Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 31 May 2011

Question: E11-563

OUTCOME 11: Mental Health

Topic: BETTER ACCESS INITIATIVE

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Senator Nash asked:

a)   As to the Better Access initiative, as it was does the Department have a breakdown of
        funding by regions?

b)   Does the Department have any sense by region how, under Better Access, that
        funding has been expended?

c)   Can you take on notice for me to provide that by region? How do you break it up, by
        region, or is it by ASCG map?

Answer:

a), b) and c)
The recent evaluation of the Better Access Initiative included analysis of expenditure under
the program, ie benefits paid, by type of geographical region. This analysis is contained
within *Component B: An analysis of Medicare Benefits Schedule and Pharmaceutical
Benefits Scheme administrative data* and is available from:
http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval-b

Regional data was based on the consumers' enrolment postcode and classified according to
the Rural, Remote and Metropolitan Areas (RRMA) classification system. The RRMA
allocates geographical areas into seven classes: Capital cities (RRMA category (1); Other
metropolitan centres (2); Large rural centres (3); Small rural centres (4); Other rural areas (5);
Remote centres (6); Other remote areas (7). To facilitate analysis and interpretation, RRMA
categories were aggregated into five region types by combining classes 3 and 4 into 'Rural
centres' and classes 6 and 7 into 'Remote areas'.

Based on this analysis the table below provides data on Better Access gross MBS expenditure
(benefits paid) by type of geographic region for 2009.

Geographic region	Benefits paid ($)
Capital cities	333,310,309
Other metropolitan centres	41,348,924
Rural centres	57,295,844
Other rural areas	42,935,883
Remote areas	3,241,381