

## Outcome 3

**ACCESS TO MEDICAL SERVICES**

**Access to cost-effective medical, practice nursing, allied health services, including through Medicare subsidies for clinically relevant services.**

**Outcome Strategy**

Under Outcome 3, the Australian Government provides access, through Medicare, to high quality medical, dental and associated services to help people to manage their health, and aims to improve access to these services by ensuring that they are safe, that they work and that they provide value-for-money. The Government will promote the quality and effectiveness of diagnostic imaging, pathology and radiation oncology services. It will also support access to a specific range of medical services funded outside Medicare, including life-saving medical treatment overseas.

**Improved Access to Clinically Relevant Services**

In 2009-10, an estimated 318.2 million medical and associated services, or 14.5 services per capita, will be funded through Medicare. The Australian Government works to ensure that services funded by Medicare are accessible by all eligible Australians, that they are clinically relevant and appropriate while recognising cost-effectiveness within contemporary practice, provided in accordance with evidence-based guidelines.

In addition, the Australian Government will provide Medicare access for eligible midwives working collaboratively with general practitioners and obstetricians to provide an appropriate range and choice of antenatal care, birthing services and postnatal care. The Government will fund nurse practitioner services through Medicare in primary care settings to make better use of Australia's health workforce.

**Sustainability of the Medicare System**

A challenge for the Government is to maintain the sustainability of Medicare in the face of rising costs and demand for medical services. To address this challenge, the Government will base funding decisions on the best available evidence, ensuring that the taxpayers' share in savings arise from the use of more efficient technologies and improved medical practice, and limit taxpayers' exposure to excessive professional fees in private for-profit medicine.

Refer to discussions under Program 3.1: Medicare Services for further information on these Government initiatives.

**Safe, Cost-effective and Clinically Effective Diagnostic Imaging and Pathology Services**

The Australian Government will improve the affordability of diagnostic imaging and pathology services making them more accessible to Australians, by introducing bulk billing incentives for these services. The Government will also adjust fees for some pathology collections, provide new measures to improve quality of services, and will boost the

pathology and diagnostic imaging workforce as part of its broader commitment to supporting doctors, nurses and midwives.<sup>1</sup>

Refer to discussions under Programs 3.3: Diagnostic Imaging Services, and 3.4: Pathology Services for further information on these Government initiatives.

### **Radiation Oncology**

The Government will also promote appropriate access to radiation oncology facilities for people requiring treatment for cancer through funding to improve the quality of services received by patients in these facilities. This will be achieved by supporting the development of the workforce required to provide these services, and by reimbursing the costs of major capital equipment required in both new and existing radiation oncology facilities.

Refer to discussions under Program 3.5: Chronic Disease – Radiation Oncology for further information on this Government initiative.

### **Council of Australian Governments' Federal Financial Framework Reforms**

Following the Council of Australian Governments' federal financial framework reforms, the Treasury is responsible for National Specific Purpose payments, National Partnership payments to and through the states and territories, and general revenue assistance. The Treasury holds the appropriation for these items and reports the financial details accordingly. Further details can be found in Table 1.5.1 in Section 1. The non-financial performance of the corresponding programs remains the responsibility of the Department of Health and Ageing.

Outcome 3 is the responsibility of the Medical Benefits Division. The Primary and Ambulatory Care Division and the Acute Care Division also contribute to this Outcome.

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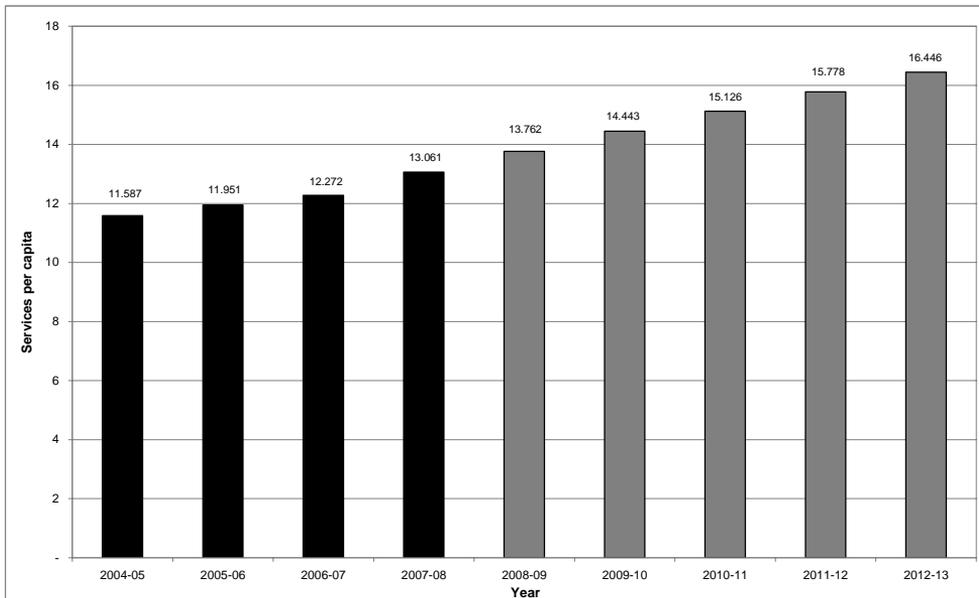
<sup>1</sup> For further discussion on workforce initiatives, refer to Outcomes 2, 4, 5, 6, 8 and 12 located within these Portfolio Budget Statements.

## Outcome 3 Trends

### Trend Projection 3.1: Increasing access to Medicare services.

Trend 3.1 demonstrates the estimated increase in Australians' access to medical and other health services, supported by Medicare. Medicare is designed to support access according to a patient's clinical need, irrespective of their income. As the population has aged, and as more services have become eligible for support through Medicare, usage has increased from 11.6 services per capita in 2004-05 to 13.8 in 2008-09. This trend is expected to continue over the next five years.

**Figure 1: Estimated increase in the number of Medicare services per capita**

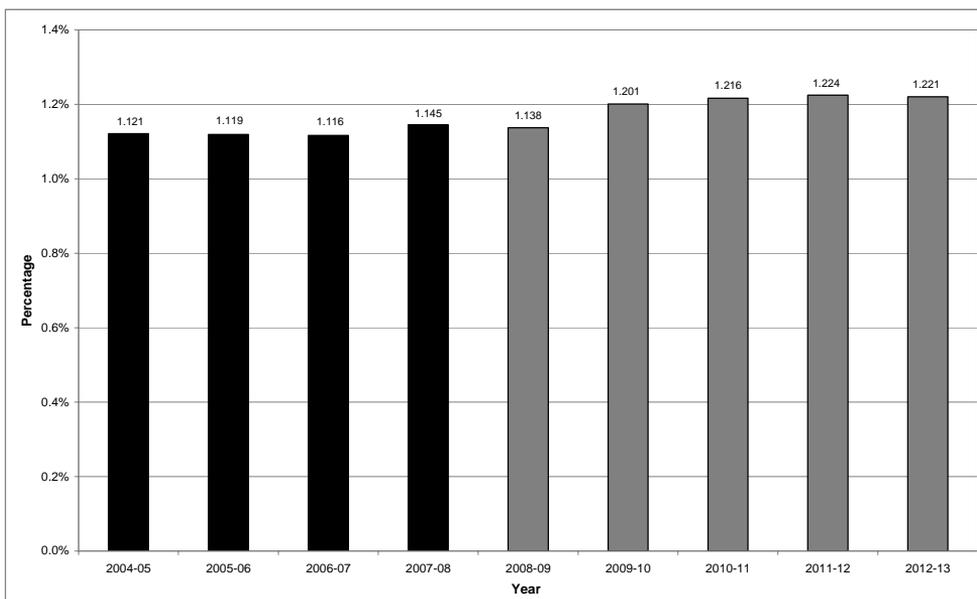


Source: MBS service volumes: Annual Reports to 2007-08. Forward estimates from 2008-09 onward are forecast internally using historical data. Population: Actual population is sourced from the Australian Bureau of Statistics (ABS) catalogue 3201.0. Population estimates from ABS catalogue 3222.0 Table 9 Series B, as at June 2006. Updated service volumes and services per capita (agreed with Medicare Australia 6 March 2009).

**Trend Projections 3.2: Ensuring the sustainability of Medicare services.**

Trend 3.2 shows Medicare expenditure as a proportion of gross domestic product (GDP) is expected to remain steady. As the population ages, spending on health services is likely to increase. However, investment in health care is just one of a range of competing demands on the nation’s wealth. In 2007-08, Medicare represented 4.6 per cent of total Australian Government spending and 1.1 per cent of GDP. The trend over the next five years, shown in the following graph, illustrates that Medicare expenditure is expected to be maintained as a steady proportion of GDP, though this may require careful management to ensure that growth continues to be sustainable, and that resources are directed to the most cost-effective health care services.

**Figure 2: Estimated Medicare expenditure as a percentage of GDP**



Source: GDP to 2007-08 sourced from ABS National Accounts. 2008-09 GDP is the forecast from the 2008 Budget. GDP estimates for the Budget Forward Estimate years from 2009-10 are reverse-engineered from data on total Australian Government Budget as a percentage of GDP published in the 2008 Budget. MBS: Annual Reports to 2007-08. Forward estimates from 2008-09 onward are forecast internally using historical MBS data.

## Outcome 3 Budgeted Expenses and Resources

Table 3.1 provides an overview of the total expenses for Outcome 3 by Program.

**Table 3.1: Budgeted Expenses and Resources for Outcome 3**

	<b>2008-09 Estimated actual expenses \$'000</b>	<b>2009-10 Estimated expenses \$'000</b>
<b>Program 3.1: Medicare Services</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	-	957
Special appropriations		
<i>Dental Benefits Act 2008</i>	92,787	104,142
<i>Health Insurance Act 1973 - Medical Benefits</i>	14,026,985	14,897,926
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	22,174	26,379
Revenues from other sources (s31)	517	399
Unfunded expenses*	342	-
<b>Subtotal for Program 3.1</b>	<b>14,142,805</b>	<b>15,029,803</b>
<b>Program 3.2: Alternative Funding to Health Service Provision</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,269	3,461
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	274	325
Revenues from other sources (s31)	6	7
Unfunded expenses*	4	-
<b>Subtotal for Program 3.2</b>	<b>4,553</b>	<b>3,793</b>
<b>Program 3.3: Diagnostic Imaging Services</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	18,985	21,980
Other services (Appropriation Bill No. 2)	1,500	-
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	3,470	4,127
Revenues from other sources (s31)	81	151
Unfunded expenses*	53	-
<b>Subtotal for Program 3.3</b>	<b>24,089</b>	<b>26,258</b>
<b>Program 3.4: Pathology Services</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	3,915	4,450
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	3,144	3,740
Revenues from other sources (s31)	73	69
Unfunded expenses*	49	-
<b>Subtotal for Program 3.4</b>	<b>7,181</b>	<b>8,259</b>

**Table 3.1: Budgeted Expenses and Resources for Outcome 3 (cont.)**

	<b>2008-09 Estimated actual expenses \$'000</b>	<b>2009-10 Estimated expenses \$'000</b>
<b>Program 3.5: Chronic Disease - Radiation Oncology</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	94,209	86,119
Other services (Appropriation Bill No. 2)	11	-
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	2,380	2,832
Revenues from other sources (s31)	56	52
Unfunded expenses*	37	-
<b>Subtotal for Program 3.5</b>	<b>96,693</b>	<b>89,003</b>
<b>Program 3.6: Targeted Assistance - Medical</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	44,302	18,634
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	2,428	2,888
Revenues from other sources (s31)	57	53
Unfunded expenses*	37	-
<b>Subtotal for Program 3.6</b>	<b>46,824</b>	<b>21,575</b>
<b>Outcome 3 totals by appropriation type:</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	165,680	135,601
Other services (Appropriation Bill No. 2)	1,511	-
Special appropriations	14,119,772	15,002,068
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	33,870	40,291
Revenues from other sources (s31)	790	731
Unfunded expenses*	522	-
<b>Total expenses for Outcome 3</b>	<b>14,322,145</b>	<b>15,178,691</b>
	<b>2008-09</b>	<b>2009-10</b>
<b>Average staffing level (number)</b>	<b>214</b>	<b>247</b>

Note: \* Loss attributable to the effect of the decreased bond rate on employee entitlements.

## Contributions to Outcome 3

### Program 3.1: Medicare Services

#### Program Objective

Through this Program, the Australian Government aims to improve access to a range of medical and associated services. This will be achieved through Medicare rebates for clinically relevant services that are generally accepted in the medical profession as being necessary for the appropriate treatment of patients – backed by evidence. The Australian Government also aims to: provide greater access to bulk billed diagnostic imaging services; implement new evidence-based Medicare items; improve the range of maternity care options available to Australian mothers; and offer preventative dental checks for teenagers. The following discusses the key strategic directions the Australian Government will take through the Department to help achieve this objective.

#### Key Strategic Directions

This Program aims to:

- improve access to clinically relevant medical, dental and associated services;
- ensure the appropriateness and sustainability of the Medicare system; and
- improving access for Australian mothers to a range of high quality maternity care services, with an expanded role for eligible midwives.

#### Major Activities

##### Improved Access to Clinically Relevant Services

###### *Medical and Associated Services*

In order to improve patient access to high quality, cost-effective and clinically relevant medical services, the Australian Government will extend the range of health services available and ensure that Medicare services are financially sustainable in the long-term. In 2009-10, to support the Australian Government's activities, the Department will implement a range of strategies.

The Department will continue to use evidence, obtained through formal health technology assessments, to inform Government decision-making on the circumstance under which public funding should be used to support new medical technologies and procedures. Evidence will continue to be assessed by the Medical Services Advisory Committee, which has a broad base of relevant medical and clinical expertise, including economic, and consumer representation to provide advice on these matters to the Australian Government.

In addition, the Australian Government is introducing new post-implementation reviews (at three years after introduction of the service) of new Medicare Benefits Schedule (MBS) items, to ensure that these services are clinically relevant and cost-effective in contemporary clinical use. The Australian Government will also be reviewing existing MBS items to ensure that they describe clinically relevant services, and that they are reimbursed to support cost-effective, evidence-based, best practice care. In 2009-10,

the Department will work with key stakeholders to develop these assessments and consultation processes and establish priorities for reviewing existing MBS items.

To maintain the sustainability of the MBS, the Government has reviewed the fees paid for the collection of pathology specimens and has adjusted fees for four of the twenty items.

The Department will also implement bulk billing incentive payments for pathology and diagnostic imaging services that will support access to Medicare.

Pathology providers will receive an additional Medicare payment every time they bulk bill a pathology episode. Bulk billing a pathology episode means accepting the Medicare rebate as full payment for both the Patient Episode Initiation (PEI) and all associated pathology test items. Bulk billing incentives will be implemented from 1 November 2009.

Diagnostic imaging providers will also receive a higher payment when they bulk bill for the diagnostic imaging services they provide. Each bulk billed diagnostic imaging service provided out-of-hospital will receive a rebate at 95 per cent of the MBS fee, instead of 85 per cent. This will encourage bulk billed services and ensure that patients will continue to have access to affordable imaging services. The higher rebate for bulk billed diagnostic imaging services will be implemented from 1 November 2009.

The Government will ensure that it is paying the right amount of support for patients to access quality pathology and diagnostic imaging services, and consider whether there is any need for structural changes to the way these services are provided through Medicare. Two detailed reviews will be conducted in consultation with relevant professional and other stakeholder groups, over the next two years, looking in detail at the costs of providing different kinds of services.

Further structural changes to the MBS in 2009-10 will streamline the MBS, encourage prevention and remove red tape for doctors, based on outcomes of a recent review of primary care items.

The Government also aims to extend Medicare access to include nurse practitioners and eligible midwives to support a multidisciplinary and team-based approach to health care. The Program will also ensure that Medicare is able to continue to provide clinically relevant and high quality services by introducing changes designed to improve the sustainability of the system.

#### *Nurse Practitioners*

The Australian Government will support the nurse practitioner role by developing a long-term and sustainable model for nurse practitioners to provide services outside the acute care sector. In 2009-10, the Australian Government will introduce legislation to allow nurse practitioners to provide an appropriate range of services that will be eligible under the MBS. This measure will improve the overall flexibility and capacity of Australia's health workforce, particularly in primary care and non-metropolitan settings when medical workforce shortages are adversely affecting health care service delivery.

#### *Medicare Teen Dental Plan*

The Australian Government aims to improve the dental health of Australian teenagers by increasing access for young people to preventative dental checks.

The Australian Government provides a voucher, to eligible teenagers, once each calendar year, to fund preventative dental checks. In 2008-09, most eligible teenagers would have

received two vouchers, one in the second half of the 2008 calendar year, and one for the 2009 calendar year. The Government provides up to \$153.45 per eligible teenager towards an annual preventative check for: teenagers 12-17 years of age in families receiving Family Tax Benefit Part A; or teenagers receiving Youth Allowance, Abstudy, the Disability Support Pension, a Parenting Payment, a Special Benefit, a Carer Payment, the Double Orphan Pension and support under certain Veterans' education, rehabilitation or training assistance schemes.

In 2009-10, the Department will work with Medicare Australia, Centrelink, and the Department of Veterans' Affairs to issue these vouchers.

Regular visits to the dentist, which this plan helps to fund, contribute to instilling good oral health habits and encourage teenagers to continue to look after their teeth once they become independent and leave home.

#### *Medicare Chronic Disease Dental Scheme*

The Australian Government has signalled its intention to close the previous government's Medicare chronic disease dental scheme (CDDS), in order to make funding available for the introduction of the Commonwealth Dental Health program (providing \$290 million over three years to fund additional public dental services)<sup>2</sup> and the Medicare Teen Dental Plan. However, without the support of the Senate, the Government has been unable to make the necessary subordinate legislation to close the CDDS. The Government will continue to explore options with the Senate in an effort to make funding available for its dental programs. Meanwhile the CDDS items remain available.

#### **Sustainability of the Medicare System**

The Australian Government aims to provide high quality, clinically relevant health services that are cost-effective and sustainable in the long-term, to ensure that Australians can access the right service, at the right time, delivered by the right person.

To achieve this, in 2009-10 the Department will continue to develop its capacity to provide high quality evidence-based policy advice to the Government by utilising expertise in Medicare data, extraction and analysis and consulting with health care providers and patients. The Department will also monitor trends in Medicare expenditure and service volumes having regard for new policy, population growth and ageing, and changes in patterns of use of medical, practice nurse and allied health services.

The Australian Government will be making adjustments to fees for a number of Medicare-eligible services. These adjustments will take into account a range of factors, including whether MBS fees accurately reflect the complexity of procedures, diagnostic imaging and pathology services, and changed clinical arrangements for some existing services. Some fees for services provided through the MBS have remained static at rates set when they were first listed on Medicare as early as 1984, despite the fact that their complexity has lessened over time due to improvements in technology. Likewise, adjustments will be made for those labour intensive procedures where it has been demonstrated that the level of professional input has increased substantially without a proportionate increase in rebates.

<sup>2</sup> For further discussion on this Government initiative, refer to Outcome 13 located later in these Portfolio Budget Statements.

### Medicare Safety Net

A central aspect of ensuring the long-term sustainability of the Medicare system involves changes to the extended Medicare safety net that will ensure that resources are directed appropriately to help patients with their out-of-pocket costs well into the future.

The Department will implement changes to the extended Medicare safety net from 1 January 2010 by capping expenditure in areas where the safety net has underwritten excessive payments to providers. Caps to benefits provided under the extended Medicare safety net will be applied to a range of areas where excessive fees are being charged, including obstetric and assisted reproductive services, a treatment for varicose veins, hair transplants and cataract surgery. The changes will ensure that the extended Medicare safety net will continue to be available to people with prolonged health care needs, and will provide some financial assistance to those with one-off high health care costs. It will also arrest the high growth in fees charged and consequent benefits paid for some medical services where evidence has shown that the policy is driving this growth.

### Maternity Care

The Australian Government is committed to improving access for Australian mothers to a range of high quality and clinically relevant antenatal, birthing and postnatal services.<sup>3</sup>

In 2009-10, the Australian Government, as part of its maternity reform package to improve choice and access to maternity services for pregnant women and new mothers, will introduce legislation to allow appropriately qualified and experienced midwives to provide antenatal, birthing and postnatal services within collaborative models of care, including providing access to Medicare.<sup>4</sup> It is intended that the new Medicare items will be available for eligible midwives from November 2010.

## Program 3.1 Expenses

**Table 3.2: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	-	957	2,597	-	-
Special appropriations:					
<i>Dental Benefits Act 2008</i>	92,787	104,142	123,531	127,142	126,894
<i>Health Insurance Act 1973 - Medical Benefits</i>	14,026,985	14,897,926	15,523,195	16,371,024	17,184,101
Program support	23,033	26,778	31,607	31,123	31,964
<b>Total Program expenses</b>	<b>14,142,805</b>	<b>15,029,803</b>	<b>15,680,930</b>	<b>16,529,289</b>	<b>17,342,959</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

<sup>3</sup> For further discussion on these Government initiatives, refer to Outcome 5 located later in these Portfolio Budget Statements.

<sup>4</sup> For further discussion on these Government initiatives, refer to Outcomes 5 and 8 located later in these Portfolio Budget Statements.

### Program 3.1: Deliverables

To improve access to a range of clinically relevant medical, dental and associated services through Medicare, and to ensure the appropriateness and sustainability of the Medicare system, Program 3.1 funds medical services and payments made under the Medicare safety nets and bulk billing incentives. The Department has overall responsibility for the ‘deliverables’ that contribute to the Program.

#### Qualitative Deliverables

- Regular stakeholder participation in program development through avenues such as regular consultative committees, conferences and stakeholder engagement forums. In addition:

The Department maintains and analyses comprehensive data on services, benefits, and costs to patients, as an aid to developing advice on the Program’s contribution to Government policy.

#### Improved Access to Clinically Relevant Services

- Results of completed health technology assessments are considered by the Medical Services Advisory Committee to inform its advice to the Minister to support evidence-based decision-making. In the 2007-08 financial year, 15 completed assessment reports were presented to the Committee, resulting in 18 recommendations to Government for new or ongoing public funding. The Committee reports annually on timeframes and milestones for assessment and advice to Government and the outcome of Government decisions. Assessment reports are made available on the Medical Services Advisory Committee website.
- Independent review of the operation of the *Dental Benefits Act 2008*, under which the Medicare Teen Dental Plan operates, is required by legislation as soon as possible after 1 July 2009.

#### Sustainability of the Medicare System

- To provide advice to Government on sustainable health care financing policy, the Department assesses all available evidence to ensure that rebates for new services will be set at levels that achieve value-for-money.
- Timely and accurate costing and analysis of Medicare data will allow the creation of more targeted and effective health programs.

**Table 3.3: Quantitative Deliverables for Program 3.1**

Quantitative Deliverables	2008-09 Revised Budget	2009-10 Budget	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Improved Access to Clinically Relevant Services</b>					
Number of vouchers provided to eligible teenagers.*	2.6m	1.3m	1.3m	1.3m	1.3m

Data caveat: \* In 2008-09, most eligible teenagers received two vouchers: one in the second half of 2008 and one for calendar year 2009. Estimates for subsequent financial years do not account for the double counting that may result from the program operating on a calendar year basis. The number of vouchers issued each calendar year is expected to remain constant at 1.3 million per year as the number of new eligible teenagers (12-17 year olds) entering the program each calendar year is expected to equal the number of teenagers leaving the group (ie no longer eligible).

### Program 3.1: Key Performance Indicators

The following 'key performance indicators' measure the impact of the Program.

**Table 3.4: Quantitative Key Performance Indicators for Program 3.1**

<b>Quantitative Indicators</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Improved Access to Clinically Relevant Services</b>					
Number of services delivered through Medicare by providing rebates for items listed on the MBS.	298m	318m	338m	357m	378m
Uptake of preventative dental checks by eligible teenagers.	N/A	60%	70%	70%	70%

Data caveat: The Medicare Teen Dental Plan has not operated for an entire calendar year so data is not yet available. Future projections are difficult to calculate given this and may need revision once a full year of claiming data is available.

## Program 3.2: Alternative Funding for Health Service Provision

### Program Objective

Through this Program, the Australian Government aims to support access to essential medical services not funded through mainstream mechanisms. This includes alternative funding for services where it would not be appropriate for Medicare support, and financial assistance for necessary medical procedures performed outside Australia. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### Key Strategic Direction

This Program aims to:

- support access to necessary medical services that may not be available through mainstream mechanisms, or which may not be available in Australia.

### Major Activities

#### Medical Services Not Available through Mainstream Mechanisms

In order to ensure that Australians have access to essential medical services, the Government provides funding and support for a range of procedures not currently covered by Medicare, or which may not be available to the target audience through mainstream mechanisms.

The Department will work to achieve this goal in 2009-10 by providing funds through health service provision grants to organisations that are able to provide services, which either could not be funded through Medicare due to patient access barriers or funded as efficiently through Medicare. The types of services funded include primary health care services to the disadvantaged and homeless, and services to visually impaired people.

The Australian Government, through the Medical Treatment Overseas program, also provides financial assistance for Australians with a life-threatening medical condition to receive proven life saving medical treatment. The Department in 2009-10 will assess applications made under this program in accordance with the program guidelines to determine applicants' eligibility for financial assistance.

### Program 3.2 Expenses

Table 3.5: Program Expenses

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	4,269	3,461	3,493	3,529	3,564
Program support	284	332	390	384	394
<b>Total Program expenses</b>	<b>4,553</b>	<b>3,793</b>	<b>3,883</b>	<b>3,913</b>	<b>3,958</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

### Program 3.2: Deliverables

Program 3.2 provides access to essential medical services not funded through mainstream mechanisms. The Department has overall responsibility for the ‘deliverables’ that contribute to the Program.

#### Qualitative Deliverable

- The Department reviews information on services provided as an aid to developing advice on the Program’s contribution to Government policy.

**Table 3.6: Quantitative Deliverables for Program 3.2**

Quantitative Deliverables	2008-09 Revised Budget	2009-10 Budget	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Medical Services Not Available through Mainstream Mechanisms</b>					
Number of health services provided to Australian residents that could not be provided through Medicare due to patient access barriers.	36,000	36,200	36,400	36,600	36,800

### Program 3.2: Key Performance Indicators

The following ‘key performance indicators’ measure the impact of the Program.

#### Qualitative Indicators

- Timely administration of alternative funding programs. Measured by applications and grants being processed within agreed timelines.

**Table 3.7: Quantitative Key Performance Indicator for Program 3.2**

Quantitative Indicator	2008-09 Revised Budget	2009-10 Budget Target	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
<b>Medical Services Not Available through Mainstream Mechanisms</b>					
Percentage of applications and grants processed within agreed timelines.	90%	90%	90%	90%	90%

## Program 3.3: Diagnostic Imaging Services

### Program Objective

Through this Program, the Australian Government aims to promote the quality and effectiveness of diagnostic imaging services by: improving accreditation systems; providing funding to improve access to diagnostic imaging; working with stakeholders to establish when diagnostic imaging services are clinically relevant and cost-effective; and funding positron emission tomography. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### Key Strategic Direction

This Program aims to:

- provide access to safe, cost-effective and clinically effective diagnostic imaging services, including services performed using X-ray, computed tomography, ultrasound, magnetic resonance imaging, cardiac imaging, positron emission tomography and nuclear medicine technologies.

### Major Activities

#### Safe, Cost-effective and Clinically Effective Diagnostic Imaging and Pathology Services

##### *Bulk Billing Incentive for Diagnostic Imaging*

The Australian Government will introduce bulk billing incentive payments to support access to Medicare-funded diagnostic imaging services, effective 1 November 2009. These incentive payments will add 10 per cent of the MBS fee for each out-of-hospital diagnostic imaging service that is bulk billed to the patient. In effect, these services will receive 95 per cent of the MBS fee, rather than the current 85 per cent. This will encourage practices to bulk bill diagnostic imaging services for all patients, across Australia.

##### *Encouraging More Effective Use of Diagnostic Imaging*

The Australian Government aims to ensure that all Australians have access to high quality, clinically relevant and cost-effective diagnostic imaging services.

In 2009-10, the Department will establish a contract with the National Prescribing Service to work with requesting practitioners to ensure that consumers are sent for the testing they need to assist with improving their health and not for tests that have low or no benefit. The Service will be contracted to use a similar model to that used for improving the quality use of medicines by: working in partnership with clinical experts and consumers to identify possible problem patterns of requesting; agreeing on what constitutes clinically cost-effective practice; and using a range of strategies to educate requesting practitioners and consumers. A significant challenge will be encouraging a change in behaviour of requesting practitioners.

##### *Workforce Support for Diagnostic Imaging*

The Australian Government is committed to addressing shortages in the diagnostic imaging workforce. To achieve this, the Department will expand its existing support for training,

providing an additional 15 diagnostic imaging training positions, covering both radiologists and expert support staff such as sonologists. This will help to address growing workforce shortages in these areas.

### *Diagnostic Imaging Accreditation Scheme*

The Australian Government aims to provide Australians with high quality radiology services through the Diagnostic Imaging Accreditation Scheme. The Scheme links the payment of Medicare benefits to accredited diagnostic imaging sites that are currently performing radiology services. Accreditation is one way that the Government ensures patients receive access to a quality radiology service, irrespective of who provides the service or where the service is provided.

The Department is consulting with the diagnostic imaging industry to develop updated accreditation arrangements and new accreditation standards that will require practices to be assessed from 1 July 2010 against more complex standards. From 1 July 2010, the Scheme will be broadened to include the non-radiology services of cardiac imaging, obstetric and gynaecological ultrasound and nuclear medicine imaging services.

In 2009-10, the Department will: undertake an evaluation of Stage 1 of the Scheme; consult with industry (including non-radiology service providers, which are to be included in the Scheme from 1 July 2010); develop the second edition Practice Accreditation Standards; and conduct an 'invitation to apply' to select accreditors for Stage 2 of the Scheme.

### *Diagnostic Imaging Quality Practice Program*

The Department will improve the quality of diagnostic imaging services through the Diagnostic Imaging Quality Practice program. The program provides funding for quality improvement activities to diagnostic imaging practices offering radiology and/or nuclear medicine imaging Medicare services. Grants range from \$500 to \$18,500.

### *Positron Emission Tomography Program*

The Australian Government aims to improve Australians' access to advanced diagnostic tools by providing support for positron emission tomography (PET) services through the Positron Emission Tomography program.

PET is an emerging technology that uses radiation to provide images to assess the development of diseases that may not be detectable by other imaging methods. Funding for PET aims to improve the outcomes for cancer patients in Australia, their families and carers.

In 2009-10, the Department will provide Medicare funding for eligible PET scanners across Australia (currently 17 operational scanners) to deliver nuclear medicine imaging to assist in identifying the most appropriate action in previously diagnosed cancer. The current arrangements include: seven facilities with access to a comprehensive range of Medicare-funded PET items to collect data for the Medical Services Advisory Committee; a Ministerial determination that allows other PET service providers access to all general PET items; and grant funding arrangements with two PET facilities for PET services and research (Austin Health in Victoria and Westmead Hospital in New South Wales).

## Program 3.3 Expenses

### COAG Federal Financial Framework Reforms

Following COAG's federal financial framework reforms, the Treasury is appropriated for the National Specific Purpose Payments, National Partnership payment or general revenue assistance payment components that were previously a part of this Program. Further details can be found in Table 1.5.1 in Section 1.

**Table 3.8: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	18,985	21,980	6,443	5,968	6,539
Other services <sup>#</sup>	1,500	-	-	-	-
Program support	3,604	4,278	4,945	4,870	5,001
<b>Total Program expenses</b>	<b>24,089</b>	<b>26,258</b>	<b>11,388</b>	<b>10,838</b>	<b>11,540</b>

Notes: \* Appropriation Bill (No. 1) 2009-10.

<sup>#</sup> Appropriation Bill (No. 2) 2009-10.

### Program 3.3: Deliverables

To ensure people receive the services they need to manage their health, Program 3.3 provides access to safe, cost-effective and clinically effective diagnostic imaging services including services performed using X-ray, computed tomography, ultrasound, magnetic resonance imaging, cardiac imaging and nuclear medicine technologies. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

#### *Qualitative Deliverables*

- Regular stakeholder participation in program development, through avenues such as regular consultative committees, conferences and stakeholder engagement forums.

#### **Safe, Cost-effective and Clinically Effective Diagnostic Imaging and Pathology Services**

- Development of second edition Diagnostic Imaging Practice Accreditation Standards by 15 February 2010.
- Management of the framework for provision of PET services across Australia through the continued funding of PET services on eligible PET scanners through Medicare, currently 17 scanners in operation.

**Table 3.9: Quantitative Deliverables for Program 3.3**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Safe, Cost-effective and Clinically Effective Diagnostic Imaging and Pathology Services</b>					
Funds provided to the Diagnostic Imaging Quality Practice program for quality improvement activities. All funds in the program will be finalised in 2009-10.	\$11.4m	\$10.0m	N/A	N/A	N/A

**Program 3.3: Key Performance Indicators**

The following 'key performance indicator' measures the impact of the Program.

**Table 3.10: Quantitative Key Performance Indicator for Program 3.3**

<b>Quantitative Indicator</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Safe, Cost-effective and Clinically Effective Diagnostic Imaging and Pathology Services</b>					
Number of practices participating in the Diagnostic Imaging Accreditation Scheme.	2,800	3,000	3,100	3,200	3,300

## Program 3.4: Pathology Services

### Program Objective

Through this Program, the Australian Government aims to promote the quality and effectiveness of pathology services to ensure that people receive the services they need to manage their health. This will be complemented by the new bulk billing incentives for pathology, which will further enhance patient access to affordable pathology services. The Government will ensure that Government-supported pathology services are both clinically relevant and cost-effective by working with the sector, and also work to improve pathology services for Aboriginal and Torres Strait Islander people. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### Key Strategic Direction

This Program aims to:

- align pathology services with evidence-based best clinical practice to ensure efficient use of testing for the best possible health outcome.

### Major Activities

#### Pathology Services

The Australian Government aims to ensure that all Australians have access to high quality, clinically relevant and cost-effective pathology services. From 1 November 2009, new bulk billing incentives will be payable, per patient episode, ranging from \$1.35 to \$3.40, paid in addition to the standard Medicare rebate.

As with diagnostic imaging services covered in Program 3.3, in 2009-10 the Department will establish a contract with the National Prescribing Service to ensure that consumers are sent for testing they need to assist with improving their health and not for tests that have low or no benefit. A significant challenge will be encouraging a change in behaviour of requesting practitioners.

The Department will also expand support for the training of pathologists in recognition of the current workforce shortage, raising to 50 the total number of training places for pathologists funded by the Australian Government. Funding will also be provided to help attract and retain pathologists in rural locations.

The Quality Assurance in Aboriginal and Torres Strait Islander Medical Services program aims to contribute towards ‘closing the gap’ between the health status of Indigenous and non-Indigenous Australians by reducing the health impact of poorly managed diabetes. The program provides funding for culturally appropriate scientific support and training for Indigenous health care workers to undertake pathology testing for diabetes management, as part of their health care consultation using a desktop testing device.

The Department will establish contracts with Flinders University and the Royal Australian College of Pathologists of Australia’s Quality Assurance Programs Pty Ltd to continue and expand the work they have initiated on the program. This will promote access to high quality pathology testing where this may otherwise not be readily available or accessed

by consumers of the health services involved in the program. The National Aboriginal Community Controlled Health Organisation will be consulted as part of the establishment of priorities for management of the program.

These initiatives will complement existing quality-related pathology program elements, including the National Pathology Accreditation program (in which all laboratories must successfully participate in order to be eligible for Medicare benefits) and the Quality Use of Pathology program, which supports innovative approaches to improving the quality of pathology services that are received by consumers. These programs are managed by the Department and guided with the assistance of consumer representatives and professionals representing pathologists, scientists and requesting practitioners of pathology services.

### Program 3.4 Expenses

**Table 3.11: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	3,915	4,450	5,374	5,639	6,130
Program support	3,266	3,809	4,481	4,413	4,532
<b>Total Program expenses</b>	<b>7,181</b>	<b>8,259</b>	<b>9,855</b>	<b>10,052</b>	<b>10,662</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

### Program 3.4 Deliverables

To ensure that people receive the services they need to manage their health, Program 3.4 promotes the quality and effectiveness of pathology services through consulting, monitoring, reporting and educating. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

#### *Qualitative Deliverables*

##### **Pathology Services**

- Regular stakeholder participation in program development, through avenues such as the Quality Use of Pathology Committee, the National Pathology Accreditation Advisory Council, annual pathology quality and safety workshops, and conduct of specific-issue consultations in priority areas.
- Encouraging pathology service requesting patterns towards identified priority areas by engaging the National Prescribing Service to work with stakeholders (pathologists, general practitioners, specialists and consumers) to focus requesting patterns on agreed best clinical practice that makes best use of pathology testing.

**Table 3.12: Quantitative Deliverables for Program 3.4**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Pathology Services</b>					
Provide funding for the Quality Assurance in Aboriginal and Torres Strait Islander Medical Services program.	\$733,000	\$801,000	\$887,000	\$977,000	\$1.068m
Number of new and/or revised national accreditation standards produced for pathology laboratories.	4	4	4	4	4

**Program 3.4: Key Performance Indicators**

The following 'key performance indicators' measure the impact of the Program.

*Qualitative Indicators***Pathology Services**

- All Medicare-eligible pathology laboratories are capable of meeting national pathology accreditation standards. This is measured by a laboratory's assessed capability of meeting the standards set by the National Pathology Accreditation Advisory Council and which form the basis of the national pathology accreditation program.
- The Quality Assurance in Aboriginal and Torres Strait Islander Medical Services program continues to receive endorsement by key Indigenous stakeholder groups, such as the National Aboriginal Community Controlled Health Organisation, for its cultural appropriateness. This can be measured by the increased number of health sites enrolled in the voluntary program.

**Table 3.13: Quantitative Key Performance Indicators for Program 3.4**

<b>Quantitative Indicators</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Pathology Services</b>					
Number of health services supported by the Quality Assurance in Aboriginal and Torres Strait Islander Medical Services program.	130	140	150	160	170
Percentage of Medicare-eligible laboratories meeting pathology accreditation standards.	100%	100%	100%	100%	100%

## **Program 3.5: Chronic Disease – Radiation Oncology**

### **Program Objective**

Through this Program, the Australian Government aims to promote better access to quality radiation therapy treatment for cancer patients by expanding the number of facilities available and developing the workforce. To achieve this, the Program will provide support for capital infrastructure projects and work with stakeholders to increase the radiation oncology workforce, and develop guidelines and standards to ensure the quality of services. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### **Key Strategic Direction**

This Program aims to:

- improve access to, and quality of, radiation oncology treatment through an expansion of services and the development of a national quality framework.

### **Major Activities**

#### **Radiation Oncology**

The Australian Government aims to improve access to radiation oncology services by funding contributions to capital expansion and increasing the number of people trained in radiation oncology.

The establishment of new radiation oncology facilities requires the construction of radiation-proof bunkers, associated consulting rooms and office space, which are capital intensive. The Australian Government assists approved service providers with these construction costs via financial grants.

In 2009-10, the Department will work to meet the Government’s objective through the provision of Radiation Oncology Health program grants, which reimburse service providers over five or ten years for the cost of major capital equipment used to provide treatment services. This ensures that equipment is replaced in line with best practice recommendations and that patients are treated with up-to-date techniques.

In order for the Australian Government to maintain and expand the specialist workforce needed to provide radiation oncology treatment, the Department is working with the sector to fund training and development programs. The Department will work with educational institutions, professional bodies, treatment centres, and State and Territory Governments to coordinate and provide some financial assistance to increase the trained workforce.

The Department will also develop a quality framework for the radiation oncology sector and expects it to consist of: standards and guidelines; quality assurance; monitoring of performance against standards; and accreditation. The Department will work with key stakeholders including the Australian Radiation Protection and Nuclear Safety Agency<sup>5</sup> and the various medical and professional bodies to progress the development of a quality framework in respect to radiation safety and clinical practice. The quality framework will be a significant advance in ensuring that cancer patients receive high quality radiation oncology services.

## Program 3.5 Expenses

### COAG Federal Financial Framework Reforms

Following COAG’s federal financial framework reforms, the Treasury is appropriated for the National Specific Purpose Payments, National Partnership payment or general revenue assistance payment components that were previously a part of this Program. Further details can be found in Table 1.5.1 in Section 1.

**Table 3.14: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	94,209	86,119	97,287	91,234	93,002
Other services <sup>#</sup>	11	-	-	-	-
Program support	2,473	2,884	3,393	3,341	3,431
<b>Total Program expenses</b>	<b>96,693</b>	<b>89,003</b>	<b>100,680</b>	<b>94,575</b>	<b>96,433</b>

Notes: \* Appropriation Bill (No. 1) 2009-10.

<sup>#</sup> Appropriation Bill (No. 2) 2009-10.

### Program 3.5: Deliverables

To improve access to quality radiation therapy treatment, Program 3.5 will expand the number of facilities and services by funding contributions to capital works, developing workforce and a quality framework, and supporting research in radiation oncology. The Department has overall responsibility for the ‘deliverables’ that contribute to the Program.

<sup>5</sup> For further information relating to the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), refer to the ARPANSA chapter located later in these Portfolio Budget Statements.

*Qualitative Deliverables***Radiation Oncology**

- Regular stakeholder participation in program development is facilitated through the Radiation Oncology Reform Implementation Committee, which is administered by the Australian Health Ministers' Council to which it reports annually. The Committee is the key forum for engaging stakeholders in the radiation oncology sector and has working groups on workforce, quality and access, and incorporates all of the medical colleges, professional bodies, private providers, State and Territory Governments and consumers in the development of policy and coordination across the section.
- Radiation oncology initiatives are developed to increase workforce capacity to support capital expansions. Workforce research and capital projects are progressed in consultation with the radiation oncology sector. Applications and conditions of grants are processed in line with program guidelines. Fifty-four Government assisted radiation therapists are expected to complete their internships and 25 Government assisted radiation oncology medical physics interns will complete their second year of training.
- The development of a framework to improve patient safety and clinical outcomes during radiation treatment will be progressed. The Department will work with the sector to prepare options for the establishment of a national dosimetry centre (to ensure that patients receive a properly calibrated radiation dose), which will be presented to Australian Health Ministers' Advisory Council for consideration before June 2010. A 12-15 month trial of the draft radiation oncology standards will commence in July 2009 with 13 treatment facilities participating.

**Table 3.15: Quantitative Deliverables for Program 3.5**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Radiation Oncology</b>					
Number of Radiation Oncology Health program grants provided to eligible public and private providers.	53	56	59	60	61
Number of approved radiation oncology medical physics intern positions funded (current funding agreements finish in 2011-12).	25	25	25	25	N/A

Quantitative Deliverables	2008-09 Revised Budget	2009-10 Budget	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
Number of approved radiation therapy training positions (current funding agreements are for 2008-09 and 2009-10 only).	54	54	N/A	N/A	N/A

### Program 3.5: Key Performance Indicators

The following ‘key performance indicators’ measure the impact of the Program.

#### Qualitative Indicators

#### Radiation Oncology

- A trial of the draft radiation oncology standards will commence in July 2009, with 13 treatment facilities participating.
- Options for the national dosimetry centre will be presented to the Australian Health Ministers’ Advisory Council for consideration by June 2010.

**Table 3.16: Quantitative Key Performance Indicator for Program 3.5**

Quantitative Indicator	2008-09 Revised Budget	2009-10 Budget Target	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
<b>Radiation Oncology</b>					
The number of sites delivering radiation oncology.	53	56	59	60	61

### Program 3.6: Targeted Assistance – Medical

#### Program Objective

Through this Program, the Australian Government aims to ensure that eligible people have access to health services that are not otherwise covered by existing programs. To achieve this, the Government provides additional health care assistance to people who meet the different requirements for funding under various components of this Program. These health care services are in addition to health care covered under existing programs and include health care assistance to eligible people affected by disasters, people who travel overseas and visitors to Australia covered under a Reciprocal Health Care Agreement, as well as providing incentives for the uptake of electronic Medicare claiming. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

## Key Strategic Direction

This Program aims to:

- provide eligible people with access to health care assistance not currently covered by existing programs.

## Major Activities

### Targeted Assistance

The Australian Government is committed to providing targeted assistance to eligible people for health and medical services not covered by existing programs. The Government provides disaster health care assistance to eligible victims of specific overseas disasters resulting from acts of terrorism, such as the Bali bombings, civil disturbances, or natural disasters, such as the Asian Tsunami.

The Reciprocal Health Care Agreements are treaties with certain countries and provide reciprocal access to public health facilities for Australian residents while travelling overseas.

The Government also provides incentive payments to medical practitioners to assist patients to obtain their Medicare rebates electronically at the time of service within a practice.

Increased use of electronic claiming improves patient convenience, as they no longer need to visit a Medicare Office to receive their Medicare rebate. Under this Outcome, financial support is available until 31 December 2009 for medical practitioners to transition to the new arrangements. Medicare Australia is working closely with the medical profession, as well as software vendors, and the public, to support the use of electronic claiming.

## Program 3.6 Expenses

**Table 3.17: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	44,302	18,634	7,308	8,074	8,074
Program support	2,522	2,941	3,460	3,407	3,499
<b>Total Program expenses</b>	<b>46,824</b>	<b>21,575</b>	<b>10,768</b>	<b>11,481</b>	<b>11,573</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

## Program 3.6: Deliverables

Program 3.6 provides additional health care assistance, over and above the health care covered under existing programs, including health care assistance to eligible people affected by disasters, those travelling overseas, as well as providing incentives for the uptake of electronic Medicare claiming. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

*Qualitative Deliverables***Targeted Assistance**

- Regular stakeholder participation in program development, through avenues such as regular consultative committees, conferences and stakeholder engagement forums.
- Establishment of disaster health care assistance framework to facilitate payments by Medicare Australia.
- Reciprocal Health Care Agreements provide Australians travelling overseas with access to necessary health care where a reciprocal health care agreement exists.
- Assistance for 141 approved pathologist authorities making the transition from Mediclaims to other electronic claiming channels.

**Table 3.18: Quantitative Deliverables for Program 3.6**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Targeted Assistance</b>					
Total level of payments provided as incentives for medical practitioners to use electronic claiming (funding ends in December 2009).	\$33.558m	\$15.830m	N/A	N/A	N/A
Funds available for additional health care assistance to eligible people affected by disasters.	\$780,000	\$780,000	\$780,000	\$780,000	\$780,000
Funds available for health care assistance to people under Reciprocal Health Care Agreements.	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000

### Program 3.6: Key Performance Indicators

The following 'key performance indicators' measure the impact of the Program.

#### *Qualitative Indicators*

#### **Targeted Assistance**

- Quality, relevant and timely advice to Medicare Australia on eligibility of claims for assistance, as measured by stakeholder satisfaction.
- Increased acceptance and use of Medicare Online and Medicare Easyclaim electronic claiming channels by general practitioners and specialists.

**Table 3.19: Quantitative Key Performance Indicators for Program 3.6**

<b>Quantitative Indicators</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Targeted Assistance</b>					
Number of Medicare claims transmitted electronically and eligible for transition support (funding ends in December 2009).	126.8m	75.6m	N/A	N/A	N/A
Number of general practices receiving support for claiming electronically (funding ends in December 2009).	6,772	2,701	N/A	N/A	N/A