballarat	67,704	128,224	52.8%
Banks	162,210	189,650	85.5%
Barker	54,723	138,078	39.6%
Barton	186,070	202,669	91.8%
Bass	48,766	100,403	48.6%
Batman	169,873	199,798	85.0%
Bendigo	60,050	122,856	48.9%
Bennelong	134,829	166,210	81.1%
Berowra	112,426	158,437	71.0%
Blair	104,681	143,483	73.0%
Blaxland	248,705	260,141	95.6%
Bonython	171,669	195,804	87.7%
Boothby	79,509	150,797	52.7%
Bowman	121,839	170,931	71.3%
Braddon	63,998	108,478	59.0%
Bradfield	91,971	151,161	60.8%
Brand	86,499	140,424	61.6%
Brisbane	96,589	151,123	63.9%
Bruce	141,177	184,140	76.7%
Burke	104,222	174,212	59.8%
Calare	74,987	124,392	60.3%
Calwell	203,872	241,187	84.5%
Canberra	59,224	144,360	41.0%
Canning	66,490	120,296	55.3%
Capricornia	56,397	128,767	43.8%
Casey	92,829	145,212	63.9%
Charlton	78,670	134,758	58.4%
Chifley	246,899	250,973	98.4%
Chisholm	119,617	158,710	75.4%
Cook	117,355	156,358	75.1%
Corangamite	51,684	122,605	42.2%
Corio	79,918	136,726	58.5%
Cowan	113,292	147,916	76.6%
Cowper	62,229	124,075	50.2%
Cunningham	133,141	164,218	81.1%
Curtin	74,337	130,068	57.2%
Dawson	96,170	149,050	64.5%
Deakin	103,595	152,417	68.0%
Denison	58,943	116,340	50.7%
Dickson	72,756	146,202	49.8%
Dobell	87,953	148,917	59.1%
Dunkley	69,459	141,615	49.0%
Eden-Monaro	43,275	113,953	38.0%
Fadden	127,172	175,455	72.5%
Fairfax	89,622	157,073	57.1%

<b>Farrer</b>	49,036	115,818	42.3%
<b>Fisher</b>	115,202	181,078	63.6%
<b>Flinders</b>	70,466	147,481	47.8%
<b>Forde</b>	133,983	168,210	79.7%
<b>Forrest</b>	60,137	117,798	51.1%
<b>Fowler</b>	273,371	278,957	98.0%
<b>Franklin</b>	60,903	113,588	53.6%
<b>Fraser</b>	50,412	143,029	35.2%
<b>Fremantle</b>	95,782	142,745	67.1%
<b>Gellibrand</b>	158,213	181,036	87.4%
<b>Gilmore</b>	80,491	132,801	60.6%
<b>Gippsland</b>	63,295	121,501	52.1%
<b>Goldstein</b>	99,620	171,737	58.0%
<b>Grayndler</b>	178,362	194,562	91.7%
<b>Greenway</b>	210,452	222,606	94.5%
<b>Grey</b>	94,965	144,400	65.8%
<b>Griffith</b>	102,479	161,419	63.5%
<b>Groom</b>	75,431	139,572	54.0%
<b>Gwydir</b>	78,793	124,549	63.3%
<b>Hasluck</b>	103,855	144,947	71.7%
<b>Herbert</b>	85,016	142,592	59.6%
<b>Higgins</b>	99,127	156,318	63.4%
<b>Hindmarsh</b>	103,254	160,242	64.4%
<b>Hinkler</b>	57,183	133,926	42.7%
<b>Holt</b>	157,018	205,933	76.2%
<b>Hotham</b>	138,794	174,295	79.6%
<b>Hughes</b>	130,541	169,697	76.9%
<b>Hume</b>	77,131	130,204	59.2%
<b>Hunter</b>	63,166	124,746	50.6%
<b>Indi</b>	34,081	114,812	29.7%
<b>Isaacs</b>	111,526	164,925	67.6%
<b>Jagajaga</b>	111,784	156,322	71.5%
<b>Kalgoorlie</b>	60,513	99,627	60.7%
<b>Kennedy</b>	73,209	125,577	58.3%
<b>Kingsford-Smith</b>	184,776	205,392	90.0%
<b>Kingston</b>	96,891	159,353	60.8%
<b>Kooyong</b>	84,522	137,063	61.7%
<b>La Trobe</b>	103,637	164,435	63.0%
<b>Lalor</b>	139,502	172,118	81.0%
<b>Leichhardt</b>	119,449	153,769	77.7%
<b>Lilley</b>	101,085	156,398	64.6%
<b>Lindsay</b>	155,251	174,487	89.0%
<b>Lingiari</b>	42,279	58,891	71.8%
<b>Longman</b>	131,912	175,933	75.0%
<b>Lowe</b>	172,269	186,879	92.2%
<b>Lyne</b>	94,187	149,400	63.0%
<b>Lyons</b>	66,376	98,785	67.2%
<b>Macarthur</b>	192,092	214,425	89.6%
<b>Mackellar</b>	113,147	153,910	73.5%
<b>Macquarie</b>	108,831	147,657	73.7%
<b>Makin</b>	96,197	153,335	62.7%
<b>Mallee</b>	68,302	123,752	55.2%
<b>Maranoa</b>	67,070	130,212	51.5%
<b>Maribyrnong</b>	158,501	186,578	85.0%
<b>Mayo</b>	71,512	143,156	50.0%
<b>McEwen</b>	100,661	159,247	63.2%

<b>McMillan</b>	93,410	140,143	66.7%
<b>McPherson</b>	145,745	198,985	73.2%
<b>Melbourne</b>	157,385	192,209	81.9%
<b>Melbourne Ports</b>	120,417	166,816	72.2%
<b>Menzies</b>	109,626	151,900	72.2%
<b>Mitchell</b>	129,817	159,858	81.2%
<b>Moncrieff</b>	138,378	197,655	70.0%
<b>Moore</b>	92,911	136,507	68.1%
<b>Moreton</b>	114,902	159,155	72.2%
<b>Murray</b>	35,800	115,776	30.9%
<b>New England</b>	53,747	114,002	47.1%
<b>Newcastle</b>	96,897	144,629	67.0%
<b>North Sydney</b>	92,573	144,713	64.0%
<b>O'Connor</b>	57,587	115,285	50.0%
<b>Oxley</b>	142,960	185,943	76.9%
<b>Page</b>	57,853	123,063	47.0%
<b>Parkes</b>	79,987	120,205	66.5%
<b>Parramatta</b>	196,838	214,135	91.9%
<b>Paterson</b>	71,160	130,763	54.4%
<b>Pearce</b>	100,472	139,009	72.3%
<b>Perth</b>	120,844	158,119	76.4%
<b>Petrie</b>	99,418	164,634	60.4%
<b>Port Adelaide</b>	158,398	186,170	85.1%
<b>Prospect</b>	242,406	249,043	97.3%
<b>Rankin</b>	160,121	189,631	84.4%
<b>Reid</b>	240,884	246,591	97.7%
<b>Richmond</b>	100,161	148,373	67.5%
<b>Riverina</b>	49,426	107,733	45.9%
<b>Robertson</b>	91,445	152,873	59.8%
<b>Ryan</b>	67,631	133,243	50.8%
<b>Scullin</b>	177,913	203,826	87.3%
<b>Shortland</b>	75,210	140,814	53.4%
<b>Solomon</b>	40,772	71,285	57.2%
<b>Stirling</b>	135,822	178,384	76.1%
<b>Sturt</b>	84,159	152,507	55.2%
<b>Swan</b>	108,613	143,716	75.6%
<b>Sydney</b>	160,953	190,849	84.3%
<b>Tangney</b>	97,783	150,015	65.2%
<b>Throsby</b>	177,613	189,659	93.6%
<b>Wakefield</b>	60,551	140,004	43.2%
<b>Wannon</b>	52,287	113,158	46.2%
<b>Warringah</b>	113,467	158,284	71.7%
<b>Watson</b>	217,238	226,295	96.0%
<b>Wentworth</b>	117,669	161,051	73.1%
<b>Werriwa</b>	193,279	202,470	95.5%
<b>Wide Bay</b>	87,322	148,485	58.8%
<b>Wills</b>	165,509	200,820	82.4%
<b>Total (a)</b>	<b>16,324,648</b>	<b>23,461,144</b>	<b>69.6%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - ALL SERVICES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 DECEMBER QUARTER 2002**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	226,971	356,423	63.7%
Aston	256,846	380,206	67.6%
Ballarat	146,332	289,762	50.5%
Banks	336,827	427,815	78.7%
Barker	171,833	312,973	54.9%
Barton	371,184	457,233	81.2%
Bass	138,385	237,850	58.2%
Batman	330,370	419,169	78.8%
Bendigo	164,687	284,734	57.8%
Bennelong	285,568	396,641	72.0%
Berowra	242,975	392,443	61.9%
Blair	215,373	316,177	68.1%
Blaxland	451,256	508,059	88.8%
Bonython	305,216	373,795	81.7%
Boothby	210,613	375,327	56.1%
Bowman	277,844	403,365	68.9%
Braddon	154,750	240,842	64.3%
Bradfield	226,823	418,050	54.3%
Brand	224,331	328,149	68.4%
Brisbane	224,976	383,099	58.7%
Bruce	283,323	396,926	71.4%
Burke	246,405	376,674	65.4%
Calare	203,060	299,050	67.9%
Calwell	369,818	463,109	79.9%
Canberra	190,756	351,568	54.3%
Canning	177,883	278,988	63.8%
Capricornia	153,592	296,051	51.9%
Casey	202,745	329,157	61.6%
Charlton	208,402	330,492	63.1%
Chifley	425,439	463,219	91.8%
Chisholm	251,591	376,641	66.8%
Cook	273,238	406,835	67.2%
Corangamite	136,753	305,979	44.7%
Corio	174,885	314,570	55.6%
Cowan	235,830	328,415	71.8%
Cowper	201,059	323,949	62.1%
Cunningham	300,211	401,835	74.7%
Curtin	192,150	344,293	55.8%
Dawson	208,499	340,354	61.3%
Deakin	228,425	361,296	63.2%
Denison	137,392	270,954	50.7%
Dickson	189,200	344,734	54.9%
Dobell	230,444	358,611	64.3%
Dunkley	202,363	343,296	58.9%
Eden-Monaro	165,374	289,838	57.1%
Fadden	278,989	410,178	68.0%
Fairfax	247,304	378,303	65.4%

<b>Farrer</b>	154,671	283,554	54.5%
<b>Fisher</b>	297,429	439,990	67.6%
<b>Flinders</b>	214,972	370,039	58.1%
<b>Forde</b>	273,329	363,122	75.3%
<b>Forrest</b>	177,925	289,978	61.4%
<b>Fowler</b>	477,661	518,509	92.1%
<b>Franklin</b>	139,376	263,988	52.8%
<b>Fraser</b>	182,807	353,554	51.7%
<b>Fremantle</b>	217,707	334,289	65.1%
<b>Gellibrand</b>	303,107	370,752	81.8%
<b>Gilmore</b>	243,827	364,106	67.0%
<b>Gippsland</b>	169,062	292,397	57.8%
<b>Goldstein</b>	247,307	455,890	54.2%
<b>Grayndler</b>	346,723	415,685	83.4%
<b>Greenway</b>	386,681	456,011	84.8%
<b>Grey</b>	205,925	295,723	69.6%
<b>Griffith</b>	244,335	400,309	61.0%
<b>Groom</b>	184,550	335,699	55.0%
<b>Gwydir</b>	199,544	286,109	69.7%
<b>Hasluck</b>	224,541	318,911	70.4%
<b>Herbert</b>	206,693	332,096	62.2%
<b>Higgins</b>	227,734	413,091	55.1%
<b>Hindmarsh</b>	236,670	390,733	60.6%
<b>Hinkler</b>	174,057	325,622	53.5%
<b>Holt</b>	306,567	411,768	74.5%
<b>Hotham</b>	274,142	381,055	71.9%
<b>Hughes</b>	279,241	399,971	69.8%
<b>Hume</b>	201,519	314,949	64.0%
<b>Hunter</b>	177,421	301,045	58.9%
<b>Indi</b>	154,751	293,685	52.7%
<b>Isaacs</b>	245,199	367,700	66.7%
<b>Jagajaga</b>	247,018	367,237	67.3%
<b>Kalgoorlie</b>	157,125	226,080	69.5%
<b>Kennedy</b>	188,039	292,862	64.2%
<b>Kingsford-Smith</b>	375,521	471,717	79.6%
<b>Kingston</b>	216,245	341,535	63.3%
<b>Kooyong</b>	202,107	375,959	53.8%
<b>La Trobe</b>	234,059	372,560	62.8%
<b>Lalor</b>	290,204	370,786	78.3%
<b>Leichhardt</b>	251,622	338,184	74.4%
<b>Lilley</b>	234,326	382,850	61.2%
<b>Lindsay</b>	298,326	363,885	82.0%
<b>Lingiari</b>	113,715	139,884	81.3%
<b>Longman</b>	280,519	380,037	73.8%
<b>Lowe</b>	354,413	439,638	80.6%
<b>Lyne</b>	255,741	381,391	67.1%
<b>Lyons</b>	146,515	221,231	66.2%
<b>Macarthur</b>	363,010	431,753	84.1%
<b>Mackellar</b>	256,745	392,036	65.5%
<b>Macquarie</b>	244,204	337,513	72.4%
<b>Makin</b>	216,796	343,316	63.1%
<b>Mallee</b>	160,185	282,468	56.7%
<b>Maranoa</b>	174,934	300,288	58.3%
<b>Maribyrnong</b>	303,525	383,572	79.1%
<b>Mayo</b>	187,772	341,030	55.1%
<b>McEwen</b>	230,530	348,947	66.1%

<b>McMillan</b>	212,943	329,821	64.6%
<b>McPherson</b>	323,263	480,962	67.2%
<b>Melbourne</b>	294,342	401,791	73.3%
<b>Melbourne Ports</b>	259,414	411,362	63.1%
<b>Menzies</b>	240,664	369,013	65.2%
<b>Mitchell</b>	268,902	382,790	70.2%
<b>Moncrieff</b>	300,723	461,891	65.1%
<b>Moore</b>	208,021	316,692	65.7%
<b>Moreton</b>	250,304	382,492	65.4%
<b>Murray</b>	130,801	271,697	48.1%
<b>New England</b>	175,344	282,878	62.0%
<b>Newcastle</b>	233,040	347,869	67.0%
<b>North Sydney</b>	227,183	381,134	59.6%
<b>O'Connor</b>	163,774	268,554	61.0%
<b>Oxley</b>	279,873	381,218	73.4%
<b>Page</b>	205,884	326,669	63.0%
<b>Parkes</b>	213,049	295,006	72.2%
<b>Parramatta</b>	373,485	452,321	82.6%
<b>Paterson</b>	199,757	323,618	61.7%
<b>Pearce</b>	218,056	312,443	69.8%
<b>Perth</b>	250,799	351,328	71.4%
<b>Petrie</b>	244,477	385,403	63.4%
<b>Port Adelaide</b>	294,448	390,206	75.5%
<b>Prospect</b>	436,576	485,471	89.9%
<b>Rankin</b>	306,831	394,152	77.8%
<b>Reid</b>	429,534	473,016	90.8%
<b>Richmond</b>	258,535	372,350	69.4%
<b>Riverina</b>	164,959	286,380	57.6%
<b>Robertson</b>	235,897	372,527	63.3%
<b>Ryan</b>	176,522	362,555	48.7%
<b>Scullin</b>	341,049	416,694	81.8%
<b>Shortland</b>	217,391	347,614	62.5%
<b>Solomon</b>	119,857	173,803	69.0%
<b>Stirling</b>	291,602	410,314	71.1%
<b>Sturt</b>	214,922	381,908	56.3%
<b>Swan</b>	224,461	322,910	69.5%
<b>Sydney</b>	325,800	424,850	76.7%
<b>Tangney</b>	222,037	363,907	61.0%
<b>Throsby</b>	358,984	429,095	83.7%
<b>Wakefield</b>	172,072	310,363	55.4%
<b>Wannon</b>	141,084	261,910	53.9%
<b>Warringah</b>	258,513	403,367	64.1%
<b>Watson</b>	408,069	467,682	87.3%
<b>Wentworth</b>	277,464	437,183	63.5%
<b>Werriwa</b>	351,723	396,284	88.8%
<b>Wide Bay</b>	197,404	316,155	62.4%
<b>Wills</b>	319,930	427,837	74.8%
<b>Total (a)</b>	<b>36,456,721</b>	<b>53,900,003</b>	<b>67.6%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - UNREFERRED ATTENDANCES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 12 MONTHS TO DECEMBER 2002**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	449,041	628,402	71.5%
Aston	575,234	725,989	79.2%
Ballarat	318,733	549,244	58.0%
Banks	688,819	797,624	86.4%
Barker	234,771	578,368	40.6%
Barton	784,872	852,231	92.1%
Bass	206,295	412,365	50.0%
Batman	733,668	842,478	87.1%
Bendigo	251,167	513,735	48.9%
Bennelong	576,200	702,857	82.0%
Berowra	500,362	683,726	73.2%
Blair	462,244	606,160	76.3%
Blaxland	1,053,723	1,098,346	95.9%
Bonython	741,498	830,814	89.2%
Boothby	365,593	633,907	57.7%
Bowman	559,435	729,400	76.7%
Braddon	282,806	457,272	61.8%
Bradfield	399,196	635,805	62.8%
Brand	374,582	577,044	64.9%
Brisbane	456,388	639,758	71.3%
Bruce	607,523	771,144	78.8%
Burke	500,428	744,253	67.2%
Calare	317,636	519,262	61.2%
Calwell	872,494	995,285	87.7%
Canberra	279,287	617,596	45.2%
Canning	298,646	499,631	59.8%
Capricornia	242,902	529,118	45.9%
Casey	428,537	624,478	68.6%
Charlton	358,532	584,963	61.3%
Chifley	1,050,337	1,066,280	98.5%
Chisholm	523,109	673,231	77.7%
Cook	512,898	659,474	77.8%
Corangamite	230,146	522,881	44.0%
Corio	349,335	579,044	60.3%
Cowan	483,675	610,959	79.2%
Cowper	269,374	520,371	51.8%
Cunningham	567,854	685,792	82.8%
Curtin	319,841	534,896	59.8%
Dawson	408,596	618,017	66.1%
Deakin	477,269	648,946	73.5%
Denison	254,636	488,597	52.1%
Dickson	371,289	631,509	58.8%
Dobell	409,488	643,438	63.6%
Dunkley	333,097	611,414	54.5%
Eden-Monaro	190,475	485,796	39.2%
Fadden	582,719	745,665	78.1%
Fairfax	424,159	662,448	64.0%

<b>Farrer</b>	198,843	476,307	41.7%
<b>Fisher</b>	585,975	775,372	75.6%
<b>Flinders</b>	327,120	630,342	51.9%
<b>Forde</b>	608,037	718,797	84.6%
<b>Forrest</b>	253,706	482,586	52.6%
<b>Fowler</b>	1,131,299	1,152,097	98.2%
<b>Franklin</b>	262,644	479,368	54.8%
<b>Fraser</b>	262,709	613,720	42.8%
<b>Fremantle</b>	425,476	595,136	71.5%
<b>Gellibrand</b>	678,100	760,937	89.1%
<b>Gilmore</b>	347,523	561,069	61.9%
<b>Gippsland</b>	273,259	507,735	53.8%
<b>Goldstein</b>	440,154	721,497	61.0%
<b>Grayndler</b>	757,409	818,861	92.5%
<b>Greenway</b>	898,535	947,145	94.9%
<b>Grey</b>	383,711	587,057	65.4%
<b>Griffith</b>	506,774	694,285	73.0%
<b>Groom</b>	372,376	605,683	61.5%
<b>Gwydir</b>	333,501	529,930	62.9%
<b>Hasluck</b>	450,508	607,622	74.1%
<b>Herbert</b>	319,522	552,870	57.8%
<b>Higgins</b>	424,458	652,570	65.0%
<b>Hindmarsh</b>	462,762	669,400	69.1%
<b>Hinkler</b>	239,132	550,633	43.4%
<b>Holt</b>	697,026	871,358	80.0%
<b>Hotham</b>	593,804	732,031	81.1%
<b>Hughes</b>	570,370	726,130	78.5%
<b>Hume</b>	330,044	552,205	59.8%
<b>Hunter</b>	281,090	535,475	52.5%
<b>Indi</b>	166,702	484,747	34.4%
<b>Isaacs</b>	513,571	705,019	72.8%
<b>Jagajaga</b>	476,005	655,603	72.6%
<b>Kalgoorlie</b>	241,186	392,527	61.4%
<b>Kennedy</b>	324,943	523,788	62.0%
<b>Kingsford-Smith</b>	793,957	872,658	91.0%
<b>Kingston</b>	456,520	676,011	67.5%
<b>Kooyong</b>	362,343	573,307	63.2%
<b>La Trobe</b>	470,384	698,709	67.3%
<b>Lalor</b>	615,246	723,575	85.0%
<b>Leichhardt</b>	521,393	651,523	80.0%
<b>Lilley</b>	481,155	671,157	71.7%
<b>Lindsay</b>	686,218	757,810	90.6%
<b>Lingiari</b>	146,237	208,559	70.1%
<b>Longman</b>	600,925	739,669	81.2%
<b>Lowe</b>	729,355	789,069	92.4%
<b>Lyne</b>	404,245	629,732	64.2%
<b>Lyons</b>	284,173	416,935	68.2%
<b>Macarthur</b>	810,280	897,336	90.3%
<b>Mackellar</b>	495,942	657,229	75.5%
<b>Macquarie</b>	478,080	632,520	75.6%
<b>Makin</b>	418,727	647,083	64.7%
<b>Mallee</b>	278,889	513,521	54.3%
<b>Maranoa</b>	289,284	546,716	52.9%
<b>Maribyrnong</b>	681,629	782,045	87.2%
<b>Mayo</b>	334,951	606,808	55.2%
<b>McEwen</b>	444,187	666,245	66.7%



<b>McMillan</b>	394,869	589,291	67.0%
<b>McPherson</b>	635,859	835,331	76.1%
<b>Melbourne</b>	670,885	799,660	83.9%
<b>Melbourne Ports</b>	513,736	697,702	73.6%
<b>Menzies</b>	479,337	636,430	75.3%
<b>Mitchell</b>	552,700	677,190	81.6%
<b>Moncrieff</b>	598,842	824,240	72.7%
<b>Moore</b>	400,107	561,978	71.2%
<b>Moreton</b>	538,484	683,808	78.7%
<b>Murray</b>	162,762	486,898	33.4%
<b>New England</b>	234,644	478,576	49.0%
<b>Newcastle</b>	437,203	620,354	70.5%
<b>North Sydney</b>	401,778	605,936	66.3%
<b>O'Connor</b>	238,983	469,326	50.9%
<b>Oxley</b>	650,822	793,208	82.0%
<b>Page</b>	244,225	516,157	47.3%
<b>Parkes</b>	333,041	495,031	67.3%
<b>Parramatta</b>	831,961	900,450	92.4%
<b>Paterson</b>	329,610	563,305	58.5%
<b>Pearce</b>	416,596	570,332	73.0%
<b>Perth</b>	522,047	655,680	79.6%
<b>Petrie</b>	503,636	712,590	70.7%
<b>Port Adelaide</b>	675,921	772,704	87.5%
<b>Prospect</b>	1,008,710	1,033,921	97.6%
<b>Rankin</b>	738,002	827,011	89.2%
<b>Reid</b>	1,025,416	1,046,410	98.0%
<b>Richmond</b>	435,416	628,712	69.3%
<b>Riverina</b>	208,317	453,611	45.9%
<b>Robertson</b>	425,502	661,362	64.3%
<b>Ryan</b>	324,823	571,124	56.9%
<b>Scullin</b>	733,677	837,872	87.6%
<b>Shortland</b>	341,271	603,951	56.5%
<b>Solomon</b>	167,729	287,008	58.4%
<b>Stirling</b>	584,842	737,900	79.3%
<b>Sturt</b>	389,526	645,181	60.4%
<b>Swan</b>	469,966	600,500	78.3%
<b>Sydney</b>	678,775	796,317	85.2%
<b>Tangney</b>	422,097	620,875	68.0%
<b>Throsby</b>	724,774	780,857	92.8%
<b>Wakefield</b>	256,286	580,587	44.1%
<b>Wannon</b>	248,014	478,941	51.8%
<b>Warringah</b>	495,133	675,593	73.3%
<b>Watson</b>	927,360	962,608	96.3%
<b>Wentworth</b>	503,419	673,413	74.8%
<b>Werriwa</b>	820,891	858,053	95.7%
<b>Wide Bay</b>	384,375	618,092	62.2%
<b>Wills</b>	705,208	832,280	84.7%
<b>Total (a)</b>	<b>71,388,875</b>	<b>98,756,488</b>	<b>72.3%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - ALL SERVICES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 12 MONTHS TO DECEMBER 2002**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	984,402	1,471,625	66.9%
Aston	1,106,767	1,586,606	69.8%
Ballarat	662,195	1,227,713	53.9%
Banks	1,388,279	1,746,124	79.5%
Barker	713,449	1,281,122	55.7%
Barton	1,515,507	1,858,417	81.5%
Bass	550,788	947,393	58.1%
Batman	1,392,640	1,735,748	80.2%
Bendigo	685,739	1,179,888	58.1%
Bennelong	1,192,449	1,641,812	72.6%
Berowra	1,037,168	1,636,580	63.4%
Blair	908,289	1,288,636	70.5%
Blaxland	1,878,770	2,103,311	89.3%
Bonython	1,290,570	1,561,662	82.6%
Boothby	901,718	1,543,756	58.4%
Bowman	1,190,539	1,662,065	71.6%
Braddon	647,067	987,797	65.5%
Bradfield	942,152	1,710,990	55.1%
Brand	932,474	1,330,218	70.1%
Brisbane	975,010	1,558,813	62.5%
Bruce	1,193,656	1,647,199	72.5%
Burke	1,089,959	1,577,761	69.1%
Calare	837,680	1,229,970	68.1%
Calwell	1,552,086	1,898,460	81.8%
Canberra	810,582	1,456,707	55.6%
Canning	754,624	1,147,449	65.8%
Capricornia	625,856	1,199,252	52.2%
Casey	880,281	1,379,162	63.8%
Charlton	889,041	1,382,158	64.3%
Chifley	1,793,408	1,943,043	92.3%
Chisholm	1,058,750	1,555,734	68.1%
Cook	1,141,744	1,676,662	68.1%
Corangamite	583,783	1,272,761	45.9%
Corio	741,971	1,313,855	56.5%
Cowan	982,776	1,335,075	73.6%
Cowper	813,942	1,303,944	62.4%
Cunningham	1,223,410	1,615,124	75.7%
Curtin	798,014	1,390,073	57.4%
Dawson	862,502	1,382,733	62.4%
Deakin	986,328	1,495,112	66.0%
Denison	560,394	1,095,772	51.1%
Dickson	847,264	1,428,195	59.3%
Dobell	998,391	1,511,215	66.1%
Dunkley	885,405	1,443,125	61.4%
Eden-Monaro	669,306	1,179,115	56.8%
Fadden	1,195,941	1,680,791	71.2%
Fairfax	1,068,005	1,552,736	68.8%

<b>Farrer</b>	622,925	1,152,460	54.1%
<b>Fisher</b>	1,328,068	1,803,766	73.6%
<b>Flinders</b>	919,032	1,535,206	59.9%
<b>Forde</b>	1,170,020	1,494,136	78.3%
<b>Forrest</b>	709,095	1,158,926	61.2%
<b>Fowler</b>	1,967,385	2,125,716	92.6%
<b>Franklin</b>	565,120	1,068,111	52.9%
<b>Fraser</b>	791,800	1,459,297	54.3%
<b>Fremantle</b>	926,693	1,375,824	67.4%
<b>Gellibrand</b>	1,274,347	1,541,692	82.7%
<b>Gilmore</b>	988,007	1,465,606	67.4%
<b>Gippsland</b>	693,148	1,189,068	58.3%
<b>Goldstein</b>	1,047,400	1,865,731	56.1%
<b>Grayndler</b>	1,446,253	1,715,016	84.3%
<b>Greenway</b>	1,625,409	1,909,599	85.1%
<b>Grey</b>	826,506	1,188,214	69.6%
<b>Griffith</b>	1,082,568	1,644,070	65.8%
<b>Groom</b>	813,447	1,385,889	58.7%
<b>Gwydir</b>	833,694	1,201,864	69.4%
<b>Hasluck</b>	941,805	1,316,230	71.6%
<b>Herbert</b>	794,093	1,298,189	61.2%
<b>Higgins</b>	941,583	1,680,853	56.0%
<b>Hindmarsh</b>	1,005,956	1,589,046	63.3%
<b>Hinkler</b>	691,630	1,287,922	53.7%
<b>Holt</b>	1,327,824	1,726,187	76.9%
<b>Hotham</b>	1,149,548	1,569,836	73.2%
<b>Hughes</b>	1,178,276	1,652,277	71.3%
<b>Hume</b>	843,854	1,307,136	64.6%
<b>Hunter</b>	746,369	1,250,752	59.7%
<b>Indi</b>	658,031	1,209,144	54.4%
<b>Isaacs</b>	1,070,621	1,542,902	69.4%
<b>Jagajaga</b>	1,031,423	1,519,567	67.9%
<b>Kalgoorlie</b>	583,460	854,907	68.2%
<b>Kennedy</b>	789,696	1,201,846	65.7%
<b>Kingsford-Smith</b>	1,571,717	1,945,348	80.8%
<b>Kingston</b>	951,924	1,422,325	66.9%
<b>Kooyong</b>	832,443	1,538,614	54.1%
<b>La Trobe</b>	1,009,548	1,552,710	65.0%
<b>Lalor</b>	1,223,386	1,524,100	80.3%
<b>Leichhardt</b>	1,046,920	1,387,403	75.5%
<b>Lilley</b>	1,022,105	1,572,026	65.0%
<b>Lindsay</b>	1,281,159	1,537,653	83.3%
<b>Lingiari</b>	413,585	514,618	80.4%
<b>Longman</b>	1,205,464	1,554,083	77.6%
<b>Lowe</b>	1,467,518	1,811,275	81.0%
<b>Lyne</b>	1,049,156	1,559,374	67.3%
<b>Lyons</b>	601,081	903,384	66.5%
<b>Macarthur</b>	1,522,840	1,789,994	85.1%
<b>Mackellar</b>	1,081,528	1,614,969	67.0%
<b>Macquarie</b>	1,043,471	1,421,674	73.4%
<b>Makin</b>	917,222	1,419,780	64.6%
<b>Mallee</b>	667,240	1,155,072	57.8%
<b>Maranoa</b>	716,540	1,226,313	58.4%
<b>Maribyrnong</b>	1,273,369	1,583,089	80.4%
<b>Mayo</b>	814,708	1,407,584	57.9%
<b>McEwen</b>	973,953	1,437,214	67.8%

<b>McMillan</b>	861,795	1,349,404	63.9%
<b>McPherson</b>	1,361,836	1,969,183	69.2%
<b>Melbourne</b>	1,231,582	1,656,220	74.4%
<b>Melbourne Ports</b>	1,080,505	1,684,997	64.1%
<b>Menzies</b>	1,013,982	1,522,799	66.6%
<b>Mitchell</b>	1,119,946	1,587,016	70.6%
<b>Moncrieff</b>	1,259,856	1,882,057	66.9%
<b>Moore</b>	872,070	1,289,433	67.6%
<b>Moreton</b>	1,087,683	1,570,980	69.2%
<b>Murray</b>	580,437	1,145,251	50.7%
<b>New England</b>	738,885	1,171,940	63.0%
<b>Newcastle</b>	987,268	1,441,708	68.5%
<b>North Sydney</b>	952,884	1,568,174	60.8%
<b>O'Connor</b>	656,754	1,068,493	61.5%
<b>Oxley</b>	1,213,145	1,573,618	77.1%
<b>Page</b>	829,043	1,316,291	63.0%
<b>Parke</b>	852,351	1,183,289	72.0%
<b>Parramatta</b>	1,554,050	1,878,099	82.7%
<b>Paterson</b>	849,467	1,341,339	63.3%
<b>Pearce</b>	891,245	1,265,755	70.4%
<b>Perth</b>	1,060,107	1,443,345	73.4%
<b>Petrie</b>	1,095,772	1,593,530	68.8%
<b>Port Adelaide</b>	1,235,856	1,603,752	77.1%
<b>Prospect</b>	1,807,378	2,004,443	90.2%
<b>Rankin</b>	1,336,925	1,651,187	81.0%
<b>Reid</b>	1,808,927	1,985,095	91.1%
<b>Richmond</b>	1,072,419	1,521,135	70.5%
<b>Riverina</b>	668,838	1,176,294	56.9%
<b>Robertson</b>	1,022,810	1,556,928	65.7%
<b>Ryan</b>	769,662	1,483,996	51.9%
<b>Scullin</b>	1,400,443	1,702,605	82.3%
<b>Shortland</b>	918,091	1,443,736	63.6%
<b>Solomon</b>	471,688	683,794	69.0%
<b>Stirling</b>	1,216,347	1,667,271	73.0%
<b>Sturt</b>	926,439	1,571,155	59.0%
<b>Swan</b>	953,405	1,328,024	71.8%
<b>Sydney</b>	1,353,197	1,749,427	77.4%
<b>Tangney</b>	930,991	1,491,721	62.4%
<b>Throsby</b>	1,423,826	1,713,189	83.1%
<b>Wakefield</b>	710,600	1,260,321	56.4%
<b>Wannon</b>	659,258	1,126,600	58.5%
<b>Warringah</b>	1,094,056	1,673,987	65.4%
<b>Watson</b>	1,698,098	1,936,033	87.7%
<b>Wentworth</b>	1,165,823	1,793,714	65.0%
<b>Werriwa</b>	1,474,216	1,649,355	89.4%
<b>Wide Bay</b>	811,964	1,272,472	63.8%
<b>Wills</b>	1,333,151	1,746,546	76.3%
<b>Total (a)</b>	<b>153,228,104</b>	<b>221,614,744</b>	<b>69.1%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - UNREFERRED ATTENDANCES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 MARCH QUARTER 2003**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	91,904	145,867	63.0%
Aston	120,316	164,526	73.1%
Ballarat	55,467	126,722	43.8%
Banks	155,176	183,019	84.8%
Barker	52,936	135,975	38.9%
Barton	179,148	196,020	91.4%
Bass	41,636	91,332	45.6%
Batman	163,989	192,769	85.1%
Bendigo	60,564	123,495	49.0%
Bennelong	129,415	161,882	79.9%
Berowra	111,639	157,430	70.9%
Blair	102,272	141,611	72.2%
Blaxland	236,801	248,300	95.4%
Bonython	164,322	190,320	86.3%
Boothby	74,566	146,480	50.9%
Bowman	118,324	169,096	70.0%
Braddon	52,242	101,699	51.4%
Bradfield	90,735	150,147	60.4%
Brand	83,228	135,060	61.6%
Brisbane	91,904	148,126	62.0%
Bruce	134,833	174,873	77.1%
Burke	102,922	173,173	59.4%
Calare	74,587	122,973	60.7%
Calwell	183,228	220,839	83.0%
Canberra	55,045	134,494	40.9%
Canning	61,389	113,515	54.1%
Capricornia	55,649	124,325	44.8%
Casey	89,604	141,203	63.5%
Charlton	79,054	139,284	56.8%
Chifley	235,905	239,999	98.3%
Chisholm	114,970	153,677	74.8%
Cook	110,602	150,455	73.5%
Corangamite	52,960	125,338	42.3%
Corio	80,008	136,805	58.5%
Cowan	101,769	138,014	73.7%
Cowper	61,256	121,688	50.3%
Cunningham	129,260	160,159	80.7%
Curtin	67,589	122,345	55.2%
Dawson	95,897	148,002	64.8%
Deakin	98,109	147,224	66.6%
Denison	55,988	110,007	50.9%
Dickson	72,705	146,362	49.7%
Dobell	83,941	149,606	56.1%
Dunkley	70,696	142,603	49.6%
Eden-Monaro	42,866	113,234	37.9%
Fadden	122,901	173,907	70.7%
Fairfax	88,706	160,269	55.3%

<b>Farrer</b>	48,372	115,555	41.9%
<b>Fisher</b>	116,893	187,137	62.5%
<b>Flinders</b>	71,789	150,185	47.8%
<b>Forde</b>	132,366	170,390	77.7%
<b>Forrest</b>	59,866	114,655	52.2%
<b>Fowler</b>	252,684	258,486	97.8%
<b>Franklin</b>	58,246	106,994	54.4%
<b>Fraser</b>	47,135	133,329	35.4%
<b>Fremantle</b>	87,860	133,729	65.7%
<b>Gellibrand</b>	151,138	173,522	87.1%
<b>Gilmore</b>	81,237	134,274	60.5%
<b>Gippsland</b>	56,903	121,905	46.7%
<b>Goldstein</b>	96,478	166,783	57.8%
<b>Grayndler</b>	169,638	186,874	90.8%
<b>Greenway</b>	205,649	218,248	94.2%
<b>Grey</b>	94,779	142,400	66.6%
<b>Griffith</b>	98,142	157,570	62.3%
<b>Groom</b>	73,942	137,671	53.7%
<b>Gwydir</b>	82,171	128,496	63.9%
<b>Hasluck</b>	94,392	135,920	69.4%
<b>Herbert</b>	82,055	138,382	59.3%
<b>Higgins</b>	95,357	150,612	63.3%
<b>Hindmarsh</b>	99,070	157,200	63.0%
<b>Hinkler</b>	57,257	132,577	43.2%
<b>Holt</b>	154,051	199,797	77.1%
<b>Hotham</b>	131,528	166,228	79.1%
<b>Hughes</b>	125,654	165,354	76.0%
<b>Hume</b>	73,044	125,894	58.0%
<b>Hunter</b>	59,478	123,648	48.1%
<b>Indi</b>	33,981	113,008	30.1%
<b>Isaacs</b>	112,167	165,255	67.9%
<b>Jagajaga</b>	105,406	148,605	70.9%
<b>Kalgoorlie</b>	61,320	98,060	62.5%
<b>Kennedy</b>	73,544	125,618	58.5%
<b>Kingsford-Smith</b>	179,966	203,170	88.6%
<b>Kingston</b>	91,322	157,202	58.1%
<b>Kooyong</b>	80,476	130,436	61.7%
<b>La Trobe</b>	100,357	159,761	62.8%
<b>Lalor</b>	130,976	165,118	79.3%
<b>Leichhardt</b>	115,247	152,077	75.8%
<b>Lilley</b>	95,626	151,641	63.1%
<b>Lindsay</b>	144,907	167,442	86.5%
<b>Lingiari</b>	35,102	51,756	67.8%
<b>Longman</b>	126,848	174,821	72.6%
<b>Lowe</b>	169,223	183,485	92.2%
<b>Lyne</b>	87,200	148,711	58.6%
<b>Lyons</b>	63,733	93,251	68.3%
<b>Macarthur</b>	181,327	203,466	89.1%
<b>Mackellar</b>	109,854	150,765	72.9%
<b>Macquarie</b>	100,845	141,783	71.1%
<b>Makin</b>	92,686	149,132	62.2%
<b>Mallee</b>	68,052	123,021	55.3%
<b>Maranoa</b>	69,481	130,115	53.4%
<b>Maribyrnong</b>	144,845	173,008	83.7%
<b>Mayo</b>	69,810	142,295	49.1%
<b>McEwen</b>	97,210	156,530	62.1%

<b>McMillan</b>	98,982	143,558	68.9%
<b>McPherson</b>	141,555	198,784	71.2%
<b>Melbourne</b>	150,271	184,674	81.4%
<b>Melbourne Ports</b>	115,908	161,514	71.8%
<b>Menzies</b>	103,672	145,274	71.4%
<b>Mitchell</b>	128,160	158,965	80.6%
<b>Moncrieff</b>	133,241	195,046	68.3%
<b>Moore</b>	83,220	127,091	65.5%
<b>Moreton</b>	106,840	154,695	69.1%
<b>Murray</b>	35,336	113,921	31.0%
<b>New England</b>	54,096	112,760	48.0%
<b>Newcastle</b>	90,308	143,498	62.9%
<b>North Sydney</b>	89,548	143,832	62.3%
<b>O'Connor</b>	53,682	109,247	49.1%
<b>Oxley</b>	138,171	181,280	76.2%
<b>Page</b>	55,630	120,552	46.1%
<b>Parkes</b>	79,377	121,468	65.3%
<b>Parramatta</b>	191,734	211,139	90.8%
<b>Paterson</b>	71,680	134,570	53.3%
<b>Pearce</b>	93,594	132,112	70.8%
<b>Perth</b>	110,249	147,018	75.0%
<b>Petrie</b>	97,314	163,463	59.5%
<b>Port Adelaide</b>	146,141	177,547	82.3%
<b>Prospect</b>	225,212	232,262	97.0%
<b>Rankin</b>	158,496	190,791	83.1%
<b>Reid</b>	233,104	239,887	97.2%
<b>Richmond</b>	95,621	146,912	65.1%
<b>Riverina</b>	50,362	108,954	46.2%
<b>Robertson</b>	94,283	155,232	60.7%
<b>Ryan</b>	64,837	129,510	50.1%
<b>Scullin</b>	167,496	192,402	87.1%
<b>Shortland</b>	71,581	139,935	51.2%
<b>Solomon</b>	38,395	67,706	56.7%
<b>Stirling</b>	123,852	166,711	74.3%
<b>Sturt</b>	78,942	149,752	52.7%
<b>Swan</b>	100,351	136,903	73.3%
<b>Sydney</b>	156,561	188,092	83.2%
<b>Tangney</b>	86,950	139,682	62.2%
<b>Throsby</b>	177,127	188,250	94.1%
<b>Wakefield</b>	58,006	136,346	42.5%
<b>Wannon</b>	55,291	118,117	46.8%
<b>Warringah</b>	111,426	157,342	70.8%
<b>Watson</b>	208,126	217,581	95.7%
<b>Wentworth</b>	114,200	158,609	72.0%
<b>Werriwa</b>	188,186	197,338	95.4%
<b>Wide Bay</b>	93,312	154,085	60.6%
<b>Wills</b>	153,139	189,304	80.9%
<b>Total (a)</b>	<b>15,671,272</b>	<b>22,871,305</b>	<b>68.5%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - ALL SERVICES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 MARCH QUARTER 2003**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	226,400	353,311	64.1%
Aston	254,133	375,528	67.7%
Ballarat	160,370	313,359	51.2%
Banks	326,849	416,846	78.4%
Barker	169,348	307,159	55.1%
Barton	354,972	440,422	80.6%
Bass	121,559	217,226	56.0%
Batman	329,988	413,112	79.9%
Bendigo	181,706	299,447	60.7%
Bennelong	281,915	391,874	71.9%
Berowra	247,412	392,760	63.0%
Blair	219,159	318,695	68.8%
Blaxland	440,785	496,556	88.8%
Bonython	300,527	369,191	81.4%
Boothby	210,187	371,396	56.6%
Bowman	276,615	400,596	69.1%
Braddon	136,727	226,441	60.4%
Bradfield	227,335	415,075	54.8%
Brand	228,550	328,745	69.5%
Brisbane	225,438	381,485	59.1%
Bruce	286,893	392,773	73.0%
Burke	260,837	388,486	67.1%
Calare	205,967	301,438	68.3%
Calwell	362,021	452,359	80.0%
Canberra	183,656	334,532	54.9%
Canning	176,670	274,737	64.3%
Capricornia	152,511	289,054	52.8%
Casey	200,581	322,540	62.2%
Charlton	212,803	339,693	62.6%
Chifley	417,821	456,146	91.6%
Chisholm	246,730	365,678	67.5%
Cook	260,931	397,985	65.6%
Corangamite	142,317	308,979	46.1%
Corio	178,176	315,399	56.5%
Cowan	232,155	325,454	71.3%
Cowper	194,515	313,942	62.0%
Cunningham	293,602	395,329	74.3%
Curtin	189,351	335,673	56.4%
Dawson	208,279	338,396	61.5%
Deakin	224,103	352,606	63.6%
Denison	128,073	255,285	50.2%
Dickson	197,562	355,350	55.6%
Dobell	226,291	359,989	62.9%
Dunkley	215,613	356,000	60.6%
Eden-Monaro	163,088	284,069	57.4%
Fadden	279,391	410,081	68.1%
Fairfax	255,510	390,670	65.4%



<b>Farrer</b>	156,545	287,077	54.5%
<b>Fisher</b>	316,470	461,162	68.6%
<b>Flinders</b>	224,271	379,898	59.0%
<b>Forde</b>	276,368	367,851	75.1%
<b>Forrest</b>	183,342	290,599	63.1%
<b>Fowler</b>	460,738	500,296	92.1%
<b>Franklin</b>	130,010	246,201	52.8%
<b>Fraser</b>	177,219	336,185	52.7%
<b>Fremantle</b>	214,823	327,922	65.5%
<b>Gellibrand</b>	300,767	365,077	82.4%
<b>Gilmore</b>	243,766	363,239	67.1%
<b>Gippsland</b>	161,194	290,782	55.4%
<b>Goldstein</b>	248,608	447,769	55.5%
<b>Grayndler</b>	337,410	406,249	83.1%
<b>Greenway</b>	386,555	460,976	83.9%
<b>Grey</b>	203,313	288,319	70.5%
<b>Griffith</b>	241,335	394,504	61.2%
<b>Groom</b>	182,789	330,809	55.3%
<b>Gwydir</b>	212,066	301,118	70.4%
<b>Hasluck</b>	220,354	315,149	69.9%
<b>Herbert</b>	206,555	327,855	63.0%
<b>Higgins</b>	227,489	402,836	56.5%
<b>Hindmarsh</b>	236,472	383,561	61.7%
<b>Hinkler</b>	171,010	316,810	54.0%
<b>Holt</b>	317,071	414,285	76.5%
<b>Hotham</b>	272,190	373,648	72.8%
<b>Hughes</b>	273,773	391,262	70.0%
<b>Hume</b>	196,836	309,116	63.7%
<b>Hunter</b>	178,618	304,028	58.8%
<b>Indi</b>	154,837	287,912	53.8%
<b>Isaacs</b>	256,897	377,792	68.0%
<b>Jagajaga</b>	244,553	360,066	67.9%
<b>Kalgoorlie</b>	158,575	225,024	70.5%
<b>Kennedy</b>	184,738	290,887	63.5%
<b>Kingsford-Smith</b>	369,605	464,248	79.6%
<b>Kingston</b>	215,694	339,850	63.5%
<b>Kooyong</b>	200,056	361,529	55.3%
<b>La Trobe</b>	232,812	368,568	63.2%
<b>Lalor</b>	290,459	371,496	78.2%
<b>Leichhardt</b>	241,393	329,199	73.3%
<b>Lilley</b>	233,675	377,004	62.0%
<b>Lindsay</b>	290,254	361,833	80.2%
<b>Lingiari</b>	97,987	124,317	78.8%
<b>Longman</b>	283,251	387,471	73.1%
<b>Lowe</b>	351,865	436,052	80.7%
<b>Lyne</b>	254,369	386,385	65.8%
<b>Lyons</b>	137,868	207,109	66.6%
<b>Macarthur</b>	356,594	424,432	84.0%
<b>Mackellar</b>	252,689	385,663	65.5%
<b>Macquarie</b>	237,229	336,222	70.6%
<b>Makin</b>	220,845	340,688	64.8%
<b>Mallee</b>	169,349	290,537	58.3%
<b>Maranoa</b>	177,577	301,078	59.0%
<b>Maribyrnong</b>	293,420	370,259	79.2%
<b>Mayo</b>	189,836	339,286	56.0%
<b>McEwen</b>	235,451	351,886	66.9%

<b>McMillan</b>	221,171	330,492	66.9%
<b>McPherson</b>	323,379	482,692	67.0%
<b>Melbourne</b>	291,220	396,109	73.5%
<b>Melbourne Ports</b>	260,297	406,863	64.0%
<b>Menzies</b>	235,003	357,183	65.8%
<b>Mitchell</b>	269,639	386,963	69.7%
<b>Moncrieff</b>	301,343	462,122	65.2%
<b>Moore</b>	203,448	310,925	65.4%
<b>Moreton</b>	243,602	373,882	65.2%
<b>Murray</b>	150,362	284,824	52.8%
<b>New England</b>	183,912	289,660	63.5%
<b>Newcastle</b>	228,563	347,493	65.8%
<b>North Sydney</b>	224,871	382,848	58.7%
<b>O'Connor</b>	162,666	263,278	61.8%
<b>Oxley</b>	281,339	381,586	73.7%
<b>Page</b>	193,172	316,138	61.1%
<b>Parkes</b>	212,284	294,508	72.1%
<b>Parramatta</b>	368,038	452,006	81.4%
<b>Paterson</b>	205,408	333,694	61.6%
<b>Pearce</b>	220,750	314,017	70.3%
<b>Perth</b>	247,470	344,469	71.8%
<b>Petrie</b>	249,298	390,910	63.8%
<b>Port Adelaide</b>	285,093	377,804	75.5%
<b>Prospect</b>	421,944	471,462	89.5%
<b>Rankin</b>	309,743	396,740	78.1%
<b>Reid</b>	424,040	470,701	90.1%
<b>Richmond</b>	249,335	365,704	68.2%
<b>Riverina</b>	166,412	286,700	58.0%
<b>Robertson</b>	241,284	376,278	64.1%
<b>Ryan</b>	179,280	360,546	49.7%
<b>Scullin</b>	337,423	407,895	82.7%
<b>Shortland</b>	213,978	347,057	61.7%
<b>Solomon</b>	115,236	166,788	69.1%
<b>Stirling</b>	286,063	402,241	71.1%
<b>Sturt</b>	214,401	376,568	56.9%
<b>Swan</b>	222,166	319,374	69.6%
<b>Sydney</b>	325,154	424,454	76.6%
<b>Tangney</b>	218,372	358,493	60.9%
<b>Throsby</b>	359,590	427,321	84.1%
<b>Wakefield</b>	170,049	301,965	56.3%
<b>Wannon</b>	188,225	309,243	60.9%
<b>Warringah</b>	257,860	400,904	64.3%
<b>Watson</b>	396,094	455,521	87.0%
<b>Wentworth</b>	277,398	432,328	64.2%
<b>Werriwa</b>	351,568	395,493	88.9%
<b>Wide Bay</b>	208,563	327,194	63.7%
<b>Wills</b>	309,940	414,683	74.7%
<b>Total (a)</b>	<b>36,311,704</b>	<b>53,499,364</b>	<b>67.9%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - UNREFERRED ATTENDANCES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 12 MONTHS TO MARCH 2003**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	429,759	627,793	68.5%
Aston	559,012	725,484	77.1%
Ballarat	295,969	548,934	53.9%
Banks	679,211	791,532	85.8%
Barker	231,180	577,957	40.0%
Barton	779,347	848,370	91.9%
Bass	201,387	411,205	49.0%
Batman	721,014	837,446	86.1%
Bendigo	253,819	519,475	48.9%
Bennelong	566,600	697,049	81.3%
Berowra	491,905	680,269	72.3%
Blair	451,595	603,887	74.8%
Blaxland	1,038,848	1,085,156	95.7%
Bonython	733,166	828,914	88.4%
Boothby	347,505	630,403	55.1%
Bowman	534,627	721,788	74.1%
Braddon	266,039	452,387	58.8%
Bradfield	389,165	633,603	61.4%
Brand	370,765	579,800	63.9%
Brisbane	428,612	631,706	67.8%
Bruce	597,040	767,429	77.8%
Burke	481,510	746,450	64.5%
Calare	318,104	520,479	61.1%
Calwell	854,153	993,827	85.9%
Canberra	265,607	608,406	43.7%
Canning	288,140	496,809	58.0%
Capricornia	236,774	525,766	45.0%
Casey	413,340	621,783	66.5%
Charlton	348,302	583,585	59.7%
Chifley	1,039,253	1,055,583	98.5%
Chisholm	512,279	669,433	76.5%
Cook	499,396	654,065	76.4%
Corangamite	226,939	526,102	43.1%
Corio	344,934	580,012	59.5%
Cowan	471,294	607,480	77.6%
Cowper	265,203	517,838	51.2%
Cunningham	557,374	682,217	81.7%
Curtin	309,211	530,714	58.3%
Dawson	402,603	613,384	65.6%
Deakin	459,591	645,261	71.2%
Denison	248,656	483,361	51.4%
Dickson	342,533	623,975	54.9%
Dobell	388,415	636,577	61.0%
Dunkley	313,608	609,265	51.5%
Eden-Monaro	186,708	483,103	38.6%
Fadden	559,093	740,061	75.5%
Fairfax	398,526	660,909	60.3%

<b>Farrer</b>	201,062	482,610	41.7%
<b>Fisher</b>	538,632	769,550	70.0%
<b>Flinders</b>	319,546	634,290	50.4%
<b>Forde</b>	590,579	718,030	82.2%
<b>Forrest</b>	251,926	482,693	52.2%
<b>Fowler</b>	1,118,130	1,140,085	98.1%
<b>Franklin</b>	259,206	474,750	54.6%
<b>Fraser</b>	234,516	600,776	39.0%
<b>Fremantle</b>	407,687	588,331	69.3%
<b>Gellibrand</b>	669,097	757,837	88.3%
<b>Gilmore</b>	343,466	561,042	61.2%
<b>Gippsland</b>	265,765	511,813	51.9%
<b>Goldstein</b>	430,452	722,120	59.6%
<b>Grayndler</b>	746,165	811,077	92.0%
<b>Greenway</b>	897,358	947,688	94.7%
<b>Grey</b>	392,290	594,485	66.0%
<b>Griffith</b>	469,140	680,596	68.9%
<b>Groom</b>	347,226	595,141	58.3%
<b>Gwydir</b>	338,010	532,314	63.5%
<b>Hasluck</b>	435,486	600,231	72.6%
<b>Herbert</b>	322,019	555,538	58.0%
<b>Higgins</b>	418,042	652,538	64.1%
<b>Hindmarsh</b>	446,614	667,859	66.9%
<b>Hinkler</b>	239,117	551,576	43.4%
<b>Holt</b>	683,598	872,395	78.4%
<b>Hotham</b>	584,777	729,011	80.2%
<b>Hughes</b>	559,445	720,159	77.7%
<b>Hume</b>	324,924	549,018	59.2%
<b>Hunter</b>	272,578	532,718	51.2%
<b>Indi</b>	153,148	483,291	31.7%
<b>Isaacs</b>	499,657	707,484	70.6%
<b>Jagajaga</b>	470,732	654,112	72.0%
<b>Kalgoorlie</b>	245,655	400,022	61.4%
<b>Kennedy</b>	315,772	519,475	60.8%
<b>Kingsford-Smith</b>	780,629	865,741	90.2%
<b>Kingston</b>	433,295	673,214	64.4%
<b>Kooyong</b>	357,208	572,219	62.4%
<b>La Trobe</b>	458,645	700,953	65.4%
<b>Lalor</b>	601,226	725,154	82.9%
<b>Leichhardt</b>	505,978	640,959	78.9%
<b>Lilley</b>	449,011	657,760	68.3%
<b>Lindsay</b>	665,951	745,946	89.3%
<b>Lingiari</b>	146,240	210,358	69.5%
<b>Longman</b>	579,048	741,716	78.1%
<b>Lowe</b>	722,850	783,118	92.3%
<b>Lyne</b>	394,059	628,247	62.7%
<b>Lyons</b>	280,611	412,939	68.0%
<b>Macarthur</b>	799,077	889,643	89.8%
<b>Mackellar</b>	483,846	650,886	74.3%
<b>Macquarie</b>	463,166	624,993	74.1%
<b>Makin</b>	411,217	645,535	63.7%
<b>Mallee</b>	282,760	518,154	54.6%
<b>Maranoa</b>	288,622	545,804	52.9%
<b>Maribyrnong</b>	665,579	773,247	86.1%
<b>Mayo</b>	320,394	606,037	52.9%
<b>McEwen</b>	438,073	673,991	65.0%

<b>McMillan</b>	399,959	595,024	67.2%
<b>McPherson</b>	621,430	834,485	74.5%
<b>Melbourne</b>	660,674	797,416	82.9%
<b>Melbourne Ports</b>	504,730	695,085	72.6%
<b>Menzies</b>	470,313	636,687	73.9%
<b>Mitchell</b>	551,904	678,418	81.4%
<b>Moncrieff</b>	583,530	820,561	71.1%
<b>Moore</b>	387,066	557,599	69.4%
<b>Moreton</b>	506,364	671,867	75.4%
<b>Murray</b>	157,080	487,229	32.2%
<b>New England</b>	230,148	476,899	48.3%
<b>Newcastle</b>	417,520	614,197	68.0%
<b>North Sydney</b>	391,605	604,748	64.8%
<b>O'Connor</b>	237,052	469,792	50.5%
<b>Oxley</b>	626,009	786,629	79.6%
<b>Page</b>	239,840	511,522	46.9%
<b>Parkes</b>	339,302	502,995	67.5%
<b>Parramatta</b>	828,088	900,019	92.0%
<b>Paterson</b>	316,929	563,571	56.2%
<b>Pearce</b>	411,271	568,794	72.3%
<b>Perth</b>	504,442	647,462	77.9%
<b>Petrie</b>	461,684	700,848	65.9%
<b>Port Adelaide</b>	663,068	771,649	85.9%
<b>Prospect</b>	1,001,286	1,027,909	97.4%
<b>Rankin</b>	714,647	819,974	87.2%
<b>Reid</b>	1,014,133	1,037,177	97.8%
<b>Richmond</b>	425,652	624,890	68.1%
<b>Riverina</b>	208,057	454,440	45.8%
<b>Robertson</b>	411,522	656,733	62.7%
<b>Ryan</b>	305,456	564,011	54.2%
<b>Scullin</b>	735,596	842,463	87.3%
<b>Shortland</b>	326,854	597,414	54.7%
<b>Solomon</b>	164,789	284,118	58.0%
<b>Stirling</b>	565,483	729,622	77.5%
<b>Sturt</b>	371,273	642,607	57.8%
<b>Swan</b>	456,168	595,654	76.6%
<b>Sydney</b>	669,500	791,629	84.6%
<b>Tangney</b>	406,863	614,254	66.2%
<b>Throsby</b>	730,353	784,490	93.1%
<b>Wakefield</b>	254,556	582,727	43.7%
<b>Wannon</b>	241,942	485,225	49.9%
<b>Warringah</b>	482,716	668,205	72.2%
<b>Watson</b>	915,214	952,327	96.1%
<b>Wentworth</b>	492,576	669,229	73.6%
<b>Werriwa</b>	817,458	855,532	95.5%
<b>Wide Bay</b>	380,806	624,030	61.0%
<b>Wills</b>	690,726	829,819	83.2%
<b>Total (a)</b>	<b>69,711,045</b>	<b>98,332,267</b>	<b>70.9%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**

**COMMONWEALTH DEPT OF HEALTH & AGEING  
 MEDICARE - ALL SERVICES  
 NUMBER AND % OF SERVICES BULK BILLED  
 BY FEDERAL ELECTORAL DIVISION (A)  
 BASED ON ENROLMENT POSTCODE  
 12 MONTHS TO MARCH 2003**

<b>Electorate</b>	<b>Ser BB</b>	<b>Total Ser</b>	<b>% BB</b>
Adelaide	966,453	1,471,690	65.7%
Aston	1,100,439	1,596,395	68.9%
Ballarat	659,732	1,253,229	52.6%
Banks	1,379,122	1,745,405	79.0%
Barker	710,749	1,284,212	55.3%
Barton	1,506,028	1,855,552	81.2%
Bass	544,945	948,954	57.4%
Batman	1,391,371	1,744,282	79.8%
Bendigo	708,387	1,206,637	58.7%
Bennelong	1,183,042	1,638,284	72.2%
Berowra	1,032,852	1,638,340	63.0%
Blair	906,687	1,301,117	69.7%
Blaxland	1,866,035	2,095,442	89.1%
Bonython	1,284,681	1,561,490	82.3%
Boothby	886,311	1,540,162	57.5%
Bowman	1,173,762	1,665,477	70.5%
Braddon	625,928	980,995	63.8%
Bradfield	933,156	1,713,764	54.5%
Brand	936,745	1,344,166	69.7%
Brisbane	956,232	1,565,585	61.1%
Bruce	1,196,958	1,655,931	72.3%
Burke	1,091,812	1,602,638	68.1%
Calare	845,825	1,240,770	68.2%
Calwell	1,557,724	1,923,779	81.0%
Canberra	798,455	1,448,548	55.1%
Canning	747,510	1,149,363	65.0%
Capricornia	625,508	1,197,035	52.3%
Casey	870,429	1,383,929	62.9%
Charlton	882,260	1,388,899	63.5%
Chifley	1,778,536	1,932,373	92.0%
Chisholm	1,054,048	1,559,388	67.6%
Cook	1,124,628	1,673,976	67.2%
Corangamite	581,558	1,280,253	45.4%
Corio	738,477	1,314,924	56.2%
Cowan	978,857	1,345,531	72.7%
Cowper	814,274	1,308,792	62.2%
Cunningham	1,214,637	1,626,383	74.7%
Curtin	790,470	1,393,534	56.7%
Dawson	858,829	1,381,795	62.2%
Deakin	974,586	1,501,150	64.9%
Denison	554,092	1,095,375	50.6%
Dickson	829,208	1,439,260	57.6%
Dobell	972,423	1,501,183	64.8%
Dunkley	880,971	1,460,749	60.3%
Eden-Monaro	672,937	1,185,431	56.8%
Fadden	1,185,835	1,693,416	70.0%
Fairfax	1,057,401	1,573,074	67.2%

<b>Farrer</b>	628,675	1,166,639	53.9%
<b>Fisher</b>	1,305,374	1,831,905	71.3%
<b>Flinders</b>	925,684	1,558,952	59.4%
<b>Forde</b>	1,165,101	1,510,564	77.1%
<b>Forrest</b>	728,430	1,179,244	61.8%
<b>Fowler</b>	1,958,534	2,121,163	92.3%
<b>Franklin</b>	563,002	1,066,704	52.8%
<b>Fraser</b>	769,515	1,452,672	53.0%
<b>Fremantle</b>	908,723	1,370,691	66.3%
<b>Gellibrand</b>	1,274,827	1,546,810	82.4%
<b>Gilmore</b>	993,625	1,485,659	66.9%
<b>Gippsland</b>	690,306	1,203,799	57.3%
<b>Goldstein</b>	1,049,307	1,885,146	55.7%
<b>Grayndler</b>	1,436,096	1,712,311	83.9%
<b>Greenway</b>	1,627,393	1,920,421	84.7%
<b>Grey</b>	837,424	1,197,707	69.9%
<b>Griffith</b>	1,049,214	1,640,849	63.9%
<b>Groom</b>	789,425	1,380,778	57.2%
<b>Gwydir</b>	846,584	1,213,151	69.8%
<b>Hasluck</b>	932,322	1,315,396	70.9%
<b>Herbert</b>	808,789	1,314,397	61.5%
<b>Higgins</b>	947,236	1,697,483	55.8%
<b>Hindmarsh</b>	990,891	1,586,858	62.4%
<b>Hinkler</b>	701,969	1,301,389	53.9%
<b>Holt</b>	1,329,363	1,743,246	76.3%
<b>Hotham</b>	1,151,253	1,579,585	72.9%
<b>Hughes</b>	1,167,254	1,651,258	70.7%
<b>Hume</b>	837,162	1,307,125	64.0%
<b>Hunter</b>	742,226	1,255,298	59.1%
<b>Indi</b>	643,683	1,209,065	53.2%
<b>Isaacs</b>	1,070,483	1,563,350	68.5%
<b>Jagajaga</b>	1,034,838	1,529,048	67.7%
<b>Kalgoorlie</b>	621,100	895,915	69.3%
<b>Kennedy</b>	778,450	1,196,716	65.0%
<b>Kingsford-Smith</b>	1,557,859	1,942,015	80.2%
<b>Kingston</b>	931,227	1,419,734	65.6%
<b>Kooyong</b>	837,474	1,544,853	54.2%
<b>La Trobe</b>	1,005,581	1,566,998	64.2%
<b>Lalor</b>	1,225,990	1,544,687	79.4%
<b>Leichhardt</b>	1,031,053	1,376,104	74.9%
<b>Lilley</b>	999,604	1,571,432	63.6%
<b>Lindsay</b>	1,261,563	1,531,791	82.4%
<b>Lingiari</b>	414,369	516,484	80.2%
<b>Longman</b>	1,197,373	1,578,635	75.8%
<b>Lowe</b>	1,462,257	1,812,290	80.7%
<b>Lyne</b>	1,049,431	1,570,298	66.8%
<b>Lyons</b>	596,264	900,482	66.2%
<b>Macarthur</b>	1,509,080	1,785,189	84.5%
<b>Mackellar</b>	1,067,838	1,613,910	66.2%
<b>Macquarie</b>	1,027,207	1,418,928	72.4%
<b>Makin</b>	915,583	1,423,132	64.3%
<b>Mallee</b>	678,150	1,173,283	57.8%
<b>Maranoa</b>	721,840	1,232,324	58.6%
<b>Maribyrnong</b>	1,266,264	1,585,349	79.9%
<b>Mayo</b>	803,069	1,409,243	57.0%
<b>McEwen</b>	987,310	1,465,941	67.3%

<b>McMillan</b>	881,117	1,364,750	64.6%
<b>McPherson</b>	1,356,243	1,985,057	68.3%
<b>Melbourne</b>	1,230,551	1,666,407	73.8%
<b>Melbourne Ports</b>	1,081,860	1,698,110	63.7%
<b>Menzies</b>	1,010,938	1,529,789	66.1%
<b>Mitchell</b>	1,121,979	1,597,183	70.2%
<b>Moncrieff</b>	1,255,676	1,895,313	66.3%
<b>Moore</b>	863,025	1,293,770	66.7%
<b>Moreton</b>	1,060,939	1,568,323	67.6%
<b>Murray</b>	587,518	1,157,547	50.8%
<b>New England</b>	743,228	1,181,486	62.9%
<b>Newcastle</b>	968,300	1,438,137	67.3%
<b>North Sydney</b>	940,979	1,575,252	59.7%
<b>O'Connor</b>	665,103	1,081,866	61.5%
<b>Oxley</b>	1,198,116	1,585,242	75.6%
<b>Page</b>	825,483	1,322,429	62.4%
<b>Parkes</b>	873,155	1,206,071	72.4%
<b>Parramatta</b>	1,548,855	1,879,878	82.4%
<b>Paterson</b>	842,694	1,352,483	62.3%
<b>Pearce</b>	900,626	1,282,253	70.2%
<b>Perth</b>	1,046,056	1,439,057	72.7%
<b>Petrie</b>	1,065,348	1,602,312	66.5%
<b>Port Adelaide</b>	1,222,854	1,598,986	76.5%
<b>Prospect</b>	1,801,140	2,002,070	90.0%
<b>Rankin</b>	1,323,805	1,656,502	79.9%
<b>Reid</b>	1,791,700	1,974,220	90.8%
<b>Richmond</b>	1,067,323	1,528,203	69.8%
<b>Riverina</b>	670,786	1,178,418	56.9%
<b>Robertson</b>	1,006,160	1,554,290	64.7%
<b>Ryan</b>	757,858	1,492,731	50.8%
<b>Scullin</b>	1,423,642	1,730,365	82.3%
<b>Shortland</b>	902,384	1,439,366	62.7%
<b>Solomon</b>	472,984	684,480	69.1%
<b>Stirling</b>	1,203,160	1,669,368	72.1%
<b>Sturt</b>	911,215	1,568,375	58.1%
<b>Swan</b>	941,223	1,329,547	70.8%
<b>Sydney</b>	1,348,968	1,753,810	76.9%
<b>Tangney</b>	919,485	1,489,419	61.7%
<b>Throsby</b>	1,439,726	1,735,221	83.0%
<b>Wakefield</b>	711,419	1,265,794	56.2%
<b>Wannon</b>	680,610	1,163,911	58.5%
<b>Warringah</b>	1,077,699	1,668,287	64.6%
<b>Watson</b>	1,686,595	1,929,968	87.4%
<b>Wentworth</b>	1,154,374	1,796,959	64.2%
<b>Werriwa</b>	1,474,305	1,653,570	89.2%
<b>Wide Bay</b>	822,732	1,297,351	63.4%
<b>Wills</b>	1,328,811	1,758,873	75.5%
<b>Total (a)</b>	<b>152,490,292</b>	<b>222,605,851</b>	<b>68.5%</b>

**(a) Excludes statistics for postcodes which could not be mapped to electorate - in particular, Australia Post post box/mail centre postcodes.**



**MEDICARE – NON HOSPITAL CONCESSION CARD SERVICES INVOLVING GPs FOR UNREFERRED ATTENDANCES  
2002 CALENDAR YEAR OF SERVICE**

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	TOTAL
Number of concessional services <sup>1</sup>	32,978,620	4,365,907	3,266,737	3,683,700	5,861,266	299,502	405,251	50,860,982
Number of concessional services Bulk Billed	28,658,420	3,409,774	2,139,713	2,431,242	3,839,129	237,505	357,026	41,044,813
Bulk Billing rate of concessional services	86.9%	78.1%	65.5%	66.0%	65.5%	79.3%	88.1%	80.7%

<sup>1</sup>Concessional services refers to the estimated number of services provided to patients covered by concession cards for non-hospital unREFERRED GP attendances only, for the calendar year 2002.

**New Medicare Safety Net for Concession Cards**

		<b>2002-03</b>	<b>2003-04</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>	<b>Total</b>
		<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
HIC	Departmental	571	5667	4346	4440	4537	19,561
Department	Administered	-	6,919	13,486	13,109	13,370	46,884
	Departmental	58	233	59	112	167	629
<b>Total</b>		<b>629</b>	<b>12,819</b>	<b>17,891</b>	<b>17,661</b>	<b>18,074</b>	<b>-</b>
	ASL	0.5	2	0.5	0.5	0.5	

Dear .....

I am writing to inform you of important changes the Federal Government is proposing for Medicare through a package of initiatives - *A Fairer Medicare*.

As you know this has been widely discussed in the media. I believe it is essential that I explain this package to you direct in an attempt to set the record straight, particularly in relation to its impact on you, your practice and your patients.

I am providing you with this information now because I know that some GPs will be considering their billing policies over the coming months. It is important in doing so that GPs can accurately assess the potential financial and other benefits of the package.

The centrepiece of this package is the General Practice Access Scheme. You have a choice to opt in to the Scheme which will provide you with incentives in return for bulk-billing patients who hold Commonwealth concession cards.

Some of the public debate has focused on the question of whether these incentives are adequate. I believe the incentives are fair and provide a reasonable financial incentive to the great majority of GPs to bulk-bill those concessional patients who are currently being charged a gap. These incentives are designed to make the vast majority of GPs financially better off.

The package should be considered in its entirety. It offers more than financial incentives – it is an integrated response to some of the big issues facing our health system such as medical workforce shortages which place extra pressure on GPs.

Subject to the passage of legislation, the *Fairer Medicare* package will mean an extra \$917 million invested over four years to make out-of-hospital Medicare services more accessible and more affordable for patients.

### ***The General Practice Access Scheme***

This Scheme is voluntary. If you opt in, your incentives will vary according to your practice's geographical location and the number of concessional patients you see.

Incentive payments will be paid to practices monthly in arrears to reflect the number of bulk-billed concessional patient visits in the previous month. Once a practice has opted in, there will be no forms or paperwork to complete to facilitate these payments.

These payments will be made at the following rate per concessional service: \$1.00 in capital cities, \$2.95 in other metropolitan areas (e.g. Geelong or Newcastle), \$5.30 in rural centres (e.g. Toowoomba, Cairns or Broken Hill), and \$6.30 in other rural and remote areas (e.g. Coonabarabran, Crookwell, Mt Isa, Emerald or Hall's Creek).

My Department estimates that, for practices with an average concessional workload, the annual average payments for each full-time equivalent doctor will be \$3,500 in capital cities,

\$10,250 in other metropolitan areas, \$18,500 in rural centres and \$22,050 in other rural and remote areas.

For practices with higher than average concessional patient workloads, the amounts will be higher. For example, a city practice of three full-time doctors and a high concessional workload might attract incentives of more than \$20,000 per year.

Incentive payments will be indexed using the Consumer Price Index.

I am determined to ensure that the GP Access Scheme is simple and user friendly for general practices. I have instructed my Department to undertake a process of detailed dialogue with GP groups on implementation issues. These will include, for example, ensuring that there is an appropriate margin for error built in so that practices are not penalised when small numbers of patients do not identify themselves as concession card holders; and also issues surrounding any minimum opt in period for the Scheme, and arrangements for leaving the Scheme. These arrangements must achieve convenience and simplicity for the practice, and some certainty for the patients of the practice's billing policy.

### **New safety nets for patients**

Patients with high medical costs will be protected through two new and more robust safety nets: one delivered through the Medicare Benefits Schedule, the other through private health insurance. Each of these safety nets will cover both individuals and families.

Both of these new safety nets will cover out-of-pocket costs, including those above the schedule fee, and will apply to all out-of-hospital services funded through Medicare, including specialists, diagnostic services, radiology, and pathology services.

For patients on Commonwealth concession cards and their families, the Government will meet 80% of their out-of-pocket costs above a threshold of \$500 in a year.

For others who take out the new stand-alone private health insurance product, 100% of costs over \$1,000 per family per year will be covered at an estimated cost of around \$1 a week – thus effectively ‘capping’ their financial risk.

### **Reducing the up-front cost of services**

If you choose to participate in the GP Access Scheme, Medicare rebates will be paid directly to you through HIC Online in no more than two days instead of the current eight-day wait.

I believe that non-concession card patients, whom you choose not to bulk-bill, will appreciate the convenience and lower up-front costs under the proposed new system. Patients will have to pay only the gap fee at the time of their consultation and will not be required to visit a Medicare office, put in their claim or obtain a "pay doctor" cheque.

You will receive financial assistance to take up the benefits of HIC Online, recognising that your practice may incur some start up costs. The Government will provide a one-off payment of \$750 to metropolitan practices and \$1,000 to rural practices to assist with these costs. Your practice will also receive a free device to assure privacy of data together with a free email address.

These arrangements will make HIC Online affordable for the vast majority of practices already using computers. The HIC website ([www.hic.gov.au](http://www.hic.gov.au)) has information available to

assist you on questions you may have about the types of equipment GPs will need to access HIC Online and an email address on the site for any follow-up questions you may have in this area.

Practices in all parts of Australia - including rural and remote areas - will be able to access HIC Online through existing phone lines for Medicare claiming purposes. However, the Government has also provided funding to connect rural and remote practices to affordable broadband telecommunications services, enabling them to achieve real time access to HIC Online and other e-health services.

### **More nurses and other allied health professionals in general practice**

General practices in areas of workforce shortage that opt in to the GP Access Scheme will be able to apply for assistance to employ a nurse or other allied health professional. This is expected to benefit up to 800 General Practices. This builds on an existing program designed to increase the number of nurses available to practices in rural and regional Australia.

### ***Medical workforce measures***

The package makes a major investment in Australia's medical workforce to meet the growing needs of the community.

An additional 150 GP training places will also be created each year, commencing in January 2004, raising the total number of new trainees each year to 600.

This package will provide an additional 234 medical school places, starting in 2004. Recognising the shortage of doctors in rural and outer metropolitan areas in particular, graduates from these new places will be bonded to work for six years in their chosen specialty in areas of workforce shortage.

### ***An integrated package***

The package recognises the importance of general practice in the Australian health care system by supporting GPs in providing affordable care to patients. It represents a significant financial commitment by the Government and will bring many benefits to doctors, patients and practices.

More details are available from the Health website [www.health.gov.au/fairermedicare](http://www.health.gov.au/fairermedicare) or from an information line on 1800 011 163. I invite you to take part in the dialogue I intend to have with medical professionals on implementation detail.

Yours sincerely,



COMMONWEALTH OF AUSTRALIA

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Ms Jane O'Donohue  
Office of Regulation Review  
Productivity Commission  
Nature Conservation House  
153 Emu Bank Road  
Belconnen ACT 2617

Dear Jane

As discussed we are preparing a Cabinet Submission on measures to address the affordability of medical services, and would be grateful for your advice on both the necessity of a Regulation Impact Statement on the whole of the submission, and on the particular components. Attached are the current draft of the Submission, the attachment to the submission which covers the individual measures, and attachments which detail the arguments around affordability issue and workforce issues.

While the Submission and all the component measures have yet to be finalised, we would expect them to be close to the proposals contained here. In particular, the components of the package will be in the broad categories of :

- Measures to increase the medical workforce;
- Measures to make claiming of Medicare rebates easier;
- Measures to provide incentives for GPs to bulk bill low income patients; and
- Safety net provision for patients who face very high medical costs, both through the Medicare system and through private health insurance arrangements.

The submission is to go out for co-ordination comment on 21 February, so we would be grateful for your advice as soon as possible.

The contacts in the Department are :

Ian McRae – 6289 6945; or  
Judy Daniel – 6289 3528.

Yours faithfully

Ian McRae  
Assistant Secretary  
Medicare Benefits Branch  
5 February 2003

Senator Kay Patterson

26 May 2003

Office of Regulation Review

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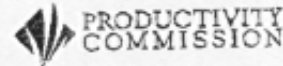
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Facsimile

Date	6 February 2003	From	Jane O'Donohue ORR
To	Mr Ian McRae Medicare Benefits Branch Dept Health and Ageing	Telephone	02 6240 3328
Telephone	6289 6945	Facsimile	02 6240 3355
Facsimile	785		

Message

**Affordability of medical services under the Medicare Benefits Schedule- proposed measures**

Thank you for providing details of the proposed measures to improve the affordability of medical services under the MBS.

On the basis of the information provided, the Office of Regulation Review assesses that most of the proposed measures are of a non-regulatory nature. For the remaining measures, the ORR assesses that their impacts are likely to be minor and as such these measures are exempted from the Commonwealth's RIS requirements.

*Jane O'Donohue*  
Jane O'Donohue

We are transmitting a total number of 1 pages including this covering letter.  
If you do not receive all of the pages please contact us as soon as possible.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2-3 & 5 June 2003

Questions: E03-001 to E03-030

OUTCOME 2: ACCESS TO MEDICARE

Topic: KARRATHA

Written Question on Notice

Senator Bishop asked:

- 1. In the time leading up to the initial consideration of the second pharmacy's application, what representations were made to the Department and the ACPA by the proponents?**

**Answer:** The application was received by the Department on 13 August 2002 and was first considered by the Australian Community Pharmacy Authority (ACPA) on 20 September 2002.

There were no representations made to the Department and/or the ACPA by the proponents prior to the initial consideration of the application by the ACPA other than the initial lodgement of the application.

- 2. Was there any communication from the Minister's office on the matter, and if so, what was the substance of the contact?**

**Answer:** Well before the ACPA's initial consideration of the application for a second pharmacy in Karratha, the Department had received four requests from the Minister's Office to draft responses to letters to the Minister on the issue of lack of access to pharmacy services in Karratha.

- 3. What representations were made to the Minister, the Department and the ACPA by any other Member of Parliament?**

**Answer:** Prior to the ACPA's initial consideration of the application for a second pharmacy in Karratha in September 2002, there were three representations made to the Minister from Members of Parliament dated 23 October 2001, 27 February 2002 and 19 March 2002 that were referred to the Department. No representations were made directly to the Department or the ACPA.



**4. Given the Federal Court’s criticism of the ACPA, what investigations were conducted of the allegations made against the existing pharmacist?**

**Answer:** The ACPA had found when making its initial recommendation for a second pharmacy application in Karratha on 20 September 2002, that “there was no evidence that the existing pharmacist had not complied with regulations 27, 28 and 33 of the *National Health (Pharmaceutical Benefits) Regulations 1960*”.

The Federal Court’s decision required that the application be put back to the ACPA for reconsideration on the basis that the matter of determining whether the existing pharmacist has complied with the regulatory obligations (regulations 27, 28 and 33) is the principal requirement of the matters to which the ACPA must have regard.

Subsequent to the Federal Court decision, the ACPA when making its recommendation on 21 February 2003 found that “the Applicant had not provided sufficient evidence to prove that the existing pharmacy does not comply with the relevant regulations. Evidence from the existing pharmacist indicated that the existing pharmacy has complied with obligations under the *National Health (Pharmaceutical Benefits) Regulations 1960* made under the Act, concerning regulation 27..., regulation 28 ... and regulation 33...”.

It should be noted that the ACPA is not obliged to hold hearings or investigations and that the ACPA is not given any inquisitorial powers under the *National Health Act 1953*.

The documents that were provided by the applicant in support of the application and reviewed by the ACPA at its meeting in February 2003 included:

- 10 September 2002 – facsimile from the Applicant outlining the application, including:
  - offer to lease dated 12 July signed and accepted by both lessor and lessee;
  - layout plan for proposed pharmacy adjacent to medical centre;
  - PhARIA Index category page showing category classification 6 for 2001/2002;
  - Map of Karratha City Shopping Centre and Map of Town centre to signify only one other pharmacy in Karratha region;
  - Map covering location or catchment area of Karratha (areas of Dampier, Wickham, Point Samson and Roeburn);
  - ABS statistics – Roeburn (S) (SLA) - Table B03 persons age by sex census night 2001 data ;
  - ABS stats Table B13 weekly individual income by age by sex for Roeburne SLA;
  - Pharmacy locator showing map of nearest pharmacies to Sharpe Ave, Karratha;
  - Bus services timetable and destinations, showing Port Hedland, South Hedland, Roeburne and Karratha stops;
  - a Coach Lines timetable showing Port Hedland and Karratha, Exmouth and Carnavon stopovers;
  - letters from local medical practitioners with claims against existing pharmacist concerning regs 27, 28 and 33.
  - Documents printed from internet showing various large scale projects around the Karratha region;
  - Karratha Tourist Bureau door figures for visitors to visitor centre for years 1999-2002;
  - List of various medical and health services in Karratha (appendix 17);

- Summaries of deidentified declarations supplied by the Applicants covering allegations in respect of breaches of Regulations 28 and 33.

**5. Isn't it the case that the Federal Court found that there had been no investigation and that they were more likely to have been trumped up and not substantiated?**

**Answer:** No. The decision by the Federal Court was handed down on 19 December 2002.

In summary the decision by the Court was that the application be put back to the ACPA for reconsideration on the basis that:

- The matter of determining whether the existing pharmacist has complied with the regulatory obligations (regulations 27, 28 and 33) is the principal requirement of the matters to which the ACPA must have regard in determining whether the provision of pharmaceutical benefits by the existing pharmacist is substantially inadequate. The Court found that the ACPA had determined that the existing pharmacist did comply with regulations 27, 28 and 33, and the ACPA, therefore, could not determine that the provision of pharmaceutical benefits by the existing pharmacist was substantially inadequate;
- The existing pharmacist be allowed procedural fairness to respond to claims that the provision of pharmaceutical benefits is substantially inadequate; and
- The Authority had failed to have regard to an approved supplier of pharmaceutical benefits at a town 30km away (an approved medical practitioner at Wickham).

In relation to whether the existing pharmacist has not complied with obligations imposed by the National Health (Pharmaceutical Benefits) Regulations 1960, the Federal Court noted that "the Authority found that there was no evidence that the applicant had not complied with any of the obligations imposed by regulations 27, 28 and 33". The Court found:

- that under Rule 6A “the Authority only became authorised to recommend the approval of a pharmacist pursuant to that rule if the 'exceptional circumstances' referred to in the Agreement and defined in the rule were shown to exist. The underlying requirement is that the Authority be satisfied that “the provision of pharmaceutical benefits by the 'existing pharmacist' in the Karratha location is 'substantially inadequate'. The four criteria described by r 6A(b) are those to which the Authority must have regard in determining whether it is satisfied that the provision of pharmaceutical benefits by the existing pharmacist is substantially inadequate. Those criteria may be seen to be inter-related in some degree. The principal requirement of the four criteria is that it be shown that the existing pharmacist has not complied with obligations under the Regulations that the pharmacist be available for the presentation of prescriptions in normal trading hours and the presentation of urgent prescriptions, and maintain proper stocks having regard to the requirements of the location.”;
- the “purpose of the four criteria set out in r 6A(b) to which the Authority must have regard is not to identify how competition between pharmacists may be introduced and promoted. Rule 6A(b) has been inserted as an 'exceptional' provision to allow for the approval of a pharmacist in respect of a 'relocated' pharmacy where it has been demonstrated that the provision of pharmaceutical benefits by the existing pharmacist in a less than 'highly accessible' location is 'substantially inadequate'...”;
- “Therefore, the requirements set out in Rule 6A are significant and allow no latitude to the Authority for consideration of matters that may otherwise come under the rubric of need”;
- “insofar as any of those matters tended to demonstrate that the existing pharmacist did not comply with obligations prescribed by regulations 27, 28 and 33 they were germane consideration, but upon the Authority determining that the existing pharmacist did comply with such obligations it became impossible for the Authority to determine that the provision of pharmaceutical benefits by the existing pharmacist was substantially inadequate.”; and
- that the “other requirements set out in subrr 6A(b)(i)-(iii) interlocked with the principal requirement in subr6A(b)(iv) that it be shown that the existing pharmacist failed to comply with the obligations imposed by the specified regulations. In combination, the prescribed requirements dealt with the incapacity of residents if a 'location' that was other than a 'highly accessible' location, to take steps to overcome the substantial inadequacy in the provision of pharmaceutical benefits by the existing pharmacist where that pharmacist failed to offer to supply pharmaceutical benefits during appropriate and advertised trading hours, failed to supply pharmaceutical benefits as soon as practicable on prescriptions for the supply of such benefits that were marked urgent, and failed to keep in stock an adequate supply of all drugs and medicinal preparations that a pharmacist in that location may reasonably be expected to supply as pharmaceutical benefits”.

The Court concluded that “If none of those elements of inadequacy in the provision of pharmaceutical benefits could be demonstrated then an application for 'relocation' of a pharmacy to that location on the ground of 'exceptional circumstances' as defined by r6A had to fail...”.

## 6. What has been the response of ACPA to the criticisms of it by the Federal Court?

**Answer:** The ACPA reconsidered the application taking into account the Federal Court's findings.

On 14 March 2003 the ACPA wrote to the Department and the Pharmacy Guild (as parties to the Third Community Pharmacy Agreement Management Committee) drawing attention to deficiencies in the Location Rules for exceptional circumstances, in particular the Authority highlighted its concerns about the emphasis placed on assessing the professional conduct of the pharmacist at the expense of determining and addressing perceived community need. The ACPA noted, in particular, that the Federal Court's decision gives it no alternative but to reject applications made under this Rule, unless the existing pharmacist can be proven to be in breach of PBS Regulations.

This strict requirement to establish that an existing pharmacist has breached the PBS Regulations would appear to undermine the jointly agreed objectives of the Third Community Pharmacy Agreement, between the Commonwealth and the Pharmacy Guild of Australia, to increase access to community pharmacies for persons in rural and remote regions of Australia (Clause 4.2(b) of the Agreement).

Not only is it difficult to establish such breaches, it is a negative outcome to be forced to impugn the professional reputation of an existing pharmacist in order to increase the overall level of access to pharmaceutical services.

- 7. Has the Department of Health and Ageing or ACPA commenced an internal review to analyse and investigate the performance of ACPA on this matter; if not, why not; if so, who will conduct the review and can a copy of the terms of reference be provided?**

**Answer:** There is no reason to conduct an internal review into the performance of the ACPA. The ACPA acted in good faith and in accordance with its interpretation of Rule 6A in the first instance. Subsequent to the Federal Court decision, the ACPA acted in accordance with legal advice and in compliance with the Federal Court's decision. The ACPA has also reviewed its processes for procedural fairness. See also answer to Question 8 below.

- 8. As a result of the Federal Court decision, what steps were taken in ACPA to review its processes?**

**Answer:** The ACPA, in consultation with the Department, has reviewed its processes for procedural fairness to allow existing pharmacists sufficient time to comment in response to any allegations or claims made by applicants. These new processes were used in the ACPA's reconsideration of the application for the second pharmacy in Karratha.

- 9. Will any review include independent analysis and evaluation of evidence or submissions made by proponents seeking change to regulations; if not, why not.**

**Answer:** The ACPA has not been given any inquisitorial power under the *National Health Act 1953*, nor is the Authority resourced to commission independent analysis and evaluation of evidence of submissions made to it. The Department of Health and Ageing, in conjunction with the ACPA and the Pharmacy Guild of Australia, has commenced a review of the Location Rules in relation to Exceptional Circumstances for Urban and Rural locations with the view to providing advice to the Minister on amending

the Location rules set out in the Determination under subsection 99L(1) of the *National Health Act 1953*.

Under Clause 21.4 of the Third Community Pharmacy Agreement between the Commonwealth and the Pharmacy Guild, a joint review of all Location Rules must also be undertaken 12 months prior to the expiry of the current Agreement in June 2005. This provides a further opportunity to consider the objectives underlying the Location Rules and whether these objectives can be adequately met by the existing Location Rules.

**10. How will the veracity of such allegations be tested?**

**Answer:** Any application made to the ACPA will be subject to the processes put in place by the ACPA to ensure procedural fairness. All allegations will be presented, in accordance with the secrecy provisions of the National Health Act, to the relevant parties for comment. Further, the ACPA must be satisfied that any allegation is substantiated to its satisfaction.

**11. How many applications does the ACPA consider each year for additional pharmacies under the Third Pharmacy Agreement?**

**Answer:** Since the Third Community Pharmacy Agreement came into effect on 1 July 2000, the ACPA has considered a total of 1,034 applications which were for the relocation or establishment of a new approved pharmacy, an average of 345 applications per year. The ACPA has considered 84 applications which were for the establishment of a new pharmacy, averaging 28 per year.

## 12. How many are approved and rejected?

**Answer:** Refer to table provided below.

### Outcomes of applications made to ACPA

	Recommended for approval	Recommended for Rejection	Pending	Withdrawn	Total applications
1 Jul 00-30 Jun 01	255 (14)	39 (12)	0	6 (2)	300 (28)
1 Jul 01-30 Jun 02	283 (11)	50 (11)	0	22 (5)	355 (27)
1 Jul 02-3 Jun 03	271 (11)	51 (15)	32 (2)	25 (1)	379 (29)

Note: Figures in brackets are those specifically in relation to applications for **new** pharmacy approvals

## 13. What is the appeal/review process?

**Answer:** Applicants can seek review of an ACPA recommendation or the delegate's decision that the applicant not be approved by lodging an appeal with the Administrative Appeals Tribunal (AAT) in their respective State or Territory within 28 days of being informed of the terms of the ACPA's recommendation and the delegate's decision. In addition applicants can appeal under the ADJR Act to the Federal Court.

Third parties whose interests are adversely affected by an ACPA recommendation or delegate's decision, can apply for a review by the Federal Court or lodge a complaint with the Commonwealth Ombudsman in each State.

## 14. How many single pharmacy sites are there within Australia?

**Answer:** As of April 2003, there are 4,899 approved pharmacies in Australia. There are approximately 419 rural locations in Australia which have one approved pharmacy to supply PBS medicines.

## 15. Has the ACPA now formally rejected the application for the second pharmacy at Karratha?

**Answer:** The ACPA does not have the power to reject an application. The ACPA is the body authorised under the *National Health Act 1953* to make recommendations to the delegate of the Secretary. It considers all applications against the criteria set out in the Determination made under the Act and then makes recommendations to the Secretary to the Commonwealth Department of Health and Ageing, or her delegate, on whether the application should be approved under section 90 of the Act. Officers in the Health Insurance Commission have the delegation to make related decisions on behalf of the Secretary.

At its meeting of 21 February 2003, the ACPA recommended that the application for a second pharmacy in Karratha not be approved.

The application was rejected by the delegate of the Secretary under section 90 (3B) of the Act on 4 March 2003.

**16. If so, have there been representations from the failed applicants to the ACPA, the Department, and the Minister in connection with the matter? How many, from whom, and with what specific purpose?**

**Answer:** Following a request by the applicant for a statement of reasons (under s.28 of the *Administrative Appeals Tribunal Act 1975*) in relation to the ACPA's recommendation, the applicant lodged an appeal with the AAT.

A representation from a Member of Parliament on behalf of the applicant for a second pharmacy in Karratha was made to the Minister, dated 10 March 2003, and was forwarded to the Department for preparation of a draft response.

**17. When was the most recent communication?**

**Answer:** The most recent representation on behalf of the applicant was made to the ACPA Secretariat dated 12 April 2003.

**18. How many representations have there been from Members of Parliament, and from the Minister's office concerning the decision to reject the application?**

**Answer:** Since the ACPA recommended rejection of the application for a second pharmacy in Karratha on 21 February 2003, there have been three representations from Members of Parliament, dated 26 February, 10 March and 2 April 2003. These representations were forwarded to the Department from the Minister's office for preparation of draft responses.

**19. Is the Department or ACPA aware of public statements made on the ABC and elsewhere in WA by the rejected applicants to the effect that they are seeking to have the regulations changed?**

**Answer:** The Department is aware of the significant media attention in relation to the decision which have reported that negotiations are being carried out between the Department and the Pharmacy Guild to make changes to Rule 6A of the Ministerial determination under subsection 99L(1) of the National Health Act.

**20. Have there been any communications with the Pharmacy Guild on this particular matter: if so when, and for what reason?**

**Answer:** Yes. On 14 March 2003 the ACPA wrote to the Department and the Pharmacy Guild (as parties to the Third Community Pharmacy Agreement Management Committee) drawing attention to deficiencies in the Location Rules for exceptional circumstances, in particular the Authority highlighted its concerns about the emphasis placed on assessing the professional conduct of the pharmacist at the expense of determining and addressing perceived community need. The Department and the Pharmacy Guild have been consulting on the Location Rules, and in particular Rule 6A, under the joint Agreement Management Committee. These matters are still under consideration.

**21. What are the discretionary powers of the Minister on this matter?**

**Answer:** Under section 99L of the *National Health Act 1953*:

"(1) The Minister must, by writing, determine the rules subject to which the Authority is to make recommendations under subsection 99K(1).

(2) A determination under subsection (1) is a disallowable instrument for the purposes of section 46A of the *Acts Interpretation Act 1901*."

In addition, under section 100 of the *National Health Act 1953*:

"(1) The Minister may make such special arrangements as the Minister thinks fit for the purpose of providing that an adequate pharmaceutical service will be available to persons:

- (a) who are living in isolated areas; or
- (b) who are receiving medical treatment in such circumstances that the pharmaceutical benefits provided for by this Part cannot be conveniently or efficiently supplied in accordance with the general provisions of this Part.

(2) The provisions of special arrangements made in pursuance of subsection (1) have effect notwithstanding any provisions of this Part inconsistent with those arrangements."

**22. Has briefing been provided to the Minister on her discretionary powers?**

**Answer:** No.

**23. Has the Minister or staff in her office requested that the Pharmacy Guild or any of its state branches seek a change in the regulations relating to single pharmacies in or around Karratha?**

**Answer:** The Department is unaware whether the Minister or staff in her office have requested that the Pharmacy Guild or any of its State Branches seek a change in the regulations relating to single pharmacies in or around Karratha.

**24. When did this occur? What was the substance of the request? What was the response if any from the Pharmacy Guild?**



**Answer:** As stated in the response to the previous question, the Department is unaware of such a request.

**25. Did the Minister or her representative indicate to the Pharmacy Guild that notwithstanding the refusal to make such requests as discussed in questions 21 and 22 above, the Minister had the power and would unilaterally issue a determination that made it easier to establish additional pharmacies in or around Karratha?**

**Answer:** The Department is unaware of what the Minister may or may not have said to the Pharmacy Guild in regard to this matter.

At the Community Pharmacy Agreement Management Committee (AMC) meeting held on 8 May 2003, a Pharmacy Guild representative acknowledged that if consensus was not reached on Rule 6A, the Minister had the ability to make an independent decision.

**26. Have there been any discussions with the Pharmacy Guild with respect to the content of the Third Pharmacy Agreement and proposals to change the content; if so what are the specific changes, and would they alter the circumstances affecting the rejected application in Karratha?**

**Answer:** The Department and the Pharmacy Guild are in continuous communication, through the joint Commonwealth/Pharmacy Guild Agreement Management Committee, in relation to the content of the Third Agreement. As indicated in responses to questions 6 and 20, the operation of Rule 6A has been discussed by the Department and the Pharmacy Guild, and is still under consideration.

**27. Is the second pharmacy still operating in Karratha, albeit without a licence?**

**Answer:** The Department understands that the second pharmacy in Karratha is operating under an appropriate State issued licencing approval. However, this second pharmacy is unable to offer its customers subsidised medicines under the Pharmaceutical Benefits Scheme as it is an unapproved pharmacy for the purposes of the *National Health Act 1953*.

**28. How many other pharmacies operate without a licence in Australia?**

**Answer:** The Department does not have records of pharmacies that have licences as these are issued under State/Territory legislation rather than the National Health Act.

**29. Who are the current appointees to the ACPA, what are their terms, and what is the process of nomination and appointment?**

**Answer:** The Authority currently consists of the Hon. John Cleary (Chairperson), Ms Robyn Foster, Ms Margaret Fois, Mr Cameron Foote and Ms Catherine Farrell.

The term of the appointment of members is for a period of 2 years and members may be reappointed. The term of the current members is due to expire on 1 August 2004. The term of the Departmental member, however, is at the discretion of the Secretary.

Section 99N states that the ACPA must consist of a Chairperson, two pharmacists chosen from four Pharmacy Guild nominations, one pharmacist chosen from two Pharmaceutical Society of Australia (PSA) nominations, and an officer of the Department. Further, it provides that the Secretary appoints the Departmental member and the Minister appoints the other members.

The Pharmacy Guild and the PSA are consulted in regard to their nominations.

The Department then provides the names and details of these nominees to the Minister for selection.

**30. Will they or the Department of Health and Ageing be represented at the current hearing of the appeal on this matter at the AAT, and if so, by whom?**

**Answer:** It is expected that the Australian Government Solicitor will represent the ACPA on this matter at the AAT.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-045

OUTCOME 2: ACCESS TO MEDICARE

Topic: POSITRON EMISSION TOMOGRAPHY

Written Question on Notice

Senator Denman asked:

- (a) Are statistics available on the numbers of Tasmanians who have travelled to Victoria for a P.E.T. scan in the last twelve months?
- (b) Are statistics available on the numbers of Tasmanians who were not able to have a PET scan because travelling to Victoria acted as a deterrent, whether that be for reasons of physical incapacity due to their medical condition, or inconvenience?

Answer:

- (a) In 2002/03, 216 Tasmanians received assistance through the Isolated Patients Travel and Accommodation Assistance Scheme, to travel to Victoria for a PET scan.
- (b) No statistics are available.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-046

OUTCOME 2 : ACCESS TO MEDICARE

Topic: POSITRON EMISSION TOMOGRAPHY

Written Question on Notice

Senator Denman asked:

- (a) In relation to data collection, Recommendation 18 related to the need for MSAC approved studies to enable more long-term decisions to be made regarding the use of PET in Australian clinical practice.
- i) Are those studies occurring?
  - ii) What mechanisms are in place to ensure the independence of these studies?
  - iii) When is the data collection phase expected to conclude? (ie when will we have more information on the effectiveness of PET in clinical practice?)
- (b) In this report, from my reading, one of the barriers to a more widespread use of PET in Australian clinical practice is that there is insufficient evidence on its clinical application or cost-effectiveness. Is 'cost-effectiveness' an unreasonable benchmark, considering that most health interventions do not save money, they in fact cost money?

Answer:

- (a)
- i) Response provided during Estimates hearing (page CA 100).
  - ii) Response provided during Estimates hearing (page CA 100).
  - iii) Response provided during Estimates hearing (page CA 100).
- (b) No. It is government policy that new health technologies being considered for Medicare funding be assessed by the Medical Services Advisory Committee (MSAC) for evidence of safety, effectiveness and cost-effectiveness. However, acceptable cost-effectiveness does not necessarily entail cost savings. Cost-effectiveness analyses typically assume that a new technology will be more costly than current practice, and assess the new technology's claims to increased effectiveness in that context. In its evaluation of PET, however, MSAC concluded that there was insufficient evidence on PET's *effectiveness* to enable valid cost-effectiveness calculations to be performed. Judgements on PET's cost-effectiveness could not therefore be made.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-181

OUTCOME 2: ACCESS TO MEDICARE

TOPIC: FAIRER MEDICARE

Senator McLucas asked:

- (a) How many practices, is it assumed, will become participating in 03-04 and the number of Doctors?
- (b) Participating full-time workload equivalent GPs by RRMA?

Answer:

- (a) As the Department informed the committee during this estimates hearing, the model used for the General Practice Access Scheme was based on billing data for each individual GP providing concessional services. This model did not use practice information – this data is not available. As such, the Department has not made any assumptions in relation to the number of practices that will participate in the General Practice Access Scheme in 2003-04 or the out-years.

The Departmental analysis of Medicare billing for individual providers shows, however, that it is in the financial interest of around three quarters of FTE GPs to join the Scheme. Actual take-up will depend on the decisions made by general practitioners.

- (b) See above answer.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-090

OUTCOME 2: ACCESS TO MEDICARE

Topic: FAIRER MEDICARE – BULK BILLING RATES

Senator Nettle asked:

Departmental officials advised the committee on June 2 that it was not feasible to undertake evaluation of the impact of the Fairer Medicare package on bulk billing rates.

- (a) Why was it not feasible?
- (b) What steps did the department take before it determined that this was not feasible?
- (c) Is it regular practice for the department not to evaluate the impact of major Government proposals such as the Fairer Medicare package?

Answer:

- (a) There are significant methodological impediments to predicting the impact of A Fairer Medicare on the overall “headline” rate at which GP services are bulk billing. This requires forward predictions of:
  - What would have happened to GP billing practices if A Fairer Medicare had not been introduced; and
  - The billing practices of GPs under A Fairer Medicare, both for those practices that opt-in to the GP Access Scheme and those that do not.

The Department does not forecast bulk billing rates and has never done so. The methods required to determine what would happen to rates under a ‘do nothing’ scenario do not, therefore, exist. In Australia, general practitioners set their own fees, reflecting a range of factors, including (for example) competition with other GPs in their area, their own income objectives, their personal views in relation to appropriate fees in general practice, their values on provision of affordable care for patients with limited means, as well as the incentives offered by the Government.

There is no directly relevant experience or trend data available on which to base estimates of the impacts of these factors on doctors’ decisions whether or not to bulk bill, and whom to bulk bill. In the absence of available data, any estimates produced would merely reflect the assumptions chosen.

- (b) Some preliminary conceptual work on this issue was initiated by the Department, but the methodological issues described above became apparent very early in this process and it was considered impractical to pursue such a line of enquiry.

- (c) The Department conducts formal evaluations of many policy initiatives. Such evaluations seek to assess the extent to which the objectives of a particular policy are met. A full evaluation of the Fairer Medicare package will take place after implementation of the various components. It will be evaluated in line with the requirements of all new Government programs. Public performance information will also be provided annually according to the performance indicators listed in the Portfolio Budget Statements.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-091

OUTCOME 2: ACCESS TO MEDICARE

Topic: HOSPITALS – ELECTIVE SURGERY

Written Question on Notice

Senator Nettle asked:

- (a) If not, on what basis has the Department concluded that the demand on public hospitals has fallen?
- (b) What is the nature of these services being performed in private hospitals that accounts for the increase?
- (c) Is it not the case that the overwhelming majority of the increased services performed in private hospitals are elective surgery?
- (d) Is it not the case that these operations could be performed in public hospitals if the Commonwealth and State Governments allocated additional funds to public hospitals?
- (e) What is the justification for refusing to increase funding to public hospitals to permit more elective surgery to be undertaken?

Answer:

- (a) This conclusion was based on data indicating that between 1997-98 and 2000-01, private hospital separations grew by around 8% per annum, compared with public hospital separation growth of less than 1% per annum. While the number of public hospital separations remained fairly stable between 1997-98 and 2000-01, the number of bed-days per 1000 population has fallen steadily by around 3% per annum. (Source: AIHW, *Australian Hospital Statistics 2000-01*).
- (b) The answer to this question is provided in the table below:



Contribution to total increase in private hospital separations by Major Diagnostic Category, Australia, 1997-98 to 2000-01

Description	Number of separations		Contribution to total increase in private hospital separations 1997-98 to 2000-01 (%)
	1997-98	2000-01	
Diseases/disorders of the digestive system	330,752	419,179	19.5
Neoplastic disorders (haematological and solid neoplasms)	74,210	134,484	13.3
Diseases/disorders of the kidney & urinary tract	99,666	152,656	11.7
Diseases/disorders of the musculoskeletal system & connective tissue	221,373	256,962	7.8
Diseases/disorders of the circulatory system	103,818	133,617	6.6
Diseases/disorders of the skin, subcutaneous tissue & breast	107,190	136,142	6.4
Factors influencing health status & other contacts with health services	62,219	85,630	5.2
Diseases/disorders of the eye	99,219	122,351	5.1
Other	652,193	763,683	24.6
Total	1,750,640	2,204,704	100.0

*Note:*

- (1) Where the contribution to the total increase in separations was less than 5%, figures were combined in the 'Other' category.
- (2) Only episodes with an acute (including newborns with qualified days) and unknown patient accommodation status are included in the above.

Source: AIHW, *Australian hospital statistics 1997-98* (table S10.19 at <http://www.aihw.gov.au/publications/health/health/ahs97-98.html>); and *Australian Hospital Statistics 2000-01*, p. 219.

- (c) No. As can be seen from the above table, the largest contributors to the increase in separations were related to Diseases/disorders of the digestive system (mainly colonoscopies and gastroscopies); Neoplastic disorders (mainly chemotherapy treatment for cancer); and Diseases/disorders of the kidney & urinary tract (mainly renal dialysis). Although not urgent in all cases, these procedures would not normally be considered elective surgery.
- (d) It is not appropriate for the Department to answer a hypothetical question.
- (e) The Commonwealth's contribution to the cost of public hospital services has been increased by \$10 billion dollars – 17 per cent in real terms – under the 2003-08 AHCA, but the decision about how much of this is devoted to increasing the capacity for elective surgery is the responsibility of State and Territory governments.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-092

OUTCOME 2: ACCESS TO MEDICARE

Topic: HEALTH AGREEMENTS

Written Question on Notice

Senator Nettle asked:

What are the implications of the almost \$1 billion reduction in the 2003-08 healthcare agreements? For example, won't it further reduce the base funding, or the starting point for the following healthcare agreements to apply from 2008?

Answer:

There is no reduction in funding to States and Territories under the 2003-08 Australian Health Care Agreements (AHCAs).

Funding available to States and Territories under the 2003-08 AHCAs is \$10 billion more than for the 1998-2003 AHCAs. This represents an increase of 17% in real terms nationally.

The hospital funding arrangements to apply from 2008 will be the subject of separate discussions closer to that time, and will be informed by the available information at that time, including that obtained through the new performance and expenditure reporting arrangements under the 2003-08 AHCAs.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-093

OUTCOME 2: ACCESS TO MEDICARE

Topic: PRIVATE HEALTH CARE VS PUBLIC FUNDING

Written Question on Notice

Senator Nettle asked:

The state of the private health insurance industry remains financially precarious, and we have already seen falls in membership with premium increases. It is highly probable that membership rates will continue to fall, as the government has given the industry a green light to keep increasing premiums, beyond the rate of the consumer price index.

- (a) What provisions have been made to increase the Commonwealth's share of funding during the term of the healthcare agreements in the event of a fall in private hospital services and/or an increase in demand for public hospital services?
- (b) What procedures does the department have in place to monitor these changes?
- (c) Does the department advise the minister of changes in the relative level of demand for public and private hospital services?
- (d) If so, how regularly? If not, why not?

Answer:

- (a) There are no provisions to increase the Commonwealth's level of funding during the term of the 2003-08 Australian Health Care Agreements (AHCAs) in response to changes in the level of private hospital services.

Further, the Government made a commitment prior to the last election that payments under the AHCAs would no longer be tied to changes in private health insurance membership. This undertaking is reflected in the 2003-08 AHCAs.

The 2003-08 AHCAs include provision for year-on-year funding adjustments on the basis of official published statistics on population growth and population ageing among other factors.

- (b) Regular data is obtained from the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics, the Private Health Insurance Administration

Council, and from States and Territories under the terms of the AHCAs.

- (c) Yes. The Minister is advised of significant developments.
- (d) Advice is provided upon request, or as relevant statistics become available, eg on release of the AIHW's annual Hospital Statistics publication.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-086

OUTCOME 2: ACCESS TO MEDICARE

Topic: DENTAL SERVICES

Written Question on Notice

Senator Nettle asked:

- (a) How much will the Commonwealth spend on dental services in 2003/04?
- (b) What are the details of that expenditure?
- (c) What involvement does the Commonwealth have in the determination of how state and territory schemes operate, who is eligible and whether they are successful?
- (d) Does the Department know how many Australians are thought to avoid regular, preventive dental treatment because of the cost or inability to locate a dentist within easy transportation of their home?
- (e) Is there an estimate of the cost of this, eg, in illness, or working days lost?
- (f) What is the Department doing to improve the dental health of Australians aside from contributing to the cost of state and territory public health schemes?
- (g) What would it cost to provide basic dental services through Medicare?
- (h) How many Australians would be covered for the cost of dental treatment through private health insurance?
- (i) Australians have a choice whether to be treated as a public patient in a public hospital or to be treated as a private patient, in which case the public contributes to the cost via the Medical Benefits Schedule and the Private health Insurance rebate. When it comes to dental services, people either have to meet concession eligibility criteria or they have to take out private insurance. What is the rationale for continuing to exclude dental services from Medicare?

Answer:

- (a) As the Commonwealth does not contribute directly to the provision of dental services, it is not possible to predict the expenditure for 2003-04 in advance. In many cases dental expenditure is not reported explicitly in the portfolio budget statements of organisations, but is a component of other aggregates.
- (b) Commonwealth expenditure for dental services in 2003-04 will consist of funding from:
  - The Department of Veteran's affairs which estimates the expenditure for dental under the "other health care expenses" aggregate for 2003-04 as \$75,274,000;
  - The Department of Defence which provides dental services to members of the armed forces. These costs are not differentiated from the expenditure on health generally in their budget documents;

- The Office of Aboriginal and Torres Strait Islander Health maintaining an agreed level of funding to the Aboriginal Community Controlled Health Services for services that had dental services at the time of transfer from the Aboriginal and Torres Strait Islander Commission to the OATSIH in 1995. The funding is incorporated into their recurrent health allocation and each service has the flexibility to decide how the funds are allocated within their service. There is no requirement that the ACCHS maintains the dental service and therefore the Department does not have details about the level of funding that each ACCHS chooses to expend on dental services.

The OATSIH acknowledges the obligation to support pre-transfer dental services in the replacement and maintenance of dental equipment. This is funded separately on a case by case basis by State and Territory offices, subject to funds availability. The current financial system does not provide a breakdown of medical equipment therefore dental specific equipment cannot be identified.; and

- The Private Health Insurance 30% rebate for ancillary services, of which historically around 50% has gone towards the provision of private dental services. Forward estimates for the private health insurance rebate expenditure attributable to dental are not readily available for 2003-04. An indicative figure is that in 2001-02 the dollar value attributable to dental services was \$333 million.
- (c) The Commonwealth has no involvement in these determinations.
- (d) and (e) While the Department does not collect this information, it provides funding to the Dental Statistics and Research Unit, which is a collaborating unit of the Australian Institute of Health and Welfare. The Dental Statistics and research unit has produced a number of papers on this topic that are publicly available.
- (f) Since November 2001 the Commonwealth has been participating in the National Advisory Committee on Oral Health under the auspices of the Australian Health Ministers' Advisory Council. The Commonwealth also provides funding to the Dental Statistics and Research Unit.
- (g) The cost would depend on the model for the provision of such services.
- (h) On the assumption that individuals who are covered by ancillary insurance cover are covered for dental cover, 8,227,566 Australians were covered as at March 2003.
- (i) Under the *Health Insurance Act 1973*, Medicare benefit arrangements are designed provide assistance to people who incur medical expenses in respect of clinically relevant services rendered by qualified medical practitioners. A clinically relevant service means a service rendered by a medical practitioner that is generally accepted in the medical profession as being necessary for the appropriate treatment of the patient to whom it is rendered. Therefore, Medicare benefits are not, in general, payable for dental services.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-062

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING BY STATE AND TERRITORY FOR LAST 5 YEARS

Senator Harradine asked:

Provide a table which details the bulk billing rates (i.e. number of doctors bulk billing as a proportion of the whole) for each State and Territory and for Australia over the past five years.

Answer:

**Table 1, below, shows the bulk billing rates (%) of GP services (unreferred attendances) by State and Territory for the last 5 financial years.**

Table 1: Bulk billing rate of GP services by State and Territory  
1997/98 – 2001/02

State/Territory	1997/98	1998/99	1999/00	2000/01	2001/02	
NSW		82.9%	82.4%	82.4%	81.2%	79.8%
VIC		79.1%	78.9%	78.6%	76.7%	73.4%
QLD		81.1%	80.9%	80.3%	78.9%	75.3%
SA		74.1%	74.1%	74.2%	73.2%	69.6%
WA		78.4%	77.6%	76.7%	75.1%	71.9%
TAS		65.1%	63.0%	61.6%	60.5%	58.5%
NT		67.9%	65.2%	65.4%	65.5%	63.9%
ACT		66.1%	65.6%	63.0%	59.3%	51.2%
AUST		79.8%	79.4%	79.1%	77.6%	74.9%

Table 2, overleaf, shows bulk billing rates (%) of all services provided under Medicare for the last 5 financial years.

Table 2: Bulk billing rate of all Medicare services by State and Territory  
1997/98 - 2001/02

<b>State/Territory</b>	<b>1997/98</b>	<b>1998/99</b>	<b>1999/00</b>	<b>2000/01</b>	<b>2001/02</b>
NSW	75.1%	75.3%	75.9%	74.9%	74.6%
VIC	70.2%	70.6%	70.9%	69.8%	68.3%
QLD	71.8%	72.1%	72.1%	70.9%	69.4%
SA	66.9%	67.1%	67.7%	68.4%	67.2%
WA	71.9%	71.4%	70.9%	69.9%	68.9%
TAS	58.4%	58.6%	59.0%	58.6%	58.2%
NT	71.8%	71.4%	72.6%	73.1%	73.8%
ACT	61.8%	61.9%	61.1%	60.6%	57.4%
AUST	71.8%	72.0%	72.3%	71.4%	70.4%



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2-3 June 2003

Question: E03-063

OUTCOME 2: ACCESS TO MEDICARE

Topic: FAIRER MEDICARE – CONCESSION CARD STATISTICS FOR LAST FIVE YEARS

Senator Harradine asked:

Provide a table detailing, for each of the past five years, the number of people in each State and Territory and for Australia who hold a Commonwealth concession card and an estimate of the number and proportion of people in each state or territory covered by the benefits of a Commonwealth concession card.

Answer:

Table 1, below, shows the number of Australians who hold a Commonwealth Concession card over the last 5 financial years (up to May 2002/03).

**Table 1: Number of Commonwealth Concession Cardholders by State and Territory 1998/99 – 2002/03 (May)**

State/Territory	1998/99	1999/00	2000/01	2001/02	As at 16 May 2003
NSW	1,531,565	1,573,802	1,587,479	1,618,480	1,634,176
VIC	1,192,225	1,236,757	1,241,080	1,258,967	1,268,276
QLD	888,074	929,726	959,714	974,916	978,897
SA	424,414	440,187	442,526	443,707	441,867
WA	408,275	435,224	451,194	466,127	463,307
TAS	144,912	151,281	151,212	153,617	154,410
NT	35,620	39,247	42,985	43,865	43,946
ACT	52,114	52,436	51,796	53,030	53,303
Unknown	23,803	32,111	29,998	26,637	19,625
<b>AUST</b>	<b>4,701,002</b>	<b>4,890,771</b>	<b>4,957,984</b>	<b>5,039,346</b>	<b>5,057,807</b>

Table 2, overleaf, shows the number of people covered by these concession cards. Unfortunately, **records detailing dependents are not available for the years prior to 2000/01** due to the fact that this information was not accurately recorded prior to this time.

**Table 2: Number and percentage of people (including dependent children) covered by the benefits of a Commonwealth Concession Card by State and Territory 1998/99 2002/03 (to May)**

State/Territory	1998/99	1999/00	2000/01	2001/02	As at 16 May 2003	Approximate Proportion Of Population
NSW	-	-	2,146,158	2,257,773	2,287,943	34.3%
VIC	-	-	1,627,991	1,702,085	1,726,034	35.2%
QLD	-	-	1,333,280	1,401,194	1,409,120	37.6%
SA	-	-	580,048	598,622	597,210	39.2%
WA	-	-	620,313	664,930	660,397	34.0%
TAS	-	-	207,028	216,926	218,177	46.0%
NT	-	-	73,980	78,743	79,226	40.1%
ACT	-	-	68,235	72,582	72,576	37.1%
Unknown	-	-	36,037	30,818	23,096	n/a
<b>AUST</b>	-	-	<b>6,693,070</b>	<b>7,023,673</b>	<b>7,073,779</b>	<b>35.8%</b>

Data in tables 1 and 2 were obtained from the Department of Family and Community Services. It has not been extrapolated or modified, and as such – shows actual numbers of concession cards, and the number of people covered by these cards.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-064

OUTCOME 2: ACCESS TO MEDICARE

Topic: FAIRER MEDICARE – TASMANIAN STATISTICS

Senator Harradine asked:

- (a) Provide the average number of times that Tasmanians visit their GP each year, the average number of times they visit all doctors each year and the figures for Australia.
- (b) Provide details of the average cost Tasmanians pay above the Medicare rebate for visiting their GP, and the average cost Australians pay.
- (c) Provide details of any analysis you have done on the impact of the proposed 'A Fairer Medicare' changes on Tasmanians.

Answer:

- (a) Table 1, below, shows GP services (unreferred attendances) per capita for Tasmania and Nationally for the last 5 financial years.

Table 1: GP services per Capita for Tasmania and Australia by financial year 1997/98 – 2001/02

State/Territory	1997/98	1998/99	1999/00	2000/01	2001/02
TAS	4.95	4.91	4.86	4.77	4.84
AUST	5.51	5.42	5.30	5.18	5.08

Table 2, below, shows the number of all services covered by Medicare for the last 5 financial years.

Table 2: All Medicare services per Capita for Tasmania and Australia 1997/98 – 2001/02

State/Territory	1997/98	1998/99	1999/00	2000/01	2001/02
TAS	9.68	9.83	9.94	10.10	10.49
AUST	10.81	10.90	10.94	11.02	11.22

- (b) Table 3, below, shows the average out-of-pocket cost for patient billed GP services (unreferred attendances) for Tasmania and Nationally for the last 5 financial years.

<b>State/Territory</b>	<b>1997/98</b>	<b>1998/99</b>	<b>1999/00</b>	<b>2000/01</b>	<b>2001/02</b>
TAS	\$ 10.13	\$ 10.81	\$ 11.17	\$ 11.32	\$ 10.21
AUST	\$ 9.40	\$ 9.88	\$ 10.46	\$ 11.04	\$ 11.68

- (c) All modelling and analysis of the impact of the Fairer Medicare package was done on the basis of the classification of remote, rural and metropolitan areas (RRMA), not by State or Territory. No separate analysis was undertaken on a State by State basis.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-065

OUTCOME 2: ACCESS TO MEDICARE

Topic: IVF

Written Question on Notice

Senator Harradine asked:

What has been the total cost of IVF procedures to the Commonwealth in each of the past five years?

Answer:

The cost to the Commonwealth for procedures associated with in-vitro fertilisation under Medicare from 1998 – 2002 is outlined in the following table.

**Benefits Paid for IVF procedures 1998 – 2002**

<b>Year</b>	<b>Benefits paid</b>
1998	\$ 36,963,660
1999	\$ 38,748,330
2000	\$ 39,287,640
2001	\$ 43,335,848
2002	\$ 46,048,788
Total	\$204,384,266

The cost to the Commonwealth for procedures associated with in-vitro fertilisation under the Pharmaceutical Benefits Scheme 1997/98 – 2001/02 is outlined in the following table.

**Cost of IVF Pharmaceuticals 1997/98 – 2001/02**

<b>Year</b>	<b>Expenditure</b>
1997/98	\$ 17,741,445
1998/99	\$ 25,205,054
1999/00	\$ 26,811,249
2000/01	\$ 30,343,574
2001/02	\$ 31,247,659
Total	\$131,348,981

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2,3 & 5 June 2003

Question: E03-097

OUTCOME 2: ACCESS TO MEDICARE

Topic: GP PRACTICES – RACGP ACCREDITED

Senator Webber asked:

How many practices in outer metropolitan Perth are RACGP accredited training places and are there currently sufficient numbers to support the measures announced in the Budget?

Answer:

There are currently 14 RACGP accredited training practices in outer metropolitan Perth. It is envisaged that there will be sufficient numbers to support the measures announced in the Budget.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-120

OUTCOME 2: ACCESS TO MEDICARE

Topic: TREATING DOCTOR'S REPORT

Written Question on Notice

Senator Denman asked:

- (a) Why is there no Medicare number assigned to a treating doctor's report?
- (b) Is the Department aware that Centrelink requires some of their clients to obtain medical reports, these are Australians who are unemployed, on low incomes or unable to work due to a medical condition, and under the present system do not receive a Medicare rebate for the medical report?
- (c) **Is the Department giving consideration to assigning a Medicare number to a treating doctor's report?**

Answer:

- (a) There is no Medicare number assigned to a treating doctor's report because the preparation of a report for Centrelink in the absence of a clinical consultation is not a clinically relevant service as defined under the *Health Insurance Act 1973*.
- (b) The Department is aware that Centrelink has requirements for clients to obtain medical reports.

Under current arrangements many of these Centrelink clients do receive a Medicare rebate for the medical attendance at which the report is prepared.

Under sub-section 19(5) of the *Health Insurance Act 1973*, the Minister has issued a Direction that enables Medicare benefits to be payable for "a medical examination which is required to claim eligibility for certain Social Security benefits or allowances" (see para 13.3.3. of the notes on Medicare Benefits Arrangements of the Medicare Benefits Schedule Book, 1 November 2002).

Medicare benefits are payable where:

- a patient attends for a consultation unrelated to the completion of the report, and a report is also completed at that attendance; or
- an attendance is for both a medical examination required for the preparation of the report, and for the completion of the report.

Medicare benefits are payable for the time taken for both the professional service (the consultation) and any additional time taken to complete the report. The patient must be present for the whole time.

If the doctor completes the report in the patient's presence without an accompanying medical examination or other clinically relevant service, or if the report is completed in the patient's absence, a Medicare benefit is not payable.

- (c) Assigning a Medicare number for the provision of a treating doctor's report is currently under consideration. However, the impact of Government policies on the administrative burden of GPs is currently being considered by the GP Red Tape Taskforce. The Taskforce is expected to provide recommendations to Government by November 2003.



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-225

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS SAVINGS MEASURES

Written Question on Notice

Senator McLucas asked:

Could you please provide an update to the answer to Question E03-151 (Feb 2003)?

Answer:

Sustaining the Pharmaceutical Benefits Scheme

<b>Measure Description</b>	<b>Initial Start Date</b>	<b>Current State of Implementation</b>
1. Realigning Patient Co-payments and Safety Nets	1 August 2002	<ul style="list-style-type: none"> <li>▪ Legislation rejected in Senate.</li> </ul>
2. Reinforcing the Commitment to Evidence Based Medicine. This measure includes the following strategies: <ul style="list-style-type: none"> <li>▪ Enhancement of PBS restrictions;</li> <li>▪ Ensuring Authority required drugs are prescribed in accordance with PBS listing conditions;</li> </ul>	1 October 2002  1 October 2002	<ul style="list-style-type: none"> <li>▪ Program is progressing as scheduled.</li> <li>▪ Clearer conditions have been placed on the use of Authority PBS drugs with particular emphasis on high cost drug groups.</li> <li>▪ On 1 August 2003, the Health Insurance Commission (HIC) implemented enhanced audit, investigation and counselling processes to assist doctors in complying with PBS Authorities, particularly for drug categories with high PBS cost potential.</li> </ul>

Measure Description	Initial Start Date	Current State of Implementation
<ul style="list-style-type: none"> <li>▪ Electronic Authorities, including Public Key Infrastructure (PKI).</li> </ul>	1 October 2002	<ul style="list-style-type: none"> <li>▪ From 1 August 2003, online access was provided to enable doctors to obtain quicker HIC approval for authority medicines.</li> </ul>
3. GP electronic decision support initiative	1 February 2003	<ul style="list-style-type: none"> <li>▪ The leading clinical software package used by general practitioners, Medical Director, now provides information about the cost of PBS medicines.</li> <li>▪ The cost of all PBS medicines was included in the August 2003 update of the MIMS database.</li> <li>▪ Other clinical software companies will then be approached to include the cost of PBS medicines in their software packages via the MIMS database.</li> </ul>
4. Changes to PBS Listing Process including improved estimation of financial implications and increased opportunities for medical input.	1 November 2002	<ul style="list-style-type: none"> <li>▪ Fully implemented.</li> </ul>
5. Pharmaceutical Industry PBS Quality Enhancement Programme	1 November 2002	<ul style="list-style-type: none"> <li>▪ Revised Medicines Australia Code of Conduct came into effect on 1 January 2003. Industry is actively participating to promote PBS restrictions to prescribers under the Code of Conduct.</li> </ul>
6. Reductions in Pharmacy Fraud	1 January 2003	<ul style="list-style-type: none"> <li>▪ HIC is undertaking a range of interventions to reduce the level of risk to the PBS</li> </ul>
7. Restrictions on Doctor Shopping	1 January 2003	<ul style="list-style-type: none"> <li>▪ Some delays due to the need for HIC to ensure doctors are not placed in breach of privacy legislation or guidelines.</li> <li>▪ Revised implementation date is under consideration given an embargo on communications activities.</li> </ul>

<p>8. Facilitating the Use of Generic Medicines</p>	<p>1 November 2002</p>	<ul style="list-style-type: none"> <li>▪ Regulatory change regarding prescribing software used to prepare PBS prescriptions in effect from 1 February 2003.</li> <li>▪ Price reductions for many PBS generic medicines commenced 1 February 2003.</li> <li>▪ Information strategy on generic medicines for health professionals and consumers currently underway. Major communication activities and distribution of continuing education materials occurring during June and July 2003.</li> </ul>
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Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-226

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS – ELECTORATE BY ELECTORATE – MARCH QUARTER ONLY

Senator McLucas asked:

- (a) What is the electorate-by-electorate breakdown of the percentage of total unreferral (GP) attendances bulk billed by Federal Electoral Division for the quarter ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003 (mapping postcode data to current electorate boundaries)?
- (b) What is the electorate-by-electorate breakdown of the number of total unreferral (GP) attendances bulk billed by Federal Electoral Division for the quarter ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003 (mapping postcode data to current electorate boundaries)?
- (c) What is the electorate-by-electorate breakdown for the average patient contribution per service (patient billed services only) for total unreferral (GP) attendances by Federal Electoral Division for the quarter ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003 (mapping postcode data to current electorate boundaries)?
- (d) What is the electorate-by-electorate breakdown for the number of services for total unreferral (GP) attendances by Federal Electoral Division for the quarters ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003 (mapping postcode data to current electorate boundaries)?

Answer:

a) Please see table 1 below.

Table 1. Bulk Billing rates of GP Services (unreferred attendances) by Electorate for selected March quarters.

<b>Electorate</b>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Adelaide</b>	79.9%	83.2%	75.9%	63.0
<b>Aston</b>	86.0%	85.5%	82.7%	73.1
<b>Ballarat</b>	67.8%	65.0%	61.6%	43.8
<b>Banks</b>	84.9%	87.1%	87.1%	84.8
<b>Barker</b>	43.7%	44.6%	41.4%	38.9
<b>Barton</b>	91.4%	92.7%	92.4%	91.4
<b>Bass</b>	71.4%	51.9%	50.3%	45.6
<b>Batman</b>	92.3%	91.8%	89.3%	85.1
<b>Bendigo</b>	67.3%	50.9%	49.2%	49.0

<b>Bennelong</b>	82.7%	82.0%	82.9%	79.9
<b>Berowra</b>	77.4%	76.4%	74.6%	70.9
<b>Blair</b>	85.8%	81.7%	78.5%	72.2
<b>Blaxland</b>	94.7%	96.4%	96.2%	95.4
<b>Bonython</b>	92.3%	93.4%	89.8%	86.3
<b>Boothby</b>	71.0%	66.6%	61.8%	50.9
<b>Bowman</b>	86.6%	85.5%	81.0%	70.0
<b>Braddon</b>	71.1%	66.1%	64.7%	51.4
<b>Bradfield</b>	68.4%	66.2%	66.1%	60.4
<b>Brand</b>	80.9%	77.6%	65.8%	61.6
<b>Brisbane</b>	87.2%	83.0%	76.6%	62.0
<b>Bruce</b>	86.5%	85.0%	81.4%	77.1
<b>Burke</b>	77.7%	72.1%	71.3%	59.4
<b>Calare</b>	64.1%	60.9%	60.9%	60.7
<b>Calwell</b>	93.8%	92.5%	90.7%	83.0
<b>Canberra</b>	59.9%	55.2%	47.8%	40.9
<b>Canning</b>	79.1%	68.7%	61.8%	54.1
<b>Capricornia</b>	47.2%	47.4%	48.4%	44.8
<b>Casey</b>	76.5%	76.4%	72.8%	63.5
<b>Charlton</b>	77.7%	71.3%	63.5%	56.8
<b>Chifley</b>	98.4%	98.5%	98.5%	98.3
<b>Chisholm</b>	83.3%	81.8%	79.9%	74.8
<b>Cook</b>	82.3%	79.9%	79.6%	73.5
<b>Corangamite</b>	59.4%	52.7%	46.0%	42.3
<b>Corio</b>	72.1%	67.6%	62.1%	58.5
<b>Cowan</b>	92.9%	86.5%	80.7%	73.7
<b>Cowper</b>	76.4%	54.4%	52.7%	50.3
<b>Cunningham</b>	85.8%	85.5%	85.3%	80.7
<b>Curtin</b>	68.6%	63.7%	61.8%	55.2
<b>Dawson</b>	61.7%	63.0%	66.8%	64.8
<b>Deakin</b>	79.6%	79.3%	76.7%	66.6
<b>Denison</b>	57.3%	59.6%	53.8%	50.9
<b>Dickson</b>	77.8%	75.6%	65.9%	49.7
<b>Dobell</b>	88.4%	75.4%	67.1%	56.1
<b>Dunkley</b>	77.2%	78.2%	62.3%	49.6
<b>Eden-Monaro</b>	53.8%	41.0%	40.2%	37.9
<b>Fadden</b>	88.0%	86.6%	81.6%	70.7
<b>Fairfax</b>	78.4%	76.9%	70.7%	55.3
<b>Farrer</b>	48.9%	44.8%	42.2%	41.9
<b>Fisher</b>	91.8%	87.6%	85.1%	62.5
<b>Flinders</b>	73.6%	66.3%	54.3%	47.8
<b>Forde</b>	89.7%	90.2%	87.5%	77.7
<b>Forrest</b>	55.1%	54.2%	53.8%	52.2
<b>Fowler</b>	97.8%	98.3%	98.3%	97.8
<b>Franklin</b>	59.2%	58.3%	55.3%	54.4
<b>Fraser</b>	69.1%	62.4%	51.5%	35.4
<b>Fremantle</b>	84.3%	80.1%	75.2%	65.7
<b>Gellibrand</b>	94.1%	93.6%	90.7%	87.1
<b>Gilmore</b>	73.0%	64.6%	63.5%	60.5
<b>Gippsland</b>	60.9%	55.6%	54.7%	46.7
<b>Goldstein</b>	76.0%	69.7%	63.9%	57.8
<b>Grayndler</b>	95.7%	94.1%	92.9%	90.8
<b>Greenway</b>	95.2%	94.9%	95.0%	94.2
<b>Grey</b>	66.7%	68.8%	63.9%	66.6
<b>Griffith</b>	88.3%	86.6%	79.3%	62.3
<b>Groom</b>	79.1%	71.2%	66.9%	53.7

<b>Gwydir</b>	70.2%	60.4%	61.6%	63.9
<b>Hasluck</b>	82.2%	80.0%	76.3%	69.4
<b>Herbert</b>	74.8%	63.3%	58.6%	59.3
<b>Higgins</b>	76.3%	71.0%	67.6%	63.3
<b>Hindmarsh</b>	76.9%	76.6%	72.6%	63.0
<b>Hinkler</b>	50.7%	41.0%	43.5%	43.2
<b>Holt</b>	89.7%	89.6%	84.3%	77.1
<b>Hotham</b>	88.6%	86.0%	83.0%	79.1
<b>Hughes</b>	80.4%	79.5%	79.7%	76.0
<b>Hume</b>	61.5%	60.5%	60.6%	58.0
<b>Hunter</b>	71.3%	55.5%	53.8%	48.1
<b>Indi</b>	45.8%	41.1%	41.5%	30.1
<b>Isaacs</b>	83.1%	84.4%	77.4%	67.9
<b>Jagajaga</b>	77.1%	76.6%	73.7%	70.9
<b>Kalgoorlie</b>	61.1%	63.5%	62.8%	62.5
<b>Kennedy</b>	55.7%	65.4%	63.7%	58.5
<b>Kingsford-</b>	93.5%	92.3%	92.0%	88.6
<b>Kingston</b>	79.5%	78.7%	71.6%	58.1
<b>Kooyong</b>	70.4%	68.0%	65.1%	61.7
<b>La Trobe</b>	80.3%	75.9%	71.2%	62.8
<b>Lalor</b>	88.9%	90.1%	88.7%	79.3
<b>Leichhardt</b>	71.6%	81.6%	80.3%	75.8
<b>Lilley</b>	86.8%	82.8%	77.4%	63.1
<b>Lindsay</b>	93.0%	92.6%	92.1%	86.5
<b>Lingiari</b>	73.3%	71.7%	70.3%	67.8
<b>Longman</b>	92.6%	92.1%	86.1%	72.6
<b>Lowe</b>	94.1%	93.3%	92.8%	92.2
<b>Lyne</b>	74.3%	68.3%	64.8%	58.6
<b>Lyons</b>	80.5%	68.6%	69.2%	68.3
<b>Macarthur</b>	92.1%	90.8%	91.2%	89.1
<b>Mackellar</b>	79.6%	78.6%	77.6%	72.9
<b>Macquarie</b>	79.4%	79.3%	77.5%	71.1
<b>Makin</b>	77.4%	77.6%	66.5%	62.2
<b>Mallee</b>	61.1%	54.6%	54.2%	55.3
<b>Maranoa</b>	59.0%	53.7%	53.5%	53.4
<b>Maribyrnong</b>	92.4%	91.6%	88.5%	83.7
<b>Mayo</b>	67.7%	64.3%	59.0%	49.1
<b>McEwen</b>	75.6%	71.8%	69.4%	62.1
<b>McMillan</b>	73.3%	68.2%	68.1%	68.9
<b>McPherson</b>	88.1%	82.9%	78.1%	71.2
<b>Melbourne</b>	91.1%	87.6%	85.9%	81.4
<b>Melbourne</b>	85.1%	81.2%	76.1%	71.8
<b>Menzies</b>	79.2%	80.4%	77.7%	71.4
<b>Mitchell</b>	80.6%	82.4%	81.8%	80.6
<b>Moncrieff</b>	85.0%	81.9%	74.8%	68.3
<b>Moore</b>	91.9%	76.9%	73.2%	65.5
<b>Moreton</b>	88.3%	88.9%	83.4%	69.1
<b>Murray</b>	42.2%	39.9%	36.1%	31.0
<b>New England</b>	62.8%	55.7%	51.2%	48.0
<b>Newcastle</b>	83.2%	77.5%	73.5%	62.9
<b>North Sydney</b>	75.2%	71.0%	68.8%	62.3
<b>O'Connor</b>	55.0%	50.2%	51.1%	49.1
<b>Oxley</b>	92.1%	91.9%	86.8%	76.2
<b>Page</b>	59.3%	48.6%	47.9%	46.1
<b>Parkes</b>	66.9%	60.9%	64.4%	65.3
<b>Parramatta</b>	91.0%	92.5%	92.5%	90.8

<b>Paterson</b>	75.9%	68.5%	62.8%	53.3
<b>Pearce</b>	81.0%	77.6%	74.0%	70.8
<b>Perth</b>	87.5%	86.0%	82.4%	75.0
<b>Petrie</b>	86.0%	86.2%	79.5%	59.5
<b>Port Adelaide</b>	91.0%	90.8%	89.0%	82.3
<b>Prospect</b>	96.9%	97.7%	97.6%	97.0
<b>Rankin</b>	94.1%	94.5%	91.9%	83.1
<b>Reid</b>	97.5%	98.2%	98.1%	97.2
<b>Richmond</b>	79.9%	73.8%	69.9%	65.1
<b>Riverina</b>	50.8%	44.0%	46.8%	46.2
<b>Robertson</b>	87.8%	72.7%	67.7%	60.7
<b>Ryan</b>	69.5%	72.0%	61.6%	50.1
<b>Scullin</b>	89.4%	90.6%	88.2%	87.1
<b>Shortland</b>	80.2%	64.8%	58.7%	51.2
<b>Solomon</b>	67.7%	62.3%	58.6%	56.7
<b>Stirling</b>	88.1%	84.5%	81.8%	74.3
<b>Sturt</b>	74.9%	69.8%	63.8%	52.7
<b>Swan</b>	86.5%	83.0%	80.5%	73.3
<b>Sydney</b>	93.1%	89.0%	86.0%	83.2
<b>Tangney</b>	78.9%	72.6%	69.8%	62.2
<b>Throsby</b>	93.2%	92.7%	92.9%	94.1
<b>Wakefield</b>	55.7%	50.6%	44.5%	42.5
<b>Wannon</b>	55.8%	55.7%	54.9%	46.8
<b>Warringah</b>	79.9%	76.5%	75.2%	70.8
<b>Watson</b>	96.2%	96.9%	96.7%	95.7
<b>Wentworth</b>	83.7%	78.5%	76.8%	72.0
<b>Werriwa</b>	95.9%	95.6%	95.9%	95.4
<b>Wide Bay</b>	68.3%	69.9%	65.4%	60.6
<b>Wills</b>	92.4%	89.7%	87.4%	80.9
<b>Total</b>	<b>80.3%</b>	<b>77.5%</b>	<b>74.5%</b>	<b>68.5</b>

Notes:

- These statistics were compiled using 2001 electoral boundaries. Caution should be exercised in making comparisons over time, due to changes in the demographics of the postcodes associated with each electorate.
- These statistics were compiled from statistics by Medicare enrolment postcode. Since some postcodes overlap federal electoral division boundaries, data by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the percentage of the population of the postcode in each federal electoral division. Excludes statistics for postcodes which could not be mapped to electorate (in particular, Australia Post post box/mail centre postcodes).

b) Please see table 2 below.

**Table 2. Bulk Billed GP Services (unreferred attendances) by Electorate for selected March quarters.**

<b>Electorate</b>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Adelaide</b>	137,751	134,977	111,186	91,904
<b>Aston</b>	149,117	150,359	136,537	120,316
<b>Ballarat</b>	91,204	88,125	78,231	55,467
<b>Banks</b>	171,020	171,559	164,783	155,176
<b>Barker</b>	58,617	62,402	56,527	52,936

<b>Barton</b>	199,066	193,426	184,672	179,148
<b>Bass</b>	78,336	50,852	46,543	41,636
<b>Batman</b>	204,547	194,248	176,643	163,989
<b>Bendigo</b>	84,106	62,020	57,912	60,564
<b>Bennelong</b>	147,011	143,993	139,015	129,415
<b>Berowra</b>	128,564	127,188	120,096	111,639
<b>Blair</b>	119,127	120,762	112,921	102,272
<b>Blaxland</b>	251,412	259,319	251,675	236,801
<b>Bonython</b>	199,838	204,611	172,654	164,322
<b>Boothby</b>	111,313	108,096	92,653	74,566
<b>Bowman</b>	150,792	163,096	143,133	118,324
<b>Braddon</b>	75,714	70,708	69,009	52,242
<b>Bradfield</b>	112,712	105,343	100,766	90,735
<b>Brand</b>	104,871	111,217	87,045	83,228
<b>Brisbane</b>	148,646	142,085	119,680	91,904
<b>Bruce</b>	167,966	163,215	145,316	134,833
<b>Burke</b>	124,398	124,528	121,839	102,922
<b>Calare</b>	85,434	79,071	74,118	74,587
<b>Calwell</b>	190,212	213,886	201,568	183,228
<b>Canberra</b>	99,647	86,982	68,725	55,045
<b>Canning</b>	96,321	85,318	71,895	61,389
<b>Capricornia</b>	59,777	61,724	61,776	55,649
<b>Casey</b>	118,300	119,829	104,801	89,604
<b>Charlton</b>	115,439	107,640	89,284	79,054
<b>Chifley</b>	262,711	248,048	246,989	235,905
<b>Chisholm</b>	146,259	139,541	125,801	114,970
<b>Cook</b>	138,843	129,269	124,105	110,602
<b>Corangamite</b>	71,516	68,102	56,167	52,960
<b>Corio</b>	106,937	98,445	84,409	80,008
<b>Cowan</b>	139,451	130,702	114,150	101,769
<b>Cowper</b>	107,917	69,729	65,428	61,256
<b>Cunningham</b>	155,469	145,338	139,740	129,260
<b>Curtin</b>	96,932	85,266	78,219	67,589
<b>Dawson</b>	87,034	93,714	101,890	95,897
<b>Deakin</b>	131,704	128,659	115,787	98,109
<b>Denison</b>	68,330	70,500	61,968	55,988
<b>Dickson</b>	117,179	125,512	101,461	72,705
<b>Dobell</b>	153,172	125,751	105,014	83,941
<b>Dunkley</b>	124,373	125,348	90,185	70,696
<b>Eden-Monaro</b>	64,173	49,623	46,632	42,866
<b>Fadden</b>	137,176	168,408	146,528	122,901
<b>Fairfax</b>	107,759	130,969	114,338	88,706
<b>Farrer</b>	60,394	54,001	46,153	48,372
<b>Fisher</b>	151,953	176,356	164,236	116,893
<b>Flinders</b>	110,304	104,480	79,363	71,789
<b>Forde</b>	144,942	166,053	149,824	132,366
<b>Forrest</b>	56,647	61,859	61,645	59,866
<b>Fowler</b>	272,340	277,230	265,853	252,684
<b>Franklin</b>	67,735	65,688	61,684	58,246
<b>Fraser</b>	110,736	100,498	75,328	47,135
<b>Fremantle</b>	117,594	119,011	105,650	87,860
<b>Gellibrand</b>	193,161	180,769	160,141	151,138
<b>Gilmore</b>	98,268	91,056	85,295	81,237
<b>Gippsland</b>	72,093	66,496	64,397	56,903
<b>Goldstein</b>	134,171	119,868	106,181	96,478
<b>Grayndler</b>	230,325	195,576	180,882	169,638



<b>Greenway</b>	182,157	208,219	206,827	205,649
<b>Grey</b>	94,694	98,511	86,200	94,779
<b>Griffith</b>	149,410	159,285	135,776	98,142
<b>Groom</b>	124,143	113,123	99,092	73,942
<b>Gwydir</b>	105,806	80,017	77,662	82,171
<b>Hasluck</b>	126,939	123,249	109,415	94,392
<b>Herbert</b>	113,442	93,235	79,558	82,055
<b>Higgins</b>	124,974	112,665	101,774	95,357
<b>Hindmarsh</b>	128,024	130,777	115,217	99,070
<b>Hinkler</b>	62,267	51,448	57,272	57,257
<b>Holt</b>	175,516	191,380	167,478	154,051
<b>Hotham</b>	164,404	157,352	140,555	131,528
<b>Hughes</b>	136,609	142,844	136,579	125,654
<b>Hume</b>	79,718	79,896	78,164	73,044
<b>Hunter</b>	98,204	72,557	67,989	59,478
<b>Indi</b>	54,625	50,243	47,535	33,981
<b>Isaacs</b>	136,123	148,018	126,081	112,167
<b>Jagajaga</b>	123,445	122,290	110,679	105,406
<b>Kalgoorlie</b>	59,836	64,685	56,852	61,320
<b>Kennedy</b>	69,805	89,941	82,716	73,544
<b>Kingsford-</b>	220,417	203,481	193,293	179,966
<b>Kingston</b>	131,919	137,443	114,548	91,322
<b>Kooyong</b>	101,039	95,120	85,611	80,476
<b>La Trobe</b>	118,866	126,190	112,096	100,357
<b>Lalor</b>	135,184	159,973	144,996	130,976
<b>Leichhardt</b>	97,206	140,903	130,663	115,247
<b>Lilley</b>	151,847	147,565	127,770	95,626
<b>Lindsay</b>	181,734	173,588	165,174	144,907
<b>Lingiari</b>	33,349	39,483	35,099	35,102
<b>Longman</b>	154,712	180,558	148,725	126,848
<b>Lowe</b>	189,190	179,442	175,728	169,223
<b>Lyne</b>	113,108	107,378	97,385	87,200
<b>Lyons</b>	83,207	68,623	67,296	63,733
<b>Macarthur</b>	180,855	193,887	192,530	181,327
<b>Mackellar</b>	139,398	132,716	121,950	109,854
<b>Macquarie</b>	124,635	125,906	115,759	100,845
<b>Makin</b>	121,548	129,966	100,195	92,686
<b>Mallee</b>	73,325	69,084	64,181	68,052
<b>Maranoa</b>	79,142	72,919	70,143	69,481
<b>Maribyrnong</b>	178,752	177,763	160,895	144,845
<b>Mayo</b>	95,896	97,186	84,367	69,810
<b>McEwen</b>	104,876	111,496	103,325	97,210
<b>McMillan</b>	97,607	93,609	93,892	98,982
<b>McPherson</b>	169,159	181,692	155,984	141,555
<b>Melbourne</b>	203,774	175,242	160,482	150,271
<b>Melbourne</b>	155,802	141,903	124,915	115,908
<b>Menzies</b>	116,804	123,169	112,696	103,672
<b>Mitchell</b>	120,587	132,684	128,956	128,160
<b>Moncrieff</b>	166,356	175,560	148,553	133,241
<b>Moore</b>	128,824	108,167	96,261	83,220
<b>Moreton</b>	147,491	159,994	138,959	106,840
<b>Murray</b>	50,783	49,198	41,018	35,336
<b>New England</b>	80,235	67,339	58,592	54,096
<b>Newcastle</b>	140,733	123,552	109,990	90,308
<b>North Sydney</b>	126,574	109,434	99,722	89,548
<b>O'Connor</b>	62,582	59,471	55,613	53,682

<b>Oxley</b>	173,209	197,243	162,985	138,171
<b>Page</b>	84,484	62,600	60,015	55,630
<b>Parkes</b>	87,598	71,661	73,116	79,377
<b>Parramatta</b>	204,557	205,517	195,607	191,734
<b>Paterson</b>	103,323	101,009	84,360	71,680
<b>Pearce</b>	95,915	108,255	98,918	93,594
<b>Perth</b>	151,895	144,075	127,853	110,249
<b>Petrie</b>	154,515	162,069	139,266	97,314
<b>Port Adelaide</b>	190,048	185,334	158,994	146,141
<b>Prospect</b>	252,827	245,077	232,636	225,212
<b>Rankin</b>	182,509	204,933	181,851	158,496
<b>Reid</b>	257,239	252,278	244,388	233,104
<b>Richmond</b>	113,442	111,598	105,385	95,621
<b>Riverina</b>	61,270	50,219	50,622	50,362
<b>Robertson</b>	156,790	124,305	108,263	94,283
<b>Ryan</b>	93,560	106,470	84,203	64,837
<b>Scullin</b>	158,823	178,646	165,577	167,496
<b>Shortland</b>	130,584	100,551	85,997	71,581
<b>Solomon</b>	59,175	50,607	41,335	38,395
<b>Stirling</b>	159,009	157,985	143,211	123,852
<b>Sturt</b>	119,802	114,591	97,195	78,942
<b>Swan</b>	136,470	125,568	114,148	100,351
<b>Sydney</b>	194,453	179,039	165,836	156,561
<b>Tangney</b>	118,104	111,522	102,183	86,950
<b>Throsby</b>	167,680	173,252	171,548	177,127
<b>Wakefield</b>	74,790	71,973	59,737	58,006
<b>Wannon</b>	65,617	65,739	61,364	55,291
<b>Warringah</b>	146,297	132,727	123,843	111,426
<b>Watson</b>	246,904	231,930	220,272	208,126
<b>Wentworth</b>	169,610	138,755	125,043	114,200
<b>Werriwa</b>	186,273	197,483	191,619	188,186
<b>Wide Bay</b>	96,046	109,387	96,881	93,312
<b>Wills</b>	205,542	185,777	167,621	153,139
<b>Total</b>	<b>19,504,874</b>	<b>19,138,034</b>	<b>17,349,102</b>	<b>15,671,272</b>

Notes:

- These statistics were compiled using 2001 electoral boundaries. Caution should be exercised in making comparisons over time, due to changes in the demographics of the postcodes associated with each electorate.
- These statistics were compiled from statistics by Medicare enrolment postcode. Since some postcodes overlap federal electoral division boundaries, data by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the percentage of the population of the postcode in each federal electoral division. Excludes statistics for postcodes which could not be mapped to electorate (in particular, Australia Post post box/mail centre postcodes).

c) Please see table 3 below.

**Table 3. Average patient contribution\* for GP services (unreferred attendances) by Electorate for selected March quarters.**

<b>Electorate</b>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Adelaide</b>	\$ 8.57	\$ 10.62	\$ 10.42	\$ 11.43

<b>Aston</b>	\$ 9.16	\$ 13.40	\$ 13.84	\$ 15.20
<b>Ballarat</b>	\$ 8.52	\$ 9.83	\$ 11.03	\$ 11.03
<b>Banks</b>	\$ 7.08	\$ 9.46	\$ 10.82	\$ 11.46
<b>Barker</b>	\$ 6.92	\$ 9.05	\$ 9.10	\$ 10.51
<b>Barton</b>	\$ 7.97	\$ 11.18	\$ 12.49	\$ 14.28
<b>Bass</b>	\$ 8.55	\$ 10.12	\$ 11.02	\$ 11.99
<b>Batman</b>	\$ 8.92	\$ 11.95	\$ 12.27	\$ 13.34
<b>Bendigo</b>	\$ 6.95	\$ 8.32	\$ 9.55	\$ 11.16
<b>Bennelong</b>	\$ 10.05	\$ 12.40	\$ 13.19	\$ 15.30
<b>Berowra</b>	\$ 8.86	\$ 11.86	\$ 13.19	\$ 14.51
<b>Blair</b>	\$ 6.94	\$ 8.97	\$ 9.01	\$ 9.93
<b>Blaxland</b>	\$ 7.21	\$ 8.31	\$ 9.25	\$ 10.48
<b>Bonython</b>	\$ 5.89	\$ 8.48	\$ 8.45	\$ 8.96
<b>Boothby</b>	\$ 8.25	\$ 9.94	\$ 10.32	\$ 11.19
<b>Bowman</b>	\$ 8.44	\$ 11.89	\$ 12.71	\$ 13.36
<b>Braddon</b>	\$ 7.62	\$ 8.52	\$ 8.02	\$ 8.32
<b>Bradfield</b>	\$ 10.75	\$ 14.54	\$ 15.81	\$ 18.50
<b>Brand</b>	\$ 6.99	\$ 9.38	\$ 9.33	\$ 10.37
<b>Brisbane</b>	\$ 10.50	\$ 13.36	\$ 14.14	\$ 14.43
<b>Bruce</b>	\$ 9.49	\$ 13.38	\$ 13.67	\$ 14.56
<b>Burke</b>	\$ 8.12	\$ 11.08	\$ 11.83	\$ 13.17
<b>Calare</b>	\$ 8.39	\$ 10.99	\$ 11.46	\$ 12.43
<b>Calwell</b>	\$ 8.27	\$ 10.71	\$ 11.78	\$ 12.42
<b>Canberra</b>	\$ 10.35	\$ 14.02	\$ 14.89	\$ 17.19
<b>Canning</b>	\$ 8.05	\$ 10.34	\$ 10.40	\$ 11.34
<b>Capricornia</b>	\$ 7.71	\$ 10.01	\$ 10.09	\$ 11.76
<b>Casey</b>	\$ 8.49	\$ 12.44	\$ 12.94	\$ 14.07
<b>Charlton</b>	\$ 7.93	\$ 10.48	\$ 10.44	\$ 11.98
<b>Chifley</b>	\$ 10.04	\$ 13.10	\$ 14.78	\$ 15.32
<b>Chisholm</b>	\$ 10.22	\$ 13.14	\$ 14.05	\$ 15.59
<b>Cook</b>	\$ 7.95	\$ 11.14	\$ 11.43	\$ 13.46
<b>Corangamite</b>	\$ 8.15	\$ 9.59	\$ 10.58	\$ 12.25
<b>Corio</b>	\$ 8.06	\$ 9.44	\$ 9.93	\$ 11.56
<b>Cowan</b>	\$ 8.25	\$ 9.93	\$ 10.28	\$ 11.84
<b>Cowper</b>	\$ 7.04	\$ 8.69	\$ 9.56	\$ 11.65
<b>Cunningham</b>	\$ 6.40	\$ 9.39	\$ 9.89	\$ 10.74
<b>Curtin</b>	\$ 10.97	\$ 14.33	\$ 15.16	\$ 16.78
<b>Dawson</b>	\$ 10.58	\$ 14.39	\$ 14.38	\$ 15.42
<b>Deakin</b>	\$ 8.46	\$ 12.36	\$ 13.73	\$ 14.32
<b>Denison</b>	\$ 7.21	\$ 8.19	\$ 8.63	\$ 9.92
<b>Dickson</b>	\$ 7.70	\$ 10.56	\$ 11.72	\$ 12.89
<b>Dobell</b>	\$ 7.06	\$ 9.18	\$ 9.53	\$ 10.64
<b>Dunkley</b>	\$ 8.86	\$ 12.49	\$ 12.31	\$ 12.69
<b>Eden-Monaro</b>	\$ 7.98	\$ 10.26	\$ 11.21	\$ 12.86
<b>Fadden</b>	\$ 9.51	\$ 12.10	\$ 12.88	\$ 13.52
<b>Fairfax</b>	\$ 5.91	\$ 7.30	\$ 7.83	\$ 9.56
<b>Farrer</b>	\$ 7.47	\$ 9.98	\$ 10.52	\$ 12.17
<b>Fisher</b>	\$ 8.56	\$ 8.88	\$ 9.52	\$ 10.19
<b>Flinders</b>	\$ 8.02	\$ 10.07	\$ 10.29	\$ 11.50
<b>Forde</b>	\$ 8.01	\$ 10.82	\$ 11.27	\$ 11.49
<b>Forrest</b>	\$ 8.64	\$ 11.06	\$ 11.70	\$ 13.02
<b>Fowler</b>	\$ 7.76	\$ 9.93	\$ 10.99	\$ 12.18
<b>Franklin</b>	\$ 6.86	\$ 8.45	\$ 8.78	\$ 10.19
<b>Fraser</b>	\$ 10.64	\$ 15.05	\$ 14.92	\$ 16.76
<b>Fremantle</b>	\$ 9.15	\$ 13.33	\$ 13.91	\$ 15.26
<b>Gellibrand</b>	\$ 9.89	\$ 12.88	\$ 12.79	\$ 13.43

<b>Gilmore</b>	\$ 7.47	\$ 9.22	\$ 10.01	\$ 12.15
<b>Gippsland</b>	\$ 7.30	\$ 9.07	\$ 9.27	\$ 10.27
<b>Goldstein</b>	\$ 10.35	\$ 13.80	\$ 14.85	\$ 16.85
<b>Grayndler</b>	\$ 10.48	\$ 15.52	\$ 16.76	\$ 18.67
<b>Greenway</b>	\$ 8.44	\$ 14.29	\$ 15.30	\$ 16.92
<b>Grey</b>	\$ 6.86	\$ 8.72	\$ 8.79	\$ 9.36
<b>Griffith</b>	\$ 10.54	\$ 14.37	\$ 14.65	\$ 14.57
<b>Groom</b>	\$ 8.16	\$ 10.42	\$ 11.17	\$ 12.16
<b>Gwydir</b>	\$ 8.41	\$ 10.36	\$ 10.62	\$ 12.28
<b>Hasluck</b>	\$ 8.00	\$ 10.52	\$ 10.78	\$ 12.26
<b>Herbert</b>	\$ 9.55	\$ 13.75	\$ 14.63	\$ 15.34
<b>Higgins</b>	\$ 11.55	\$ 15.41	\$ 16.35	\$ 18.38
<b>Hindmarsh</b>	\$ 8.15	\$ 10.08	\$ 10.38	\$ 10.60
<b>Hinkler</b>	\$ 7.52	\$ 9.91	\$ 10.49	\$ 11.96
<b>Holt</b>	\$ 8.63	\$ 11.53	\$ 12.21	\$ 11.59
<b>Hotham</b>	\$ 9.08	\$ 10.92	\$ 11.98	\$ 12.78
<b>Hughes</b>	\$ 7.33	\$ 10.65	\$ 11.37	\$ 13.35
<b>Hume</b>	\$ 7.16	\$ 11.10	\$ 12.09	\$ 14.24
<b>Hunter</b>	\$ 9.27	\$ 9.92	\$ 10.60	\$ 12.36
<b>Indi</b>	\$ 8.03	\$ 9.78	\$ 10.00	\$ 10.80
<b>Isaacs</b>	\$ 8.04	\$ 11.26	\$ 11.87	\$ 12.22
<b>Jagajaga</b>	\$ 8.71	\$ 11.85	\$ 12.62	\$ 14.37
<b>Kalgoorlie</b>	\$ 9.91	\$ 13.20	\$ 13.95	\$ 15.52
<b>Kennedy</b>	\$ 8.86	\$ 11.79	\$ 12.63	\$ 13.51
<b>Kingsford-</b>	\$ 10.95	\$ 14.03	\$ 15.47	\$ 16.07
<b>Kingston</b>	\$ 6.53	\$ 9.02	\$ 8.63	\$ 9.72
<b>Kooyong</b>	\$ 11.12	\$ 15.47	\$ 16.23	\$ 17.96
<b>La Trobe</b>	\$ 8.73	\$ 11.72	\$ 12.96	\$ 14.61
<b>Lalor</b>	\$ 7.99	\$ 10.61	\$ 10.93	\$ 11.54
<b>Leichhardt</b>	\$ 10.20	\$ 12.39	\$ 12.76	\$ 14.09
<b>Lilley</b>	\$ 9.22	\$ 12.01	\$ 13.24	\$ 14.18
<b>Lindsay</b>	\$ 8.11	\$ 10.94	\$ 12.16	\$ 12.93
<b>Lingiari</b>	\$ 11.57	\$ 15.97	\$ 15.64	\$ 17.10
<b>Longman</b>	\$ 7.22	\$ 9.84	\$ 9.76	\$ 10.29
<b>Lowe</b>	\$ 10.68	\$ 14.45	\$ 15.85	\$ 18.41
<b>Lyne</b>	\$ 6.79	\$ 8.54	\$ 8.90	\$ 10.23
<b>Lyons</b>	\$ 8.42	\$ 9.05	\$ 9.30	\$ 10.42
<b>Macarthur</b>	\$ 8.09	\$ 10.63	\$ 11.51	\$ 13.68
<b>Mackellar</b>	\$ 10.77	\$ 14.76	\$ 16.28	\$ 18.68
<b>Macquarie</b>	\$ 7.90	\$ 11.01	\$ 11.83	\$ 13.21
<b>Makin</b>	\$ 7.43	\$ 10.14	\$ 9.72	\$ 10.73
<b>Mallee</b>	\$ 8.02	\$ 9.51	\$ 9.63	\$ 11.80
<b>Maranoa</b>	\$ 8.10	\$ 9.70	\$ 10.90	\$ 12.44
<b>Maribyrnong</b>	\$ 8.54	\$ 11.50	\$ 11.02	\$ 12.35
<b>Mayo</b>	\$ 7.50	\$ 9.80	\$ 10.65	\$ 11.42
<b>McEwen</b>	\$ 8.63	\$ 11.09	\$ 11.56	\$ 12.39
<b>McMillan</b>	\$ 7.25	\$ 8.59	\$ 9.47	\$ 11.05
<b>McPherson</b>	\$ 9.42	\$ 11.63	\$ 12.65	\$ 14.12
<b>Melbourne</b>	\$ 11.05	\$ 15.33	\$ 16.53	\$ 17.66
<b>Melbourne</b>	\$ 11.15	\$ 15.06	\$ 15.58	\$ 17.85
<b>Menzies</b>	\$ 10.31	\$ 13.80	\$ 14.50	\$ 15.37
<b>Mitchell</b>	\$ 9.64	\$ 15.16	\$ 16.28	\$ 17.92
<b>Moncrieff</b>	\$ 10.20	\$ 13.53	\$ 13.96	\$ 14.95
<b>Moore</b>	\$ 8.00	\$ 10.15	\$ 10.85	\$ 12.50
<b>Moreton</b>	\$ 9.89	\$ 14.18	\$ 14.30	\$ 14.09
<b>Murray</b>	\$ 8.20	\$ 11.25	\$ 12.07	\$ 13.41

<b>New England</b>	\$ 7.61	\$ 10.02	\$ 10.23	\$ 11.59
<b>Newcastle</b>	\$ 9.33	\$ 12.09	\$ 11.89	\$ 12.85
<b>North Sydney</b>	\$ 11.37	\$ 16.20	\$ 17.19	\$ 19.64
<b>O'Connor</b>	\$ 7.74	\$ 10.71	\$ 11.30	\$ 12.80
<b>Oxley</b>	\$ 7.02	\$ 9.93	\$ 10.08	\$ 11.13
<b>Page</b>	\$ 6.15	\$ 9.66	\$ 10.09	\$ 11.45
<b>Parkes</b>	\$ 7.21	\$ 10.76	\$ 10.66	\$ 12.96
<b>Parramatta</b>	\$ 9.05	\$ 12.81	\$ 14.24	\$ 14.07
<b>Paterson</b>	\$ 8.69	\$ 11.35	\$ 11.45	\$ 12.73
<b>Pearce</b>	\$ 8.11	\$ 10.89	\$ 11.04	\$ 12.75
<b>Perth</b>	\$ 8.45	\$ 12.12	\$ 11.86	\$ 13.09
<b>Petrie</b>	\$ 8.30	\$ 11.81	\$ 11.99	\$ 12.05
<b>Port Adelaide</b>	\$ 7.50	\$ 9.77	\$ 10.33	\$ 10.46
<b>Prospect</b>	\$ 8.37	\$ 12.04	\$ 13.20	\$ 13.88
<b>Rankin</b>	\$ 9.46	\$ 13.00	\$ 14.02	\$ 13.30
<b>Reid</b>	\$ 8.84	\$ 12.20	\$ 13.51	\$ 13.01
<b>Richmond</b>	\$ 7.35	\$ 10.03	\$ 9.95	\$ 10.90
<b>Riverina</b>	\$ 7.68	\$ 10.36	\$ 11.25	\$ 13.54
<b>Robertson</b>	\$ 7.83	\$ 8.64	\$ 9.49	\$ 10.82
<b>Ryan</b>	\$ 9.59	\$ 12.75	\$ 13.65	\$ 14.87
<b>Scullin</b>	\$ 8.00	\$ 10.37	\$ 11.22	\$ 13.06
<b>Shortland</b>	\$ 8.38	\$ 9.22	\$ 9.59	\$ 11.20
<b>Solomon</b>	\$ 14.44	\$ 17.34	\$ 18.30	\$ 20.40
<b>Stirling</b>	\$ 8.89	\$ 11.59	\$ 11.68	\$ 12.59
<b>Sturt</b>	\$ 7.98	\$ 10.13	\$ 10.51	\$ 11.67
<b>Swan</b>	\$ 8.76	\$ 12.06	\$ 12.69	\$ 13.92
<b>Sydney</b>	\$ 13.13	\$ 17.49	\$ 18.84	\$ 20.88
<b>Tangney</b>	\$ 8.68	\$ 13.68	\$ 15.04	\$ 16.25
<b>Throsby</b>	\$ 8.66	\$ 11.15	\$ 11.08	\$ 12.18
<b>Wakefield</b>	\$ 6.97	\$ 8.85	\$ 9.19	\$ 10.41
<b>Wannon</b>	\$ 6.62	\$ 9.19	\$ 10.01	\$ 10.47
<b>Warringah</b>	\$ 11.63	\$ 16.72	\$ 18.00	\$ 20.48
<b>Watson</b>	\$ 7.63	\$ 11.34	\$ 12.25	\$ 14.21
<b>Wentworth</b>	\$ 13.31	\$ 18.12	\$ 19.58	\$ 21.61
<b>Werriwa</b>	\$ 7.54	\$ 9.27	\$ 10.71	\$ 12.50
<b>Wide Bay</b>	\$ 6.82	\$ 9.20	\$ 9.46	\$ 9.99
<b>Wills</b>	\$ 8.74	\$ 11.81	\$ 12.39	\$ 12.42
<b>Total</b>	<b>\$ 8.53</b>	<b>\$ 11.20</b>	<b>\$ 11.79</b>	<b>\$ 13.04</b>

### Notes

- Fees charged less benefits paid for Patient billed services only.
- These statistics were compiled using 2001 electoral boundaries. Caution should be exercised in making comparisons over time, due to changes in the demographics of the postcodes associated with each electorate.
- These statistics were compiled from statistics by Medicare enrolment postcode. Since some postcodes overlap federal electoral division boundaries, data by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the percentage of the population of the postcode in each federal electoral division. Excludes statistics for postcodes which could not be mapped to electorate (in particular, Australia Post post box/mail centre postcodes).

d) Please see table 4 below.

**Table 4. Total GP Services (unreferred attendances) by Electorate for selected March quarters.**

<i>Electorate</i>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Adelaide</b>	172,415	162,272	146,475	145,867
<b>Aston</b>	173,310	175,818	165,031	164,526
<b>Ballarat</b>	134,499	135,543	127,031	126,722
<b>Banks</b>	201,330	197,046	189,112	183,019
<b>Barker</b>	134,025	139,939	136,387	135,975
<b>Barton</b>	217,762	208,728	199,881	196,020
<b>Bass</b>	109,677	98,017	92,492	91,332
<b>Batman</b>	221,502	211,691	197,801	192,769
<b>Bendigo</b>	124,988	121,922	117,756	123,495
<b>Bennelong</b>	177,793	175,576	167,690	161,882
<b>Berowra</b>	166,045	166,449	160,887	157,430
<b>Blair</b>	138,892	147,870	143,883	141,611
<b>Blaxland</b>	265,464	268,887	261,491	248,300
<b>Bonython</b>	216,469	218,969	192,219	190,320
<b>Boothby</b>	156,710	162,336	149,984	146,480
<b>Bowman</b>	174,133	190,859	176,708	169,096
<b>Braddon</b>	106,432	106,986	106,584	101,699
<b>Bradfield</b>	164,889	159,041	152,349	150,147
<b>Brand</b>	129,600	143,239	132,305	135,060
<b>Brisbane</b>	170,435	171,257	156,178	148,126
<b>Bruce</b>	194,248	192,076	178,588	174,873
<b>Burke</b>	159,998	172,651	170,977	173,173
<b>Calare</b>	133,344	129,788	121,756	122,973
<b>Calwell</b>	202,708	231,137	222,297	220,839
<b>Canberra</b>	166,413	157,714	143,684	134,494
<b>Canning</b>	121,834	124,274	116,337	113,515
<b>Capricornia</b>	126,719	130,292	127,677	124,325
<b>Casey</b>	154,569	156,806	143,898	141,203
<b>Charlton</b>	148,601	151,006	140,662	139,284
<b>Chifley</b>	267,007	251,861	250,696	239,999
<b>Chisholm</b>	175,588	170,523	157,474	153,677
<b>Cook</b>	168,668	161,728	155,865	150,455
<b>Corangamite</b>	120,346	129,234	122,117	125,338
<b>Corio</b>	148,381	145,578	135,838	136,805
<b>Cowan</b>	150,144	151,074	141,494	138,014
<b>Cowper</b>	141,198	128,104	124,221	121,688
<b>Cunningham</b>	181,302	170,064	163,735	160,159
<b>Curtin</b>	141,339	133,845	126,527	122,345
<b>Dawson</b>	141,010	148,742	152,636	148,002
<b>Deakin</b>	165,367	162,179	150,909	147,224
<b>Denison</b>	119,310	118,313	115,242	110,007
<b>Dickson</b>	150,633	165,992	153,895	146,362
<b>Dobell</b>	173,345	166,806	156,466	149,606
<b>Dunkley</b>	161,146	160,364	144,752	142,603
<b>Eden-Monaro</b>	119,235	121,088	115,926	113,234
<b>Fadden</b>	155,929	194,570	179,511	173,907
<b>Fairfax</b>	137,426	170,330	161,808	160,269
<b>Farrer</b>	123,424	120,431	109,252	115,555
<b>Fisher</b>	165,607	201,326	192,959	187,137
<b>Flinders</b>	149,868	157,517	146,237	150,185
<b>Forde</b>	161,553	184,145	171,158	170,390
<b>Forrest</b>	102,777	114,069	114,548	114,655

<b>Fowler</b>	278,453	281,970	270,498	258,486
<b>Franklin</b>	114,508	112,757	111,611	106,994
<b>Fraser</b>	160,340	160,976	146,273	133,329
<b>Fremantle</b>	139,427	148,532	140,535	133,729
<b>Gellibrand</b>	205,292	193,080	176,621	173,522
<b>Gilmore</b>	134,605	140,888	134,302	134,274
<b>Gippsland</b>	118,421	119,633	117,827	121,905
<b>Goldstein</b>	176,483	172,026	166,160	166,783
<b>Grayndler</b>	240,594	207,783	194,658	186,874
<b>Greenway</b>	191,336	219,459	217,705	218,248
<b>Grey</b>	141,944	143,263	134,972	142,400
<b>Griffith</b>	169,236	183,985	171,259	157,570
<b>Groom</b>	156,973	158,845	148,214	137,671
<b>Gwydir</b>	150,725	132,573	126,112	128,496
<b>Hasluck</b>	154,452	154,104	143,311	135,920
<b>Herbert</b>	151,600	147,298	135,714	138,382
<b>Higgins</b>	163,887	158,722	150,644	150,612
<b>Hindmarsh</b>	166,460	170,741	158,741	157,200
<b>Hinkler</b>	122,775	125,613	131,634	132,577
<b>Holt</b>	195,667	213,510	198,759	199,797
<b>Hotham</b>	185,606	182,884	169,248	166,228
<b>Hughes</b>	169,931	179,682	171,325	165,354
<b>Hume</b>	129,589	131,968	129,081	125,894
<b>Hunter</b>	137,674	130,704	126,406	123,648
<b>Indi</b>	119,341	122,249	114,464	113,008
<b>Isaacs</b>	163,850	175,345	162,791	165,255
<b>Jagajaga</b>	160,060	159,557	150,096	148,605
<b>Kalgoorlie</b>	97,996	101,828	90,565	98,060
<b>Kennedy</b>	125,295	137,510	129,931	125,618
<b>Kingsford-</b>	235,667	220,411	210,087	203,170
<b>Kingston</b>	166,026	174,682	160,000	157,202
<b>Kooyong</b>	143,583	139,808	131,524	130,436
<b>La Trobe</b>	148,117	166,329	157,516	159,761
<b>Lalor</b>	152,044	177,453	163,540	165,118
<b>Leichhardt</b>	135,779	172,590	162,641	152,077
<b>Lilley</b>	174,907	178,312	165,038	151,641
<b>Lindsay</b>	195,413	187,544	179,306	167,442
<b>Lingiari</b>	45,518	55,049	49,956	51,756
<b>Longman</b>	167,040	196,112	172,774	174,821
<b>Lowe</b>	201,107	192,268	189,435	183,485
<b>Lyne</b>	152,322	157,111	150,196	148,711
<b>Lyons</b>	103,344	99,990	97,246	93,251
<b>Macarthur</b>	196,332	213,435	211,159	203,466
<b>Mackellar</b>	175,087	168,898	157,108	150,765
<b>Macquarie</b>	156,918	158,782	149,310	141,783
<b>Makin</b>	157,029	167,561	150,679	149,132
<b>Mallee</b>	120,061	126,505	118,388	123,021
<b>Maranoa</b>	134,098	135,747	131,028	130,115
<b>Maribyrnong</b>	193,458	194,035	181,806	173,008
<b>Mayo</b>	141,632	151,146	143,067	142,295
<b>McEwen</b>	138,635	155,303	148,785	156,530
<b>McMillan</b>	133,073	137,164	137,825	143,558
<b>McPherson</b>	191,986	219,287	199,631	198,784
<b>Melbourne</b>	223,789	199,974	186,918	184,674
<b>Melbourne</b>	183,085	174,763	164,131	161,514
<b>Menzies</b>	147,496	153,195	145,017	145,274

Mitchell	149,630	161,096	157,736	158,965
Moncrieff	195,654	214,343	198,724	195,046
Moore	140,142	140,572	131,470	127,091
Moreton	167,057	179,899	166,636	154,695
Murray	120,477	123,216	113,590	113,921
New England	127,671	120,982	114,437	112,760
Newcastle	169,053	159,382	149,654	143,498
North Sydney	168,367	154,127	145,020	143,832
O'Connor	113,812	118,509	108,781	109,247
Oxley	188,091	214,645	187,859	181,280
Page	142,548	128,705	125,187	120,552
Parkes	130,936	117,652	113,504	121,468
Parramatta	224,772	222,202	211,570	211,139
Paterson	136,114	147,401	134,304	134,570
Pearce	118,355	139,516	133,650	132,112
Perth	173,607	167,435	155,236	147,018
Petrie	179,646	188,055	175,205	163,463
Port Adelaide	208,832	204,177	178,602	177,547
Prospect	261,032	250,852	238,273	232,262
Rankin	193,954	216,826	197,828	190,791
Reid	263,706	256,913	249,121	239,887
Richmond	141,989	151,262	150,734	146,912
Riverina	120,582	114,052	108,125	108,954
Robertson	178,589	170,986	159,861	155,232
Ryan	134,666	147,966	136,624	129,510
Scullin	177,677	197,189	187,812	192,402
Shortland	162,751	155,121	146,472	139,935
Solomon	87,447	81,272	70,597	67,706
Stirling	180,579	186,901	174,989	166,711
Sturt	159,861	164,056	152,326	149,752
Swan	157,683	151,270	141,749	136,903
Sydney	208,783	201,237	192,781	188,092
Tangney	149,731	153,682	146,303	139,682
Throsby	179,961	186,812	184,616	188,250
Wakefield	134,182	142,358	134,205	136,346
Wannon	117,541	118,093	111,833	118,117
Warringah	183,095	173,424	164,729	157,342
Watson	256,789	239,274	227,861	217,581
Wentworth	202,735	176,699	162,794	158,609
Werriwa	194,181	206,565	199,860	197,338
Wide Bay	140,582	156,420	148,146	154,085
Wills	222,488	207,221	191,765	189,304
<b>Total (a)(b)</b>	<b>24,286,820</b>	<b>24,685,381</b>	<b>23,295,526</b>	<b>22,871,305</b>

Notes:

- These statistics were compiled using 2001 electoral boundaries. Caution should be exercised in making comparisons over time, due to changes in the demographics of the postcodes associated with each electorate.
- These statistics were compiled from statistics by Medicare enrolment postcode. Since some postcodes overlap federal electoral division boundaries, data by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the percentage of the population of the postcode in each federal electoral division. Excludes statistics for postcodes which could not be mapped to electorate (in particular, Australia Post post box/mail centre postcodes).



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-227

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS – STATE BY STATE – MARCH QUARTER FIGURES

Senator McLucas asked:

- (a) What are the state and territory breakdowns of the percentage of total unREFERRED (GP) attendances bulk billed for the quarters ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003?
- (b) What are the state and territory breakdowns of the number of total unREFERRED (GP) attendances bulk billed for the quarters ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003.
- (c) What are the state and territory breakdowns for the average patient contribution per service (patient billed services only) for total unREFERRED (GP) attendances for the quarters ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003.
- (d) What are the state and territory breakdowns for the number of services for total unREFERRED (GP) attendances for the quarters ending ending 31 March 1996, 31 March 2001, 31 March 2002 and 31 March 2003.

Answer:

- (a) Please see table 1 below.

Table 1. Bulk Billing rates of GP Services (unREFERRED attendances) by State/Territory for selected March quarters.

State	1996	2001	2002	2003
NSW	83.8%	80.6%	79.5%	76.3%
VIC	79.5%	76.9%	73.3%	66.9%
QLD	80.2%	79.0%	74.4%	64.3%
SA	74.9%	73.7%	68.0%	60.9%
WA	79.7%	75.0%	71.2%	65.1%
TAS	67.4%	60.9%	58.5%	54.0%
NT	69.9%	65.9%	63.0%	61.2%
ACT	64.2%	58.6%	49.5%	38.1%
<b>TOTAL</b>	<b>80.3%</b>	<b>77.5%</b>	<b>74.5%</b>	<b>68.5%</b>

(b) Please see table 2 below.

**Table 2. Bulk Billed GP Services (unreferred attendances) by State/Territory for selected March quarters.**

<b>State</b>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
NSW	7,553,233	7,102,000	6,714,447	6,298,295
VIC	4,771,696	4,695,053	4,211,100	3,851,636
QLD	3,412,259	3,699,614	3,262,145	2,729,816
SA	1,466,606	1,478,326	1,251,771	1,117,021
WA	1,653,121	1,607,145	1,434,552	1,279,636
TAS	374,664	327,353	307,261	272,524
NT	95,205	92,987	78,796	76,080
ACT	212,993	190,151	146,422	104,176
<b>TOTAL</b>	<b>19,539,777</b>	<b>19,192,629</b>	<b>17,406,494</b>	<b>15,729,184</b>

(c) Please see table 3 below.

**Table 3. Average patient contribution\* for GP Services (unreferred attendances) by State/Territory for selected March Quarters.**

<b>State</b>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
NSW	\$ 8.49	\$ 11.29	\$ 12.00	\$ 13.69
VIC	\$ 8.68	\$ 11.33	\$ 12.06	\$ 13.23
QLD	\$ 8.64	\$ 11.33	\$ 11.96	\$ 12.77
SA	\$ 7.39	\$ 9.52	\$ 9.71	\$ 10.67
WA	\$ 8.71	\$ 11.65	\$ 12.05	\$ 13.40
TAS	\$ 7.56	\$ 8.86	\$ 9.17	\$ 10.15
NT	\$ 13.63	\$ 16.88	\$ 17.44	\$ 19.23
ACT	\$ 10.47	\$ 14.49	\$ 14.90	\$ 17.02
<b>TOTAL</b>	<b>\$ 8.53</b>	<b>\$ 11.21</b>	<b>\$ 11.80</b>	<b>\$ 13.05</b>

\* Fees charged less benefits paid for Patient billed services only.

(d) Please see table 4 below.

**Table 4. Total GP Services (unreferred attendances) by State/Territory for selected March Quarters.**

<b>State</b>	<b>1996</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
NSW	1,424,336	1,684,613	1,702,912	1,924,351
VIC	1,189,930	1,383,557	1,507,836	1,876,371
QLD	801,325	947,010	1,082,837	1,480,764
SA	471,341	510,568	571,974	700,908
WA	409,288	526,934	570,259	677,671
TAS	178,561	208,578	215,708	230,481
NT	40,279	47,853	46,010	48,007
ACT	118,369	134,099	148,928	169,094
<b>TOTAL</b>	<b>4,633,429</b>	<b>5,443,212</b>	<b>5,846,464</b>	<b>7,107,647</b>

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-228

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS - FURTHER BREAKDOWNS

Senator McLucas asked:

- (a) Please provide the Committee with a breakdown of bulk billing rates for unREFERRED services by RRMA, 1996/97 – 2002/03 (March quarter), in the form of Table 1 in Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum (document provided in response to an FOI request lodged by The Australian newspaper).
- (b) Please provide the Committee with a breakdown of bulk billing rates for unREFERRED services for persons aged 65+ and Rest of Population, 1996/97 – 2002/03 (March quarter), in the form of Table 2 in Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum, December 2001 (document provided in response to an FOI request lodged by The Australian newspaper).
- (c) Please provide the Committee with a breakdown of bulk billing rates for unREFERRED services by RRMA for persons aged 65+ and Rest of Population, 1996/97 – 2002/03 (March Quarter), in the form of Table 3 in Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum, December 2001 (document provided in response to an FOI request lodged by The Australian newspaper).
- (d) Please provide the Committee with a breakdown of the percentage of general practice providers with 1000 or more service levels by RRMA who bulk bill in the following bands: Less than 30%, 30% to 50%, 60% to 90% and 90% to 100% March 2003, in the form of Chart 2 in Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum (document provided in response to an FOI request lodged by The Australian newspaper). Please also specify the relevant percentages which apply to each bar in that chart.

Answer:

(a) Please see table 1, below.

**Table 1: Bulk Billing (%) rates for GP Services (unreferred attendances) by RRMA, 1996/97 – 2002/03 (year to March quarter)**

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Total
<b>1996/97</b>	85.9	81.3	65.7	64.8	62.1	56.0	70.1	80.6
<b>1997/98</b>	85.6	80.1	63.7	63.1	59.6	56.7	69.6	79.8
<b>1998/99</b>	85.4	79.5	61.7	61.7	59.1	57.6	70.1	79.4
<b>1999/00</b>	85.2	78.6	60.8	61.7	58.6	59.0	70.1	79.1
<b>2000/01</b>	83.8	76.2	59.8	60.9	57.7	60.0	69.5	78.6
<b>2001/02</b>	80.8	72.3	59.0	59.3	56.6	58.9	70.0	74.9
<b>2002/03 (to March)</b>	76.5	68.6	55.1	55.3	54.0	58.0	70.4	70.9
<b>Difference 96/97 – 02/03</b>	-9.4	-12.7	-10.6	-9.5	-8.1	2.0	0.3	-9.7

(b) Please see table 2, below.

**Table 2: Bulk Billing and Patient Charge for unreferred services 65+ Population and Rest of Population 1996/97 to 2002/03 (year to March Quarter)**

<i>Patients aged 65+</i>			
	<b>Services Bulk Billed (%)</b>	<b>Average Patient Contribution *</b>	<b>GP income from Patient Charges</b>
<b>1996/97</b>	86.9	\$7.33	\$20.5m
<b>1997/98</b>	85.9	\$7.59	\$23.3m
<b>1998/99</b>	85.5	\$7.82	\$24.9m
<b>1999/2000</b>	85.3	\$8.12	\$26.4m
<b>2000/01</b>	84.3	\$8.54	\$30.2m
<b>2001/02</b>	82.3	\$9.08	\$36.8m
<b>2002/03 (to March)</b>	78.6	\$9.81	\$37.5m
<i>Rest of Population</i>			
	<b>Services Bulk Billed (%)</b>	<b>Average Patient Contribution *</b>	<b>GP Income from Patient Charges</b>
<b>1996/97</b>	78.9	\$9.20	\$157.6m
<b>1997/98</b>	78.2	\$9.77	\$173.4m
<b>1998/99</b>	77.8	\$10.31	\$184.7m
<b>1999/2000</b>	77.3	\$10.93	\$196.6m
<b>2000/01</b>	75.7	\$11.58	\$219.4m
<b>2001/02</b>	72.8	\$12.30	\$258.1m
<b>2002/03 (to March)</b>	68.5	\$13.53	\$246.0m

\* For patient billed services only

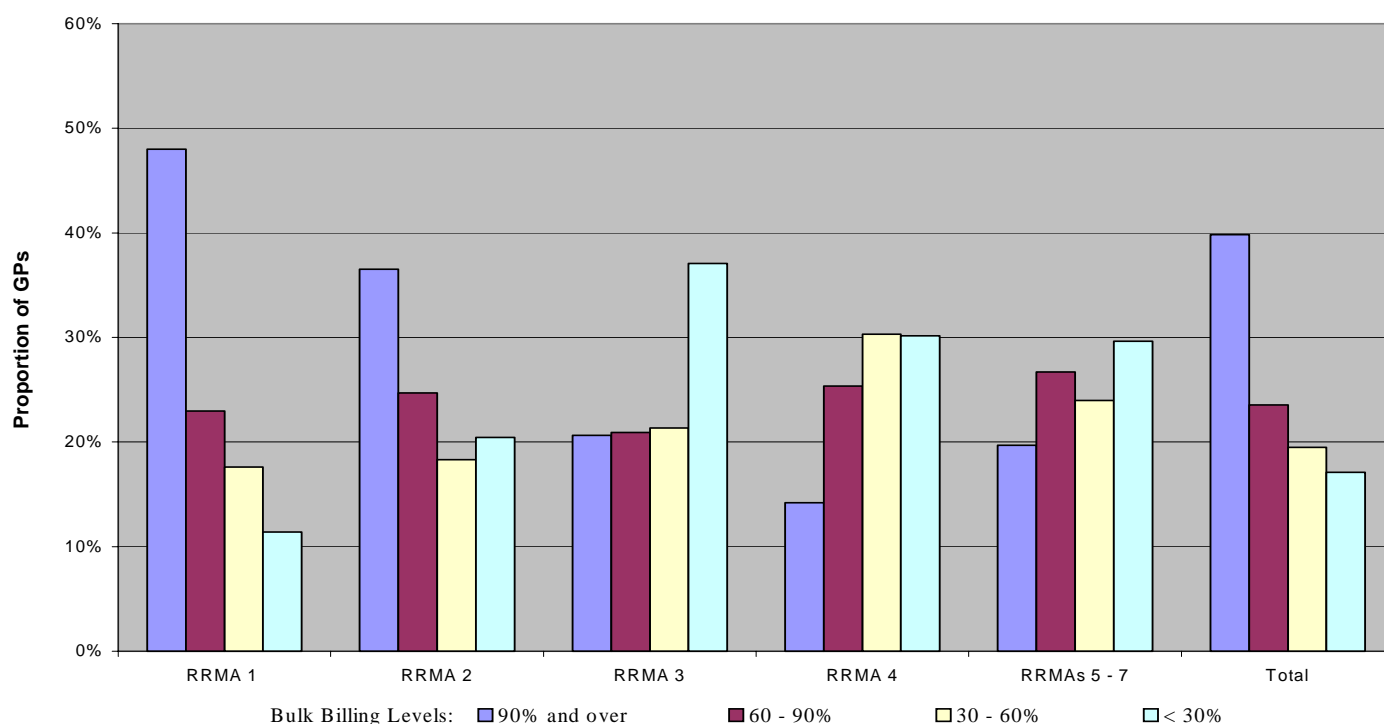
(c) Please see table 3, below.

**Table 3: Bulk Billing (%) rate of GP services (unreferred Attendances) for patients aged 65 years + and Rest of Population by RRMA from 1996/97 to 2002/03 (year to March)**

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Total
<b>Patients aged 65+</b>								
<b>1996/97</b>	90.9	89.6	77.4	78.3	71.9	76.1	80.4	86.9
<b>1997/98</b>	90.7	88.1	74.1	77.0	69.0	76.6	78.9	85.9
<b>1998/99</b>	90.7	87.5	71.2	74.6	68.0	76.9	80.0	85.5
<b>1999/00</b>	90.9	86.6	70.1	74.1	67.8	76.2	80.1	85.3
<b>2000/01</b>	90.2	84.4	69.0	72.3	66.9	76.2	79.4	84.3
<b>2001/02</b>	88.3	80.4	67.5	70.0	65.9	76.3	80.6	82.3
<b>2002/03 (to March)</b>	84.7	76.4	63.1	65.4	63.0	75.4	79.6	78.6
<b>Difference 96/97 – 02/03</b>	-6.2	-13.2	-14.3	-12.9	-8.9	-0.7	-0.8	-8.3
<b>Rest of Population</b>								
<b>1996/97</b>	84.7	78.8	62.3	60.4	59.1	53.4	68.2	78.9
<b>1997/98</b>	84.4	77.6	60.6	58.5	56.6	54.1	67.9	78.2
<b>1998/99</b>	84.1	76.9	58.9	57.4	56.2	54.9	68.2	77.8
<b>1999/2000</b>	83.7	75.9	58.0	57.4	55.5	56.4	68.0	77.3
<b>2000/01</b>	82.1	73.4	56.9	56.7	54.5	57.5	67.4	75.7
<b>2001/02</b>	78.7	69.5	56.3	55.2	53.2	56.1	67.7	72.8
<b>2002/03 (to March)</b>	74.2	65.8	52.3	51.4	50.7	55.1	68.3	68.5
<b>Difference 96/97 – 02/03</b>	-10.5	-13.0	-10.0	-9.0	-8.4	1.7	0.1	-10.4

(d) Please see Chart 1, below.

Chart 1. March quarter 2002/03: Proportion of General Practitioners with 1,000 or more services by bulk billing range (%)



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-229

OUTCOME 2: Access to Medicare

Topic: BULK BILLING STATISTICS - FURTHER BREAKDOWNS

Written Question on Notice

Senator McLucas asked:

- (a) Please provide the Committee with a breakdown of GP bulk billing rates and patient contribution by age group for March quarter 2003, in the form of Table 2 in the June Quarter 2002 Quarterly Medicare Report (document provided in response to an FOI request lodged by The Australian newspaper).
- (b) Please provide the Committee with a breakdown of GP bulk billing rates and patient contribution by RRMA for March quarter 2003, in the form of Table 3 in the June Quarter 2002 Quarterly Medicare Report (document provided in response to an FOI request lodged by The Australian newspaper).
- (c) Please provide the Committee with a breakdown of bulk billing rates by item for March quarter 2003, in the form of Table 4 in the June Quarter 2002 Quarterly Medicare Report (document provided in response to an FOI request lodged by The Australian newspaper).
- (d) Please provide the Committee a comparison of persons per FTE GP Ratio and bulk billing rate by RRMA showing figures for the March quarter 1996/97 and March quarter 2002/2003, in the form of Table 3 in the paper addressing bulk billing rates for the Departmental Policy Forum, December 2001 (document 8 provided in response to an FOI request lodged by The Australian newspaper).

Answer:

(a) Please see table 1, overleaf.

**Table 1. Bulk Billing rates and Patient Contributions<sup>1</sup> by Age Group for March quarter 2003 for GP Services (unreferred attendances)**

<b>Age Group</b>	<b>Total Services Number</b>	<b>Bulk Billed Number</b>	<b>Bulk Billing Rate %</b>	<b>Total Patient C'bution<sup>1</sup> \$</b>	<b>Average Patient C'bution<sup>1</sup> \$</b>
<b>0-14</b>	3,078,394	2,158,035	70.1%	11,531,940	12.56
<b>15-29</b>	3,559,368	2,425,947	68.2%	15,705,068	13.91
<b>30-44</b>	4,464,216	2,892,035	64.8%	22,661,201	14.51
<b>45-59</b>	4,775,017	2,983,733	62.5%	25,338,299	14.28
<b>60-64</b>	1,412,866	956,938	67.7%	5,441,370	12.13
<b>65+</b>	5,666,388	4,312,496	76.1%	12,102,102	9.49
<b>Total</b>	<b>22,956,249</b>	<b>15,729,184</b>	<b>68.5%</b>	<b>92,780,106</b>	<b>13.05</b>

<sup>1</sup> For Patient Billed services provided out-of-hospital only.

(b) Please see table 2, below.

**Table 2. Bulk Billing rates and Patient Contributions<sup>1</sup> for GP services (unreferred Attendances) by RRMA for March Quarter 2003.**

<b>Location</b>	<b>Total Services Number</b>	<b>Bulk Billed Number</b>	<b>Bulk Billing Rate %</b>	<b>Total Patient C'bution<sup>1</sup> \$</b>	<b>Average Patient C'bution<sup>1</sup> \$</b>
<i>Sydney</i>	5,702,139	4,795,420	84.1	13,864,344	15.46
<i>Rest of RRMA 1</i>	9,914,107	6,766,794	68.3	41,863,621	13.43
<b>Total RRMA 1</b>	15,616,246	11,562,214	74.0	55,727,965	13.88
<b>RRMA 2</b>	1,811,092	1,207,806	66.7	7,756,303	13.07
<b>RRMA 1 &amp; 2</b>	17,427,338	12,770,020	73.3	63,484,268	13.78
<b>RRMA 3</b>	1,253,586	654,474	52.2	7,081,352	12.13
<b>RRMA 4</b>	1,359,387	727,883	53.5	7,127,398	11.53
<b>RRMA 5</b>	2,520,717	1,318,088	52.3	13,125,009	11.25
<b>RRMA 6</b>	164,822	96,294	58.4	1,043,238	15.68
<b>RRMA 7</b>	230,239	162,316	70.5	917,675	14.09
<b>RRMAs 3-7</b>	5,528,751	2,959,055	53.5	29,294,672	11.72
<b>Total</b>	<b>22,956,249</b>	<b>15,729,184</b>	<b>68.5</b>	<b>92,780,106</b>	<b>13.05</b>

<sup>1</sup> For Patient Billed services provided out-of-hospital only.

(c) Please see table 3, below

Table 3. A1 (VR-GP), A2 (OMP), Item 23 (Standard GP Consultation) and EPC Bulk Billing Rates (%) by RRMA for March quarter 2003

	<b>RRMA 1</b>	<b>RRMA 2</b>	<b>RRMA 3</b>	<b>RRMA 4</b>	<b>RRMA 5</b>	<b>RRMA 6</b>	<b>RRMA 7</b>	<b>Total</b>
<b>A1</b>	73.6	66.1	49.8	53.2	51.8	56.7	70.3	67.8
<b>A2</b>	80.7	74.1	69.8	61.8	66.3	89.9	75.7	78.4
<b>Item 23</b>	71.8	63.9	46.6	49.5	48.5	52.6	66.6	65.6
<b>EPC</b>	97.3	96.6	92.5	96.0	91.7	94.7	98.5	96.2

(d) Please see table 4, below

Table 4 - Comparison of Persons per FTE GP Ratio and Bulk Billing Rate by RRMA

<i>RRMA</i>	<i>Persons per FTE GP</i>	<i>Bulk Billing Rate</i>	<i>Persons per FTE GP</i>	<i>Bulk Billing Rate</i>	
<i>March Quarter 1997</i>			<i>March Quarter 2003</i>		
Sydney	1 :	1,206	89.6%	1 : 1,291	84.1%
Rest of RRMA 1	1 :	1,312	83.8%	1 : 1,372	68.3%
RRMA 1	1 :	1,275	84.9%	1 : 1,344	74.0%
RRMA 2	1 :	1,359	79.7%	1 : 1,457	66.7%
RRMA 3	1 :	1,483	63.1%	1 : 1,439	52.2%
RRMA 4	1 :	1,546	63.5%	1 : 1,365	53.5%
RRMA 5	1 :	1,791	60.4%	1 : 1,594	52.3%
RRMA 6	1 :	2,327	56.7%	1 : 1,926	58.4%
RRMA 7	1 :	2,818	69.1%	1 : 2,104	70.5%
<b>Total</b>	<b>1 :</b>	<b>1,381</b>	<b>79.3%</b>	<b>1 : 1,401</b>	<b>68.5%</b>



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-230

OUTCOME 2: ACCESS TO MEDICARE

Topic: GENERAL PRACTICE PROVIDERS BREAKDOWN

Senator McLucas asked:

- (a) Please provide the Committee with a breakdown of the percentage of general practice providers with 1000 or more service levels by RRMA who bulk bill in the following bands: Less than 10%, 10% to 20%, 20% to 30%, 30% to 40%, 40% to 50%, 50% to 60%, 60% to 70%, 70% to 80%, 80% to 90% and 90% to 100%, March quarter 2003.

Answer:

Please see table 1 below.

**Table 1. Proportion of General Practitioners<sup>1</sup> by bulk billing range and RRMA for March Quarter 2003.**

BB % Range	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Total
< 10 %	3%	6%	17%	10%	12%	13%	5%	6%
10 - <20%	3%	6%	10%	9%	9%	5%	1%	5%
20 - <30%	5%	8%	10%	11%	10%	8%	3%	6%
30 - <40%	5%	7%	8%	10%	8%	5%	5%	6%
40 - <50%	6%	5%	7%	10%	7%	8%	4%	6%
50 - <60%	7%	6%	6%	10%	9%	12%	4%	7%
60 - <70%	7%	7%	8%	9%	10%	8%	7%	8%
70 - <80%	8%	8%	7%	9%	9%	12%	11%	8%
80 - <90%	8%	10%	6%	8%	7%	12%	11%	8%
90% +	48%	37%	21%	14%	18%	17%	49%	40%
<b>Total</b>	100%	100%	100%	100%	100%	100%	100%	100%

1. Those GPs providing more than 1,000 unreferral services in a year.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-231

OUTCOME 2: ACCESS TO MEDICARE

Topic: FAIRER MEDICARE – CONCESSION CARD HOLDERS MEASURE

Senator McLucas asked:

- (a) What proportion of GPs in each RRMA will be financially better off if they agree to become participating practices?
- (b) What take-up rate is assumed (expressed as a proportion of all practices) for each year in the calculation that the measure described in Fact Sheet 1 of the Government's "A Fairer Medicare" package will cost \$346 million over 4 years?
- (c) Does the assumed take-up rate differ from the proportion of GPs estimated to be financially better off? If not, why not?
- (d) How many practices is it assumed will become participating practices in the each of the outyears 2003-2004 through 2006-2007?

Answer:

- (a) It is estimated that some three quarters of Full-Time Equivalent GPs in each RRMA will be financially better off if they agree to participate, based on a 2002 matched dataset showing the regional billing patterns of General Practice services provided to concessional patients.
- (b) The modelling undertaken for this initiative used billing data for each individual GP, as data is not available at the practice level.

Expressed as a proportion of GPs for whom the scheme will be financially beneficial, the funding provided is sufficient for take up by 63% in 2003/04, 80% in 2004/05, 96% in 2005/06 and 100% in 2006/07.

- (c) The Department does not believe that General Practice is purely driven by financial considerations, and as such does not expect that all practices for whom it is financially beneficial to participate will sign up to the program immediately upon its introduction. Equally, some practices for whom the scheme is not financially viable, may nevertheless choose to participate in order to access other components of the Fairer Medicare package, or to be able to offer a guarantee of bulk billing to concession card holders.
- (d) For reasons explained at (b) above, it is not possible to forecast the numbers of practices that will choose to participate.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-232

OUTCOME 2: ACCESS TO MEDICARE

Topic: FAIRER MEDICARE – CONCESSIONAL SAFETY NET

Written Question on Notice

Senator McLucas asked:

How many people is it estimated will reach the concessional safety net in each of the four outyears?

Answer:

There is no expectation that the number of families accessing the new concessional safety net would grow or decline substantially over the forward estimate period. We would expect this number to be relatively stable (ie. 50,000 families or individuals per calendar year), and this was reflected in the modelling and costing of the policy.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-233

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE OFFICES

Written Question on Notice

Senator McLucas asked:

- (a) How many Medicare offices have been closed since 1996-97?
- (b) Where were these offices located?
- (c) Are more closures planned in the future? Where?

Answer:

- (a) 43 Medicare offices were selected for closure in 1996–97 to fund the Medicare easyclaim project. These Medicare offices were closed during the 1997–98 Financial Year.

- (b) These offices were located in the following areas:

NSW: Rockdale, Sylvania, Cabramatta, Erskine Street (City), Randwick, Merrylands, Dee Why, St Ives, Auburn, Campsie, North Rocks, Belmont, Mt Druitt, Warrawong, Leichhardt, Marrickville and Corrimal.

QLD: Cannon Hill, Coorparoo, Queen Street (City) and Wynnum.

SA: Sefton Park, Eastwood, Salisbury, Blackwood, Ingle Farm, Rundle Mall (City), Kilkenny and Glenelg.

TAS: Moonah.

VIC: Croydon, Reservoir, Deer Park, Footscray, Heideberg, Clayton, Boronia and Keysborough.

WA: East Victoria Park, Maddington, Mirrabooka, Cloisters and Innaloo.

- (c) There are no plans to close Medicare offices in the foreseeable future.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-234

OUTCOME 2: ACCESS TO MEDICARE  
Topic: MEDICARE CLAIMING - PHARMACIES

Written Question on Notice

Senator McLucas asked:

- (a) How many pharmacies offer Medicare claiming facilities?
- (b) Are there any plans to expand the number of these facilities?

Answer:

- (a) As at 23 June 2003, 501 pharmacies offer Medicare claiming facilities.
- (b) There are no plans to expand the current number of these facilities.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-235

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE – EASY CLAIMS

Written Question on Notice

Senator McLucas asked:

- (a) How many easy claim facilities are operating in other government centres and local community buildings etc?
- (b) Are there plans to extend the number of these facilities?
- (c) What percentage of claims are now lodged through easy claim telephone claiming?

Answer:

- (a) 561 easyclaim telephone booths operate from Government centres, local community buildings and other non-Government sites.
- (b) The Health Insurance Commission (HIC) has a commitment to continue to support the Department of Transport and Regional Services Rural Transaction Centre (RTC) Program. HIC expects additional easyclaim sites to become operational during 2003-04, through the RTC Program.
- (c) During the period 1 January 2003 to 31 May 2003, 0.18% of Medicare claims were lodged through easyclaim telephone booths.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-236

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE – ELECTRONIC CLAIMS

Written Question on Notice

Senator McLucas asked:

- (a) How many doctors' practices now offer patients the option of electronically lodging their Medicare claims?
- (b) What are the current problems with this system?
- (c) What is the Department doing to improve the system?
- (d) Does the Department plan to continue with this system? If not, why not?

Answer:

- (a) There are currently 21 sites offering a combination of real-time and batch transmission electronic lodgement of patient claims from point of service.
- (b) There are no technical problems with HIC Online patient claiming. The system works as designed and pays correctly for claims. In a small number of cases, HIC is aware of concerns about the speed of response with the system.
- (c) If a medical practice contacts the Health Insurance Commission (HIC) with concerns about slow response speeds for on-line claiming, HIC staff work with the practice to explore reasons for any slowness in processing speed, e.g. internet bandwidth capacity.
- (d) The HIC intends to continue using the system.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-238

OUTCOME 2: ACCESS TO MEDICARE

Topic: RURAL RADIOTHERAPY

Written Question on Notice

Senator McLucas asked:

With reference to previous response to Question EO3 – 161 (Feb 2003):

- (a) Has any decision yet been made on the location of the six new radiotherapy centres?
- (b) Have formal discussions with the States and Territories commenced?
- (c) Will these discussions commence before or after the Government announced the locations which have been selected for centres?
- (d) Please provide an update on progress of the implementation of this measure.

Answer:

(a) and (b)

At present, the Department is in formal negotiations with the States and Territories on how to best serve the needs of patients residing in identified areas, including the possibility of new radiotherapy facilities. The involvement of States and Territories in this process is essential to provide coordinated, accessible and viable services. The location of new facilities will be announced on completion of this process. Identified areas of need were determined via a reference group consisting of Commonwealth, State and Territory representatives.

- (c) As noted above, the Department is currently in negotiations with the States and Territories. The Government will be announcing the results of these negotiations, including the location of new radiotherapy facilities, in the second half of the year.
- (d) As noted above, negotiations on the Budget measure are underway with the States and Territories and announcements will be made in the second half of the year. However, there are a number of workforce initiatives being implemented currently including funding to increase the number of radiation therapy students by 50 per cent over the 2002 and 2003 cohorts, the development of a post-graduate radiation therapy course and a radiation oncology medical physicist training program.



Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2002-2003, 2, 3 & 5 June 2003

Question: E03-239

OUTCOME 2: ACCESS TO MEDICARE

Topic: MAGNETIC RESONANCE IMAGING (MRI)

Written Question on Notice

Senator McLucas asked:

With reference to the response to Question E03-157 (Feb 2003):

- (a) On what date did the MEG provide their latest round of advice to the Department?
- (b) What is the progress of the Department's consideration of that advice?
- (c) Has the Department made any recommendations to the Minister in relation to MRI units?
- (d) On what date did the Department provide that advice to the Minister?

Answer:

- (a) 5 July 2002.
- (b) The Department has undertaken some analysis, but this work has been deferred in light of the need to develop arrangements with the radiology profession as to how MRI might be incorporated in the new funding agreement, which commenced on 1 July 2003.
- (c) and (d) The Department has been advising the Minister on an ongoing basis about a range of issues regarding MRI units, including MEG advice and progress with negotiations on the proposed new funding agreement.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question: E03-240

OUTCOME 2: ACCESS TO MEDICARE

Topic: HIC ONLINE

Written Question on Notice

Senator McLucas asked:

With reference to previous response to Question EO3-166 (Feb 2003):

- (a) How many providers were using HIC Online as at 31 March 2002?
- (b) In the March 2002 quarter, what proportion of consultations were bulk billed by providers using HIC Online as at March 31 2002?
- (c) In the March 2002 quarter, what was the average patient contribution (patient billed services only) for providers using HIC Online as at 31 March 2002?
- (d) How many providers were using HIC Online as at 31 March 2003?
- (e) In the March 2003 quarter, what proportion of consultations were bulk billed by providers using HIC Online as at March 31 2002 and continuing to use HIC Online as at 31 March 2003?
- (f) In the March 2002 [*sic*, '2003' assumed] quarter, what was the average patient contribution (patient billed services only) for providers using HIC Online as at 31 March 2002 and continuing to use HIC Online as at 31 March 2003?

Answer:

- (a) 5 providers were using HIC Online as at 31 March 2002.
- (b) Over the March quarter 2002, 223 bulk bill claims were received from HIC Online providers. During March and April 2002 the 5 providers registered for HIC Online as at 31 March 2002 submitted 3,832 claims of which 1,077 (28.1%) were HIC Online bulk bill claims. There were no HIC Online providers transmitting prior to 1 March 2002.
- (c) No patient claims were received via the HIC Online channel in the March 2002 quarter.
- (d) There were 153 providers using HIC Online as at 31 March 2003.

- (e) For the March quarter 2003, the 5 providers registered for HIC Online as at 31 March 2002 submitted a total of 4,145 claims of which 1,373 (33.1%) were HIC Online bulk bill claims.
- (f) Data on provider billing amounts for patient claiming (from which the average patient contribution could be calculated) is collected by HIC only to verify correct benefit payment and, as such, there is no segregation of that data by channel, at point of collection, that would enable the generation of the specific information requested.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2-3 & 5 June 2003

Question: E03-241

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICONNECT

Written Question on Notice

Senator McLucas asked:

- (a) Can you please explain the difference (if any) between *HealthConnect* and *MediConnect*?
- (b) If there is a difference, are the two projects linked or duplicative in any way?
- (c) What is the total anticipated cost of the *MediConnect* project?
- (d) How much has been spent to date?
- (e) What has been budgeted for additional spending in the remainder of the budget cycle?
- (f) What is the total anticipated cost of the *HealthConnect* project?
- (g) How much has been spent to date?
- (h) What has been budgeted for additional spending in the remainder of the budget cycle?

Answer:

- (a) *HealthConnect* is Australia's proposed national health information network being jointly developed by Australian Health Ministers. Under *HealthConnect*, summary health information will be collected, stored and securely exchanged via a network of electronic health record systems – thereby enhancing the flow of critical information at the point of clinical care. In this way, a complete health record can be built up for individuals over time, leading to improved quality of care and patient safety. The *HealthConnect* Project is undertaking research and development activities ahead of proceeding with national implementation of *HealthConnect*. A core component of this work includes the development of essential building blocks – such as privacy, consent and data and technical standards – which are needed not only for *HealthConnect* but the wider e-health agenda.

The aim of *MediConnect*, which is being developed by the Commonwealth, is to develop a secure national electronic medication record system that will result in better medication management and, thus, a reduction in adverse drug events. Medication information collected by *MediConnect* is expected to feed into the ultimately more comprehensive *HealthConnect* record.

- (b) The two projects are closely linked as *MediConnect* is designed to provide the medication record for *HealthConnect*. They are both being managed by the same area within the Department to avoid any duplication of effort.
- (c) The total anticipated cost of the *MediConnect* project up until 30 June 2004 is \$59.6m
- (d) As at the end of May 2003, the total expenditure for the *MediConnect* project was \$29.337m.
- (e) Additional funding of \$28.33m has been budgeted for *MediConnect* in 2003-04.
- (f) The total anticipated cost to the Commonwealth of the *HealthConnect* project up until 30 June 2005 is \$22m.
- (g) As at the end of May 2003, the total expenditure for the *HealthConnect* project was \$12.2m.
- (h) Additional spending of \$5m has been budgeted for over the 2003-05 Budget cycle for *HealthConnect*.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2-3 & 5 June 2003

Question: E03-242

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICONNECT TRIALS

Written Question on Notice

Senator McLucas asked:

- (a) In January two sites (Launceston and Ballarat) were announced for field trials for *MediConnect*. How and why were these sites chosen?
- (b) What are the actual costs of this trial – computers and programs, payments to hospitals, doctors, pharmacists, any other costs/
- (c) Has the trial actually begun yet?
- (d) Have the privacy issues been resolved for this trial?
- (e) When will the trial be evaluated?
- (f) What is the next step?

Answer:

- (a) The *MediConnect* Development Group (a ministerial advisory group comprising medical, pharmacy, consumer and software vendor representatives) endorsed a set of 19 criteria for selection of the Field Test locations. Locations throughout Australia, including each state and territory, were assessed against these criteria, with further investigation undertaken on the ground in the four top ranked locations. Through this process the Development Group subsequently recommended that I approve the selection of Launceston and Ballarat for the *MediConnect* Field Test locations.
- (b) It should be noted that the Field Test costs relate not just to the Field Test, but to the implementation of *MediConnect* nationally. As at 31 May 2003, the costs incurred in development of the *MediConnect* Field Test are as follows:

Software vendors	\$514,583
HIC <i>MediConnect</i> Repository	\$8,000,00
HIC Software development	\$12,950,000
HIC – Funding for offsetting financial impost for participating doctors and pharmacists	\$9,090
Evaluation	\$55,000
Departmental Costs (including staffing)	\$442,602
Communications	\$26,238
<b>TOTAL</b>	<b>\$21,997,513</b>

- (c) The Field Test commenced in Launceston in March 2003.

- (d) A set of privacy arrangements has been developed for the Field Test. Work is underway in consultation with key stakeholder groups to further refine the detail of how these arrangements will be implemented.
- (e) Evaluation of the Field Test is an ongoing process. Commencing shortly after the Field Test started in March 2003, it is expected to be completed one month after the Field Test has been wound up, ie in early 2004.
- (f) Future expansion of *MediConnect* beyond the current Field Test sites is being examined in the context of developing the national implementation plan for *MediConnect*.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2-3 & 5 June 2003

Question: E03-243

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICONNECT

Written Question on Notice

Senator McLucas asked:

Will the Department operate *MediConnect* once it is fully implemented and operational?

If not, what is proposed for the future operations of *MediConnect*?

Answer:

No. An operator under contract to the Department is expected to undertake the day to day operation of the system. In the first instance, HIC (Health Insurance Commission) is the contracted operator for *MediConnect*. Overarching governance arrangements will be established to oversee and monitor the overall operation and performance of the system once it is implemented nationally.



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-244

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS BUDGET FIGURES

Written Question on Notice

Senator McLucas asked:

The 2003-04 Budget shows less spending in each year for pharmaceutical benefits for concession card holders than that proposed in the 2002-2003 Budget (a total of \$800 million less over the 4 years 2002-2006).

Why is this spending less than anticipated last year?

Answer:

The spending on pharmaceutical benefits for concession card holders in the 2002-03 and 2003-04 Budget Strategy and Outlook documents is:

	<b>2002-03</b> <b>(\$m)</b>	<b>2003-04</b> <b>(\$m)</b>	<b>2004-05</b> <b>(\$m)</b>	<b>2005-06</b> <b>(\$m)</b>	<b>Total</b>
2002-03 Budget Strategy and Outlook	3,522	3,803	4,102	4,420	<b>15,847</b>
2003-04 Budget Strategy and Outlook	3,626	3,703	3,951	4,123	<b>15,403</b>

In preparing PBS estimates of expenditure for the 2003-04 budget, a number of adjustments were made to take account of changed circumstances. These included the effects of changing expenditure trends, known new drug listings (including Singulair and Spriva) and adjustments resulting from budget measures. The main causes of the lower estimates are the inclusion of savings from increased PBS copayments (a policy measure announced in the 2002-03 Budget) which now shows in the years from 2003-04 onward; a reduction in the estimate of costs associated with a 2001-02 Budget measure involving the extension of eligibility for seniors cards; and a 2003-04 Budget measure to improve eligibility checking by the HIC and Centrelink.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-245

OUTCOME 2: ACCESS TO MEDICARE

Topic: GENERAL PHARMACEUTICAL BENEFITS

Written Question on Notice

Senator McLucas asked:

This year's Budget figures for spending on general pharmaceutical benefits shows a decrease in 2003-04 due to copayment charges, but that in 2004-05 spending is as anticipated for those years in last year's budget (\$913 m)

- (a) Does this mean that the Government now sees copayment increases as having no long term effect on the costs of the PBS?
- (b) Will the savings attempted in last year's budget through the increase in the copayment now be almost completely achieved by a combination of a slow down in the predicted rate of growth in the PBS and the implementation of measures other than the copayment?

Answer:

- (a) The Budget figures for spending on general pharmaceutical benefits for 2003-04 through to 2006-07 includes the savings estimated from the increase in patient copayments in each year. The Budget for 2002-03 also included savings for each year to 2005-06. Many factors contribute to the growth rate of the PBS. The proposed increases in patient copayments would have a positive effect on containing PBS increases but would not reduce the growth rate to zero. The PBS spending estimates for 2004-06 reflect this expected growth.
- (b) The savings reflected in the Budget estimates include the savings estimates for the increase in patient copayments. These savings cannot be achieved by the other means mentioned in the question.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-246

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS - GENERICS

Written Question on Notice

Senator McLucas asked:

- (a) To what extent is the fact that significant drugs will come off-patent over the forward estimates period factored into the PBS budget?
- (b) Is there an estimate of the savings that were generated when the ACE-inhibitors (used to treat hypertension) came off-patent?
- (c) Given that the statins (used to treat high cholesterol) are due to come off patent in this budget cycle (2005), how and where has that been figured into the budget estimations?
- (d) Are there any estimates of potential savings that could be achieved by the use of generic version of the statins?

Answer:

- (a) The underlying effect of generic competition with formerly patented drugs is captured by the trend forecasting used in compiling the PBS Estimates Model. Any anticipated exceptionally large movements off patent would need to be separately evaluated and appropriate adjustments made to the forward estimates. The current forward estimates make no such explicit allowance for major off-patent movements.
- (b) Some ACE inhibitors have come off patent between 1996 and 2001. At the same time a new Budget savings initiative was introduced forming Therapeutic Groups. It is not easy to disaggregate the savings effects of these variables and prescription volumes continued to increase.
- (c) There is uncertainty about the impact of the statins due to come off-patent in this budget cycle. This factor has not been included in the budget estimations.
- (d) The Generic Medicines Industry of Australia (GMIA) has provided some estimates of potential savings that could be achieved by the use of generic versions of the statins. Work undertaken by Lateral Economics on behalf of GMIA estimated that nearly \$1 billion could be saved over six years. The Department is in general agreement that savings are likely through the introduction of generic versions of statins, but could not confidently agree that the savings would be this high. We will continue work to analyse the impact.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-248

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS - EDQUM SAVINGS

Written Question on Notice

Senator McLucas asked:

Current savings are predicted at \$39.8 million over 4 years. The savings are shared between the Commonwealth and the Divisions of General Practice.

- (a) Are these savings (or part of the savings) off-set against the PBS budget?
- (b) If they are not off-set against the PBS budget, where do they go?
- (c) What do the Divisions of GP use these funds for?
- (d) How does the Department respond to concerns expressed by pharmacists that this initiative could cut across and reduce the effectiveness of the National Prescribing service and could provide incentives that may detract from the quality use of medicines?
- (e) Is it unusual to use PBS savings on a Medicare program? Is there a precedent for this?

Answer:

- (a) As a lapsing program, the savings for EDQUM were already taken into consideration in the Forward Estimates. However, the shortfall in savings under the revised EDQUM measure were offset by other savings measures in the 2003-04 Health and Ageing Portfolio Budget Submission.
- (b) Not applicable (see above).
- (c) The program began as a pilot on 1 July 2002. Savings for the 2002-03 financial year are to be determined. Under the EDQUM program 50% of the previous year's savings will be returned to the participating Divisions of General Practice. The savings are to be spent on primary health care initiatives within the participating Divisions.

- (d) The Department is aware of the potential interactions between the EDQUM initiative and the work of the National Prescribing Service (NPS). The EDQUM program is a collaborative process with the NPS, Australian Divisions of General Practice (ADGP) and the Commonwealth. The EDQUM Steering Group, comprising representatives of each of these organisations as well as consumers, is ensuring that there is no duplication of current or proposed NPS activities for the targeted drug groups.
- (e) The PBS is a pillar of Medicare. The program is unique in that a proportion of the saving (50%) is returned to Divisions of General Practice as a result of savings achieved against the PBS.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-249

OUTCOME 2: ACCESS TO MEDICARE

Topic: MONITORING PBS ENTITLEMENTS

Written Question on Notice

Senator McLucas asked:

In a response to a question at last Senate Estimates (E03 172) we were told that there is a 99.9% compliance with providing Medicare card details, thus indicating that PBS benefits are being provided to eligible people only.

Additional funds of \$14.8 million are included in this year's budget for this program, along with a note that "a review in 2003-2004 will inform decisions regarding payments to pharmacists beyond 2003-2004".

Does this mean that pharmacists can expect to be paid less than they are currently for monitoring this entitlement?

Answer:

In March 2002 a review of pharmacy administration costs associated with Medicare number recording was conducted. Based on the outcomes of this review in November 2002 the Government agreed to pay pharmacists an additional 10 cents per prescription for the period 1 February 2002 to 30 April 2002 and 5 cents per prescription for the period 1 May 2002 to 28 February 2003 for administering Improved Monitoring of Entitlements (IME).

The Government also agreed to undertake a second review of pharmacy administration costs after the implementation of dispensing software enhancements aimed at supporting pharmacies' IME activities. It is expected that the second review of IME pharmacy costs will be conducted after the software enhancements are rolled out later this year.

The findings of this review will inform decisions about future funding.

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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-250

OUTCOME 2: ACCESS TO MEDICARE

Topic: PRESCRIBING OF ANTIBIOTICS

Written Question on Notice

Senator McLucas asked:

A recently published paper in the Medical Journal of Australia (2 March 2003) states that computer assisted prescribing is associated with a significant increase in repeat ordering of antibiotics to treat upper respiratory tract infections.

- (a) Is the Department aware of this problem?
- (b) What action is the Department taking to encourage software manufacturers to change the default settings to 'no repeat'?
- (c) What action is the Department taking to limit the ability to order repeats for some antibiotics?
- (d) What action is the Department taking to educate doctors about the automatic functions of the prescribing software?

Answer:

- (a) The study findings published the Medical Journal of Australia article have been reported previously in other medical publications. It has been also reported anecdotally for some time. The article relates to a study survey conducted in October – November 2000.
- (b) The Department of Health and Ageing works with general practice groups and software manufacturers to establish standards and guidelines for medical software that support evidence-based clinical decision making, best practice prescribing, and sound medical practice management.

Defaults in prescribing programs differ widely depending on the software, user settings, drug selected, and other factors involved in the prescribing decision. For example, for each of four commonly-used prescribing programs the standard defaults are: zero repeats for all prescribed medicines; zero repeats for all antibiotics, maximum PBS repeats; and maximum or zero repeats for antibiotics depending on whether use is for once-only treatment or regular medication. The default settings in the most widely-used prescribing program can be set to zero repeats for all prescriptions (once-only and regular). All four programs allow the number of repeats to be changed to the required number during the prescribing process regardless of any program setting or user-defined default.

- (c) Medicines are included on the Pharmaceutical Benefits Scheme (PBS) on the recommendation of the Pharmaceutical Benefits Advisory Committee (PBAC). PBAC recommendations include advice on the terms and conditions of listing, such as restrictions on the medical conditions for which, and patient populations for whom, use of a medicine should be subsidised and the maximum quantity and number of repeats which should apply.

The use of medicines under the Pharmaceutical Benefits Scheme is monitored by the Drug Utilisation Subcommittee of the PBAC. As part of its normal work, the Drug Utilisation Subcommittee monitors use of antibiotics. This includes collaboration with other research and advisory bodies, including the National Prescribing Service and a university-based general practice research group.

The National Prescribing Service has developed extensive resources for prescribers regarding appropriate use and prescribing of antibiotics. These resources include: prescribing practice reviews, evidence-based guidelines for clinical use, and guides for using software for prescribing antibiotics. The clinical guidelines and software guides pay particular attention to duration of therapy, including prescribing of repeats, and use of software to support best practice prescribing for antibiotics.

The National Prescribing Service (NPS) conducts annual consumer information programs on antibiotic use, including information for health professionals on managing consumer expectations around rational use of medicines. The NPS also provides information and clinical audit facilities to assist doctors in best practice prescribing. Research regarding the circumstances in which antibiotics are prescribed has shown an overall decline in antibiotic prescription numbers every year since 1998 and also a trend toward more appropriate antibiotic prescribing.

- (d) The Department will continue to work with the relevant groups to ensure support for best practice prescribing, including the most effective use of computer technologies in general practice.



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HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-251

OUTCOME 2: ACCESS TO MEDICARE

Topic: OSTEOPOROSIS

Written Question on Notice

Senator McLucas asked:

With reference to previous answers to questions E03-142 (Feb 2003)

- (a) Has there been any change to the availability on the PBS of bisphosphonates such as Fosamax since last Estimates?
- (b) Is the PBAC considering whether Fosamax and other bisphosphonates should be available on the PBS for those women who are yet to experience a fracture?
- (c) What is the progress of the consideration of this issue?
- (d) Has MSAC provided the Government with any advice in relation to the availability of bone mineral density testing?

Answer:

- (a) No.
- (b) As advised in E03-142, to date, no manufacturer has presented data to substantiate that their drug is cost-effective in the prophylactic treatment of osteoporotic fracture.

Currently the submission of an application to the PBAC for listing, or a change in availability of a listed drug, is commercial-in-confidence between the manufacturer and the PBAC. However, from the June 2003 meeting onwards, the outcomes (both positive and negative recommendations) of all applications will be posted on the PBS website several weeks after the meeting, in accordance with agreed guidelines with industry.

- (c) See (b) above.
- (d) No.

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HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-252

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACY GUILD PROJECT - SECTION 100

Written Question on Notice

Senator McLucas asked:

Is the Government willing to consider the extension of the Section 100 arrangements to other, less remote, areas where there are still access barriers to doctors and pharmacies?

Answer:

Special arrangements, under Section 100 of the *National Health Act 1953*, have substantially improved access by clients of remote area Aboriginal Health Services to the Pharmaceutical Benefits Scheme (PBS). Currently in operation in over 150 community-controlled and State- and Territory-operated remote health services, these arrangements address geographical, financial and cultural barriers often experienced by Aboriginal and Torres Strait Islander peoples in accessing essential medicines.

Barriers are greatest in remote areas where basic services may not be available in close proximity to established centres of population and where demand for services exceeds the resources, structures and personnel required to meet that need.

An evaluation of the special 'section 100 PBS arrangements' began in May 2003.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-04, 2, 3 & 5 June 2003

Question E03-193

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACY GUILD PROJECT - SECTION 100

Hansard Page: CA 115

Senator Crossin asked:

- (a) Are you aware of that work that is being undertaken by the Pharmacy Guild and NACCHO?
- (b) I am wondering if that project, which was due to report by the end of 2002, has actually done that and whether that report is available.

Answer:

- (a) Yes.
- (b) The Department is aware that in 2002 the Pharmacy Guild of Australia and the National Aboriginal Community Controlled Health Organisation jointly commissioned a project to contact, and where possible visit, Aboriginal Health Services supplying PBS medicines under section 100 of the *National Health Act 1953*, which are known as the 'section 100 arrangements'. The main objective of the project, which has been conducted without the involvement of the Department, was to survey Commonwealth funded Aboriginal Health Services and pharmacies supplying PBS medicines under the section 100 arrangements. A draft report about the project was received by the Department on 20 June 2003. The final report is expected to be available in a few weeks. Copies may be obtained by contacting the Rural & Professional Services Division, The Pharmacy Guild of Australia, PO Box 7036, Canberra Business Centre, ACT 2610, or National Aboriginal Community Controlled Health Organisation, PO Box 168, Deakin West ACT 2600. The telephone numbers for these organisations are (02) 6270 1888 and (02) 6282 7513 respectively.

Separately, a formal Commonwealth funded evaluation of the supply of PBS medicines to participating remote area Aboriginal Health Services under the section 100 arrangements commenced in May 2003. The evaluation was commissioned by the Department and is expected to be completed in December 2003. The evaluation will identify ways in which the administration and operation of the existing arrangements in remote areas may need to be improved. It is being conducted by the Darwin based Cooperative Research Centre for Aboriginal and Tropical Health in association with the Centre for Health Program Evaluation at the University of Melbourne.

Senate Community Affairs Legislation Committee  
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HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-253

OUTCOME 2: ACCESS TO MEDICARE

Topic: IMPROVED MONITORING OF ENTITLEMENTS

Written Question on Notice

Senator McLucas asked:

The Improved Monitoring of Entitlements (IME) initiative introduced last year requires the provision of a Medicare card or number in order to obtain medicines subsidised through the PBS.

- (a) Has the Commonwealth analysed the impact of the IME initiative on the access to PBS medicines by Indigenous Australians and the subsequent effect on their health?
- (b) What initiatives will the Department undertake to address this problem?

Answer:

- (a) The impact of the IME initiative on the access to PBS medicines by Indigenous Australians will be covered in the evaluation of IME, which will take place during the 2003-04 financial year.
- (b) Subject to the outcomes of the evaluation, the Department will consider relevant remedies if there is any adverse impact on Indigenous Australians.

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HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Questions: E03-179

OUTCOME 2: ACCESS TO MEDICARE

TOPIC: GPAS CONSULTATION

Hansard page CA8

Senator McLucas asked:

Can you please provide time lines for the GPAS consultation

Answer:

GPs have been invited to attend a series of workshops to seek their views on implementation issues relating to *A Fairer Medicare* and the General Practice Access Scheme.

The workshops have provided an opportunity for GPs to help shape the implementation of the General Practice Access Scheme to ensure that participation in the scheme is as simple as possible and best meets the needs of GPs.

As at 10 September 2003, a total of seventeen workshops have been held in various locations including capital cities and a number of regional centres. An initial workshop was held in Sydney in June, with the majority of the workshops held during July 2003. Additional workshops were also held in late August and early September, including repeat workshops in Melbourne and Perth due to an oversubscription for these initial workshops.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-180

OUTCOME 2: ACCESS TO MEDICARE

TOPIC: CONCESSIONAL ATTENDANCES

Senator McLucas asked:

Can you please provide concessional attendances broken into RRMA 1,2,3-5 and 6-7?

Answer:

Table 1. General Practice Services provided to Concessional Patients by selected RRMA Groups for 2001 & 2002 Calendar Years

	RRMA 1	RRMA 2	RRMA 3-5	RRMA 6&7	Total
2001	30,148,123	4,042,554	11,809,349	630,695	46,630,721
2002	32,978,620	4,365,907	12,811,703	704,753	50,860,982

**Notes:**

- Information on concessional status of Medicare records for 2001 and 2002 was provided by HIC. This data was released to the Department under an Instrument of Release under section 135AA of the *National Health Act 1973* for analytical and policy development purposes only.
- Information on concessional status of Medicare records was used to flag all Medicare services for 2001 and 2002 with a concessional/non concessional status based on status of the recipient at the time of service delivery.
- Data on concessional status of MBS patients has been determined by the HIC using information derived from a matching of the Centrelink concessional file to the Medicare registration file. Some 80% of cases are able to be reliably matched through this process.
- For estimation purposes an adjustment (of 20%) was applied to correct for the understatement of concessional services due to data mismatching between Centrelink and HIC records.

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Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-182

OUTCOME 2: ACCESS TO MEDICARE

Topic: ELECTRONIC VERSION OF POSTCODE BY RRMA

Senator McLucas asked:

Please provide electronic version of postcode by RRMA.

Answer:

The file has been sent electronically.

[Note: the attachment has not been included in the electronic/printed volume]



Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2 ,3 & 5 June 2003

Question: E03-183

OUTCOME 2: ACCESS TO MEDICARE

TOPIC: BULK BILLING – NON CONCESSION CARD HOLDERS

Senator Nettle asked:

What is the percentage of bulk billing for non-concession card holders by statistical local area?

Answer:

It is not possible to provide the level of bulk billing for non-concession card holders by SLA, however table 1 - below - provides an estimate of the bulk billing rates of non concession card holders by RRMA for calendar year 2002.

Table 1. Estimated GP bulk billing rate (%) by RRMA for non-concessional patients for 2002

	<b>RRMA 1</b>	<b>RRMA 2</b>	<b>RRMA 3</b>	<b>RRMA 4</b>	<b>RRMA 5</b>	<b>RRMA 6</b>	<b>RRMA 7</b>	<b>Total</b>
<b>2002</b>	69.5%	58.7%	42.8%	39.4%	42.0%	41.8%	57.3%	<b>63.4%</b>

Note: This estimate was derived by subtracting the estimated number of bulk billed unreferred services provided to concession card holders or their dependents unreferred from total unreferred services bulk billed during 2002.

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HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-184

OUTCOME 2: ACCESS TO MEDICARE

TOPIC: STATE BY STATE BREAKDOWN OF 150 NEW PLACES

Senator McLucas asked : CA60

GPET State by State breakdown of 150 new places. I would like to see a separation between the new 150 and the current 450.

Answer:

The allocation for 2004 is yet to be finalised. A breakdown will be provided when it is available.

Senate Community Affairs Legislation Committee  
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Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-049

OUTCOME 2: ACCESS TO MEDICARE

Topic: DEPARTMENT CONTACT WITH OFFICE OF REGULATION REVIEW

Hansard Page: CA 22

Senator McLucas asked:

When did the Department contact the Office of Regulation Review in the initial stages?

Answer:

The Department contacted the Office of Regulation Review on 5 February 2003.

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Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-050

OUTCOME 2: ACCESS TO MEDICARE

Topic: OUT OF POCKET EXPENSES FOR CONCESSION CARD HOLDERS

Hansard Page: CA 25

Senator McLucas asked:

Can we have that data, which describes essentially what the out-of-pocket payment is for concession card holders?

Answer:

The average annual total out-of-pocket cost associated with out-of-hospital services for families/individuals covered by a Commonwealth Concession card (derived from 2001 calendar year data – which is currently the only available data for this calculation) is \$140.

Some 50,000 of such individuals or families currently pay over \$500 per year in out-of-hospital out-of pocket costs.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-051

OUTCOME 2: ACCESS TO MEDICARE

Topic: IMPLEMENTATION OF THE BUSINESS PLAN

Handard Page: CA36

Senator Moore asked:

Can we get figures of how the implementation of the business plan that you announced for 2001-02 is going?

Answer:

The Business Improvement program is now just completing its second year of a 4-year plan of activity. The Health Insurance Commission (HIC) is delivering the projects in accordance with the business plan announced in 2001-02 and capabilities delivered to date include:

- the implementation of a new high availability secure e-Business IT infrastructure handling the receipt of Medicare bulk-bill and patient claims, Pharmaceutical Benefits Scheme (PBS) claims and MediConnect medication records in field test over the Internet;
- the delivery of HIC Online to enable the lodgement of Medicare bulk-bill and patient claims from the doctor's practice management systems, with 43,347 services for bulk-bill and 3,106 services for patient claims being submitted through this channel in May 2003;
- the delivery of new PBS claiming functionality to enable the lodgement by pharmacies of their PBS scripts as a claim using email rather than by diskette, with 22,122 scripts submitted through this channel in May 2003;
- the building of an enterprise data warehouse for the efficient storage of Medicare claiming data, enabling ease of retrieval;
- the purchase and use of new application tools to speed up the development of new applications and to enable better life cycle management of new and existing applications; and
- the implementation of improved tools to manage interventions in the uncapped areas of the Medicare Benefits Schedule to reduce program expenditure.

There is still considerable functionality to be delivered over the next 2 years, including additional functionality to improve the accuracy of Medicare claiming from doctors' surgeries, improvements to PBS claiming to improve the service provided to pharmacists, and the building of new consumer and provider directory services to facilitate the connection and claiming from surgeries and pharmacies.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-186

OUTCOME 2: ACCESS TO MEDICARE

Topic: FORECASTS FOR NON-REFERRED ATTENDANCES

Hansard Page: CA 56

Senator Lees asked:

- (a) What was the estimate for the financial year 2002-03 of the total amount that would be spent on non-referred attendances?
- (b) What is your forward estimate for spending on non-referred attendances for the financial year 2003-04?

Answer:

(a & b)

Table 1 below provides:

- the current Budget estimates (as found on page 119 of *Portfolio Budget Statements 2003-04 - Health and Ageing Portfolio*) for Total MBS expenditure; and
- the forecast number of non-referred attendances (broadly defined as GP services) and the forecast expenditure related to the forecast level of total expenditure included in the current Budget estimates.

**Table 1 – Forecasts for 2002-03 and 2003-04**

	<b>2002-03</b> <sup>2.</sup>	<b>2003-04</b> <sup>3.</sup>
Forecast Total MBS Expenditure (\$m)	\$8,226.817	\$8,632.240
Forecast Number of non-referred Attendances <sup>1.</sup>	100,161,163	100,465,160
Forecast Expenditure on non-referred Attendances <sup>1.</sup> (\$m)	\$2,844.818	\$2,952.779

1. The MBS Estimates model estimates total MBS expenditure. Forecasts of services and expenditure of components of Total MBS activity (eg. non-referred attendances) do not represent an official Departmental forecast.
2. The actual outcomes for 2002-03 financial year were total MBS expenditure - \$8,091.998 million, total number of non-referred attendances – 96,919,246 and total MBS expenditure on non-referred attendances - \$2,766.222 million
3. The lower than expected outcomes for 2002-03 will result in reduced expenditure forecasts for 2003-04 when the MBS estimates model is updated.

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HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-261

OUTCOME 2: ACCESS TO MEDICARE

Topic: A FAIRER MEDICARE INFORMATION LINE

Hansard Page: CA65

Senator McLucas asked:

- (a) Could you tell me the hit rate, maybe week by week, since it (the *Fairer Medicare* Information Line) has been established, the number of phone calls received on that line from then until probably the end of this month (May) would be useful.

Senator Moore asked:

- (b) What kind of data is kept from the help line? Is it just how many calls or is it the nature of the calls? What kinds of sheets do your operators keep on a daily basis?
- (c) Is it possible when you provide Senator McLucas with the data on the numbers, to get a composite view of those kinds of issues?

Answer:

- (a) Attachment A provides a weekly breakdown, by issue, of calls to the Information Line from its commencement on 28 April through to 31 May 2003. The total number of calls by week is also shown. At close of business (8pm) on 31 May, the *Fairer Medicare* Information Line had received a total of 865 calls.
- (b) In addition to the information on the number of calls and the issues involved, information has been gathered on callers and the results of the inquiries that they have made, as follows:
- the gender of callers;
  - the kind of inquirer (with caller permission);
  - the outcome of the call; and
  - the response of the caller.
- (c) Attachment B provides a summary of this information collected by operators of the Information Line.



ATTACHMENT A

**Fairer Medicare Information Line – Breakdown of calls to service by individual issue**

**From 28/04/2003 to 31/05/2003**

Issue	GP Access Scheme – bulk billing	GP Access Scheme - gap payment only	General info	Medicare claiming procedures	Safety Net - concession card	Safety Net – Private Health Insurance	Veterans inquiry	Workforce - GP training/ medical school places	Workforce - medical school places	Workforce - practice nurses/ allied health	Cum. Total by Issue	Cum. Total by number of calls
Week 1 28 April – 4 May	137	61	200	47	58	26	21	19	0	14	583	513
Week 2 5 – 11 May	48	32	80	27	25	17	8	11	0	9	257	198
Week 3 12 – 18 May	21	9	34	5	7	2	1	1	0	2	82	48
Week 4 19 – 25 May	9	4	15	4	4	2	2	1	0	2	43	36
Week 5 26 May – 31 May	34	11	46	14	4	4	0	3	0	3	119	70
<b>Total</b>	<b>249</b>	<b>117</b>	<b>375</b>	<b>97</b>	<b>98</b>	<b>51</b>	<b>32</b>	<b>35</b>	<b>0</b>	<b>30</b>	<b>1084</b>	<b>865</b>

- Notes:
- (1) This table represents the total number of inquiries received by issue by the *Fairer Medicare* Information Line from 28 April to 31 May 2003.
  - (2) Most callers asked more than one question — accordingly, the cumulative total by issue, shown in the second last column, exceeds the total number of calls.
  - (3) The weekly cumulative total of the number of calls received is shown in the right hand column.

ATTACHMENT B

**Summary of information collected by operators of  
the *Fairer Medicare* Information Line**

This table represents information gathered from 28 April – 31 May 2003 from a total of 865 calls.

<b>Category</b>	<b>Outcome</b>	<b>Cumulative total</b>
<b>Gender</b>		
	Male	446
	Female	419
<b>Inquirer</b>		
	DVA card holder	9
	General public	449
	GP/Doctor	182
	Media	10
	Other	83
	Other concession card holder	107
	Pharmacist	3
	Practice nurse / allied health worker	21
<b>Outcome of the call</b>		
	Complaint regarding the policy	45
	Request for printed information	184
	Caller provided with verbal information	694
<b>Response of caller</b>		
	Abusive	5
	Dissatisfied	72
	Satisfied	787

- Notes: (1) The information on each inquirer was sought from callers. They may have identified themselves as being in more than one category.
- (2) Operators recorded the information on the 'outcome of the call', based on their assessment of the session with each caller. There may have been more than one outcome recorded per call.
- (3) The data on 'response of caller' is part of a standard set of reports made available on inquiries to the Department's information lines.

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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-187

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL INDUSTRY AND SOFTWARE PROVIDERS

Hansard Page: CA 69

Senator Harradine asked:

Are you aware that some drug companies also bought expensive prescribing software for thousands of doctors, which allowed drug companies a direct influence on doctors' prescribing patterns? Is that appropriate? It is an ongoing gift from the pharmaceutical industry.

Answer:

It is the Department's understanding that doctors purchase prescribing software directly from the software vendors. This has since been confirmed by Medicines Australia, the peak body representing prescription pharmaceutical manufacturers in Australia, and Health Communication Network Pty Ltd (HCN), owner of the largest selling prescribing software, 'Medical Director'.

Pharmaceutical manufacturers that attempt to provide prescribing software as a gift to doctors would breach Medicines Australia's Code of Conduct. Fines of up to \$200,000 can be applied for severe breaches of the Code.

Pharmaceutical manufacturers do pay for advertising to appear in certain prescribing software packages, however, any such advertising must comply with Medicines Australia's Code of Conduct. At no time can the advertising be linked with the medicine which is being prescribed or be designed to stimulate demand. Companies must also not enter into any agreement with software suppliers to achieve a trigger or mechanism that results in a preferential or less preferential presentation of a product that would influence a prescriber's choice. HCN advises that all advertising that appears in 'Medical Director' complies with the Code of Conduct and legislative requirements and is in many ways similar to journal advertising.

Additionally, any advertisement appearing in a prescribing software package must now include PBS disclosure information. From 1 January 2003, all promotional material, including that appearing in prescribing software, must include a box referring to the PBS Information and whether there is a restricted benefit associated with the medicine being promoted.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-188

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL INDUSTRY AND SOFTWARE PROVIDERS

Hansard Page: CA 69

Senator Harradine asked:

When you see an ad in the software that relates to particular pharmaceuticals, you know that somebody has paid for it. In this case it is not the doctors; somebody has paid for it. And what is the payment? Part of the payment is surely the provision of this material at least at cost price, if not less, by the company that is providing the information and technology and systems. Is that consistent with the code of practice of Medicines Australia?

Answer:

Pharmaceutical manufacturers do pay to advertise in certain prescribing software packages. Such advertising, however, must comply with Medicines Australia's Code of Conduct. As stated in Question E3 - 187, the advertising must not be linked with the medicine which is being prescribed or be designed to stimulate demand. Companies must also not enter into any agreement with software suppliers to achieve a trigger or mechanism that results in a preferential or less preferential presentation of a product that would influence a prescriber's choice.

Health Communication Network Pty Ltd (HCN), owner of the largest selling prescriber software, 'Medical Director', has advised the Department that the advertising that appears in 'Medical Director' does enable the product to be competitively priced. The company has also advised, however, that the revenue received from advertising assists the company in the continual development of new functions desired by prescribers. The market for this type of software is relatively small and without adequate return, the functionality and value adding services would not be possible.

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HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2-3 and 5 June 2003

Question: E03 -189

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE

Hansard Page: CA 75

Senator Nettle asked:

- (a) Outline what the PBAC currently costs.
- (b) What will the proposed expansion of the PBAC cost?

Answer:

- (a) Based on calculations carried out in November 2002, the cost of running the PBAC is estimated to be on average \$13,500 per member. This covers members' sitting fees to attend PBAC meetings, travel and accommodation. There are currently 12 members on the PBAC. The Chair of the Committee also receives annual remuneration for his services required which extend beyond the standard meetings. The Department is currently in the process of preparing its departmental budget for 2003-04 and this figure may change as an outcome of that process.
- (b) The proposal to expand the PBAC by four members is estimated to cost approximately \$13,500 per year for each additional member.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-270

OUTCOME 2: ACCESS TO MEDICARE

Topic: BALIMED GUIDELINES AND PROCEDURES

Hansard Page: CA 535

Senator McLucas asked:

If we could get a copy of the Guidelines that would be useful?

Answer:

This document is attached.

Please note, the attached document is currently being reviewed by the Department of Health and Ageing and the Health Insurance Commission to include additional policies, and will be finalised by the end of September 2003.

*Balimed*  
**GUIDELINES & PROCEDURES FOR  
THE BALIMED SCHEME  
FOR ASSISTANCE WITH HEALTH CARE EXPENSES FOR VICTIMS OF  
EXPLOSIONS IN KUTA, BALI ON 12 OCTOBER 2002**

**PART 1: PRELIMINARY.**

1. The Scheme may be changed varying these guidelines, by agreement between the Department of Health and Ageing (DoHA) and the Department of Family and Community Services (FACS) and the Department of Prime Minister and Cabinet (PM&C)
2. A committee including representatives of DoHA, FACS, DoFA and the Health Insurance Commission (HIC) will be established in order to generate and oversee guidelines and procedures and ensure that appropriate assistance is provided to registered beneficiaries.
3. The committee will be named the "Balimed Steering Committee".
4. The Committee will be chaired by DoHA and will include representatives from PM&C, PM&C, the Department of Finance and Administration, FACS and the Health Insurance Commission
5. The scheme shall be known as "Balimed".
6. Unless clearly otherwise intended, words and expressions used in these guidelines shall have the meanings given in the *Health Insurance Act 1973* and the *National Health Act 1953*

**PART 2: PURPOSE OF SCHEME**

7. The purpose of the scheme is to cover all reasonable out of pocket health care expenses incurred in Australia by the victims of the Bali bombing, that arise from conditions caused by the bombing and are not covered by insurance or other disaster related assistance.

**PART 3: ELIGIBILITY**

8. To be eligible for Balimed, a person must be an eligible person or entitled to be treated as an eligible person for the purposes of the *Health Insurance Act 1973*.
9. Assistance will be provided only while the person is present in Australia.
10. The Scheme will provide assistance only to persons who either:
  - 10.1. CATEGORY A - are covered by the subsection 6(1) order for foreign nationals affected by the Bali tragedy (ie (i) are lawfully present in Australia; (ii) were physically injured by the incidents that occurred at Kuta, Bali on 12 October 2002; and (iii) would but for the order not be eligible persons for the

purposes of the *Health Insurance Act* (the HIA)

10.1.1. These persons will be eligible while they remain in Australia lawfully for treatment and care relevant to their injuries;

or

10.2. CATEGORY B - meet ALL of the following criteria:

10.2.1. the person is an Australian resident for the purposes of the HIA;

10.2.2. was in Kuta, Bali on 12 October 2002; and

10.2.3. meets one or more of the following criteria:

10.2.3.1. was physically injured by the explosion;

10.2.3.2. was present at or near the scene of the explosion during the aftermath and saw injured persons or dead bodies; or

10.2.3.3. participated in viewing dead bodies or assisting injured persons, either at the scene, in a hospital, or in providing support services (eg counselling) in Bali.

10.3. To be eligible for assistance the person must be registered for the purpose of the Scheme by the Health Insurance Commission.

10.4. Eligibility can be backdated on registration.

10.5. The Health Insurance Commission will enrol persons under category (A) if the Commission has been advised in writing by the Department of Foreign Affairs (DFAT) or the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) that the person has been granted entry to Australia in order to receive health care for injuries arising from the Bali explosions.

10.6. The Health Insurance Commission will enrol persons under category (B) if the person is enrolled as an eligible person for the purposes of the HIA, or can prove his or her entitlement to be enrolled as such, and:

10.6.1.1. The Commission has been advised in writing by the Department of Foreign Affairs (DFAT) that the person was in Bali on 12 October 2002 and was affected by the Bali explosions; or

10.6.1.2. the person's passport contains visas and / or entry stamps consistent with having been present in Bali on 12 October 2002, and the person has physical injuries consistent with having been injured by the Bali explosions or subsequent fires or collapses of structures, or present at the scene at the time of the explosions or in the subsequent 24 hours; or

10.6.1.3. the person, or if the person is a minor or unable to act for himself



or herself, a person acting on his or her behalf, makes a statutory declaration to the effect that:

10.6.1.3.1. his or her passport was destroyed by the explosion, subsequent fires or collapses of structures, or was stolen or lost in the aftermath; and

10.6.1.3.2. he or she has a condition directly caused by the Bali incident which requires health care;

AND

10.6.1.3.3. gives written permission to obtain relevant information from DIMIA and / or DFAT.

11. If a person does not meet the above criteria, but it would be unreasonable or would cause hardship to a registered person to exclude that person from coverage by the scheme, one of the following officers may determine that the person shall be covered by the scheme, subject to any reasonable conditions or requirements specified by that officer:

11.1. Assistant Secretary, Financing and Analysis Branch, DoHA,

11.2. Assistant Secretary, Medicare Benefits Branch, DoHA,

11.3. Director, Medicare Eligibility Section, DoHA,

11.4. General Manager, Government Programs, HIC, and

11.5. Manager, Medicare Claims, HIC.

12. A condition of eligibility is that the registered person acknowledges that the HIC may make enquiries of other agencies and organisations, consistent with the provisions of the Privacy Act.

13. A condition of eligibility is that the person agrees that if information indicates that benefits have been provided under the Scheme as a result of misinformation being provided to the Commonwealth, the HIC may recover the benefits from the person.

#### **Duration of Eligibility**

14. The Scheme will cover persons meeting the above criteria until 12 October 2005. However, the HIC will have discretion to terminate coverage of a person on reasonable grounds, on a case by case basis.

#### **PART 4: REGISTRATION**

##### Registration Requirements

15. Registration and provision of assistance is limited to those residing and present in Australia.

16. The registered person's Medicare number must be provided.
17. The registered person must give express consent for the use of the Medicare number to validate appropriate payments.
18. The registered person must give express consent to the Health Insurance Commission examining and linking data for the purpose of checking Medicare Benefits Schedule payments, Pharmaceutical Benefits Schedule claims, private hospital payments or verification related to any other benefit program or assistance provided by the Commonwealth or State/Territory to which this scheme may directly or indirectly relate.
19. A condition of registration is that the registered person gives express permission for the HIC may make enquiries of other agencies and organisations, consistent with the provisions of the Privacy Act, on the understanding that the information will be handled sensitively and appropriately for the purpose of the scheme.
20. A condition of registration is that the person agrees in writing that if information indicates that benefits have been provided under the Scheme as a result of misinformation being provided to the Commonwealth, the HIC may recover the benefits from the person.
21. DoHA and HIC will publish material to ensure information about Balimed is easily accessible.
22. Where HIC has been provided with sufficient information , HIC will register a person under the scheme, and write to the person (or his or her case officer) informing him or her of his or her entitlements under the scheme.
23. Where possible HIC will write to other persons known both to be eligible and to have serious or moderate injuries or conditions, advising them (or their case officer) of their entitlement and enclosing application forms for registration .
24. The publicity material and letters will state clearly what documentary proof the applicants must present to HIC for registration. In addition, this material will provide potential applicants with the HIC contact phone number for further information about the program.
25. In order for registration to be completed the applicant must complete a registration application form and provide with it evidence to be specified in a document to be agreed by DoHA and HIC, based on the principle of minimising paperwork by applicants while ensuring accountability and program integrity.
26. Eligibility checks will be carried out according to a document agreed by DoHA and HIC, based on the principle of minimising paperwork by applicants while ensuring accountability and program integrity.
27. If the HIC is not satisfied that the applicant meets the eligibility criteria for the program the applicant is to be advised in writing as to the reasons why. HIC will reconsider the application if further information is provided.

28. The HIC will return, if applicable, any original documents to the applicants by certified mail.
29. If the HIC accepts the application, it will verify the applicant's address by checking the Medicare address against the address provided on the registration form. If these addresses do not match, the HIC will verify the applicant's address by telephoning or writing to the applicant or his/her case officer.
30. Once the address has been verified the Health Insurance Commission will mail to the registered person a claims kit consisting of a Reply Paid envelope addressed to the relevant HIC section, claim form(s), and information on entitlements and how to make claims.

#### Help Desk

31. HIC will operate a help desk to handle inquiries about the program. The help desk number will be displayed in publicity materials. The number is: 1800 660 026.

### **PART 5: ASSISTANCE**

#### General Requirements for Assistance

32. The scheme will pay claims for only services rendered on or after 12 October 2002 and on or before 12 October 2005.
33. Approval for a claim on one occasion does not mean that approval will automatically be granted in relation to any subsequent claims.
34. Assistance is only for reasonably required health care services for treating one or more conditions arising directly from the bombings in Bali on 12 October 2002. Assistance will not be provided for services rendered for any other purpose or condition.
  - 34.1. Claim forms and publicity material will advise that to obtain a Commonwealth benefit by making a false statement is a criminal offence and will result in the normal Commonwealth prosecution process being followed.
35. No assistance is to be available for goods provided or services rendered outside Australia,
36. Assistance provided by this program will cover out of pocket payments by registered persons after all benefits and entitlements available under other Commonwealth or State/Territory arrangements or any insurance arrangements have been taken into account.
  - 36.1. Claim forms will require a statement by the registered person that all such entitlements and benefits have been claimed.
37. Assistance is not available to the extent that the goods and services would be covered by a Commonwealth program, or a State or Territory, or by insurance benefits or employer compensation if the Balimed scheme did not exist.

38. Assistance will be provided where the waiting list for such assistance as provided by such other programs mentioned in paragraphs 36 - 37 (eg Commonwealth Home and Community Care program, State/Territory Program of Aids for Disabled People etc) is unreasonable or would cause hardship to the registered person.

39. Assistance will be provided for goods or services that may be covered by insurance if:

39.1. obtaining that benefit would take an unreasonably long time in the circumstances;

39.2. would in the opinion of the HIC cause hardship to the person or his or her family;

39.3. coverage by insurance is uncertain;

AND PROVIDED

39.4. the registered person transfers to the HIC his or her rights to the relevant insurance benefit, OR if this is not practicable,

39.5. makes an undertaking to diligently pursue the insurance benefit and on receiving it to repay the relevant insurance benefit to the HIC.

40. Payments may only be made to the registered person, their parent, guardian or a person holding power of attorney, if applicable, or to the relevant practitioner, institution or supplier according to procedures to be specified in a document to be agreed by DoHA and HIC.

41. Payments may either

41.1. reimburse out of pocket costs already paid for by the registered person;  
or

41.2. may be made in advance to cover specified amounts that are payable by the registered person, subject to the registered person making any reasonable undertakings that the HIC may require for repayment of amounts subsequently covered by another source of funds.

42. In circumstances where the out of pocket expenses of a registered person are not able to be covered under these guidelines, but the expenses are reasonable if given sympathetic consideration, the one of the following officers may determine that the registered person be given appropriate assistance:

42.1. Assistant Secretary, Financing and Analysis Branch, DoHA,

42.2. Assistant Secretary , Medicare Benefits Branch, DoHA,

42.3. Director, Medicare Eligibility Section, DoHA,

42.4. General Manager, Government Programs, HIC, and

42.5. Manager, Medicare Claims, HIC.

43. Where a claimant has not followed the claiming processes specified in these guidelines, and it would be unreasonable or cause hardship to require the registered person to do so, claim payment will be determined by HIC, as appropriate.

## **PART 6: GOODS AND SERVICES COVERED**

44. The Scheme will cover costs faced by patients for the following kinds of services and goods, reasonably required to treat conditions arising directly from the bombings in Kuta, Bali, on 12 October 2002:

44.1. For services covered by the Medicare benefits, the difference between the amount charged by the doctor and Medicare Benefits Schedule benefit, to the extent that that amount is not covered by insurance;

44.2. out of pocket costs associated with the use of private health insurance, including front-end deductibles and gap payments;

44.3. hospital costs where not otherwise covered by public patient arrangements or private insurance;

44.4. the full costs of pharmaceuticals covered by Pharmaceutical Benefits Scheme (PBS), regardless of the registered person concessional or safety net status; and

44.5. the costs of allied health services, such as physiotherapy and psychology, less any amounts covered by private health insurance, including:

44.5.1. the fees charged for services provided by any kind of health care practitioner (including medical services for which Medicare benefits are not payable); and

44.5.2. the costs of any aids, appliances, dressings, pharmaceuticals or complementary medications (including private prescriptions), lotions or ointments not covered by the PBS; and

44.5.3. prostheses, whether fitted surgically or not;

44.5.4. costs of transport and accommodation of the patient and one other person where the patient lives in a different town or region from the health care provider and must travel at least 50 km to receive care; and

44.5.5. psychological counselling for the effects of a registered person's Bali injuries or experiences.

45. In relation to pharmaceutical benefits the scheme will cover the difference between

the payment to the supplier according to the *National Health Act 1953* and the Commonwealth dispensed price applicable under the PBS for the pharmaceutical benefit, ie if the maximum quantity under the PBS is supplied, the Scheme price is the Commonwealth dispensed price for maximum quantity, or else if a less quantity is supplied, the corresponding Commonwealth dispensed price under the PBS applies.

46. For a good or service to be covered, the provider of that good or service must state in writing, signed and dated, that the good or service is directly related to care for a condition arising directly from the Bali tragedy. If this cannot be observed, the patient must provide a statutory declaration to that effect.

47. Hospital charges will only be covered if:

47.1. The registered person is covered by a private health insurance applicable benefits arrangement (including hospital cover) and has elected to be a private patient; or

47.2. The waiting time for a public patient for the relevant health service is unreasonably long or would cause hardship; or

47.3. The distance the registered person would have to travel to receive the hospital services as a public patient would be unreasonable or would cause hardship; or

47.4. The services are likely to be covered by insurance (other than an applicable benefits arrangement) and can be paid for by the HIC in advance on the basis specified in paragraph 39.

48. Whether a service or good is reasonably required (if not covered by the MBS or PBS or public hospital treatment as a public patient) can be decided by the HIC provided:

48.1. The claim is given sympathetic consideration; and

48.2. Before a claim is rejected on the grounds of unreasonableness, the applicant is given the opportunity to submit evidence or opinion, eg from a medical practitioner or other health service provider registered by a State or Territory.

## **PART 7: CLAIMING PROCEDURE AND EVIDENCING FOR EACH TYPE OF GOOD OR SERVICE**

49. Further Procedures and requirements for claiming and evidencing claims are to be specified in a document to be agreed by DoHA and HIC, based on the principle of minimising paperwork by registered persons while ensuring accountability and program integrity.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-272

OUTCOME 2: ACCESS TO MEDICARE

Topic: PIP Programs

Senator McLucas asked:

- (a) Breakdown by state and territory and by quarter of the number of practices enrolled in various PIP programs since inception of first program;
- (b) Breakdown of funding within each of the various incentive programs;
- (c) Average amount that each practice that is enrolled received for each of the practice incentive payments that they are enrolled for.

Answer:

The information requested is provided in the attached tables.

The Practice Incentives Program commenced in July 1998 using the same payment formula as the Better Practice Program that it replaced. The new payment formula commenced in August 1999 and the data presented is based on information from the first payment under this new payment formula.

**Asthma Service Incentive Payments, May 2002 to August 2003**

		ACT/NT	NSW	QLD	SA	TAS	VIC	WA	Australia
May-02	Total expenditure (\$)	7,100	352,500	181,500	75,500	28,900	256,500	47,900	949,900
	Number of practices receiving payment	22	530	305	132	52	398	110	1,549
	Average payment per practice	323	665	595	572	556	644	435	613
Aug-02	Total expenditure (\$)	8,600	467,400	240,400	94,500	26,000	316,400	74,500	1,227,800
	Number of practices receiving payment	28	659	357	150	56	455	133	1,838
	Average payment per practice	307	709	673	630	464	695	560	668
Nov-02	Total expenditure (\$)	8,000	337,500	159,100	87,700	17,500	251,500	67,900	929,200
	Number of practices receiving payment	24	610	312	145	47	462	133	1,733
	Average payment per practice	333	553	510	605	372	544	511	536
Feb-03	Total expenditure (\$)	4,600	227,400	99,700	70,000	14,600	192,000	49,800	658,100
	Number of practices receiving payment	20	548	268	136	37	390	127	1,526
	Average payment per practice	230	415	372	515	395	492	392	431
May-03	Total expenditure (\$)	4,100	225,700	92,600	46,600	14,400	163,900	33,200	580,500
	Number of practices receiving payment	19	525	249	121	36	378	100	1,428
	Average payment per practice	216	430	372	385	400	434	332	407
Aug-03	Total expenditure (\$)	5,600	316,200	128,800	60,400	18,800	203,400	45,100	778,300
	Number of practices receiving payment	25	566	281	114	47	401	122	1,556
	Average payment per practice	224	559	458	530	400	507	370	500

Note: The Asthma Service Incentive Payments (SIPs) were introduced in November 2001 as part of the Asthma initiative announced in the 2001-02 Budget. SIPs are paid to providers, however the data presented show the number of practices at which providers claimed SIPs, as a measure of participation in the initiative. Due to technical difficulties during early implementation, \$589,300 of Asthma SIP payments made prior to March 2002 can not be allocated by State and Territory.

Data for the ACT and NT have been combined for privacy reasons.



**Cervical Screening Service Incentive Payments, May 2002 to August 2003**

		ACT/NT	NSW	QLD	SA	TAS	VIC	WA	Australia
May-02	Total expenditure (\$)	5,565	138,355	81,585	23,905	10,290	117,110	25,270	402,080
	Number of practices receiving payment	40	689	454	167	64	604	158	2,176
	Average payment per practice	139	201	180	143	161	194	160	185
Aug-02	Total expenditure (\$)	6,510	145,355	101,990	32,970	9,765	120,995	31,675	449,260
	Number of practices receiving payment	41	768	501	192	61	628	179	2,370
	Average payment per practice	159	189	204	172	160	193	177	190
Nov-02	Total expenditure (\$)	6,860	142,800	87,045	26,285	8,960	115,885	31,185	419,020
	Number of practices receiving payment	41	763	472	180	58	609	176	2,299
	Average payment per practice	167	187	184	146	154	190	177	182
Feb-03	Total expenditure (\$)	6,545	130,200	75,740	23,100	8,015	96,005	30,590	370,195
	Number of practices receiving payment	39	748	471	183	59	596	188	2,284
	Average payment per practice	168	174	161	126	136	161	163	162
May-03	Total expenditure (\$)	7,140	163,520	92,155	26,180	8,820	118,160	36,120	452,095
	Number of practices receiving payment	46	833	496	182	63	629	206	2,455
	Average payment per practice	155	196	186	144	140	188	175	184
Aug-03	Total expenditure (\$)	6,230	164,150	80,780	26,110	9,835	127,260	40,775	455,140
	Number of practices receiving payment	40	814	489	177	65	628	208	2,421
	Average payment per practice	156	202	165	148	151	203	196	188

Note: The Cervical Screening Service Incentive Payments (SIPs) were introduced in November 2001 as part of the Cervical Screening initiative announced in the 2001-02 Budget. SIPs are paid to providers, however the data presented show the number of practices at which providers claimed SIPs, as a measure of participation in the initiative. Due to technical difficulties during early implementation, \$202,650 of Cervical Screening SIP payments made prior to March 2002 can not be allocated by State and Territory.

Data for the ACT and NT have been combined for privacy reasons.

**Diabetes Service Incentive Payments, May 2002 to August 2003**

		ACT/NT	NSW	QLD	SA	TAS	VIC	WA	Australia
May-02	Total expenditure (\$)	11,320	390,120	223,920	94,360	25,440	367,240	76,800	1,189,200
	Number of practices receiving payment	38	734	433	165	61	561	161	2,153
	Average payment per practice	298	531	517	572	417	655	477	552
Aug-02	Total expenditure (\$)	11,760	328,600	165,760	80,640	23,200	262,640	72,560	945,160
	Number of practices receiving payment	42	821	454	195	65	609	183	2,369
	Average payment per practice	280	400	365	414	357	431	397	399
Nov-02	Total expenditure (\$)	10,120	255,200	115,480	85,840	17,800	194,880	60,160	739,480
	Number of practices receiving payment	37	812	436	197	60	595	181	2,318
	Average payment per practice	274	314	265	436	297	328	332	319
Feb-03	Total expenditure (\$)	10,800	256,680	139,400	84,840	26,800	237,880	70,560	826,960
	Number of practices receiving payment	40	834	439	195	68	607	185	2,368
	Average payment per practice	270	308	318	435	394	392	381	349
May-03	Total expenditure (\$)	13,640	367,480	202,400	105,000	31,640	337,120	82,520	1,139,800
	Number of practices receiving payment	40	877	465	207	77	647	198	2,511
	Average payment per practice	341	419	435	507	411	521	417	454
Aug-03	Total expenditure (\$)	13,520	374,400	193,160	106,960	30,360	321,640	85,120	1,125,160
	Number of practices receiving payment	38	908	481	206	70	660	207	2,570
	Average payment per practice	356	412	402	519	434	487	411	438

Note: The Diabetes Service Incentive Payments (SIPs) were introduced in November 2001 as part of the Diabetes initiative announced in the 2001-02 Budget. SIPs are paid to providers, however the data presented show the number of practices at which providers claimed SIPs, as a measure of participation in the initiative. Due to technical difficulties during early implementation, \$917,080 of Diabetes SIP payments made prior to March 2002 can not be allocated by State and Territory.

Data for the ACT and NT have been combined for privacy reasons.

**Mental Health Service Incentive Payments, May 2002 to August 2003**

		ACT/NT	NSW	QLD	SA	TAS	VIC	WA	Australia
Nov-02	Total expenditure (\$)	*	34,800	8,550	9,450	*	37,800	12,300	105,300
	Number of practices receiving payment	*	43	17	20	*	35	23	145
	Average payment per practice	*	809	503	473	*	1,080	535	726
Feb-03	Total expenditure (\$)	*	77,400	49,950	37,650	11,100	92,850	36,150	307,800
	Number of practices receiving payment	*	94	67	40	10	118	55	389
	Average payment per practice	*	823	746	941	1,110	787	657	791
May-03	Total expenditure (\$)	*	150,000	73,800	37,200	11,700	120,600	43,950	441,150
	Number of practices receiving payment	*	134	89	48	15	133	66	494
	Average payment per practice	*	1,119	829	775	780	907	666	893
Aug-03	Total expenditure (\$)	*	176,250	94,350	39,600	14,700	128,700	52,950	510,450
	Number of practices receiving payment	*	174	120	56	16	179	68	622
	Average payment per practice	*	1,013	786	707	919	719	779	821

Note: Mental Health Service Incentive Payments were introduced in November 2002 as part of the Better Outcomes in Mental Health initiative announced in the 2001-02 Budget. SIPs are paid to providers, however the data presented show the number of practices at which providers claimed SIPs, as a measure of participation in the initiative.

Data for the ACT and NT have been combined for privacy reasons, however where practice participation is still below 10 practice the information has been suppressed.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates Hearings 2003-2004, 2, 3 & 5 June 2003

Question: E03 - 194

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: DECEMBER 2002 ALLOCATED AND OPERATIONAL PLACES BY PLANNING  
REGIONS

Hansard Pages: CA 245

Senator Moore asked:

We would now like the December 2002 allocated and operational figures in the high, low and Community Aged Care Packages, by aged care planning regions.

Answer:

The Department is currently in the process of undertaking a stocktake of aged care places. An answer will be provided when the 30 June 2003 stocktake data have been finalised.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates Hearings 2003-2004, 2, 3 & 5 June 2003

Question: E03 – 194  
[revised]

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: DECEMBER 2002 ALLOCATED AND OPERATIONAL PLACES BY PLANNING  
REGIONS

Hansard Pages: CA 245

Senator Moore asked:

We would now like the December 2002 allocated and operational figures in the high, low and Community Aged Care Packages, by aged care planning regions.

Answer:

Relevant information pertaining to the Senator's question will be available in the Department of Health and Ageing Annual Report 2002-03.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-195

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: POST STOCKTAKE FIGURES

Hansard Pages: CA 246

Senator Moore asked:

What we would like, post the stocktake, are the figures - high, low and Community Aged Care Packages - by aged care planning regions up to 30 June.

Answer:

An answer cannot be provided at this time, as information from the aged care places stocktake of 30 June 2003 is not available. An answer will be provided when the 30 June 2003 stocktake data have been finalised.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates Hearings Tuesday 3 & 5 June 2003

Question: E03 – 195  
[revised]

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: POST STOCKTAKE FIGURES

Hansard Pages: CA246

Senator Moore asked:

What we would like, post the stocktake, are the figures - high, low and Community Aged Care Packages - by aged care planning regions up to 30 June.

Answer:

Relevant information pertaining to the Senator's question will be available in the Department of Health and Ageing Annual Report 2002–03.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-196

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: ALLOCATIONS REVOKED IN LAST 12 MONTHS

Hansard Pages: CA 246

Senator Moore asked:

Can we get the data on how many allocations have been revoked in the last 12 months?

Answer:

This question was asked in regard to the 30 June data stocktake of aged care places. An answer cannot be provided at this time, as information from the aged care places stocktake of 30 June 2003 is not available. An answer will be provided when the 30 June 2003 stocktake data have been finalised.



Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates Hearings 2003-04, 2, 3 & 5 June 2003

Question: E03 – 196  
[revised]

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: ALLOCATIONS REVOKED IN LAST 12 MONTHS

Hansard Pages: CA246

Senator Moore asked:

Can we get the data on how many allocations have been revoked in the last 12 months?

Answer:

During the 12 month period ending 30 June 2003, 9 provisionally allocated aged care places were revoked.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-197

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: SERVICES OVER 2 YEARS OLD

Hansard Pages: CA 247

Senator Moore asked:

- (a) How many provisional allocations as at 30 June are over 2 years?
- (b) Which ones will become the 'oldest' after the 1988 ones come on-line?

Answer:

This question was asked in regard to the 30 June data stocktake of aged care places. An answer cannot be provided at this time, as information from the aged care places stocktake of 30 June 2003 is not available. An answer will be provided when the 30 June 2003 stocktake data have been finalised.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-197  
[revised]

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: SERVICES OVER 2 YEARS OLD

Hansard Pages: CA 353

Senator Moore asked:

- (a) How many provisional allocations as at 30 June are over 2 years?
- (b) Which ones will become the 'oldest' after the 1988 ones come on-line?

Answer:

- (a) There were 5,231 provisionally allocated mainstream aged care places more than two years old as at 30 June 2003. Some two thirds of these remain provisional because of delays in gaining planning approval or land availability and site problems.
- (b) The next oldest provisional allocation (3 June 1997) is one of 10 places for a special needs group in Queensland. This allocation is expected to come into operation on 7 November 2003.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates Hearings 2003-2004, 2, 3 & 5 June 2003

Question: E03 - 198

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: SNAPSHOT OF DATA

Hansard Pages: CA 248

Senator Moore asked:

Can a snapshot of the stocktake results be provided?

Answer:

The Department is currently in the process of undertaking a stocktake of aged care places. An answer will be provided when the 30 June 2003 stocktake data have been finalised.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
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Question: E03 – 198  
[revised]

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: SNAPSHOT OF DATA

Hansard Pages: CA 248

Senator Moore asked:

Can a snapshot of the stocktake results be provided?

Answer:

Relevant information pertaining to the Senator's question will be available in the Department of Health and Ageing Annual Report 2002–03.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
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Question: E03-199

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: CENSUS ON PEOPLE IN HOSPITALS

Hansard Page: CA 251

Senator Moore asked:

Was this particular study taken in all hospitals or a certain hospital?

Answer:

The study "Examination of Length of Stay for Older Persons in Acute and Sub-Acute Sectors" overseen by the Australian Health Ministers Advisory Council (AHMAC) Care of Older Australians Working Group was taken under the principle that all public hospitals in Australia (excluding specialist mental health hospitals) and multi-purpose services would be surveyed. State and Territory Health Authorities were asked to submit lists of the hospitals to be surveyed to the project consultant. A total of 617 public hospitals were identified as being in scope by the State and Territory Health Authorities.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-200

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: FUNDING RECOVERED THROUGH RCS REVIEWS

Hansard Page: CA 252

Senator Moore asked:

- (a) Can you please provide the amount of funding that will be recovered through the RCS reviews for the period 1 July 2002 to 30 June 2003.
- (b) In regards to the little data set that you send us back, can we get the next column put into it? You have carefully given us the states, the places and the totals, and we would like to have the money total added to that.

Answer:

- (a) Approximately \$31 million will be recovered as a result of reviews identifying inaccurate claims for funding in the period 1 July 2002 to 30 June 2003.
- (b)

**RCS Review Statistics by State 1 July 2000 to 30 June 2001**

State	Unchanged		Upgraded		Downgraded		Total	Net Total \$
	No	%	No	%	No	%		
NSW/ACT	2451	57	318	7	1548	36	4317	9,163,270
VIC	680	48	47	3	677	48	1404	4,932,464
QLD	634	49	45	3	623	48	1302	3,811,637
WA	699	67	53	5	293	28	1045	1,389,223
SA/NT	474	70	83	12	125	18	682	270,560
TAS	334	67	34	7	133	27	501	692,697
Total	5272	57	580	6	3399	37	9251	20,259,851

**RCS Reviews by State - 1 July 2001 to 30 June 2002**

State	Unchanged		Upgraded		Downgraded		Total	Net Total \$
	No	%	No	%	No	%		
NSW/ACT	3006	58	351	7	1869	36	5226	10,812,388
VIC	1129	58	81	4	731	38	1941	4,478,389
QLD	940	56	118	7	631	37	1689	3,564,893
WA	726	63	42	4	385	33	1153	1,967,708
SA/NT	384	54	45	6	283	40	712	1,596,094
TAS	284	61	35	8	145	31	464	675,027
Total	6469	58	672	6	4044	36	11185	23,094,499

**RCS Reviews by State - 1 July 2002 to 31 March 2003**

State	Unchanged		Upgraded		Downgraded		Total	Net Total \$
	No	%	No	%	No	%		
NSW/ACT	2100	57	220	6	1379	37	3699	8,211,923
VIV	797	53	53	3	662	44	1512	4,090,873
QLD	1018	50	89	4	916	45	2023	6,592,619
WA	624	62	29	3	360	35	1013	2,148,076
SA/NT	599	62	57	6	305	32	961	1,775,006
TAS	194	62	7	2	110	35	311	720,525
Total	5332	56	455	5	3732	39	9519	23,539,022



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Question: E03-201

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: TRANSFER OF PLACES AND STAFFING

Hansard Page: CA 256

Senator Forshaw asked:

Does the conditions of transfer of places include staffing?

Answer:

The provisions for a transfer of operational aged care places from one approved provider to another are set out in Division 16 of the *Aged Care Act 1997* (the Act) and Part 7 of the Allocation Principles 1997. A transfer can only be approved if the Secretary (or delegate) is satisfied under section 16-4 of the Act that the transfer is justified in the circumstances.

Under section 16-4 of the Act, in deciding whether the transfer is justified in the circumstances, the Secretary must consider, among a range of other matters:

*16-4 (d) the suitability of the transferee to provide the aged care to which the places to be transferred relate.*

As part of the application process, the transfer application must, in accordance with the provisions of 4.61(2)(a) of Allocation Principles, include the following information supplied by the transferee:

*how the transferee proposes to undertake the responsibilities of an approved provider under Parts 4.1 (Quality of Care) and Part 4.2 (User Rights) of the Act.*

The responsibilities of approved providers in relation to the quality of aged care are set out in section 54-1 of Part 4.1 of the Act. This section requires an approved provider "to maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met". It also requires a provider "to provide such care and services as are specified in the Quality of Care Principles".

All approved providers are required to meet their responsibilities under the Act.

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Question: E03-202

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: TRANSFERS, PHYSICAL INSPECTION, CHECKS AND PAPERWORK

Hansard Page: CA 256

Senator Forshaw asked:

When a licence is transferred does the department or the agency do any physical inspections or checks, or is it all done as just an exchange of paperwork.

Answer:

The assessment of the transfer application takes into account the outcomes of any relevant inspections, checks or audits, including those in relation to compliance issues. The assessment takes into account the compliance history of the relevant aged care service, including the accreditation history, and the suitability of the premises including the criteria for certification. The Department may meet with the applicants, including the transferee, to discuss any issues. A physical inspection of the premises would not normally be undertaken by the Department at the time a transfer application is being assessed. Under section 3.21(3) of the Accreditation Grant Principles, the Aged Care Standards and Accreditation Agency may arrange for a review audit if, under section 16-1 of the Act, there has been a transfer of allocated places.

Senate Community Affairs Legislation Committee  
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Question: E03-203

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: MARNOTTA PTY LTD

Hansard Page: CA 508

Senator Forshaw asked:

When was Marnotta Pty Ltd approved as a provider?

Answer:

Marnotta Pty Ltd provided Commonwealth-funded aged care commencing April 1986. It was taken to be an Approved Provider under the provisions of the *Aged Care (Consequential Provisions) Act 1997*.

Senate Community Affairs Legislation Committee  
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Question: E03-204

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: SCALABRINI VILLAGE

Hansard Page: CA 510

Senator Forshaw asked:

Does the facility (Antonio and Ida Locastro Hostel) cater for residents with dementia or psychiatric illness?

Answer:

Antonio and Ida Locastro Hostel, New South Wales provides care for both high and low care residents. Where possible, homes typically cater for residents with dementia.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2003-2004 2, 3 & 5 June 2003

Question: E03-205

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: CARE STAFF

Hansard Page: CA 511

Senator Forshaw asked:

- (a) Can you tell me how many care staff work in residential aged care facilities across the country?
- (b) Do you have any historical information as to staffing numbers? Can you provide data that covered the operation since, say, 1996?

Answer:

- (a) No. The Department does not collect statistics on care staff employed by the aged care sector.
- (b) Statistics on care staff employed in the health and aged care sector are collected by the Australian Bureau of Statistics through the Census.

Senate Community Affairs Legislation Committee  
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Question: E03-206

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: ALLANDALE NURSING HOME

Hansard Page: CA 512

Senator Forshaw asked:

What about Allandale Nursing Home in the Hunter region in New South Wales? I think it is now called Calvary Community Retirement. Is that Commonwealth funded or State funded?

Answer:

Allandale Nursing Home is now known as Allandale Aged Care Facility. It is a Commonwealth funded facility.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates Hearings Tuesday 2, 3 & 5 June 2003

Question: E03-207

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: GROVE NURSING HOME

Hansard Page: CA 513

Senator Forshaw asked:

Has the minister or the Department received any letters of complaint regarding the Grove Nursing Home in Campbelltown in South Australia? I understand that there has been at least one letter sent to the Minister. Would you check and advise what action has been taken in relation to the issues raised?

Answer:

This is Protected Information under the *Aged Care Act 1997*.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-256

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: NEW FACILITY

Hansard Page: CA 516

Senator Forshaw asked:

What are the circumstances around the closure of the Church Nursing Home, especially in regard to issues for smaller metropolitan homes in inner city areas?

Answer:

The approved provider of Church Nursing Home (Baptist Community Care Ltd), has advised the Department that the continued operation of the Home is not in accordance with the organisation's longer term business planning.

The home is located in the Local Government area of Moreland. The Department is aware that a significant issue for providers of homes in this area is that it is not possible to extend on current sites due to limited land availability. The Minister for Ageing has written to relevant State and Territory Ministers responsible for planning and local government, and to local government peak associations, proposing the establishment of forums to address issues over planning approvals. Local government is being encouraged to adopt positive approaches to the current and future needs of older Australians, particularly in the areas of planning, land use and improved local infrastructure.



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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates Hearings Tuesday 3 & 5 June 2003

Question: E03-208

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: SMALLER METROPOLITAN HOMES

Hansard Page: CA 516

Senator Forshaw asked:

There is a growing concern, I am advised, about a possible trend whereby smaller metropolitan homes might be closed and the places transferred to other places.

Answer:

The closure of an aged care home is not an unusual event as restructuring across the sector occurs on an ongoing basis. Many smaller homes close as a result of decisions made by individual approved providers to rebuild at a different locality, in order to accommodate additional bed numbers and improve viability, and to improve accommodation standards. In some cases, the poor fabric of homes that have existed for many years, or an unsuitable design in the first instance, leads to an approved provider deciding that it is preferable to relocate places than to rebuild or refurbish on the same site.

In areas where land prices are high, and in metropolitan residential areas, the Department is aware that some providers are experiencing difficulties in extending or rebuilding on existing sites. These difficulties may be due to the limited availability of land or to resident objections that result in refusal of planning approval. The Minister for Ageing has written to relevant State and Territory Ministers responsible for planning and local government, and to local government peak associations, proposing the establishment of forums to address issues over planning approvals. Local government is being encouraged to adopt positive approaches to the current and future care needs of older Australians, particularly in the areas of planning, land use and improved local infrastructure.

The viability of smaller aged care homes is also a matter being addressed by the Review of Pricing Arrangements in Residential Aged Care.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
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Question: E03-185

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: AGED CARE STANDARDS AND ACCREDITATION AGENCY BUDGET

Hansard Page: CA 519

Senator Forshaw asked:

In budget paper 1.11 at page 254, the budget estimate for Government revenue in 2002-03 was \$12.8 million, and the actual estimated figure for 2002-03 was \$11.5 million, which suggests at least that there is an underspend of \$1.4 million. Please explain.

Answer:

Page 254 of the Portfolio Budget Statements 2002-2003 shows revenue from Government as \$12.8 million. This is made up of \$11.5 million accreditation grant plus an expected draw down of \$1.3 million for small homes subsidy.

Small homes subsidy is a draw down amount payable by the Commonwealth where the Commonwealth pays all or part of the accreditation fees for small homes.

The amount of \$11.5 million at page 306 of the Portfolio Budget Statements 2003-2004 is the accreditation grant only. The actual amount of small homes subsidy drawn down is included in the \$15.8 million 'goods and services'.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
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Question: E03-209

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: DECREASE IN RESIDENTIAL AGED CARE SUBSIDY ESTIMATES

Hansard Page: CA 520

Senator Moore asked:

Is this correct?

Was there a decrease in residential aged care subsidy estimates this financial year?

Answer:

Under Department of Finance and Administration guidelines on maintenance of accurate forward estimates, the Department has a responsibility to advise of any changes in key variables that may effect the accuracy of the estimates.

A review of variables during 2001-02 showed changes in the dependency levels of residents and the number of concessional or assisted residents as a proportion of the total resident population.

The final estimate was adjusted downwards by the \$174 million noted in the Budget Paper to reflect these changes.

Senate Community Affairs Legislation Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-210

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: ALLOCATION FROM 2002-03 FEDERAL BUDGET

Hansard Page: CA 520

Senator Moore asked:

I refer to the particular allocation from last year's 2002-03 federal budget, which looked at specifically increasing residential aged care by an amount of \$211 million over a period of years to allow providers of aged care to attract and retain more aged care nurses by offering them pay rates closer to those of nurses in the public hospital sector.

- (a) How did the Department come up with the figure of \$211 million?
- (b) Where did that figure come from?
- (c) What was the basis for that figure over four years for that particular issue?

Answer:

- (a) This funding is aimed at reducing the disparity in wages between nurses employed in the residential aged care and acute care sectors. It has been provided pending the Review of Pricing Arrangements in residential care, which will consider long term financing for the aged care industry. The figure of \$211 million was based on an estimate of the residential facilities' wage expenses paid to nurses.
- (b) See (a).
- (c) The additional funding is being provided through residential aged care subsidies. It involves an increase above normal indexation as follows:
  - 1.5 per cent in the basic subsidy rates for RCS categories 1-4; and
  - 0.75 per cent in the basic subsidy rates for RCS categories 5-7.

\$51.1 million has been provided in 2002-03 and it is estimated some \$52.4 million will be provided in 2003-04.

Senate Community Affairs Legislation Committee  
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Budget Estimates Hearings Tuesday 2, 3 & 5 June 2003

Question: E03-212

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: HEIDEN PARK LODGE

Written Question on Notice.

Senator Forshaw asked:

- (a) How many carers were employed at Heiden Park Lodge at the time the fire broke out in January 2002?
- (b) How many were actually on duty at the time that the fire started?

Answer:

The Department does not have access to this information.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2003-2004, 2, 3 & 5 June 2003

Question: E03-213

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: ACCREDITATION STANDARDS AND INSPECTORS

Written Question on Notice

Senator Forshaw asked:

As part of site audits of residential aged care facilities inspectors are required to determine in Accreditation Standard 1.6 whether there are sufficient “appropriately skilled and qualified staff” on duty.

- (a) Can you outline how inspectors make these assessments?
- (b) Are there written guidelines given to each inspector about what constitutes an adequate staffing level for each facility taking into consideration the number of residents and the level of care required?
- (c) If there are no guidelines how is it possible to ensure that there is consistency in the approach that all inspectors take to this standard?
- (d) Do the inspectors analyse staffing levels over a period of time prior to accreditation?
- (e) Do inspectors record details of staffing levels to enable the Agency to continually assess what are appropriate standards and ratios for the industry?
- (f) Why is it that facilities where staffing levels are so low that only one carer is working at night for 49 residents, as occurred at Alroy House Aged Care Facility, Singleton NSW, can still pass Accreditation Standard 1.6? Does the Agency or the Department believe this is an appropriate ratio particularly when 12 of the 49 residents are high care?
- (g) How many residential facilities since May 2002 have failed Accreditation Standard 1.6? What is the name and location of each facility?

Answer:

(a) – (g)

During a site audit the assessment team assesses compliance with all 44 expected outcomes of the Accreditation Standards. They do this by observing the living environment and practices of the home, reviewing documentation (eg care plans, staff rosters, maintenance logs, minutes of meetings) and interviewing residents, relatives, staff and management. Information is gathered to analyse the home’s performance against the Standards over time. Assessors will ask questions about past as well current practices.

Only registered quality assessors are permitted to perform audits. In order to be registered, an assessor must have successfully completed a course approved by the Agency, been interviewed by the Industry Panel and, in the case of Round Two assessments, have completed an updated course. This training is complemented by the Audit Handbook.

Homes are required to outline their processes to ensure resident focus as part of their accreditation application prior to the site audit.

Assessors record all facts relevant to the findings of their audit in the site audit report. The Agency makes findings of compliance in respect of each expected outcome based on relevant information including the site audit report. The Agency's findings may be different from the team's ratings. The Agency notifies the Department of Health and Ageing about any non-compliance, and advises the approved provider of any necessary improvements. The Agency will monitor the home's progress with improvements by conducting support contacts (including spot checks). The Agency monitors all accredited homes.

Staffing is adequate when the care needs and preferences of residents are met in accordance with the Accreditation Standards. It is the responsibility of each approved provider to employ adequate numbers of appropriately skilled and qualified staff to meet the Standards. The staff mix will depend on the care needs of the resident population as well as other factors such as the layout of the home (eg compact, single storey, multi-storey, separate wings) and availability of staff from other services (eg adjoining hospital, co-located nursing home).

Of all site audit and review audit decisions made since May 2002 up to the end of May 2003, the Agency has found expected outcome 1.6 to be non-compliant in 40 decisions. It should be noted that the non-compliance may have been rectified subsequent to the decision (either on reconsideration, at a support contact or a subsequent audit).

Reports are published in accordance with the *Accreditation Grant Principles 1999*, and are available on the Agency's website at [www.accreditation.aust.com](http://www.accreditation.aust.com).