Older People's Experiences of Healthcare Affordability and Accessibility

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National Seniors AUSTRALIA

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EXECUTIVE SUMMARY

The cost of healthcare in Australia and questions about access to GPs and other health service providers have been sore points in Australian public policy for many years.

Growing costs to patients and worsening inaccessibility of health services are especially problematic for older people, many of whom face multiple health problems as they age, and shrinking bank balances as they move from work to retirement.

This report is based on a survey of almost 6000 people aged 50+ and living in Australia about their experiences with healthcare affordability and accessibility. The survey was conducted in early 2023, at a time in history when the cost of living and housing in Australia has soared, putting people of less means at even greater disadvantage, and forcing some people to choose between healthcare and other necessary costs.

The survey showed that many older people did go without one or more forms of healthcare because of the cost. Most strikingly, 20%-26% of people surveyed went without dental checkups, dental treatment, and/or mental health care when cost was an issue. Prescription medication and GP visits were the least likely to be dropped because of costs, but nonetheless 5%-7% of respondents went without them too.

Many more hesitated over the cost of these and other healthcare expenses. For every kind of healthcare that we inquired about, between one fifth and one third of respondents said they hesitated because of the cost. Others who said they had never hesitated, and who had not gone without the healthcare they needed, often said they would rather go without other things to pay for healthcare. Either way, accessing healthcare in Australia requires money that older patients may be counting on to pay for other expenses. Many do not have the spare income to make paying for healthcare a simple decision.

The health and wellbeing consequences of doing without varied but included untreated problems, undiagnosed conditions, worsening symptoms and mental health impacts.

This was also the case for many of the 46% of respondents who had been on an elective surgery public waiting list and could not afford to pay privately to speed things up. Some of those waiting suffered continuing pain, immobility and sensory disablement as well as mental health impacts and worsening symptoms, sometimes to the point of needing emergency care. Some must wait until their conditions are bad enough to require transport and hospitalisation, because these are free.

Access to a regular GP was much less of an issue, with 76% respondents seeing the same GP regularly and a further 19% visiting the same regular practice.

However, easy access to a bulk-billing GP is not so widespread, with 32% of respondents reporting they would be unable to find a bulk-billing doctor in the short term if they needed one. The problem was especially marked in the ACT, the Northern Territory, Tasmania and remote regions, where 50%-61% of respondents said they would not be able to access this service.

Overall, the report shows that universal healthcare is far from a reality for many older people in Australia. Something in the system must give if we are to ensure all older people can access the healthcare they need.

BACKGROUND

This report has emerged from the simple premise that healthcare in Australia should be affordable and accessible for all older people.

In 2022, Croakey Health Media editor Jennifer Doggett wrote that Australians widely believe we have universal healthcare, but it is simply not the case.

Doggett's argument was built on a litany of evidence that stands as testament to the current limitations of Australia's healthcare system.

For example, many health service providers – from GPs to specialists to those in allied professions – charge unaffordable fees to patients, with no option to bulk bill (Doggett, 2022).

GP shortages mean some Australians cannot access healthcare in a timely manner or sometimes at all, whether bulk billed or not (Stone and May, 2023).

Public waiting lists for elective surgery have remained long for years (AIHW, 2022; AMA, 2022), as have the public waiting lists for seeing specialists (ABC, 2023), so the poorest Australians languish in ill health for longer than those who can afford to pay privately.

All these factors and more stand in the way of a truly universal healthcare system.

These issues are especially critical for older people. Australians are living longer, but not necessarily healthier (Davey, 2020). For this reason, older age frequently brings heavier dependence on the healthcare system.

And to the extent that older age also brings an end to a person's working life, it can bring a dramatic drop in income. For people aged 65 and over, poverty is most prevalent among those who rent and those without income sources such as superannuation to supplement safety nets like the Age Pension (Davidson et al., 2023). When the health system requires co-payment from patients, poorer older people may be unable to afford the healthcare they need.

The research in this report sought to document the extent to which healthcare is affordable and accessible for older Australians. It is based on a 2023 survey of almost 6000 people aged 50 and over who live in Australia.

The survey asked respondents about their access to health providers and any impact healthcare costs have had on their health and wellbeing.

National Seniors Australia will use the results to campaign for reforms to the healthcare system that will bring accessible, affordable healthcare to all.

STUDY METHODS

The National Seniors Social Survey

National Seniors Australia is a member-based not-for-profit research and advocacy organisation representing and promoting the views, values and beliefs of Australians aged 50 and over. Every year since 2012 – except 2020 when focused on COVID research – National Seniors has conducted a survey of older Australians' behaviours and views about topics relevant to lifestyle, health and wellbeing called the National Seniors Social Survey, or NSSS. The 11th NSSS (NSSS-11) was conducted in February 2023.

Anyone aged 50 years or over and living in Australia was eligible to participate in the NSSS-11. Invitations to participate were distributed to older Australians via the National Seniors membership database and online networks, and further distribution to other older Australians was encouraged.

As for previous National Seniors Social Surveys, we asked questions on multiple topics relevant to older people's lives, plus a range of demographic questions. This report draws on responses to questions in the 'Medical system and costs' module of the NSSS-11 (wording in Appendix 1). Responses were collected online via Survey Monkey.

Most of the 5806 NSSS-11 respondents answered one or more of the questions about the medical system and costs. Specific numbers for each question are reported in the text.

Analysis methods

The software package Stata v17 was used for all quantitative analysis. Statistical tests took the form of Chi-square analysis. The demographic characteristics of respondents who answered medical system and costs questions are provided in Appendix 2. We use demographics to characterise the sample as our recruiting strategy was open rather than attempting to reflect group proportions in the broader population.

We analysed text comments using the thematic analysis framework described by Braun and Clarke (2006), identifying themes via inductive analysis guided by a critical realist approach that aimed for accuracy and objectivity in interpreting respondents' views. The researchers acknowledge the influence of their pre-existing knowledge and understandings on identified themes.

Where the text indicates the number of people who wrote a comment in response to a question, that number was calculated after excluding irrelevant, unintelligible or otherwise uninformative comments. Such comments were thus treated as non-responses.

The number of comments comprising any given theme was estimated to give a sense of the prevalence of specific sentiments. However, the data were qualitative and not subject to cross-coding when counted, so those numbers should be taken as estimates only.

Quotes from survey respondents are presented in coloured speech bubbles and were selected to illustrate the variety and prevalence of ideas expressed as well as to ensure that some of respondents' most difficult or extreme experiences were communicated. When possible, we reproduced quotes verbatim, occasionally omitting or altering parts for clarity or anonymity (indicated with square brackets []). Minor typos were corrected for readability (no brackets). All other phrasing idiosyncrasies were retained.

RESULTS

Theme 1: Affordability

The general theme of the NSSS-11 was how recent cost of living increases have impacted older Australians. One of the areas it focused on within that was the affordability of healthcare and the consequences for older people when they cannot afford the healthcare they need.

In keeping with this, the survey asked a series of questions about different forms of healthcare pertaining to primary, secondary, and tertiary health sectors including allied health.

The questions were relatively straightforward, first asking whether financial costs had prevented respondents from accessing a particular form of healthcare, or in the case of elective surgery whether they had paid privately to shorten their waiting time on a public list.

Second, questions asked whether respondents experienced any health, wellbeing, or quality of life costs as a result of going without that form of healthcare or having to wait for elective surgery. Respondents were invited to comment on these points.

Impacts of costs on accessing healthcare

The first question focused on 10 different forms of healthcare across the primary, secondary, and allied sectors, asking whether costs had prevented respondents from accessing them in recent years.

For each, respondents answered:

- **Yes**, the cost prevented me from accessing this form of healthcare
- The cost **made me hesitate** about accessing it (but did not prevent me)
- **No**, the cost has not stopped me at all, or
- Not applicable/Don't know/Prefer not to say (see Appendix 1 for precise wording).

Figure 1 (next page) shows the results for each of the 10 items, after not applicable/don't know/prefer not to say responses were excluded from the sample.

As is evident from Figure 1, respondents were least likely to forego prescription medication because of the cost (only 5% said the cost prevented them from accessing this) followed closely by GP visits (7%).

Respondents were most likely to forego mental health care because of the cost, such as appointments with counsellors or psychologists (26%), as well as any kind of dental care (checkup 20%, treatment 24%). Cost prevented access to the other forms of healthcare for 10%-19% of respondents.

Levels of hesitation were about equal for accessing medical treatment and procedures, buying non-prescription medication, attending specialist appointments, and attending appointments with allied health professionals such as physiotherapists and podiatrists.

Overall, between a fifth and a third of respondents hesitated over the cost of every type of healthcare presented in the question, on top of those who went without.

Only 114 respondents (2% of the total number who answered any of these questions) answered 'yes' to all 10 of these items or to the subset they answered that were applicable to them.

In contrast, 1751 respondents (32%) answered 'no' to all 10 or to the subset they answered that were applicable to them.

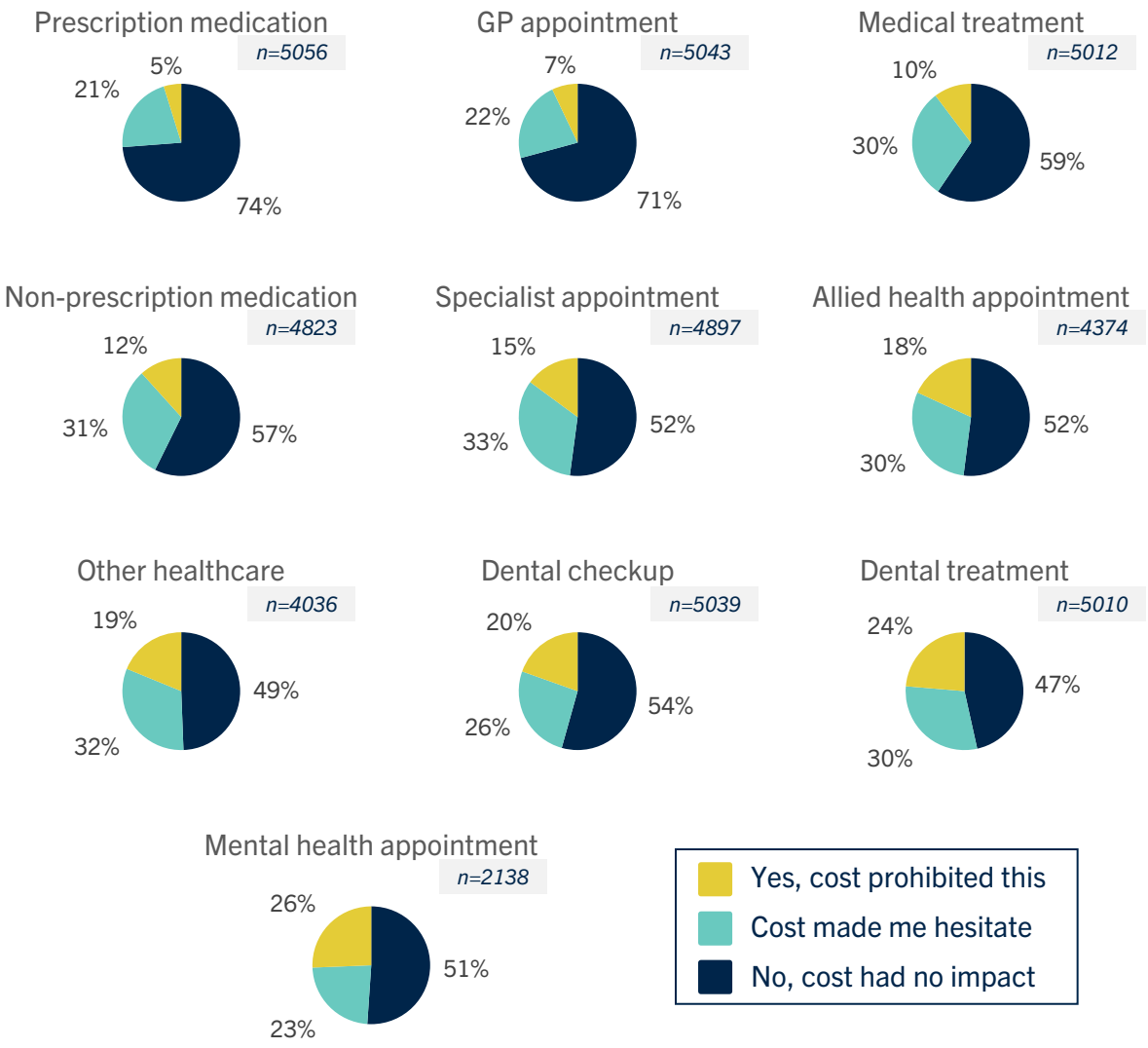


Figure 1 Percentage of respondents who were prevented from accessing healthcare by the cost (yellow), who hesitated because of cost (teal) or whose choices were unaffected by the cost (navy). The question asked about 10 forms of healthcare, presented here in order from the least affected by cost to the most. See Appendix 1 for the original order of options in the question. Note the 'mental health' sample size is relatively low because >3000 responses took the form 'not applicable/don't know/prefer not to say' and were thus excluded from these calculations. The other forms of healthcare attracted far fewer 'not applicable/don't know/prefer not to say' answers.

Specific care older people have not accessed, due to cost

One of the items the question included was 'other healthcare' and respondents were asked to specify what they considered to be part of this category.

In total 279 people used this 'other' free comment text box to specify a medical expense that was a problem for them to afford, or to comment on their experiences navigating the costs of medical care.

About a third of the 279 selected the 'other healthcare' option for the purpose intended: to specify items we did not anticipate in our question wording and prompt examples.

Items these respondents went without or hesitated over because of the cost included:

- Audiologists and hearing aids
- Optometrists and glasses
- CPAP machine
- Dentures
- Appropriate shoes for foot pain
- Rehab, mobility aids and home help
- Hand therapists
- Massage therapists, myotherapists, exercise physiologists
- Alternative medicine practitioners including naturopaths and Bowen therapists
- Chiropractors and osteopaths
- Chinese medicine practitioners, acupuncturists
- Dieticians and nutritionists
- Preventative care such as exercise programs, gym memberships, tai chi groups
- Vitamin and mineral supplements
- Asthma treatments
- Shingles vaccination
- Pathology tests not covered by Medicare.

Another third of commenters used the opportunity to elaborate on one of the other nine items the question had already asked about, such as specialist appointments, medical procedures, appointments with podiatrists and physiotherapists, and buying prescribed and non-prescribed medications.

Examples of these that commenters gave to show what healthcare they went without (or hesitated about) for cost reasons included:

- Skin specialists for cancer checks and cancer removals, oncologists, prostate cancer treatment
- Heart specialists, lung specialists, dermatologists
- Eye surgeons and opthalmologists
- X-rays, ultrasounds, MRIs, hernia operations
- Physiotherapy, podiatry
- Dental surgery and other dental treatments
- Psychologists and other mental health professionals
- Medication of various kinds.

Some of these commenters discussed the fact that they are allowed five allied health appointments under their annual care plan, but must choose between them, so cannot have (for example) five podiatry appointments as well as five physiotherapy appointments – they only have five in total.

The remaining third of the 279 commenters remarked on factors that make healthcare expensive, other factors that make it prohibitive, and strategies they use to manage costs.

Factors that make it expensive include lack of private cover, expense of private cover including when re-joining or joining for the first time, limitations of private cover, gaps despite private cover, changing PBS rules, unpredictable prescription costs, costs after losing access to the Seniors Health Care Card or Centrelink concession card, inadequate Medicare rebates, procedures not covered by Medicare, exorbitant specialist and surgery fees, and lack of bulk billing by GPs.

Some commenters said they have paid for medical costs but that has meant less money for other things, and they feel it is unsustainable.

Other factors getting in the way of accessing healthcare include long (potentially expensive) distances to travel to see specialists, long waiting lists including for mental health professionals, lack of allied and mental health providers in some regions, needing to access the public system to save surgery and specialist costs and having to wait long times, long wait times even when covered by private health insurance, difficulties accessing outpatient care at hospitals, and the costs of taking time off work for procedures.

Strategies commenters used to manage healthcare costs include:

- Checking the price first and discussing costs with providers
- Travelling long distances to access public hospitals
- Getting off treatments and painkillers as fast as possible to avoid further expense
- Stretching out painkiller usage over time to avoid needing a GP appointment to get a new prescription
- Stretching out appointments over longer periods of time, having less frequent appointments, avoiding making appointments
- Only using the five free care plan appointments when absolutely necessary
- Not seeking diagnosis and treatment for suspected health issues
- Putting off treatments altogether, weighing up what is really necessary, putting up with the problem
- Sacrificing one's own healthcare expenses to ensure one's spouse or another person has the (often more urgent) healthcare they need
- Choosing which health issue to treat and ignoring another to pay for it
- Managing one's own healthcare with home therapies, consulting retired healthcare professionals in personal network
- Limiting medication to PBS items, doing without one medication to afford another
- Staggering scripts, not filling all at once
- Buying non-prescription medication when it's on special
- Limiting health fund coverage.

Example comments illustrating some of these themes are reproduced on the next page.

Some commenters discussed the adverse health impacts of these cost-saving measures, a topic explored in more detail in the next question.

Just over 100 comments had been removed from the set prior to the above analysis. These included respondents' explanations of how they can afford healthcare (e.g. health insurance, Department of Veterans Affairs gold card, bulk billing, Employee Assistance Program, community health centre) or statements that healthcare is a financial priority for them, or other remarks less relevant to the question.

Example comments about factors that make healthcare costs prohibitive, and strategies respondents use to manage these costs

Currently I urgently need to see my dermatologist. I have to keep moving the appointment because of the cost.

Our dentist has a specialist that comes once a month. After paying well over $6000 I halted treatment. Dental should be on Medicare.

I have arthritis in my feet, which can be painful, but the Private Specialist charge $350 per visit. So I try to manage it myself now.

Have to 'weigh up' what REALLY necessary

Unless absolutely crucial will decline surgery

Cost for prescription glasses is now significant without extras on private health insurance. I am foregoing new glasses this year at least due to cost of dental procedures that I am having done this year.

I need regular back treatment and try to stretch it out but this usually ends up with me getting worse over time.

I avoid these as much as possible, because my husband needs it more and he is working (when not visiting medicals)

I suspect I may have conditions which I do not seek diagnoses & treatment for due to lack of income.

Some pharmaceutical prescriptions are not on PBS anymore, rising 100-300% over PBS.

Have got private hospital and excess cover but a huge amount given to specialists for not much $400 for a 15 minute consult and biopsy - then charged $185 on the next visit for 5 minutes to hear the results were clear - gross overcharging

The dietician's appointments are free because of my diabetes plan. There are 2 medications I need which amount to $100 per month so I have left one out. The vitamins I need, I have stopped buying.

an eye specialist visit would cost me $350, so we drove into the city to the eye hospital.

For specialist care we have to travel 800-1200km.

The gap fee is generally not covered by our private insurance. Makes it difficult to decide what medical treatment I can afford.

If I can put up with the ailment, ie, it is not life threatening or life degrading then I just put up with it.

I try to extend out my pain relief to keep down the cost of going to the GP and only go to a chiro when I am desperately in pain.

I have seen a retired nurse for management of skin disease care.

GP went from bulk billing to $80 per visit overnight. I've had to defer having a skin cancer removed because I just can't afford it

Health and wellbeing impacts of missing out on care

A follow-up question was directed to the respondents who had missed out on healthcare because of cost, asking whether it had negatively affected their health or wellbeing.

After excluding the 'prefer not to say' and 'not applicable' responses, 2809 people answered the question, with almost a third indicating a negative impact, plus a quarter unsure (Figure 2).

Comments were also invited and 322 people commented, detailing adverse health and wellbeing impacts. These varied across a range of health conditions, but thematic analysis identified **seven** main forms of impact.

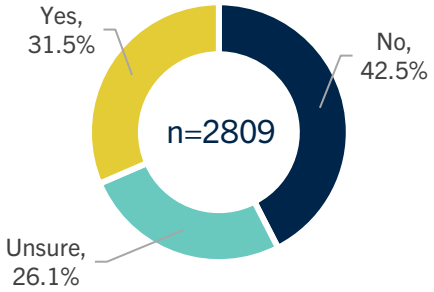


Figure 2 Answers to the question: If you have missed out on healthcare because of cost, has this negatively affected your health and/or wellbeing?

First and most commonly, 164 people mentioned missing out on treatments, surgery, medication, pain management or preventative opportunities and activities.

I stopped regular dental so I've just had to have emergency dental surgery. I also stopped Physio treatments and am finding negative effects on my physical and mental state. I've also pushed out a number of medication regimes to make them last longer and then with supply chain shortages I've been without some authority script medications for months.

I need dental work but cannot afford it

After illness, injury or hospitalisation, Cost of needed supplements too prohibitive, often did not purchase even though dr advised.

do not go to any Drs. My mental health is affected. given up. if i can't access medication i will go without.

I was seeing a psychologist whose fees were subsidised, but I felt it was too expensive to continue, as she felt the treatment would be lengthy

Can't get cataracts done because they are not bad enough for the public system. Affects my vision considerably.

I'd prefer to have skin cancers treated

Need hips done

I need new glasses but I cannot afford the $650 I need, at the moment. My wife has had problems with her heart. The GP ordered a scan 3 weeks ago, but it was $300 and we couldn't afford it. A week ago she was kept in hospital for the afternoon when the problem occurred again. We still need to wait for 4 more weeks to see a cardiologist before she may be able to have the scan to identify what the problem is.

Chronic pain and too expensive to keep going to physiotherapist or pain management treatment to keep pain under control

Second, 59 people missed out on having a condition diagnosed, having tests or check-ups, or have had to self-diagnose.

1. Because of cost and wait times, I have waited or have been forced to see, if the condition will improve by itself, or make a self diagnosis and go with that. 2. I have had on one occasion to go with medication that was not quite as effective due to supply problems with my regular medication. 3. The above and being unable to access a psychologist has caused me unease. I am NOT a doctor! But I am forced to diagnose myself.

Currently trying to get medical answers on a condition but the Doctors behaviour and the ongoing costs for a standard appointment then all the treatments she is suggesting repetitively is out of my budget

I can't afford the physiotherapist so my bursitis continues to cause pain. I haven't been to the dentist in 9 years. And I have not have my annual skin check because I can't afford to pay at the moment, and I have had SCC cancers in the past

I don't believe it has resulted in anything "life threatening" but by delaying any visits to a health professional it increases your level of anxiety not knowing what your "illness" is.

i need dental care which i can't afford. i need skincare from working in extreme weather. i have asbestos in my lungs which i am worried about.

I have a meningioma discovered in 2020 - the specialist recommended an annual MRI and CT Scan with contrast to check it has stopped growing. My breast cancer returned in 2019 and I had a stage 4 melanoma removed in 2020 so the fear of the tumour becoming cancerous is real. However, it has been left in the hands of me and the GP to get regular monitoring. This ongoing care cannot be bulk billed, referrals from the GP costs me $500 each time, on top of mammograms each year after my mastectomy and lumpectomy and breast cancer specialist visit and regular mole checks for skin cancer that are all out-of-pocket expenses which my health insurer doesn't pay for - too right I am now thinking twice about some of these tests.

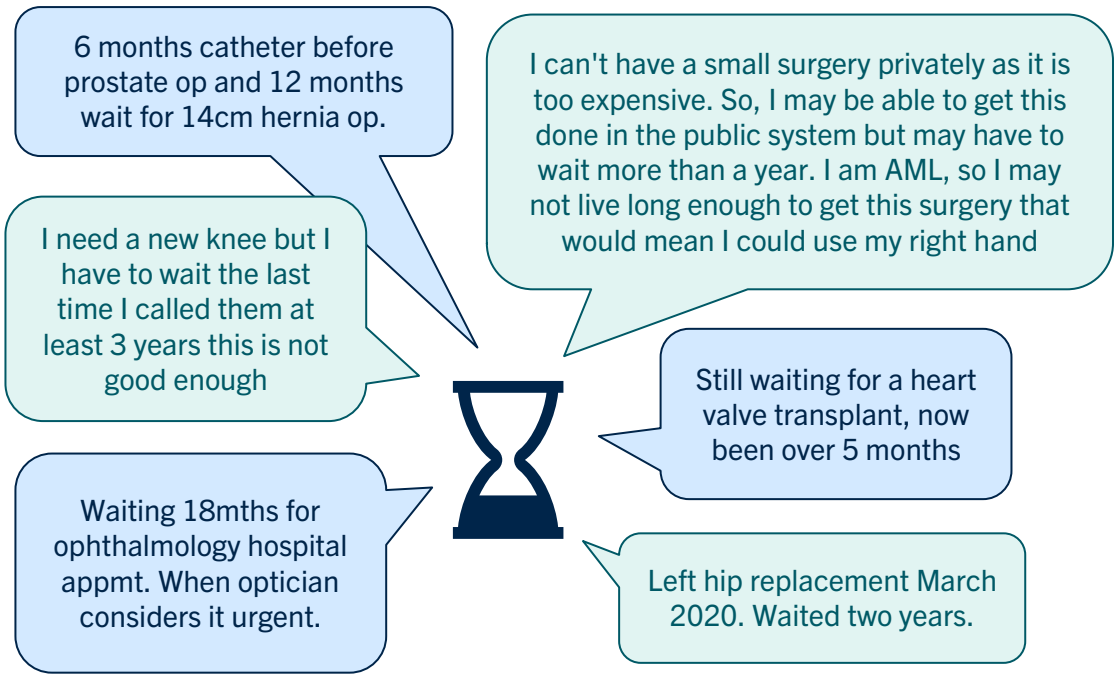
unable to diagnose Parkinson's Disease

I have a very painful knee. Cannot get an mri on medicare as I am over 50 although I meet the other criteria. So I hobble around, and now have stopped walking.

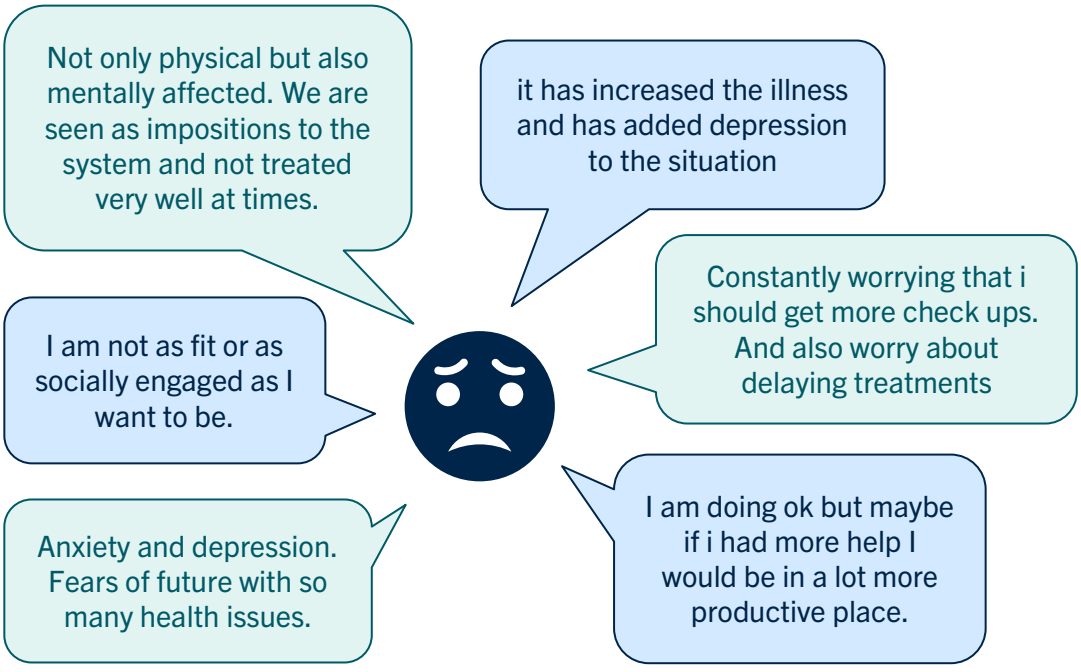
I don't tell the GP everything that is wrong. I put up with some things and try to help myself with other things. I have some neurological symptoms which I have not taken to the GP as I am concerned about having to see Specialists and the costs are inhibitive.

Third, 35 people described their condition worsening or new problems developing as a result of missing out on healthcare.

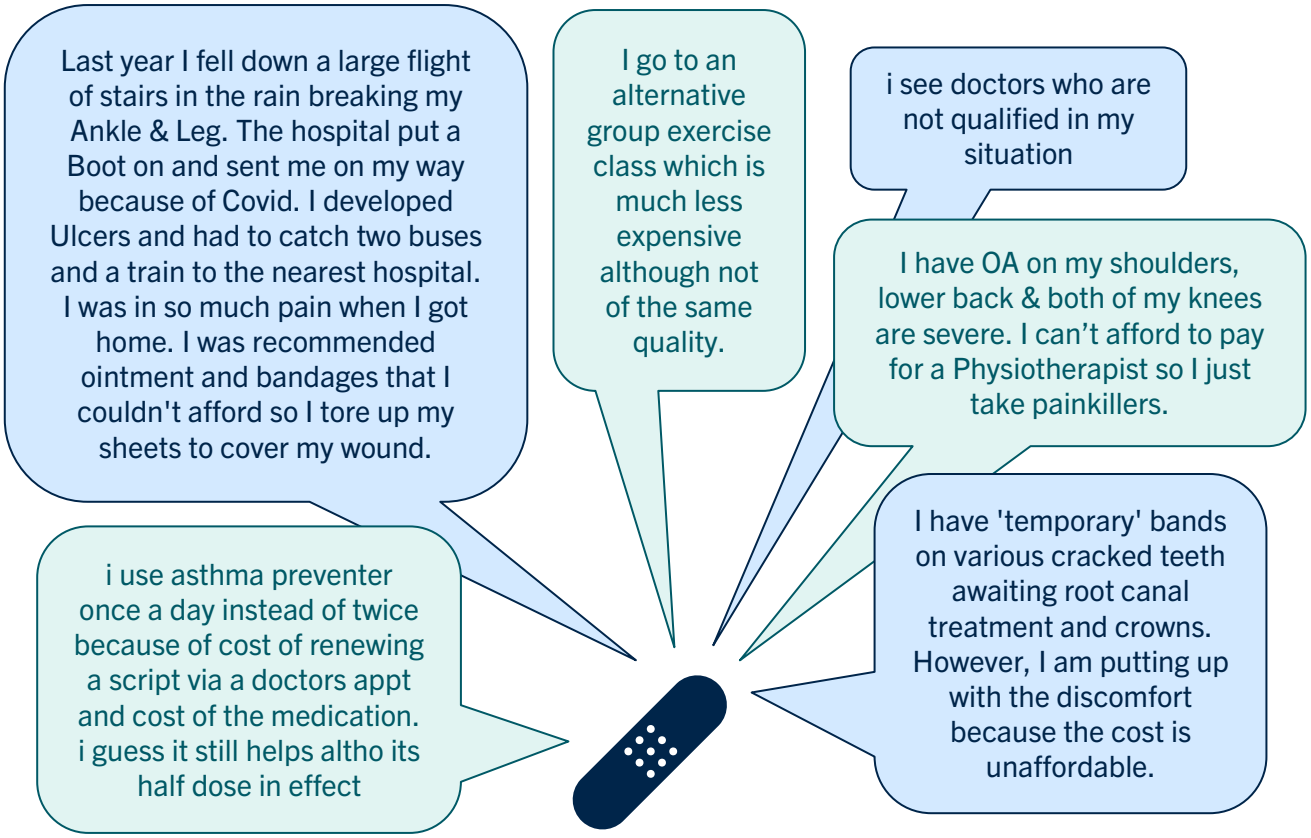
Fourth, 30 mentioned waiting on public lists for long periods out of financial necessity.



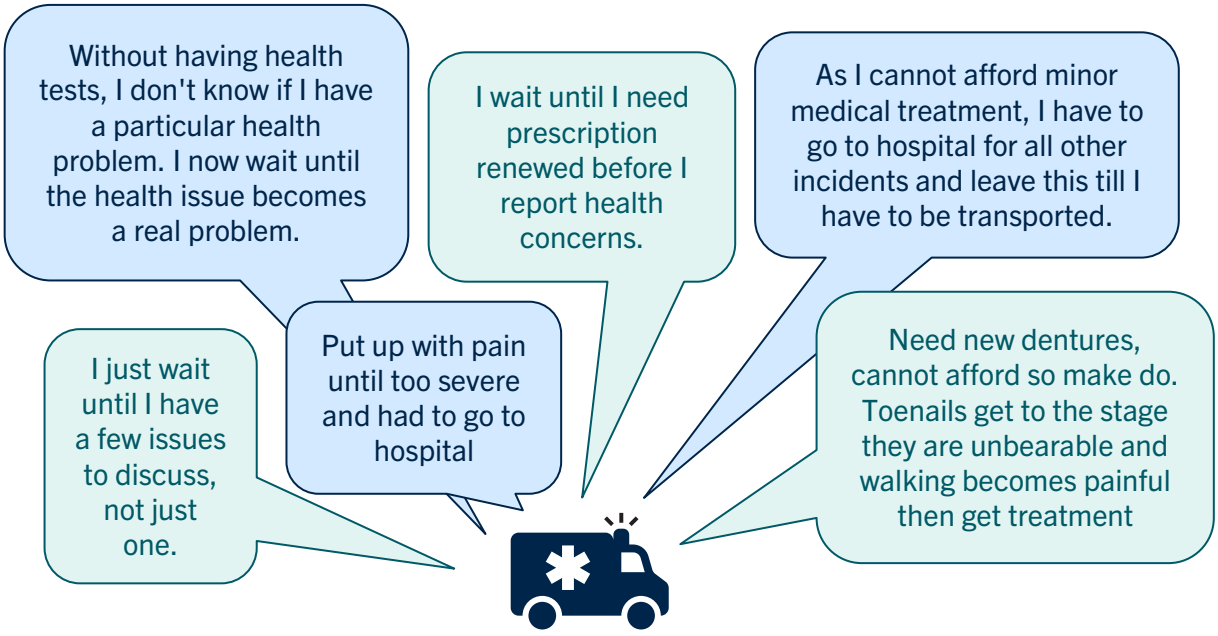
Fifth, 22 people described developing emotional or mental health impacts such as stress and depression because of forgoing healthcare. Note this does not include people who were specifically unable to access healthcare for a pre-existing mental health issue because of the cost – they are included in the treatment and/or diagnosis points above.



Sixth, 17 people discussed the fact that they received substandard healthcare or non-preferred medical options, or resorted to managing their healthcare themselves, because they were financially forced to accept these alternatives.



Finally, 11 people described waiting until the problem was serious before getting treatment, sometimes so they could be treated within the free hospital system, and/or waiting until they had multiple problems to address before seeking healthcare.



Experiences with elective surgery costs and the public waiting list

The survey also asked about affordability and the tertiary (hospital) healthcare sector, with questions concerning respondents' experiences on elective surgery public waiting lists.

To narrow the sample to those who had relevant experience, we asked a filtering question: whether respondents had been on an elective surgery waiting list at any point during the past 5 years. Of the 5300 people who answered, 832 (16%) said they had, including 344 (7%) who were still on a list at the time of the survey.

The following questions were directed to this subset who had been on a waiting list. First, we asked whether they had ever considered paying privately to reduce their waiting time.

As Figure 3 illustrates, almost half (46%) did not do so because they could not afford to.

Almost a quarter (23%) did pay privately, and another 14% thought about it but didn't follow through or had not yet followed through at the time of the survey.

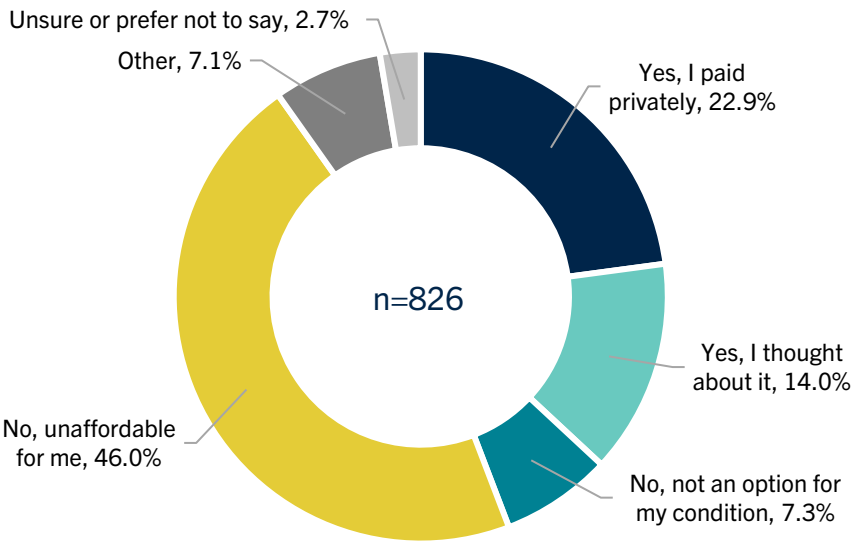


Figure 3 Answers to the follow-up question for those who had been on an elective surgery waiting list: Did you at any point consider paying privately to reduce the waiting time?

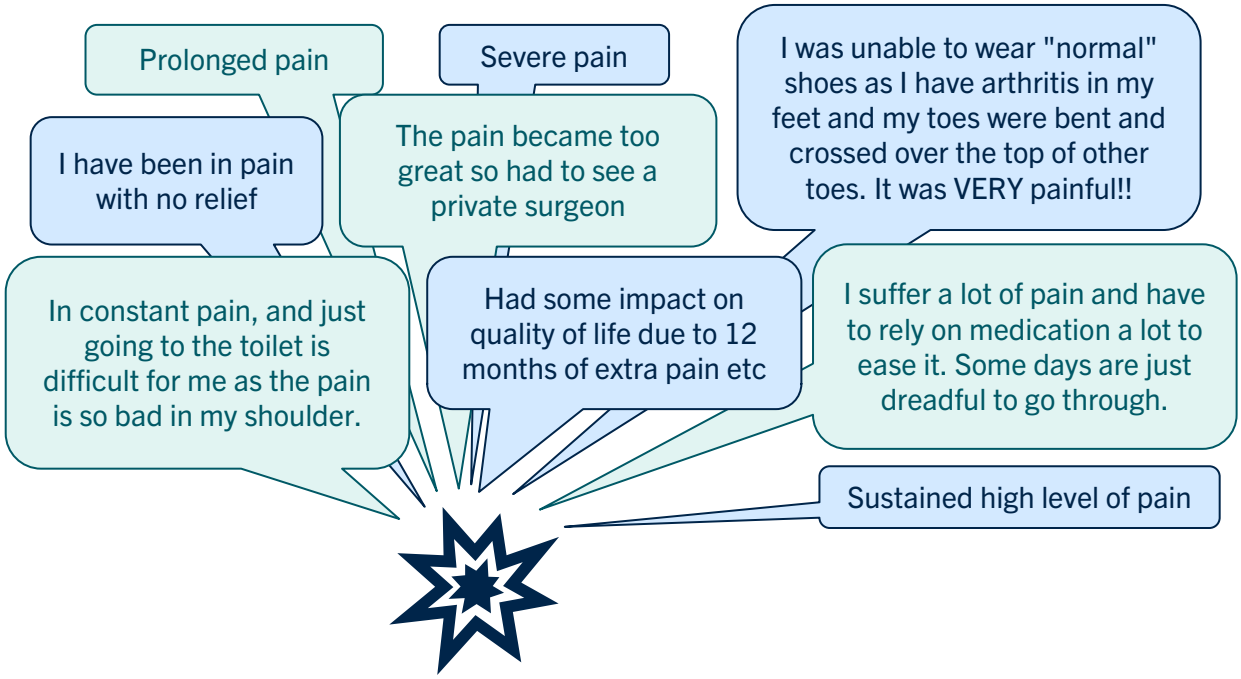
Health and quality of life impacts of waiting for elective surgery

The survey then invited the same subgroup of respondents to write a comment about the impact waiting had on their health and/or quality of life.

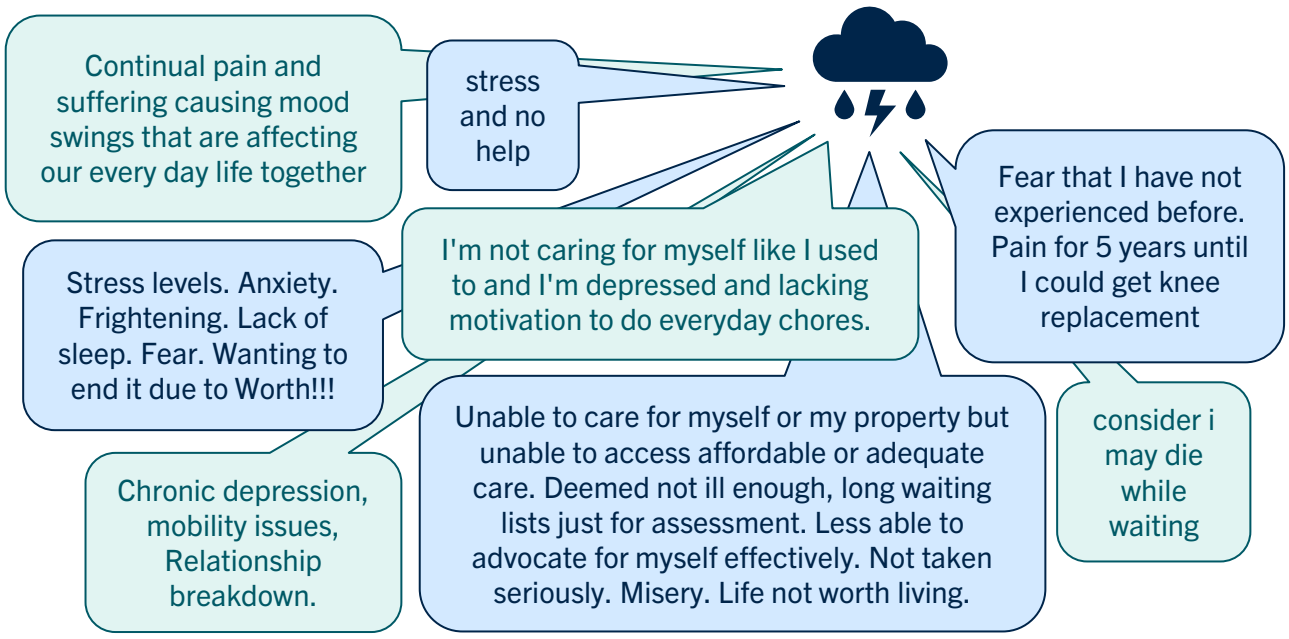
In total, 524 people answered this question. Around a fifth (118 respondents) stated that waiting had only minor impacts or none. Twenty people said the impact on them was large but did not specify how.

The remaining three-quarters of commenters (386 people) detailed adverse health and quality of life impacts due to waiting, many of which were interrelated.

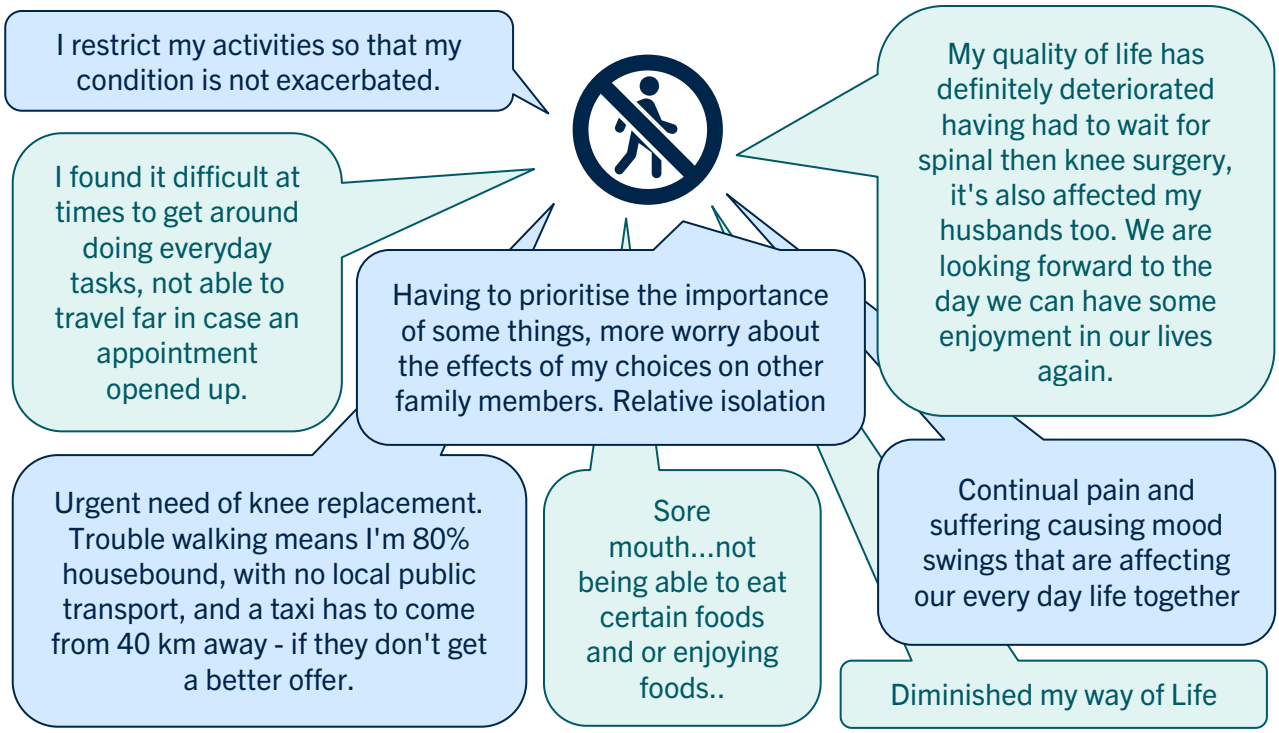
The impact mentioned most often (in 135 comments) was pain, ranging from discomfort and minor pain through to what respondents described as "severe" or "unbearable" pain.



Mental health effects were also mentioned frequently, by 104 people. Effects included stress, depression, anxiety and worries about the health condition worsening, including concern the respondent might die before receiving the medical attention they needed.

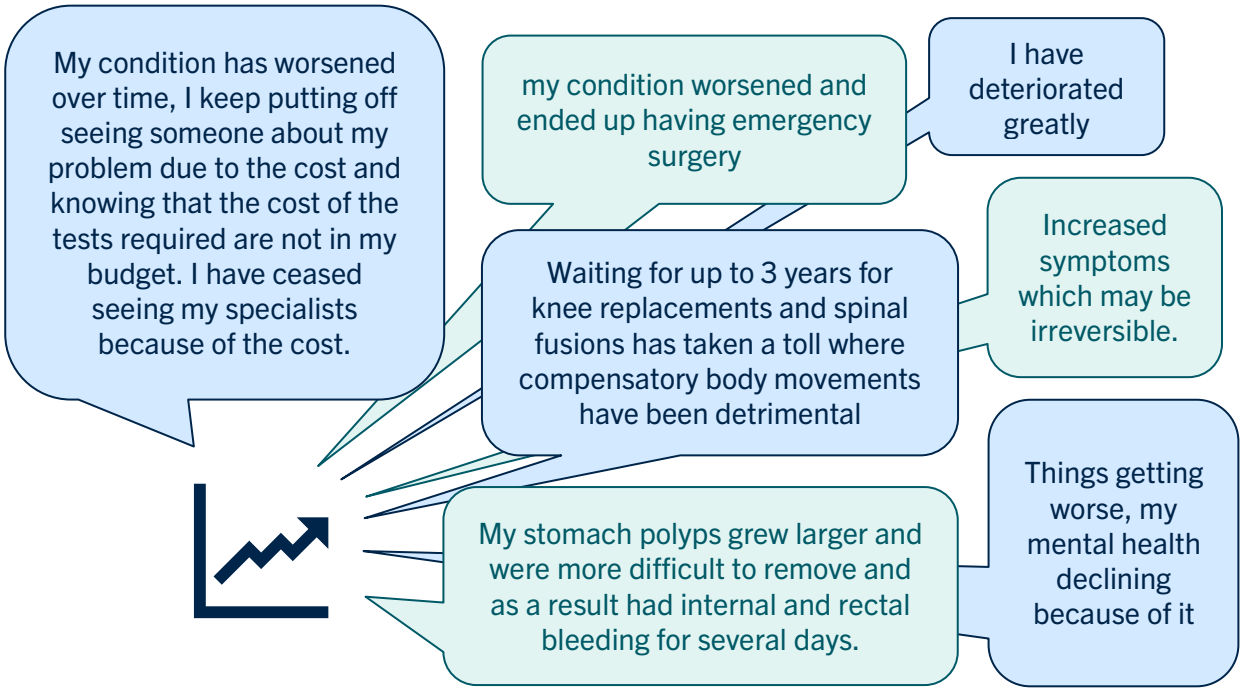


Eighty-two people discussed impacts in a different way, describing how the waiting time affected their activities. They variously mentioned limits to their ability to engage in daily tasks, household chores or hobbies. In some cases, waiting and its impacts created relationship stress or adversely affected the person's social life.

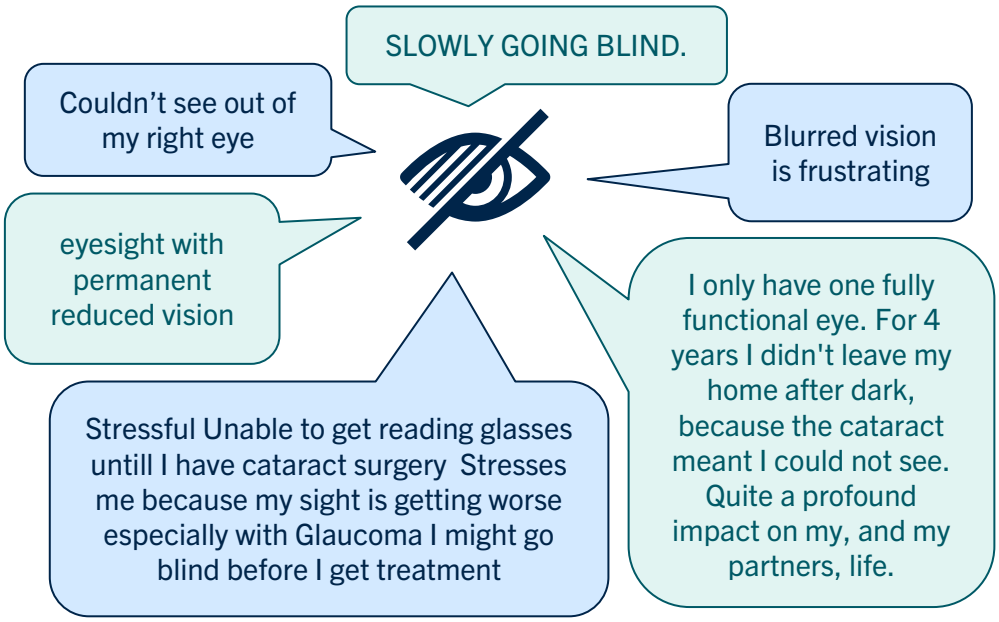


The physical effects respondents mentioned most frequently (aside from pain) were mobility issues and related impacts such as reduced fitness, inability to exercise and general slowing down (81 comments).

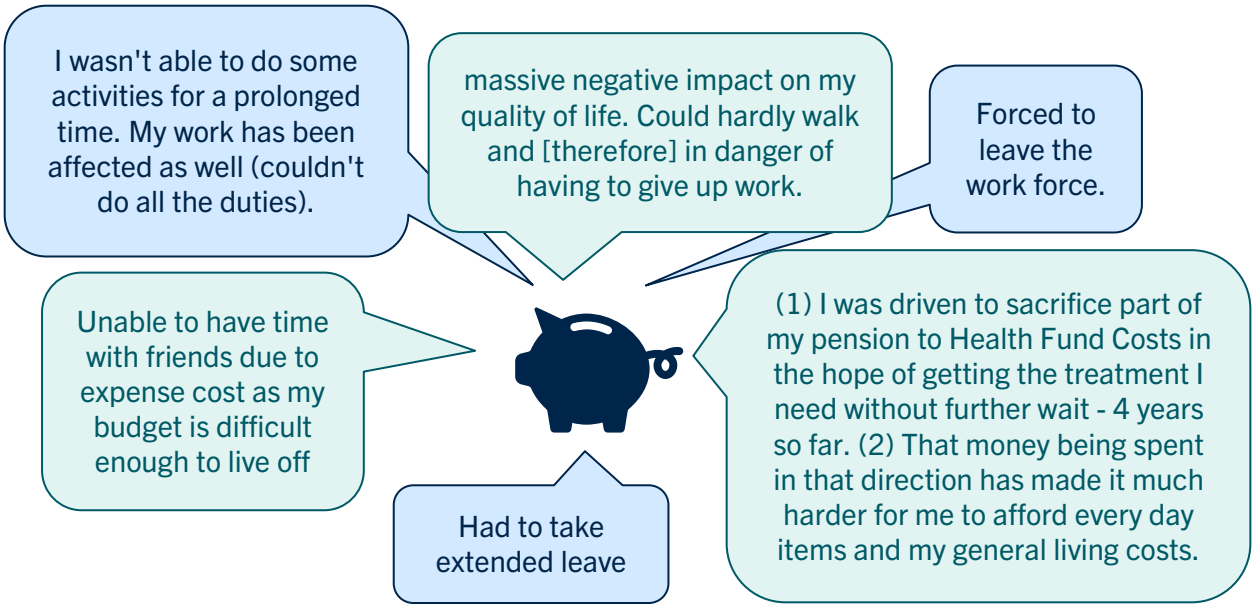
Concerningly, 39 people reported that their condition worsened due to waiting, in some cases to the point of needing emergency medical care.



Twenty-seven people reported amplified effects on their eyesight including deterioration of their vision or simply having to manage with poor vision.



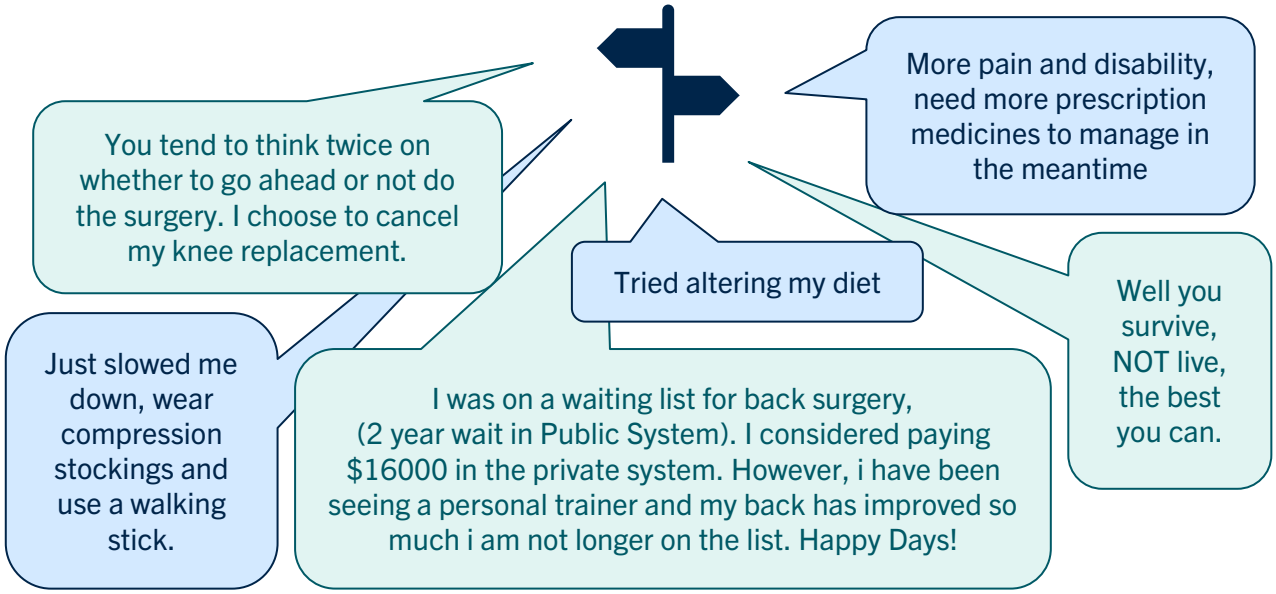
Seventeen people mentioned financial or career impacts, either because of the expense of treatments while waiting for surgery or because their ability to work was affected.



A number of other impacts were related by smaller groups of respondents, including:

- 15 people said their general health deteriorated, with some in very poor health.
- 7 people reported sleeplessness or trouble sleeping.
- 6 people experienced problems using their hands and fingers.
- 3 people said waiting prolonged their recovery time.
- 3 people experienced breathing issues.
- 2 people had adverse dental issues.
- 1 person mentioned their spouse died while waiting for care.

In addition, 23 people discussed coping mechanisms they employed to deal with waiting and its consequences, including some positive moves with fruitful outcomes.



Theme 2: Accessibility

The second subset of survey questions pertained to healthcare accessibility.

While public discourse about the cost of living has been a dominant theme throughout 2022 and 2023, recent years have also seen public debate ramp up regarding Australians' access to primary healthcare, especially GPs.

Issues include a worsening shortage of GPs in Australia and increasing requirements for patients to cover the gap between a GP's fee and the Medicare benefit they get back from the government.

Questions in this section sought to gauge the extent of these issues among older people and to characterise the reasons why some are unable to access this form of healthcare.

Seeing a regular GP

The first accessibility question asked: *Do you have a regular medical practice that you go to?*

Of the 5439 people who answered, a large 76% indicated that yes, they see the same GP. An additional 19% said they go to the same practice although they may see different GPs there. The remaining ~5% said 'no' or gave some other response (Figure 4).

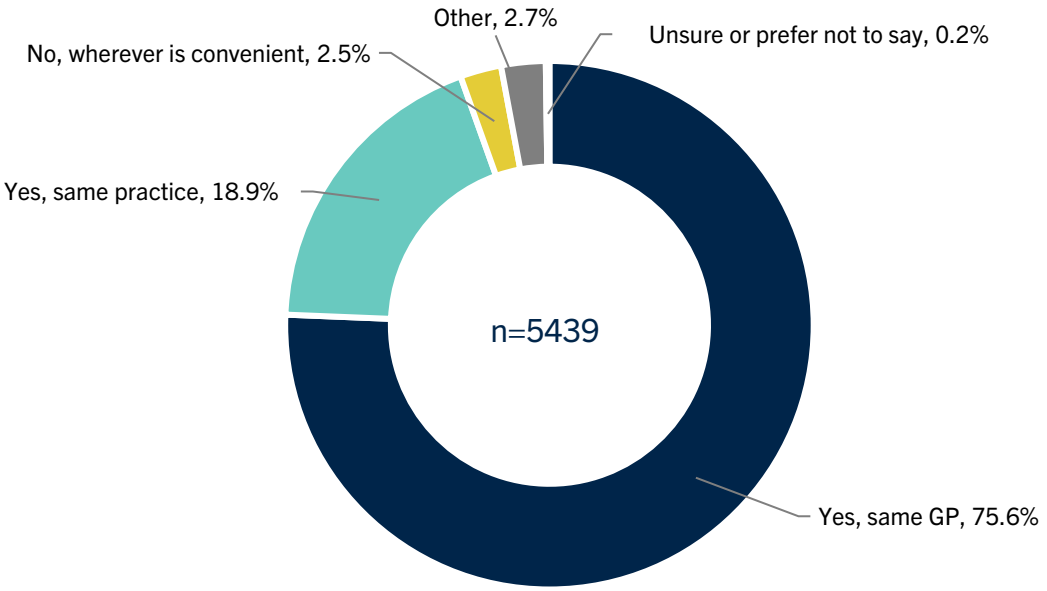


Figure 4 Answers to the question:
Do you have a regular medical practice that you go to?

Statistical tests showed that seeing the same GP versus seeing a different GP varied for three demographic traits (Table 1, next page).

Higher proportions of those aged under 65 years, people from the Northern Territory or South Australia, and rural and remote residents said they see different GPs rather than the same regular GP.

However, note that the Northern Territory sample size was relatively small (n=56), as was the sample of people living in a remote area (n=52), which should be taken into consideration when interpreting the statistical results.

On a less numerically striking note, a higher proportion of people with a Commonwealth Seniors Health Card see a regular GP than those without a card, and a slightly lower proportion of Victorians see a regular GP than those from the remaining states and the ACT.

Table 1 Groups with statistically significant variation re regularly seeing the same GP. (Don't know and prefer not to say responses excluded.)

	Group	% who do not regularly see the same GP
Age group (p<.001)	50-64 years	29%
	65-74 years	23%
	75-84 years	18%
	85+ years	19%
State or territory (p<.001)	ACT	20%
	NSW	19%
	NT	32%
	QLD	21%
	SA	30%
	TAS	20%
	VIC	25%
	WA	23%
Region type (p<.001)	Metro*	21%
	Regional	23%
	Rural	32%
	Remote	50%
Commonwealth Seniors Health Card status (p=.003)	Have card	20%
	Do not have card	24%

** The NSSS-11 diversity questions asked respondents to indicate if they lived in remote, rural or regional areas, where 'regional' was defined as outside state or territory capital cities. Those who did not select any of these categories were assumed to live in metro (capital city) areas.*

With 'Other (please specify)' as one of the set options, respondents had an opportunity to elaborate on their answer or give an alternative response. In total, 137 people took the

opportunity to write a comment. Most used their comment to explain why they answered 'no' or 'unsure' to the question. There were four main common themes among these:

- 30 people mentioned issues getting in to see their regular GP, because they are not always available or because of long waiting periods from 3 weeks to 3 months.
- 12 people mentioned cost issues including that GPs are too expensive to go to, are moving away from bulkbilling and/or increasing fees, and bulkbilling alternatives are hard to find. All these factors may interfere with the ability to stick with the same GP.
- 14 people commented on how hard it is to find a GP at present, for example because there are few GPs in particular regions or rural and remote communities, or because of the general shortage of GPs, or because the only GP is very far away or in one case down a dangerous road. Some faced barriers of closed books or overbooked GPs.
- 21 rarely go to the GP and two mentioned treating themselves with non-GP advice.
- Others mentioned GP practices in which the doctors are constantly changing, practices that have closed, and GPs that have moved, retired or died.

Example comments about obstacles to accessing a preferred GP

My GP has left and there's no replacement so I have to see locums. I have complex health issues so this is concerning and I haven't been able to find a replacement doctor as they're all overbooked and in short supply where I live.

Had to find another practice which wasn't easy. My practice had reduced the medical staff significantly. Very hard to find another practice which would accept new patients and which wasn't too expensive.

I try to see the same GP but because of very long wait times I often don't bother even when I should

I have a regular practice but liked it better when I could go to any GP anywhere when I needed to.

The local medical centre is hopeless - have to wait ages to see a doctor and most of the staff are not nice...but other practices have shut their books - makes it very hard

Dr Google now. Too expensive

Waiting times to see a GP

The next survey question pertained to the **timeliness** of accessing primary healthcare and asked: *When you need to see a GP, how long do you generally have to wait for an appointment after contacting them?*

In total 5445 people answered this question. Over one-third indicated they were able to get an appointment within two days and around the same number said within a week. But just over a quarter indicated they would have to wait a week or more (Figure 5).

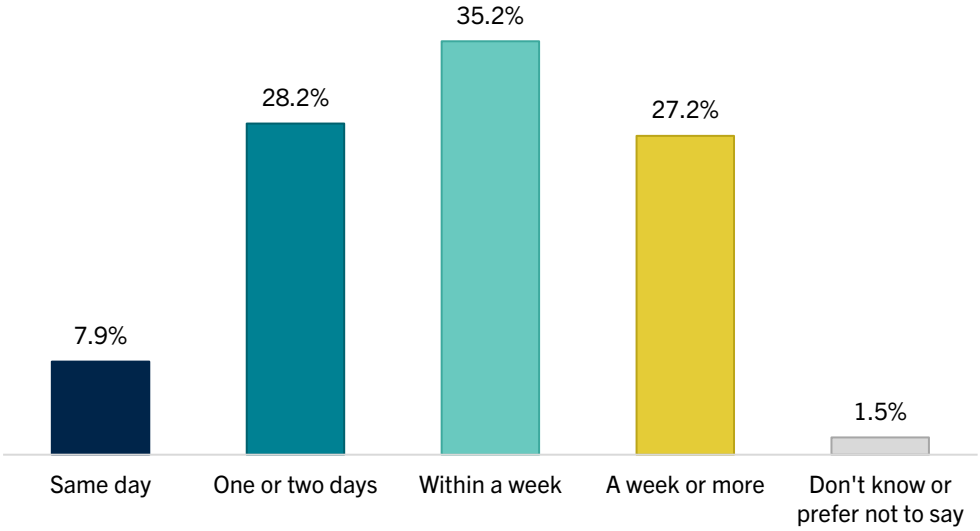


Figure 5 Estimated waiting time to see a GP after initial contact. (n=5445)

There was no comment option for this question.

Access to a bulk-billing clinic

The third accessibility question asked: *If you needed a GP this week, would you be able to access a bulk-billing practice relatively easily?*

In total 5416 people answered the question. Only 39% said yes, they would be able to, while a third (33%) said no, they could not access a bulk-billing practice easily. The rest were unsure in one way or another (Figure 6).

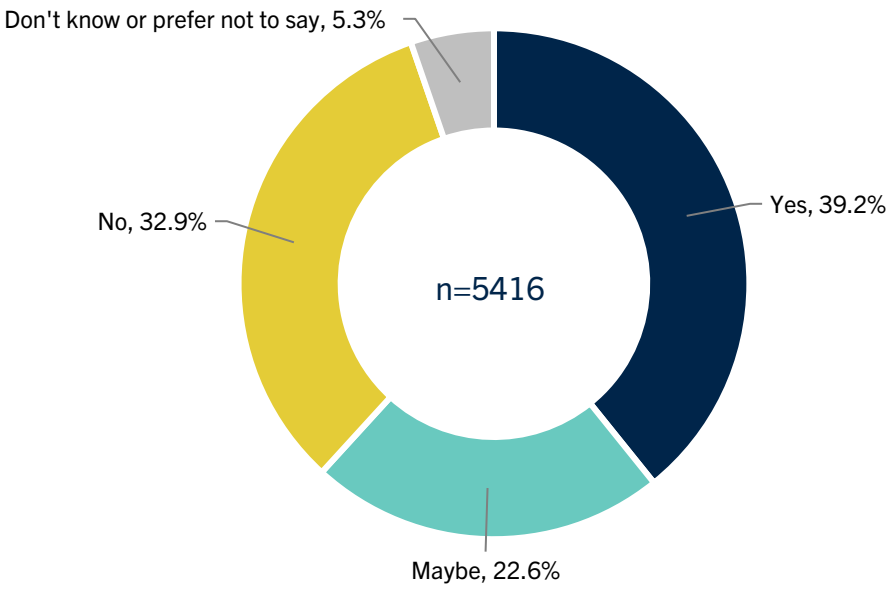


Figure 6 Answers to the question:
If you needed a GP this week, would you be able to access a bulk-billing practice relatively easily?

Table 2 shows the geographic breakdown of responses. People in the ACT, the NT, Tasmania, and remote locations most frequently answered 'no', least frequently answered 'yes' (Tasmania aside), but also least frequently answered 'maybe' (NT aside). Again, note small NT and remote samples.

Table 2 Geographic breakdown of answers to the question: If you needed a GP this week, would you be able to access a bulk-billing practice relatively easily? (Don't know/prefer not to say responses excluded. Also see Table 1 note.)

	Group	Yes	No	Maybe
State or territory	ACT	26%	58%	17%
	NSW	44%	32%	24%
	NT	18%	55%	27%
	QLD	39%	36%	24%
	SA	35%	39%	26%
	TAS	36%	50%	14%
	VIC	45%	31%	24%
	WA	51%	26%	24%
Region type	Metro	43%	33%	24%
	Regional	37%	39%	24%
	Rural	41%	32%	27%
	Remote	24%	61%	14%

Respondents were invited to elaborate and 716 did so. Common themes included:

- Many GPs simply do not bulk bill, either at all (55 comments) or they have recently introduced a gap payment or respondents anticipate they will do so (114).
- 117 people commented on the general rarity of bulk billing these days, with many highlighting the lack of bulk billing in their local area.
- 77 people commented that their GP or clinic only bulk bills some patients, e.g., pensioners, children, students, seniors card holders, unemployed people, veterans, longstanding patients, or any combination of these.
- 67 people noted that bulk billing is at the GP's discretion, dependent on the patient, the condition, and often other variables shrouded in mystery.
- 50 noted that while they could access a bulk billing doctor, it would not be their preferred GP, with several commenting on the poorer quality of healthcare they would expect to receive from a bulk billing doctor.
- 77 people said the issue is waiting time not bulk billing, while 20 people commented that both are a problem.
- Some people feel financially unable to attend a GP if they do not bulk bill, as noted earlier in this report under the 'Affordability' theme.

Comments from respondents about struggling to access bulk billing

I was bulk billed for 23 years but when my doctor retired no-one else at the practice would bulk-bill. I moved to another practice and was bulk-billed but it closed and when it re-opened it was part of a conglomerate and they did not bulk-bill. They were reluctant to take me on, even though I only moved because they closed and fully expected to rejoin when they reopened. By a fluke, I got an appointment and was greeted by "I am not taking on any new patients"

At present bulk billing still available but not sure for how long. This will make me think twice about going

At the time of writing my doctor bulk bills, however two previous ones I have had in the past 12 months no longer bulk bill and I cannot see them.

e-health is supposed to be a thing but i am charged $90 for an appointment over the phone just to get a prescription renewed, not even to get a new one, because i have not been in the surgery itself for 12 months or more. what a dumb rule. then i have to pay for the medication on top of that $90 and the GP spends less than five minutes on the call - its a renewal, not a request for something new.

Hearing of many changes amongst friends who don't know how to find a bulk-billing practice. Others share stories of introduced charges, they'll change their visits to GPs

our family GP charges $132 for a regular visit (about 39 back once paid)

My GP currently offers Bulk Billing, however with the increased costs of running the practice I am uncertain if this will continue. The Government urgently needs to increase the payment to GPs for Bulk Billing.

My GP practice no longer bulk bills. I am lucky that I can afford to absorb the extra costs and that I am in good health. I would be reluctant to go to a different practice as I believe it's important to see someone who knows my history and with whom I have a rapport. However, I have noticed the consultation time allocated is reducing and I am feeling "rushed".

Used to but no longer this is a major issue as I retire in 2 weeks and need drugs on a permanent basis

My doctor does not bulk bill anyone except DVA pensioners and children under age 12. I get a reduced charge of $70 with medicare rebate approx. $40. There is a big corporate clinic about 2 km away which bulk bills Age Pensioners between 10 am and 4 pm and children under age 15. Most clinics in my area do not bulk bill any kind of pensioners any more. This was driven was freezing of medicare rebate and also government giving access to CSHC to people who don't need them.

BULK BILLING - DOES NOT HAPPEN ANYMORE. WHAT PLANET ARE YOU FROM?

Numerous commenters mentioned the region they lived in when talking about the lack of bulk billing access, with some of these comments illustrated below. Note these indicate respondents' experiences at February 2023 and have not been fact-checked.

SUMMARY AND DISCUSSION

The survey results show that for a subset of older people in Australia some healthcare is not affordable and/or not accessible. Within the sample these experiences were a minority, but for those affected they often carried significant health and wellbeing implications.

Widespread affordability issues

Looking at primary, secondary and allied healthcare, a small group of 2% of the sample indicated they had forgone all forms of healthcare they needed in recent years because of the cost. While the low percentage is encouraging, the fact that any Australian must go without healthcare because of cost is disturbing.

The extent of the affordability issue is perhaps more apparent from the figures that 20% of those surveyed went without a dental checkup, 24% without dental treatment and 26% without mental health care because of cost. For all other listed forms of healthcare, the figure was between 5% and 19%. This suggests a much larger number of older people who are struggling to pay for the healthcare they need in one way or another.

Indeed, only 32% of those surveyed said cost was not an issue for any of the listed forms of healthcare that applied to them. That leaves 68% of the sample who hesitated over some healthcare costs or went without because of cost.

Turning to tertiary care and the issue of elective surgery, 46% of those who had been on a waiting list in the past 5 years said they could not afford to pay privately to shorten the wait.

Health impacts of unaffordable healthcare

Just under a third of respondents who went without healthcare or hesitated about it because of the cost said it had resulted in negative impacts on their health or wellbeing (32%) and a further quarter were unsure if it had (26%).

Hundreds of older people commented on the health and wellbeing impacts of going without healthcare or waiting a long time for it. Impacts varied but included continued pain, problems untreated, conditions undiagnosed, conditions worsening and becoming acute or more complex to treat, poor mental health, relationship stress, mobility and sensory disablement, substandard substitute healthcare, and further financial disadvantage because of lost work income.

Strategies older people employed to manage the cost of healthcare included simply putting up with pain and illness, stretching out the time between appointments or prescriptions, going without one medicine to pay for another, using home therapies, and waiting for the condition to worsen enough to warrant transport and hospitalisation, since these are free.

Accessibility issues and geographic disadvantage

The survey showed that access to a regular GP was very common (76%) among older people, and most who did not see a regular GP at least visited the same practice (19%).

There was geographic variance though, with lower proportions seeing a regular GP among those living in the Northern Territory or South Australia, and people from rural and especially remote communities.

There were also lower proportions among younger age groups (aged 50-64), and for people without a Commonwealth Senior Health Card, though the latter may be simply a reflection of the statistically stronger age pattern.

Comments showed that a general shortage of GPs, clinics often having closed books, and long wait times are some of the reasons people do not see or do not have a regular GP.

A third of the older people surveyed said they would not be able to access a bulk billing GP in the short term if they needed one. However, there was much uncertainty about this, with 23% saying 'maybe' they would be able to.

Again, there were geographic patterns to this, with people from the ACT, the Northern Territory, Tasmania, and remote regions reporting the highest rates of inaccessibility on this measure, with between 50% and 61% saying they could not access a bulk-billing GP if they needed one.

Western Australia had the greatest proportion of respondents who said they would be able to access a bulk-billing GP if they needed one (51%) and the lowest proportion who said they could not (26%).

Estimated waiting times to see a GP ranged widely, with around a third of the sample able to access an appointment within one or two days, but more than a quarter anticipating they would wait over a week.

Comparison to ABS figures

The ABS patient experience survey for the year 2021-22 is the most current relevant comparison document to this report (ABS, 2022). There are differences in question structure and focus that preclude direct comparison on many points, but there are some points for which comparisons are useful. Since the ABS survey took in all ages, those points are informative about any differences for older people.

The ABS reported that 16.4% of Australians delayed or did not access dental care because of the cost during the 12-month period that was their focus. Our figures are markedly higher, with 20%-24% of respondents not receiving the dental checkup or treatment they needed because of cost, and a further 26%-30% hesitating over the cost.

The patterns for seeing a specialist or seeing a GP were similar, with our figures ranging higher than the ABS national average. While 8.0% of patients in the ABS study delayed or did not access specialist care because of cost, 15% of our sample did not access specialist care for the same reason and another 35% hesitated. And while 3.5% of the ABS participants delayed or did not access a GP because of cost, 7% of our respondents did not access a GP and 22% hesitated, because of cost.

It seems to be the case that older people are much more likely to go without these kinds of healthcare because of cost than the general population. A caveat is that our survey asked about 'recent years' not the previous 12 months, so respondents may have had more opportunities to decline healthcare because of cost than those in the ABS study.

Implications for policy

In this, the United Nations Decade of Healthy Ageing, the World Health Organisation highlights the need for health and social services to meet the individual needs of older people, without causing financial hardship.

The research in this report and a broader body of inquiry into health, healthcare and older people in Australia (and elsewhere) highlight consistent themes and needs around the affordability, appropriateness and accessibility of healthcare.

As demonstrated in this report, aspects of healthcare are increasingly foregone altogether as unaffordable, or rationed, by a significant segment of the older population on lower incomes.

Some older people go without particular types of care that are outside the Medicare safety net (such as dental care) or limited within the safety net (such as allied health and mental health supports). Others limit their access to services within the safety net (for example GP visits) because gap fees make them unaffordable.

Out-of-pocket costs have become a major burden on socio-economically disadvantaged people, and older people in particular, who have higher healthcare needs on average. Recent research found that in Australia, 15% of all expenditure on healthcare comes directly from individuals through out-of-pocket costs, which is almost double the amount contributed by private health insurers (Callander, 2023).

National Seniors Australia recognises spiralling out-of-pocket healthcare costs are a big concern for older Australians. We continue to call for reforms to reduce health costs, including adequate funding for Medicare services, by:

- keeping the Medicare rebates at realistic levels and incentivising GP bulk billing;
- strengthening the value proposition for and price transparency of private health insurance and ensuring that premiums are affordable;
- and providing greater support to enable people access to dental and oral healthcare.

We note that the federal government has taken some important steps on Medicare rebates and bulk billing incentives in recent times, but much more remains to be done.

Reducing the cost of healthcare will ensure older Australians do not miss out on the treatment they need and, as we live longer lives, that we are able to realise the promise of the 'longevity dividend' – increased quality of life, good health and wellbeing in later years.

REFERENCES

ABS (2022, November 18) Patient experiences. *Australian Bureau of Statistics*. Accessed 20 July 2023 at https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release.

ABC (2023, April 20) Specialist wait times data show patients are waiting years for crucial appointments. *ABC News.* Accessed 20 July 2023 at https://www.abc.net.au/news/2023-04-20/specialist-wait-times-blow-out-years-waiting-list/102232032.

AIHW (2022) Elective surgery. *Australian Institute for Health and Welfare*. Accessed 20 July 2023 at https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery.

AMA (2022, January 27) Even more elective surgery patients forced to wait more than a year. *Australian Medical Association*. Accessed 20 July 2023 at https://www.ama.com.au/ama-rounds/28-january-2022/articles/even-more-elective-surgery-patients-forced-wait-more-year.

Braun V and Clark V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77-101. https://doi.org/10.1191/1478088706qp063oa.

Callander EJ (2023) Out-of-pocket fees for health care in Australia: implications for equity. *Medical Journal of Australia*, 218(7): 294-297. https://doi.org/10.5694/mja2.51895.

Davey M (2020, October 16) Australians found to be living longer but in poorer health. *The Guardian.* Accessed 20 July 2023 at https://www.theguardian.com/australia-news/2020/oct/16/australians-see-healthy-life-expectancy-rise-but-are-living-with-poorer-health-study-says.

Davidson P, Bradbury B and Wong M (2023) *Poverty in Australia 2023: Who is Affected.* Poverty and Inequality Partnership Report no. 20. Australian Council of Social Service and UNSW Sydney.

Doggett J (2022, August 15) Australians think they have universal healthcare. That's no longer true. *The Guardian*. Accessed 20 July 2023 at https://www.theguardian.com/australia-news/commentisfree/2022/aug/15/creating-a-genuinely-universal-medicare-will-require-politically-difficult-actions.

Stone L and May J (2023, February 9) 6 reasons why it's hard to see a GP. *The Conversation.* Accessed 20 July 2023 at https://theconversation.com/6-reasons-why-its-so-hard-to-see-a-gp-199284.

APPENDICES

Appendix 1: NSSS-11 questions analysed in this report

The NSSS-11 contained a module of questions on the theme 'Medical system and costs', eight of which provided core data for this report:

Question 1

Do you have a regular medical practice that you go to?

- Yes, I always see the same GP
- Yes, I go to the same practice but see different GPs there
- No, I go wherever is convenient or available
- Unsure or prefer not to say
- Other (please specify)

Question 2

When you need to see a GP, how long do you generally have to wait for an appointment after contacting them?

- I generally get in on the same day
- I generally have to wait one or two days
- I generally get in within a week
- I generally wait a week or longer
- Don't know or prefer not to say

Question 3

If you needed a GP this week, would you be able to access a bulk-billing practice relatively easily?

- Yes
- Maybe
- No
- Don't know or prefer not to say

Please tell us more about your answer if you would like to. [free text comment box]

Question 4
In recent years, has the cost of healthcare prevented you from doing any of the following?

List of healthcare items:

- Seeing a GP
- Seeing a medical specialist
- Getting medical treatment (for example, scans, x-rays, surgical procedures, etc)
- Having a dental check up
- Getting dental treatment
- Seeing a counsellor or psychologist
- Seeing an allied health professional (for example, podiatrist, physiotherapist, etc)
- Buying prescription medication
- Buying other medication
- Accessing other healthcare (please specify)

Options for answering the question, for each healthcare item:

- Not at all, the cost has not stopped me doing this
- No, but the cost made me hesitate about doing this
- Yes, the cost prevented me from doing this on one or more occasions
- Not applicable, don't know or prefer not to say

Question 5

If you have missed out on healthcare because of cost:
Has this negatively affected your health and/or wellbeing?

- Not applicable or prefer not to say
- Yes
- No
- Unsure

Please tell us more about your answer if you would like to. [free text comment box]

Question 6

Have you been on a waiting list for elective surgery at any point during the past 5 years?

- Yes, I'm on a waiting list now
- Yes, I was recently on a waiting list but am not anymore
- No
- Unsure or prefer not to say

Question 7

Did you at any point consider paying privately to reduce the waiting time?

- Yes, I did that
- Yes, I've thought about it but not acted on it
- No, that's not an option for my condition
- No, that's unaffordable for me
- Unsure or prefer not to say
- Other (please specify)

Question 8

What impact has waiting had on your health and/or quality of life? [free text comment box]

Appendix 2: Demographics

This table presents sociodemographic information about the NSSS-11 participants who responded to at least one question about the medical system and costs analysed in this report.

Respondent characteristics (n=5459)	Number	Percent*
Age group		
50-59	210	3.8%
60-69	1732	31.7%
70-79	2632	48.2%
80+	855	15.7%
Gender		
Women	3064	56.1%
Men	2348	43.0%
Non-binary or other	8	0.1%
Education level		
Schooling to year 12	1384	25.4%
Certificate or diploma	1772	32.5%
Bachelor degree or higher	2275	41.7%
Self-rated health		
Excellent	677	12.4%
Good	2995	54.9%
Fair	1444	26.5%
Poor	253	4.6%
Very poor	63	1.2%
Savings (including superannuation)		
< $10k	495	9.1%
$10k-$50k	527	9.7%
$50k-$100k	416	7.6%
$100k-$200k	489	9.0%
$200k-$500k	1010	18.5%
$500k-$750k	571	10.5%
$750k-$1.5M	715	13.1%
> $1.5M	450	8.2%
Partnered and living together		
Yes	3144	57.6%
No	2298	42.1%
Membership of one or more diversity groups**		
Yes	1249	22.9%

* Percentages do not add up to 100% because some respondents did not answer all questions.
**Diversity groups included: Aboriginal, Torres Strait Islander and First Nations people; people from culturally and linguistically diverse backgrounds; lesbian, gay, bisexual, transgender and intersex people; people with a disability; people living in rural or remote areas; people who are veterans.

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