

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Budget Estimates 2014 - 2015, 2/3 June 2014**

**Ref No:** SQ14-000987

**OUTCOME:** 3 - Access to Medical and Dental Services

**Topic:** Patient Co-payment

**Type of Question:** Hansard Page 65, 2 June 2014

**Senator:** Di Natale, Richard

**Question:**

Could you provide the medians? Obviously the median and the average give a different view. You may have a small number of people who have 100 visits a year, which skews the numbers completely. So the median would be much more useful.

**Answer:**

- a) The below table shows the median number of in-scope services provided to general and concessional patients in 2012-13 for General Practitioner (GP), Diagnostic Imaging (DI) and Pathology items.

	<b>GP</b>	<b>Pathology</b>	<b>DI</b>	<b>Total</b>
Concessional	6	1	0	8
General	3	1	0	5

In-scope services include those that were provided out-of-hospital and for which the patient contribution measure applies.

Concessional patients include people who had a concession card at any time in 2012-13 and claimed at least one MBS service.

General patients include people who did not have a concession card at any time in 2012-13 and claimed at least one MBS service.

The median number of GP, pathology and diagnostic imaging services do not sum to the median number of in-scope services as the median for each of the individual group of services (that is, GP, Pathology and DI) is calculated separately as the median for that group of items.

For the average number of in-scope services provided in 2012-13 for General Practitioner (GP), Diagnostic Imaging (DI) and Pathology items, refer to SQ14-000986.