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Horizontal inequity in healthcare utilisation within the Indigenous Australians

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Background

- ❑ Twin principles of Medicare in Australia:
 - ✓ Equity in access to healthcare services : according to need
 - ✓ Equity in health care financing: payment according to ability

- ❑ Equity goal in healthcare access distinguishes between:
 - ✓ Horizontal equity – equal treatment of equals
 - ✓ Vertical equity – appropriate unequal treatment of unequals

- ❑ Horizontal inequity in healthcare: Economic approach
 - unequal use of healthcare services for equal medical need regardless of socioeconomic status (SES)



Does inequity follow the similar pattern within Indigenous Australians?

- ❑ Indigenous Australians: Most disadvantaged community
 - ✓ Higher disease burden but lower access to health services
 - ✓ Higher hospitalisation but lower surgical procedures
 - ✓ Lower use of Medicare funded specialist services

- ❑ *Closing the gap* : Higher use of Medicare funded GP services

- ❑ Average improvement might mask within inequality and inequity

Method

□ Horizontal inequity (HI) approach: 3 steps

1. Identification and need-standardisation: Regression analysis

2. Measurement : Concentration curve (CC) &

Concentration index (CI) of need-adjusted use

HI>0 : Pro-rich inequity

HI<0 : Pro-poor inequity

3. Explanation : The decomposition approach

Data and variables

Data: Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of 2012-13

Sample : 2823 adult individuals from non-remote area

Probability of healthcare use:

Any visit, GP visit & specialist visit in last 2 weeks

Inpatient admission in last 12 months

Need indicators: Age, gender, SAH, mental health, disability status & diabetes

Ranking (non-need) variable: Household income

Non-need indicators: Private health insurance, concession card, employment & education

Results



➤ Regression analysis

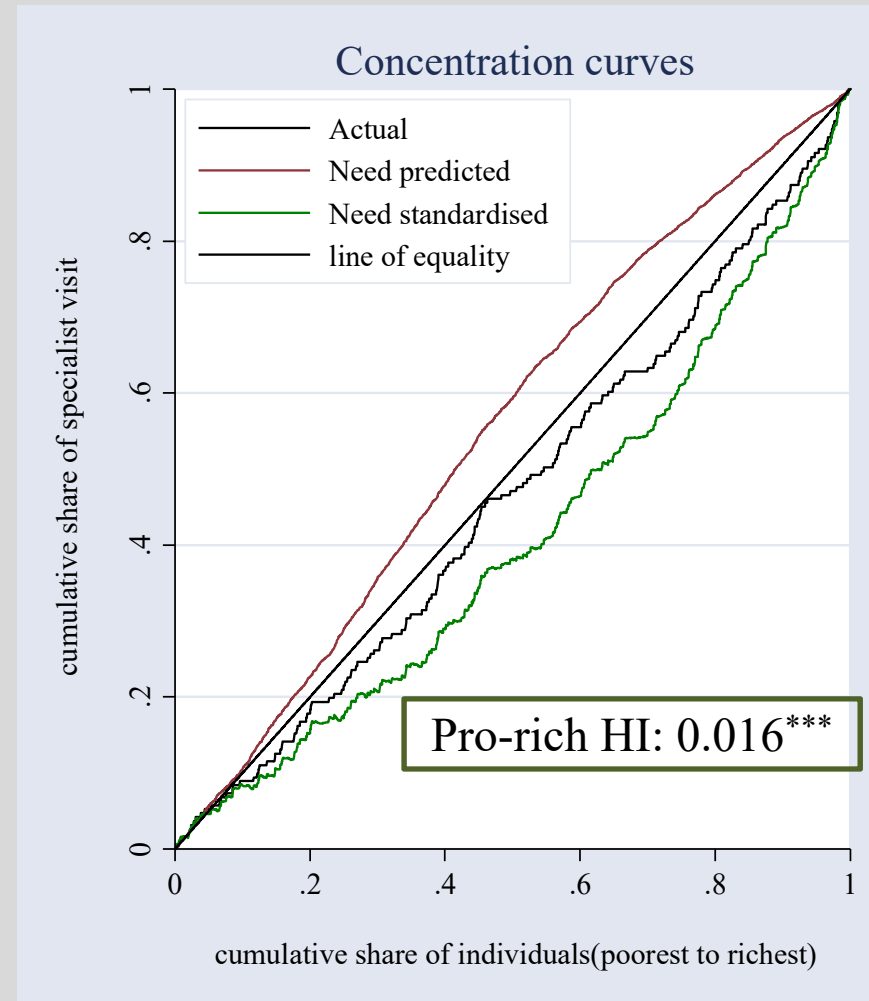
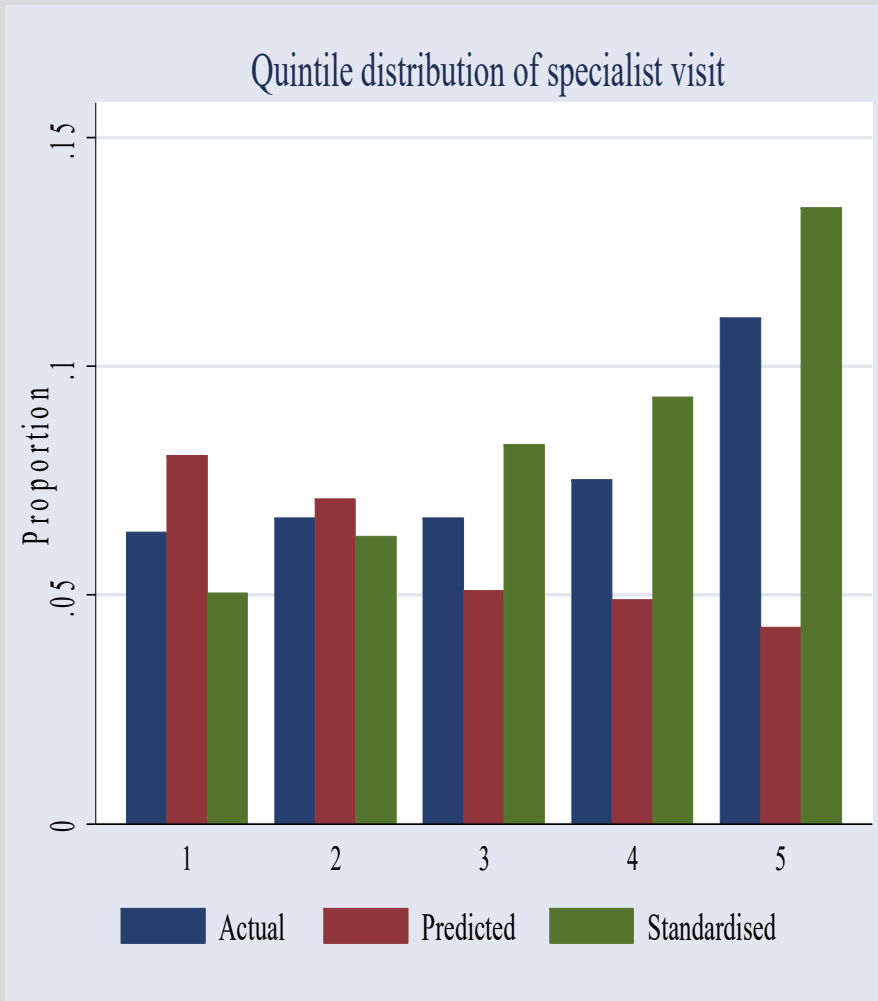
❑ Need variables: Weak association of gender, age SAH with specialist visit

❑ Non-need variables

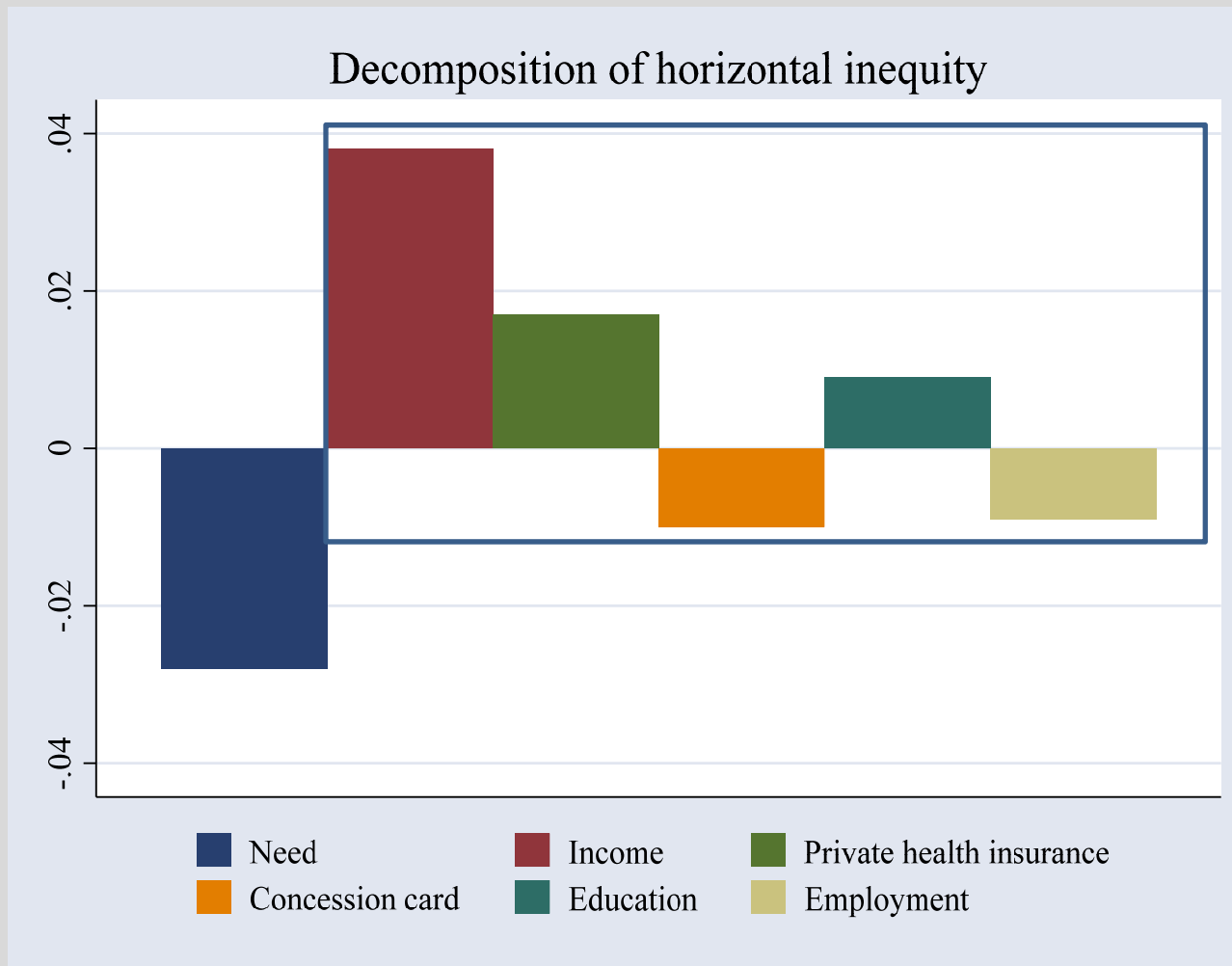
| | Any visit | | GP visit | | Specialist visit | | Inpatient admission ¹ | |
|-----------------------------|------------|---------------|------------|---------------|------------------|---------------|----------------------------------|---------------|
| | Odds ratio | 95% CI | Odds ratio | 95% CI | Odds ratio | 95% CI | Odds ratio | 95% CI |
| Household Income: Decile 1 | Reference | | Reference | | Reference | | Reference | |
| Decile 5 | 1.59** | (1.11 - 2.26) | 1.24 | (0.84 - 1.83) | 1.04 | (0.46 - 2.35) | 0.88 | (0.57 - 1.35) |
| Decile 6 | 1.62** | (1.10 - 2.39) | 1.01 | (0.66 - 1.55) | 2.64*** | (1.29 - 5.39) | 1.16 | (0.74 - 1.83) |
| Decile 7 | 1.17 | (0.77 - 1.78) | 0.95 | (0.60 - 1.52) | 2.11* | (0.95 - 4.66) | 0.94 | (0.56 - 1.56) |
| Decile 8 | 1.16 | (0.75 - 1.80) | 0.82 | (0.49 - 1.36) | 1.68 | (0.74 - 3.82) | 1.42 | (0.87 - 2.31) |
| Decile 9 | 1.82** | (1.12 - 2.97) | 1.04 | (0.60 - 1.80) | 2.70** | (1.13 - 6.48) | 1.57 | (0.89 - 2.77) |
| Decile 10 | 1.47 | (0.82 - 2.65) | 1.20 | (0.64 - 2.26) | 2.96** | (1.13 - 7.77) | 1.44 | (0.74 - 2.80) |
| Private health insurance | 1.69*** | (1.34 - 2.14) | 1.38** | (1.07 - 1.78) | 2.14*** | (1.38 - 3.31) | 1.03 | (0.78 - 1.36) |
| Concession card | 1.33** | (1.03 - 1.70) | 1.12 | (0.85 - 1.46) | 1.25 | (0.74 - 2.12) | 1.13 | (0.84 - 1.51) |
| Education: Year 12 or above | Reference | | Reference | | Reference | | Reference | |
| Education: Year 9-11 | 0.85 | (0.69 - 1.04) | 0.88 | (0.70 - 1.10) | 0.68** | (0.46 - 1.00) | 0.91 | (0.72 - 1.14) |
| Education: Year 8 or below | 0.72** | (0.52 - 0.98) | 0.81 | (0.58 - 1.13) | 0.52** | (0.29 - 0.94) | 0.73* | (0.51 - 1.05) |
| Education: Never attended | 0.57 | (0.21 - 1.52) | 0.88 | (0.33 - 2.30) | 0.27 | (0.03 - 2.41) | 1.74 | (0.67 - 4.50) |

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➤ Inequity: Specialist visit



➤ Explaining inequity in specialist visit





Policy implications

- Improve access to specialist care for low income people
- Incentive for more bulk-billing specialist services
- Strengthening and reforming Medicare safety net

Thank You