



## Preventing hospitalisations in Tasmania

2020/2021

TASCOSS BUDGET  
PRIORITIES STATEMENT

# Fact Sheet

## Health Care Indicators

- 65% of adult Tasmanians have two or more chronic conditions.<sup>1</sup>
- An estimated 17% of eligible adult Tasmanians have a chronic disease management plan.<sup>2</sup>
- Tasmania's median age is 42.3, compared to 37.3 for Australia.<sup>3</sup>
- 5.9% of Tasmanians living in the community have profound or severe disability, compared to 4.7% for Australia.<sup>4</sup>
- 49.5% of GP patients face costs—the highest rate in the country outside of the ACT—with out-of-pocket costs ranging from \$11 to \$43.18.

## Health Inequality

- The median age of death in Tasmania's most disadvantaged neighbourhood is 66, compared to 84 in the state's most advantaged neighbourhood.<sup>5</sup>
- Over the past ten years while CPI in Hobart has risen 22% overall, health costs have risen 56% and medical and hospital services have risen 83%.<sup>6</sup>
- When compared to someone living in Tasmania's most advantaged community, a person living in Tasmania's most disadvantaged community is:
  - 2.4 times as likely to have fair-to-poor health;<sup>7</sup>
  - 2.4 times as likely to be living with profound or severe disability;<sup>8</sup>
  - 2.2 times as likely to have diabetes;<sup>9</sup>
  - 2.4 times as likely to have lung cancer;<sup>10</sup> and
  - 2.2 times as likely to die prematurely.<sup>11</sup>
- Tasmanians on low incomes are putting off health care or going without.
  - In 2016-17, 7.5% of Tasmanians delayed or did not see a GP due to cost—the highest rate in the country.
  - 10.7% of Tasmanians delayed or did not receive services due to cost when specialists, diagnostic imaging and pathology are taken into account.<sup>12</sup>

## Potentially Preventable Hospitalisations

- In 2018-19, between 66% and 74% of ED patients from Tasmania's three most disadvantaged communities came to EDs with semi-urgent or non-urgent conditions, compared to 58% from the state's most advantaged community.<sup>13</sup>
- According to Primary Health Tasmania, in 2018-19 semi-urgent and non-urgent conditions made up 53% of ED episodes of care.<sup>14</sup>
- Some 9,800 of Tasmania's public hospital admissions in 2018-19 were potentially preventable—a figure that has risen by about 1,500 between 2016 and 2018. Six conditions were responsible for 62% of these potentially preventable hospitalisations.<sup>15</sup>
- Compared to the state's most advantaged community, the rate of potentially preventable hospitalisations in Tasmania's most disadvantaged community is:
  - 2.6 times higher for all conditions (1.7 times the Tasmanian average).
  - 6.2 times higher for chronic conditions (2.9 times the Tasmanian average).<sup>16</sup>

## Commonwealth-funded Care Plans

- 17% of eligible adult Tasmanians have Medicare-rebateable plans for chronic disease management.
- If all eligible patients received one, Tasmania would access at least \$38.5 million per year more in Commonwealth health funding.
- TasCOSS estimates Tasmania is missing out on well over \$100 million across the range of available Commonwealth-funded care plans—from the NDIS to mental health, diabetes and aged care home support packages.

## The TasCOSS Proposal

### *The right care*

- The lack of available and affordable GPs is at the heart of the need many Tasmanians talk to us about, and the impact of this is evident in the data.

### *The right time*

- Not all medical needs happen during business hours, so we need to ensure that communities have access to health care afterhours and on weekends.

### *The right place*

- Care that connects social and physical health and wellbeing is often better delivered outside a clinical setting.

<sup>1</sup> PHT, 23 October 2019.

<sup>2</sup> Based on available data.

<sup>3</sup> ABS Regional Statistics 2018.

<sup>4</sup> PHIDU 2019, 2016 data.

<sup>5</sup> PHIDU 2019, 2010-14 data.

<sup>6</sup> ABS Cat No 6401.0, Consumer Price Index, September quarter 2019. This ABS category includes: consultations of GPs or specialist practice and hospital charges; medical insurance.

<sup>7</sup> PHIDU 2019, 2014-15 data.

<sup>8</sup> PHIDU 2019, 2016 data.

<sup>9</sup> PHIDU 2019, 2014-15 data.

<sup>10</sup> PHIDU 2019, 2006-10 data.

<sup>11</sup> PHIDU 2019, 2014-15 data.

<sup>12</sup> AIHW, Percentage of people who delayed or did not see a medical specialist, GP, get an imaging test or a pathology test when needed due to cost, 2016-17.

<sup>13</sup> PHT, 25 November 2019.

<sup>14</sup> Primary and community care can be delivered by a range of practitioners including general practitioners, medical specialists, dentists, nurses and allied health professionals, <https://www.safetyandquality.gov.au/sites/default/files/migrated/A-guide-to-the-potentially-preventable-hospitalisations-indicator-in-Australia.pdf>.

<sup>15</sup> Chronic obstructive pulmonary disease, urinary tract infections, cellulitis, diabetes complications, congestive heart failure, asthma. PHT, 20 November 2019.

<sup>16</sup> PHIDU 2019, 2016-17 data.