Australian Government
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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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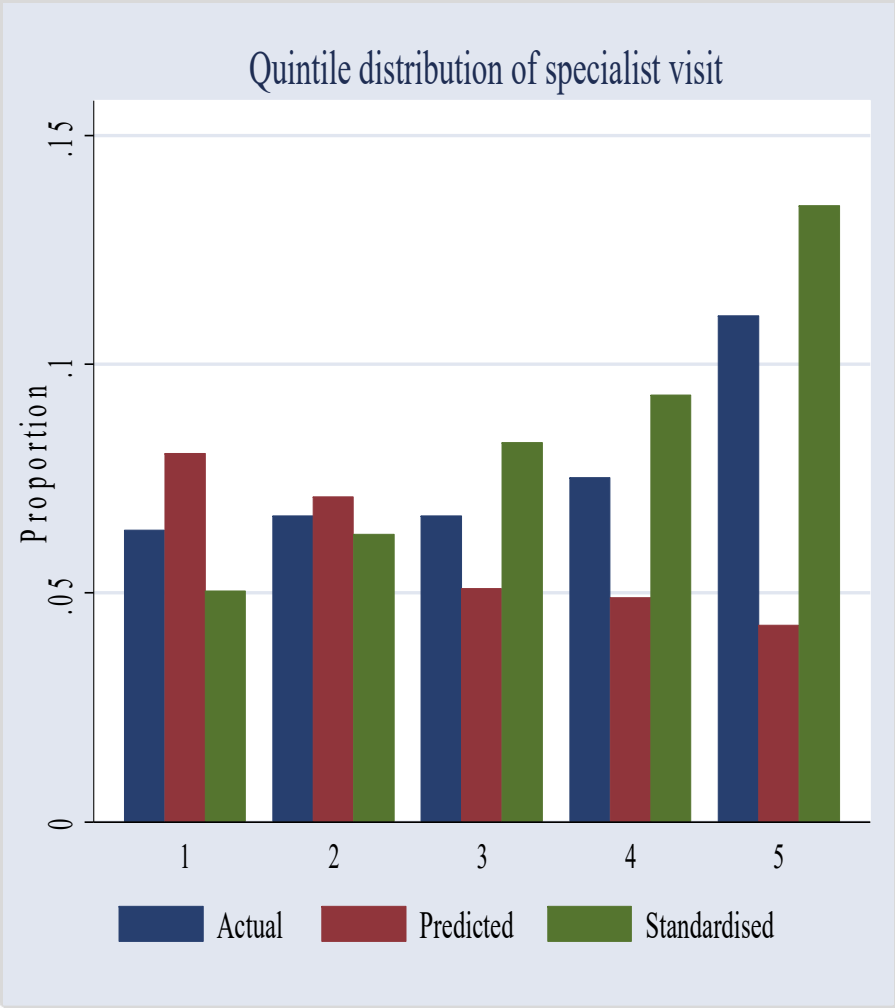
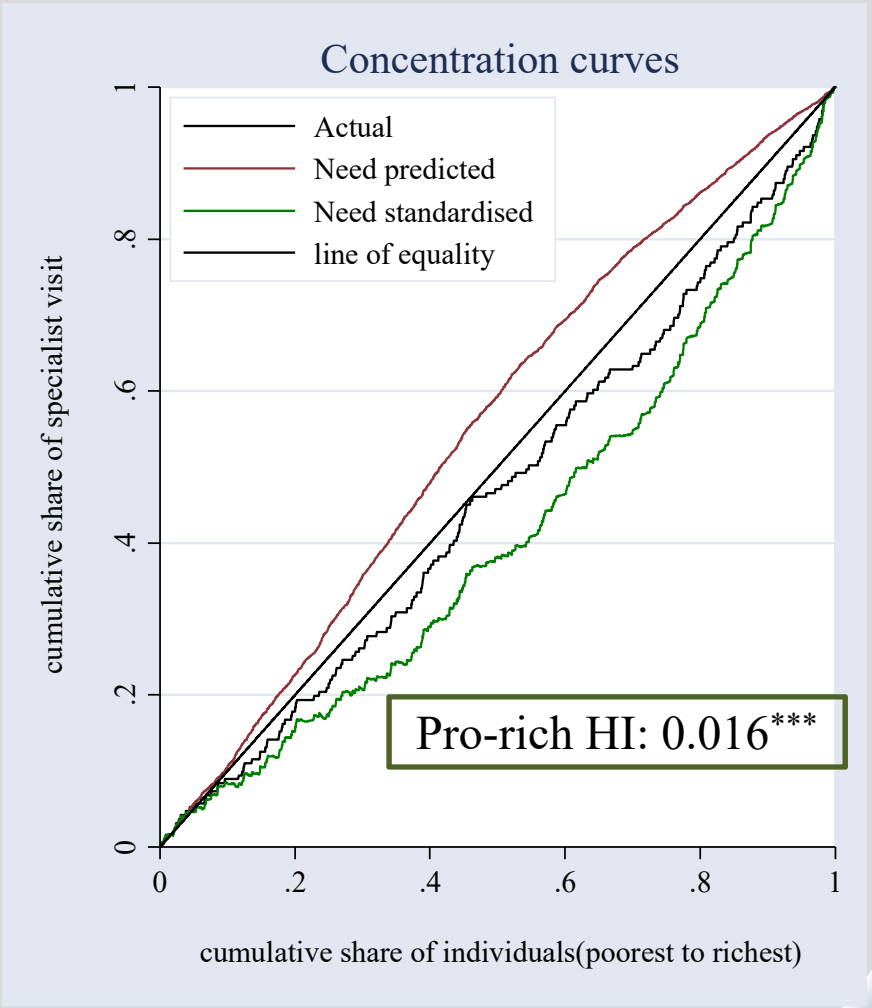
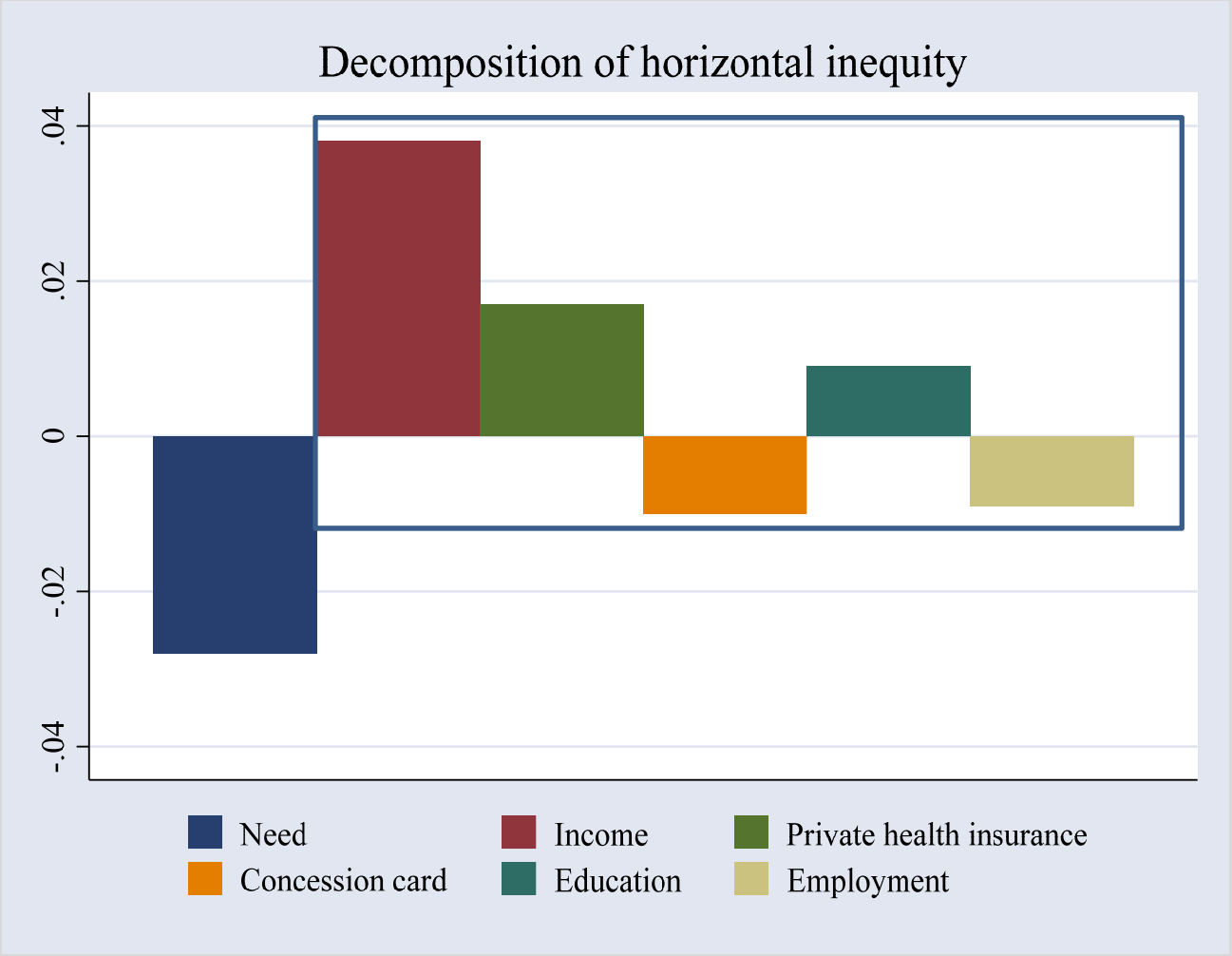
➢ Inequity: Specialist visit





➢ 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