



## **Supporting Information**

### **Supplementary methods and results**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Angeles MR, Crosland P, Hensher M. Challenges for Medicare and universal health care in Australia since 2000. *Med J Aust* 2023; doi: 10.5694/mja2.51844.

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## 1. Search plan

**Topic Initial:** Studies that discussed information, issues and challenges related to Medicare, Pharmaceutical Benefit Scheme, and Universal Healthcare System in Australia

### Research questions:

- i) What are the challenges and issues faced by the Australian UHC system since 2000?
- ii) What policy reforms have been suggested or implemented to improve the UHC system?

**Include studies:** since 2000

### Initial Terms

- Medicare
- MBS
- PBS OR Pharmaceutical Benefit Scheme
- Health financing / healthcare financing
- Out of pocket costs OR out of pocket charges
- Universal healthcare OR Universal care OR universal Health Insurance OR Universal health
- Public-Private Sector Partnerships\*

**Types of study to be included:** No restrictions on the type of studies to be included in the search.

**Condition or domain being studied:** Universal Healthcare system of Australia

**Participants/ population:** Population covered by Medicare

**Intervention(s), exposure(s):** Universal Healthcare system of Australia

**Comparator(s)/ control:** Not applicable

**Context/setting:** Australia

**Outcome(s):** discussed information, issues and challenges related to Medicare, Pharmaceutical Benefit Scheme, and Universal Healthcare System in Australia

### Inclusion criteria:

- Articles and publications that discussed information, issues and challenges related to Medicare, Pharmaceutical Benefit Scheme, and Universal Healthcare System in Australia
- Quantitative, qualitative research or analytical studies or statistical analysis investigating or exploring the Australian health care system since 2000
- Opinion articles, debates, commentary, editorials, perspective, and news reports published after 2015

### Exclusion criteria:

- Opinion articles, debates, commentary, editorials, perspective, and news reports published on or before 2015.
- Conference and abstract materials were also excluded from the final analysis
- Did not discuss issues, information or topic around UHC.
- Studies that are program, intervention specific or provider specific articles that are irrelevant for the current review (ex: MBS item specific, GP perspective, allied health perspective)
- Excluded articles related to populations that are not fully covered with Medicare (ex: asylum seekers, prisoners).

**Concept 1:**

TI (improvement\* OR Issue\* OR challenge\* OR "Policy Reform\*" OR "Policy Perspective" OR "Health financ\*" OR "Healthcare financ\*")

OR

AB (improvement\* OR Issue\* OR challenge\* OR "Policy Reform\*" OR "Policy Perspective" OR "Health financ\*" OR "Healthcare financ\*")

**Concept 2:**

TI (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment\* OR "co-payment\*" OR copay\* OR "out of pocket\*" OR "out-of-pocket\*" OR "Universal healthcare" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership\*" OR "gap payment\*" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system")

AB (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment\* OR "co-payment\*" OR copay OR "out of pocket\*" OR "out-of-pocket\*" OR "Universal healthcare" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership\*" OR "gap payment\*" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system")

**Concept 3: Australia**

**Google/Google scholar:** (improvement OR Issue OR challenge OR Reform OR Perspective OR "Health financing" OR "Healthcare financing") AND (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copay "gap payments" OR "out-of-pocket" OR "out of pocket" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system" AND Australia) AND Australia

**Sites:**

- Database search: Medline complete /Global Health/ EBSCOHost Health Policy Reference Centre
- Analysis & Policy Observatory: <https://apo.org.au/collections>
- Australian Indigenous Health InfoNet
- APAIS - Australian Public Affairs Information Service
- Google search and Google scholar

**Data extraction, (selection and coding):** One author will screen the titles and abstracts of the reports, and full-text reviews will be conducted by the three authors. Data extraction includes the title, year and author of the study, results of the study. A PRISMA flow diagram will be used to present the result of the review process.

**Risk of bias (quality) assessment:** No assessment of bias will be undertaken

**Funding sources/sponsors:** None

**Conflicts of interest:** None

**Language:** English

**Country:** Australia

**Results for screening on 14 Aug 2021**

**A. MEDLINE Complete**

Concept	Terms	Number of studies
<b>Concept 1:</b>	<p>TI (improvement* OR Issue* OR challenge* OR "Policy Reform*" OR "Policy Perspective" OR "Health financ*" OR "Healthcare finance*")</p> <p>OR</p> <p>AB (improvement* OR Issue* OR challenge* OR "Policy Reform*" OR "Policy Perspective" OR "Health financ*" OR "Healthcare finance*")</p> <p>OR</p> <p>(MH "Health Policy+") OR (MH "Health Care Reform+")</p>	2,163,014
<b>Concept 2:</b>	<p>TI (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment* OR "co-payment*" OR copay OR "out of pocket*" OR "out-of-pocket*" OR "Universal healthcare" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership*" OR "gap payment*")</p> <p>OR</p> <p>AB (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment* OR "co-payment*" OR copay OR "out of pocket*" OR "out-of-pocket*" OR "Universal healthcare" OR "Universal care" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system" OR "universal Health Insurance" OR "Public-Private Sector Partnership*" OR "gap payment*")</p> <p>(MH "Cost Sharing+") (MH "HealthExpenditures+") OR (MH"Public-Private SectorPartnerships")</p>	141,729
<b>Concept 3</b>	Australia and Studies published since 2000	629

## B. EBSCOHost Health Policy Reference Centre

Concept	Terms	Number of studies
<b>Concept 1:</b>	<p>TI (improvement* OR Issue* OR challenge* OR "Policy Reform*" OR "Policy Perspective" OR "Health financ*" OR "Healthcare financ*")</p> <p>OR</p> <p>AB (improvement* OR Issue* OR challenge* OR "Policy Reform*" OR "Policy Perspective" OR "Health financ*" OR "Healthcare financ*")</p> <p>OR</p> <p>DE "HEALTH care reform -- Government policy" OR DE "HEALTH equity" OR DE "HEALTH care reform" OR DE "MENTAL health services reform"</p>	192,811
<b>Concept 2:</b>	<p>TI (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment* OR "co-payment*" OR copay OR "out of pocket*" OR "out-of-pocket*" OR "Universal healthcare" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership*" OR "gap payment*" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system")</p> <p>OR</p> <p>AB (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment* OR "co-payment*" OR copay OR "out of pocket*" OR "out-of-pocket*" OR "Universal healthcare" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership*" OR "gap payment*" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system")</p> <p>((DE "COPAYMENTS (Insurance)") OR (DE "OUT of pocket medical costs")) OR (DE "NATIONAL health insurance")</p>	48,657
<b>Concept 3</b>	Limit to Australia AND Studies published since 2000	146

## C. Global Health

Concept	Terms	Number of studies
<b>Concept 1:</b>	<p>TI (improvement* OR Issue* OR challenge* OR "Policy Reform*" OR "Policy Perspective" OR "Health financ*" OR "Healthcare financ*")</p> <p>OR</p> <p>AB (improvement* OR Issue* OR challenge* OR "Policy Reform*" OR "Policy Perspective" OR "Health financ*" OR "Healthcare financ*")</p>	323,687
<b>Concept 2:</b>	<p>TI (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment* OR "co-payment*" OR copay OR "out of pocket*" OR "out-of-pocket*" OR "Universal healthcare" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership*" OR "gap payment*" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system")</p> <p>OR</p> <p>AB (Medicare OR "Medicare Benefits Schedule" OR "Pharmaceutical Benefits Scheme" OR copayment* OR "co-payment*" OR copay OR "out of pocket*" OR "out-of-pocket*" OR "Universal healthcare" OR "Universal care" OR "universal Health Insurance" OR "Public-Private Sector Partnership*" OR "gap payment*" OR "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system")</p>	21,325
<b>Concept 3</b>	Limit to Australia and Studies published since 2000	165

**D. Other websites= Total of 48**

- Analysis & Policy Observatory: <https://apo.org.au/collections>
- Australian Indigenous Health InfoNet
- APAIS - Australian Public Affairs Information Service
- Google and Google scholar
- <https://data.oecd.org/healthres/health-spending.htm>

Website	Terms
<b>Analysis &amp; Policy Observatory:</b> <a href="https://apo.org.au/collections">https://apo.org.au/collections</a>	Medicare OR PBS OR Copayment OR out of pocket
	Medicare OR Medicare Benefits Schedule OR copayment or copy
	Medicare OR Medicare Benefits Schedule OR out-of-pocket
	Medicare OR Medicare Benefits Schedule OR out of pocket
	Universal health Care OR universal health or UHS OR out of pocket
	Universal health coverage or Healthcare system OR Health care system
	Medicare AND policy reforms
<b>Australian Indigenous Health InfoNet</b>	(Medicare) or (MBS) or (PBS) or (Pharmaceutical Benefits Scheme) or (copayment) or (gap fees) or (policy reforms) found in ( title )
	(Universal health care) OR (Universal health coverage) OR (Healthcare system) OR (Health care system)
<b>APAIS - Australian Public Affairs Information Service</b>	Medicare OR "Medicare Benefits Schedule" OR Pharmaceutical Benefits Scheme AND copayment
	(improvement OR Issue OR challenge OR Reform OR Perspective OR "Health financing" OR "Healthcare financing") AND (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") AND Australia
	[Title: universal health care OR Title: universal health coverage OR Title: healthcare system OR Title: health care system] AND Title: australia
<b>Google/Google scholar (first 10 pages)</b>	out-of-pocket (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") site:.gov.au
	out-of-pocket (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") AND Australia
	gap payments (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") site:.gov.au
	gap payments (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") AND Australia
	copayment Australia (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") site:.gov.au
	copayment Australia (Medicare OR MBS OR "Medicare Benefits Schedule" OR PBS OR "Pharmaceutical Benefits Scheme" OR copayment OR copy "gap payments" OR "out-of-pocket" OR "out of pocket") AND Australia
	(improvement OR Issue OR challenge OR Reform OR Perspective OR "Health financing" OR "Healthcare financing") AND "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system" site:.gov.au
	(improvement OR Issue OR challenge OR Reform OR Perspective OR "Health financing" OR "Healthcare financing") AND "Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system" AND Australia
	"Universal health care" OR "Universal health coverage" OR "Healthcare system" OR "Health care system" site:.gov.au
	2 additional articles were found from using Government incentives and Australia and Insurance

## 2. Included articles

### Themes

- A. Fragmentation of health care and lack of integrated health financing
- B. Access of Indigenous people to health services and essential medications
- C. Reform proposals for the Pharmaceutical Benefits Scheme (PBS)
- D. The burden of out-of-pocket costs
- E. Inequity
- F. Public subsidies for private health insurance
- G. Other challenges facing universal health care in Australia

No	Year	Type of publication	Articles	Themes
1	2021	Media release	Australian Medical Association. Government in danger of history repeating with Medicare rebate changes [media release]. 6 June 2021. <a href="https://www.ama.com.au/media/government-danger-history-repeating-medicare-rebate-changes">https://www.ama.com.au/media/government-danger-history-repeating-medicare-rebate-changes</a> (viewed Aug 2021)	G
2	2018	Report	Australian Institute of Health and Welfare. Patients' out-of-pocket spending on Medicare services 2016–17 (Cat. no. HPF 35). 16 Aug 2018. <a href="https://www.aihw.gov.au/reports/health-welfare-expenditure/patient-out-pocket-spending-medicare-2016-17/contents/summary">https://www.aihw.gov.au/reports/health-welfare-expenditure/patient-out-pocket-spending-medicare-2016-17/contents/summary</a> (viewed Aug 2021).	D
3	2020	Report	Australian Institute of Health and Welfare. Health expenditure Australia 2018–19 (Cat. no. HWE 80; Health and welfare expenditure series no. 66). Canberra: AIHW, 2020. <a href="https://www.aihw.gov.au/getmedia/a5cfb53c-a22f-407b-8c6f-3820544cb900/aihw-hwe-80.pdf.aspx?inline=true">https://www.aihw.gov.au/getmedia/a5cfb53c-a22f-407b-8c6f-3820544cb900/aihw-hwe-80.pdf.aspx?inline=true</a> (viewed Aug 2021).	D
4	2020	Perspective	Blecher GE, Blashki GA, Judkins S. Crisis as opportunity: how COVID-19 can reshape the Australian health system. <i>Med J Aust</i> 2020; 213: 196-198. <a href="https://www.mja.com.au/journal/2020/213/5/crisis-opportunity-how-covid-19-can-reshape-australian-health-system">https://www.mja.com.au/journal/2020/213/5/crisis-opportunity-how-covid-19-can-reshape-australian-health-system</a>	A
5	2009	Journal article: Data Analysis	Bulfone L. High prices for generics in Australia: more competition might help. <i>Aust Health Rev</i> 2009; 33: 200-214.	C
6	2021	Journal article: Systematic review	Bygrave A, Whittaker K, Paul C, et al. Australian experiences of out-of-pocket costs and financial burden following a cancer diagnosis: a systematic review. <i>Int J Environ Res Public Health</i> 2021; 18: 2422.	D
7	2019	Report: Review	Calder R, Dunkin R, Rochford C, Nichols T. Australian health services: too complex to navigate: a review of the national reviews of Australia's health service arrangements [policy paper]. 28 Feb 2019. <a href="https://apo.org.au/node/223011">https://apo.org.au/node/223011</a> (viewed Aug 2021).	A,D,E,F



No	Year	Type of publication	Articles	Themes
8	2017	Journal article: Data Analysis	Callander E, Larkins S, Corscadden L. Variations in out-of-pocket costs for primary care services across Australia: a regional analysis. <i>Aust J Prim Health</i> 2017; 23: 379-385.	A, D
9	2017	Journal article: Data Analysis	Callander EJ, Corscadden L, Levesque JF. Out-of-pocket healthcare expenditure and chronic disease: do Australians forgo care because of the cost? <i>Aust J Prim Health</i> 2017; 23: 15-22.	D, E
10	2019	Journal article: Data Analysis	Callander EJ, Fox H, Lindsay D. Out-of-pocket healthcare expenditure in Australia: trends, inequalities and the impact on household living standards in a high-income country with a universal health care system. <i>Health Econ Rev</i> 2019; 9: 10.	D
11	2020	Journal article: Data Analysis	Callander EJ, Topp S, Fox H, Corscadden L. Out-of-pocket expenditure on health care by Australian mothers: lessons for maternal universal health coverage from a long-established system. <i>Birth</i> 2020; 47: 49-56.	F
12	2015	Journal article: Data Analysis	Carpenter A, Islam MM, Yen L, McRae I. Affordability of out-of-pocket health care expenses among older Australians. <i>Health Policy</i> 2015; 119: 907-914.	D
13	2018	Report: Survey	Consumers Health Forum of Australia. Out of pocket pain: research report. 5 Apr 2018. <a href="https://chf.org.au/publications/out-pocket-pain">https://chf.org.au/publications/out-pocket-pain</a> (viewed Aug 2021).	D, F, G
14	2010	Report	Australian Department of Health and Ageing. The impact of PBS reform: report to Parliament on the <i>National Health Amendment (Pharmaceutical Benefits Scheme) Act 2007</i> . 2010. <a href="https://apo.org.au/sites/default/files/resource-files/2010-02/apo-nid20402.pdf">https://apo.org.au/sites/default/files/resource-files/2010-02/apo-nid20402.pdf</a> (viewed Aug 2021).	C
15	2021	Website Article	Australian Department of Health and Ageing. Medical costs finder. Updated 1 Sept 2021. <a href="https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder">https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder</a> (viewed June 2022).	D
16	2018	Journal article: Literature Review	Dixit SK, Sambasivan M. A review of the Australian healthcare system: a policy perspective. <i>SAGE Open Med</i> 2018; 6: 2050312118769211.	A, G
17	2021	Journal article: Qualitative interview	Dobrosak C, Dugdale P. Issues for reregulation of private hospital insurance in Australia. <i>Aust Health Rev</i> 2021; 45: 290-296.	D, F
18	2003	Journal article: Data Analysis	Young AF, Dobson AJ. The decline in bulk-billing and increase in out-of-pocket costs for general practice consultations in rural areas of Australia, 1995–2001. <i>Med J Aust</i> 2003; 178: 122-126. <a href="https://www.mja.com.au/journal/2003/178/3/decline-bulk-billing-and-increase-out-pocket-costs-general-practice">https://www.mja.com.au/journal/2003/178/3/decline-bulk-billing-and-increase-out-pocket-costs-general-practice</a>	D
19	2017	Report	Duckett S, Banerjee P. Cutting a better drug deal [Grattan Institute report no. 2017-03], 5 Mar 2017. <a href="https://grattan.edu.au/report/cutting-a-better-drug-deal">https://grattan.edu.au/report/cutting-a-better-drug-deal</a> (viewed Aug 2021).	C

No	Year	Type of publication	Articles	Themes
20	2014	Report	Duckett S, Breadon P. Out-of-pocket costs: hitting the most vulnerable hardest-Grattan Institute submission to the Senate Standing Committee on Community Affairs Inquiry into the out-of-pocket costs in Australian healthcare. Grattan Institute, May 2014. <a href="https://grattan.edu.au/wp-content/uploads/2014/07/Grattan_Institute_submission_-_inquiry_on_out-of-pocket_costs_-_FINAL.pdf">https://grattan.edu.au/wp-content/uploads/2014/07/Grattan_Institute_submission_-_inquiry_on_out-of-pocket_costs_-_FINAL.pdf</a> (viewed Aug 2021).	D
21	2019	Report	Duckett S, Cowgill M, Swerissen H. Filling the gap: a universal dental care scheme for Australia: Grattan Institute, 17 Mar 2019. <a href="https://apo.org.au/node/225591">https://apo.org.au/node/225591</a> (viewed Aug 2021).	E
22	2019	Report	Duckett S, Nemet K. The history and purposes of private health insurance. Grattan Institute, July 2019. <a href="https://grattan.edu.au/wp-content/uploads/2019/07/918-The-history-and-purposes-of-private-health-insurance.pdf">https://grattan.edu.au/wp-content/uploads/2019/07/918-The-history-and-purposes-of-private-health-insurance.pdf</a> (viewed Aug 2021).	F
23	2019	Report	Duckett S, Nemet K. Saving private health. 1. Reining in hospital costs and specialist bills. Grattan Institute, Nov 2019. <a href="https://grattan.edu.au/wp-content/uploads/2019/11/925-Saving-private-health-1.pdf">https://grattan.edu.au/wp-content/uploads/2019/11/925-Saving-private-health-1.pdf</a> (viewed Aug 2021).	D, F
24	2016	Commentary	Eckermann S, Sheridan L, Ivers R. Which direction should Australian health system reform be heading? Aust N Z J Public Health 2016; 40: 7-9.	F
25	2017	Journal article: Data Analysis	Elkins RK, Schurer S. Introducing a GP copayment in Australia: who would carry the cost burden? Health Policy 2017; 121: 543-552.	D
26	2021	Journal article: Data Analysis	Ellis LA, Pomare C, Gillespie JA, et al. Changes in public perceptions and experiences of the Australian health-care system: a decade of change. Health Expect 2021; 24: 95-110.	G
27	2019	Report	Faux M, Wardle J, Adams J. Medicare billing, law and practice: complex, incomprehensible and beginning to unravel. J Law Med 2019; 27: 66-93.	G
28	2017	Journal article: Narrative review	Fisher M, Baum F, Kay A, Friel S. Are changes in Australian national primary healthcare policy likely to promote or impede equity of access? A narrative review. Aust J Prim Health 2017; 23: 209-215.	A, D,E,F
29	2018	Report	GlaxoSmithKline Australia, ViiV Healthcare. The Pharmaceutical Benefits Scheme in Australia: an explainer on system components. Feb 2018. <a href="https://au.gsk.com/media/6259/gsk-viiv-the-pbs-in-australia-feb-2018.pdf">https://au.gsk.com/media/6259/gsk-viiv-the-pbs-in-australia-feb-2018.pdf</a> (viewed Aug 2021).	C
30	2018	Journal article: Data Analysis	Gordon LG, Elliott TM, Olsen CM, et al ; QSkin Study. Patient out-of-pocket medical expenses over 2 years among Queenslanders with and without a major cancer. Aust J Prim Health 2018; 24: 530-536.	D

No	Year	Type of publication	Articles	Themes
31	2010	Journal article: Qualitative study	Haines TP, Foster MM, Cornwell P, et al. Impact of enhanced primary care on equitable access to and economic efficiency of allied health services: a qualitative investigation. <i>Aust Health Rev</i> 2010; 34: 30-35.	A
32	2015	Journal article: Data Analysis	Harrison C, Bayram C, Miller GC, Britt HC. The cost of freezing general practice. <i>Med J Aust</i> 2015; 202: 313-316. <a href="https://www.mja.com.au/journal/2015/202/6/cost-freezing-general-practice">https://www.mja.com.au/journal/2015/202/6/cost-freezing-general-practice</a>	D
33	2016	Journal article: Perspective	Hayes P, Lynch A, Stiffe J. Moving into the “patient-centred medical home”: reforming Australian general practice. <i>Educ Prim Care</i> 2016; 27: 413-415.	A
34	2017	Journal article: Data Analysis	Hua X, Erreygers G, Chalmers J, et al. Using administrative data to look at changes in the level and distribution of out-of-pocket medical expenditure: an example using Medicare data from Australia. <i>Health Policy</i> 2017; 121: 426-433	D
35	2008	Journal article: Data Analysis	Hynd A, Roughead EE, Preen DB, et al. The impact of co-payment increases on dispensings of government-subsidised medicines in Australia. <i>Pharmacoepidemiology Drug Saf</i> 2008; 17: 1091-1099.	D
36	2014	Journal article: Data Analysis	Islam MM, Yen L, Valderas JM, McRae IS. Out-of-pocket expenditure by Australian seniors with chronic disease: the effect of specific diseases and morbidity clusters. <i>BMC Public Health</i> 2014; 14: 1008.	D
37	2017	Report	Jackson H, Shiell A. Preventive health: how much does Australia spend and is it enough? Canberra: Foundation for Alcohol Research and Education, 2017. <a href="https://fare.org.au/wp-content/uploads/Preventive-health-How-much-does-Australia-spend-and-is-it-enough_FINAL.pdf">https://fare.org.au/wp-content/uploads/Preventive-health-How-much-does-Australia-spend-and-is-it-enough_FINAL.pdf</a> (viewed Aug 2021).	A
38	2012	Journal article: Qualitative study	Jeon YH, Black A, Govett J, et al. Private health insurance and quality of life: perspectives of older Australians with multiple chronic conditions. <i>Aust J Prim Health</i> 2012; 18: 212-219.	F
39	2013	Journal article: Data Analysis	Johar M, Jones G, Keane MP, et al. Discrimination in a universal health system: explaining socioeconomic waiting time gaps. <i>J Health Econ</i> 2013; 32: 181-194.	E
40	2019	News	Johnson C. Health spending figures show non-PBS medications driving out-of-pockets [news]. <i>Australian Medicine</i> 2019; 31 (18): 10.	D
41	2008	Journal article: Data Analysis	Jones G, Savage E, Van Gool K. The distribution of household health expenditures in Australia. <i>Economic Record</i> 2008; 84 (Suppl 1): S99-S114.	D
42	2017	Journal article: Data Analysis	Karnon J, Edney L, Sorich M. Costs of paying higher prices for equivalent effects on the Pharmaceutical Benefits Scheme. <i>Aust Health Rev</i> 2017; 41: 1-6.	C

No	Year	Type of publication	Articles	Themes
43	2006	Journal article: mixed method	Kelagher M, Dunt D, Taylor-Thomson D, et al. Improving access to medicines among clients of remote area Aboriginal and Torres Strait Islander Health Services. <i>Aust N Z J Public Health</i> 2006; 30: 177-183.	B
44	2011	Journal article: Data Analysis	Kemp A, Preen DB, Glover J, et al. How much do we spend on prescription medicines?: out-of-pocket costs for patients in Australia and other OECD countries. <i>Aust Health Rev</i> 2011; 35: 341-349.	D
45	2004	Journal article: qualitative study	Kenny A, Duckett S. A question of place: medical power in rural Australia. <i>Soc Sci Med</i> 2004; 58: 1059-1073.	D,E
46	2014	Journal article: Data Analysis	Mansfield SJ. Generic drug prices and policy in Australia: room for improvement? A comparative analysis with England. <i>Aust Health Rev</i> 2014; 38: 6-15.	C
47	2017	Journal article: review	McPake B, Mahal A. Addressing the needs of an aging population in the health system: the Australian case. <i>Health Syst Reform</i> 2017; 3: 236-247.	A, B, F
48	2013	Journal article: Data Analysis	McRae I, Yen L, Jeon YH, et al. Multimorbidity is associated with higher out-of-pocket spending: a study of older Australians with multiple chronic conditions. <i>Aust J Prim Health</i> 2013; 19: 144-149.	D
49	2019	Website	Medbelle. 2019 Medicine price index. Undated. <a href="https://www.medbelle.com/medicine-price-index-usa">https://www.medbelle.com/medicine-price-index-usa</a> (viewed Aug 2021).	C
50	2020	Report	Medicare Benefits Schedule Review Taskforce. An MBS for the 21st century: recommendations, learnings and ideas for the future. Medicare Benefits Schedule Review Taskforce final report to the Minister for Health. 14 Dec 2020. <a href="https://www.health.gov.au/resources/publications/medicare-benefits-schedule-review-taskforce-final-report">https://www.health.gov.au/resources/publications/medicare-benefits-schedule-review-taskforce-final-report</a> (viewed Aug 2021).	A,D,G
51	2021	Journal article: Qualitative study	Nolan-Isles D, Macniven R, Hunter K, et al. Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia. <i>Int J Environ Res Public Health</i> 2021; 18: 3014.	A, B
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### 3. Recommendations regarding out-of-pocket costs and private health insurance

1. Greater policy placed on specialist bulk-billing.<sup>1</sup>
2. Negotiating lower prices on the PBS, updating health workforce roles to increase efficiency and improving public hospital pricing.<sup>2</sup>
3. From 2022, private patients should receive a single bundled bill for a hospital admission.<sup>3</sup>
4. The bill should be issued by the hospital and include all the costs of the treatment hospital, diagnostics, prostheses, and doctor costs.<sup>3</sup>
5. Private health insurers should pay private hospitals on the basis of a national fee schedule which takes account of the patient's complexity.<sup>3</sup>
6. Patients should choose their medical specialists the same way they do now, but specialists should send their bills to the hospital rather than to the patient.<sup>3</sup>
7. Private hospitals should be able to charge patients an extra fee for each day of stay, or an extra bundle fee for the whole stay. These extra fees should cover any extra medical costs charged by specialists. Patients should be told of these fees before they are admitted.<sup>3</sup>
8. The Australian Commission on Safety and Quality in Health Care should determine what diagnosis-procedure combinations are low value, and private health insurers should not have to pay for this low-value care.<sup>3</sup>
9. The Australian Commission on Safety and Quality in Health Care should determine what diagnosis-procedure combinations are better performed in high-volume settings, and private health insurers should not have to pay for this care in low-volume settings.<sup>3</sup>
10. The Independent Hospital Pricing Authority should determine what hospital-substitute programs are effective, and private health insurers should be required to pay for these programs.<sup>3</sup>
11. Our overarching recommendation is that there should be an independent Productivity Commission investigation into the cause of this crisis and all aspects of private health. This should include a rigorous analysis of the causes of ever increasing out of pocket expenses and some possible policy solutions designed to ensure access to reasonably priced medical care and the stability and sustainability of Australia's public-private health system.<sup>4</sup>
12. The freeze on Medicare rebates for diagnostic imaging should be lifted in line with the staged removal of the freeze on other Medicare rebates.<sup>4</sup>
13. The Federal and State/Territory governments should work together to improve access to and the range of travel reimbursement schemes.<sup>4</sup>
14. The Department of Health should work with health professionals and other key stakeholders to develop a process for a single quote for any episode of treatment that includes all health professionals' costs.<sup>4</sup>
15. Consideration should be given to the role that a system navigator role could play to assist people to understand the private health system and to promote awareness and use of the transparency website.<sup>4</sup>
16. Rural and regional travel benefits need to improve with the reforms.<sup>4</sup>
17. There need to be more promotion of no gap providers and assurances that there are no hidden costs.<sup>4</sup>
18. Informed financial consent procedures need to be strengthened and insurers should work with consumers and providers to ensure this happens.<sup>4</sup>
19. There should be a move to a system of unnamed referrals so consumers can better exercise their right to choose a provider.<sup>4</sup>
20. Further investigation should be conducted into the impact of "no gap" or "known gap" arrangements on the quality, choice and availability of healthcare.<sup>4</sup>
21. Health professionals should make their fees publicly available.<sup>4</sup>
22. Understanding variations of OOP can identify where patients are not receiving the care needed.<sup>5</sup>
23. Address three over-arching issues: a designated division within the Department of Health with responsibility for patient and consumer issues, a system for resolving complaints about OOP costs and disagreements about medical fees, Ethical responsibilities of healthcare professionals who receive Medicare funds.<sup>6</sup>
24. Roadmap to tackle OOP were reported elsewhere and some of the recommendations are noted as follows: Fee transparency via a fee disclosure website, Re-consider the GP gatekeeper role, Incentives for specialists to bulk bill / reduce fees, Require specialists' colleges to address egregious over-charging, Strengthened informed financial consent (IFC) requirements, Limits on requirements and charges for MBS item 104, No interest / low interest loans to cover unexpected costs, Increased provision of public sector services, Payment structure for enable GPs / Health Care Homes to provide improved access to allied health services, More funding for patient transport and related services, Better provision and coordination of transfers of care, Comprehensive health safety-net, Vouchers for accessing care in the private system, Active case-management, Better utilisation of para-medical workforce, Strengthening the role of generalists, Establishment of community health centres with

- salaried staff, Tackling over-testing and over-prescribing and low value care, Improving workforce distribution.<sup>6</sup>
25. Detailed examination of the effect of OOP costs on service use according to socioeconomic level of the user would be helpful in arranging compensatory finance for those least able to afford it.<sup>7</sup>
  26. Health service providers and insurance companies can improve cost transparency for cancer patients by making information more readily available so that patients can make informed financial choices about where to receive their care.<sup>8</sup>
  27. Standardised clinical- and patient-reported outcomes can be routinely collected and reported in the public domain to inform patient decisions.<sup>8</sup>
  28. Policymakers and employers can work together and develop initiatives and funding schemes to support return to work following cancer treatment for people who choose to do so.<sup>8</sup>
  29. Availability and access to care close to home can be improved. Accessibility and costs of existing cancer services at outer metropolitan areas and pathways of care for outer metropolitan cancer patients can be assessed to identify drivers of higher OOP.<sup>8</sup>
  30. The Taskforce recommended a range of actions to build on these efforts including the further investigation of the Extended Medicare Safety Net (EMSN) and mandatory provision of clear and understandable fee and treatment information to help consumers participate in decision-making about their care. The Taskforce also recommends the MBS creation of an independent Medical Fee Complaints Tribunal to deal with consumer grievances about high or unwarranted out of pocket medical costs.<sup>9</sup>
  31. Every Australian should have access to publicly-funded, high-quality, primary dental care when they need it. The Commonwealth Government should set out this goal clearly and legislate a time frame to achieve it. The scheme should cover primary dental care services, but not encompass orthodontic and cosmetic procedures. A principal goal of the scheme is to eliminate financial barriers to dental care for all Australians. This is best achieved by requiring participating dental practices to charge fees according to an agreed schedule, without additional payments by patients.<sup>10</sup>
  32. Policymakers should consider the expansion of Medicare coverage for medically necessary dental care among socioeconomically dis-advantaged households.<sup>11</sup>

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