

2.4 BUDGETED EXPENSES AND PERFORMANCE FOR OUTCOME 4

Outcome 4: Individual Health Benefits

Access to cost-effective medicines, medical, dental and hearing services, and improved choice in health services, including through the Pharmaceutical Benefits Scheme, Medicare, targeted assistance strategies and private health insurance

Programs Contributing to Outcome 4

Program 4.1:	Medical Benefits
Program 4.2:	Hearing Services
Program 4.3:	Pharmaceutical Benefits
Program 4.4:	Private Health Insurance
Program 4.5:	Medical Indemnity
Program 4.6:	Dental Services
Program 4.7:	Health Benefit Compliance
Program 4.8:	Targeted Assistance – Aids and Appliances

Linked Programs

Other Commonwealth entities that contribute to Outcome 4

Australian Taxation Office

Program 1.1: Australian Taxation Office

The Australian Taxation Office contributes through:

- Collaborating with the Department of Health to construct an enduring linked data set as part of the Multi-Agency Data Integration Project (4.1 and 4.4)
- The administrative arrangements for the Government's rebate on the private health insurance rebate (4.4).

Department of Human Services

Program 1.2: Services to the Community – Health

The Department of Human Services administers payments to eligible recipients, under the following programs administered by the Department of Health, to contribute to the Government's objectives within this Outcome:

- Medicare services and benefit payments, and related Medicare Benefits Schedule (MBS) items (4.1)
- External breast prostheses reimbursements (4.1)
- Ex-gratia payments for the Disaster Health Care Assistance Scheme (4.1)
- Radiation Oncology Health Program Grants Scheme (4.1)
- Health Care Homes Program (4.1)
- Hearing Services Program payments for voucher services and devices (4.2)
- The Pharmaceutical Benefits Scheme (PBS), including payment of script benefits, authority approvals, and new and other PBS items (4.3)
- Lifetime Health Cover mail out and the private health insurance rebate (4.4)
- Medical indemnity activities including indemnity for eligible midwives (4.5)
- The Child Dental Benefits Schedule (4.6)
- Payment of claims from Stoma Associations for stoma-related appliances (4.8).

Other Commonwealth entities that contribute to Outcome 4
<p>Department of Veterans' Affairs Program 2.3: Veterans' Pharmaceuticals Benefits The Department of Veterans' Affairs provides clients a comprehensive array of pharmaceuticals and wound dressings for the treatment of their healthcare needs (4.3).</p>
<p>Professional Services Review¹ Program 1.1: Safeguarding the Integrity of the Medicare Program and Pharmaceutical Benefits Scheme The Professional Services Review contributes to the integrity of the Medicare Program and the PBS by investigating health practitioners suspected of inappropriate practice on request from the Chief Executive Medicare and determining any sanctions to be applied (4.1 and 4.7).</p>
<p>The Treasury Program 1.9: National Partnership payments to the States The Treasury makes National Partnership payments to the State and Territory Governments as part of the Federal Financial Relations Framework.² Activities funded through the following National Partnership Agreements contribute to the Government objectives within this Outcome:</p> <ul style="list-style-type: none">- Electronic recording and reporting of controlled drugs (4.3)- Public dental services for adults (4.6).

¹ Refer to the Professional Services Review chapter in these Portfolio Budget Statements for further information on the work of this entity.

² For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3 or Program 1.9 of the Treasury's Portfolio Budget Statements.

Table 2.4.1: Budgeted Expenses for Outcome 4

Table 2.4.1 shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by administered and departmental funding sources.

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward Year 1 \$'000	2020-21 Forward Year 2 \$'000	2021-22 Forward Year 3 \$'000
Program 4.1: Medical Benefits					
Administered expenses					
Ordinary annual services ^(a)	105,544	107,712	105,923	103,220	100,210
Special account					
<i>Medicare Guarantee Fund</i>					
- medical benefits	23,169,289	23,970,854	25,364,686	26,666,297	28,083,659
accrual adjustment	9,496	(5,054)	(6,917)	8,135	467
Departmental expenses					
Departmental appropriation ^(b)	31,666	31,860	30,564	24,252	23,570
Expenses not requiring appropriation in the budget year ^(c)	808	864	812	833	851
Total for Program 4.1	23,316,803	24,106,236	25,495,068	26,802,737	28,208,757
Program 4.2: Hearing Services					
Administered expenses					
Ordinary annual services ^(a)	528,894	538,662	569,634	595,391	603,035
Departmental expenses					
Departmental appropriation ^(b)	7,417	7,437	7,359	7,336	7,449
Expenses not requiring appropriation in the budget year ^(c)	1,987	2,000	1,880	1,929	1,970
Total for Program 4.2	538,298	548,099	578,873	604,656	612,454
Program 4.3: Pharmaceutical Benefits ^(d)					
Administered expenses					
Ordinary annual services ^(a)	821,200	814,229	811,533	590,502	591,256
Special account					
<i>Medicare Guarantee Fund</i>					
- pharmaceutical benefits ^(e)	11,605,605	11,296,337	10,888,818	9,276,610	9,190,270
accrual adjustment	28,042	(22,937)	59,209	(2,902)	5,294
Departmental expenses					
Departmental appropriation ^(b)	58,983	52,462	45,498	43,595	43,826
Expenses not requiring appropriation in the budget year ^(c)	2,067	2,133	2,005	2,057	2,101
Total for Program 4.3	12,515,897	12,142,224	11,807,063	9,909,862	9,832,747

Table 2.4.1: Budgeted Expenses for Outcome 4 (continued)

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward Year 1 \$'000	2020-21 Forward Year 2 \$'000	2021-22 Forward Year 3 \$'000
Program 4.4: Private Health Insurance					
Administered expenses					
Ordinary annual services ^(a)	4,492	3,594	2,642	2,644	2,638
Special appropriations					
<i>Private Health Insurance Act 2007 - incentive payments and rebate</i>	6,024,091	6,150,597	6,285,910	6,443,057	6,604,134
Departmental expenses					
Departmental appropriation ^(b)	13,536	13,556	13,448	13,416	13,573
Expenses not requiring appropriation in the budget year ^(c)	255	272	256	263	269
Total for Program 4.4	6,042,374	6,168,019	6,302,256	6,459,380	6,620,614
Program 4.5: Medical Indemnity					
Administered expenses					
Ordinary annual services ^(a)	221	142	142	142	142
Special appropriations					
<i>Medical Indemnity Act 2002</i>	91,800	78,800	82,400	86,500	90,700
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	1,934	2,406	2,942	3,557	4,251
Departmental expenses					
Departmental appropriation ^(b)	1,881	1,883	1,866	1,861	1,886
Expenses not requiring appropriation in the budget year ^(c)	40	43	40	41	42
Total for Program 4.5	95,876	83,274	87,390	92,101	97,021
Program 4.6: Dental Services ^(d)					
Administered expenses					
Ordinary annual services ^(a)	-	-	-	-	-
Special appropriations					
<i>Dental Benefits Act 2008</i>	326,223	321,236	315,596	311,356	320,850
Departmental expenses					
Departmental appropriation ^(b)	1,942	2,684	2,667	2,660	2,691
Expenses not requiring appropriation in the budget year ^(c)	51	54	51	52	53
Total for Program 4.6	328,216	323,974	318,314	314,068	323,594

Table 2.4.1: Budgeted Expenses for Outcome 4 (continued)

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward Year 1 \$'000	2020-21 Forward Year 2 \$'000	2021-22 Forward Year 3 \$'000
Program 4.7: Health Benefit Compliance					
Administered expenses					
Ordinary annual services ^(a)	15,900	12,090	12,000	12,000	12,000
Departmental expenses					
Departmental appropriation ^(b)	65,004	71,060	71,001	70,108	67,157
Expenses not requiring appropriation in the budget year ^(c)	1,626	1,736	1,631	1,674	1,710
Total for Program 4.7	82,530	84,886	84,632	83,782	80,867
Program 4.8: Targeted Assistance - Aids and Appliances					
Administered expenses					
Ordinary annual services ^(a)	12,294	13,506	14,672	15,888	15,888
Special appropriations					
<i>National Health Act 1953</i> - aids and appliances	353,784	356,371	371,957	377,795	378,055
Departmental expenses					
Departmental appropriation ^(b)	4,640	4,651	4,605	4,591	4,658
Expenses not requiring appropriation in the budget year ^(c)	109	116	109	112	114
Total for Program 4.8	370,827	374,644	391,343	398,386	398,715
Outcome 4 totals by appropriation type					
Administered expenses					
Ordinary annual services ^(a)	1,488,545	1,489,935	1,516,546	1,319,787	1,325,169
Special appropriations	6,797,832	6,909,410	7,058,805	7,222,265	7,397,990
Special account	34,774,894	35,267,191	36,253,504	35,942,907	37,273,929
accrual adjustment	37,538	(27,991)	52,292	5,233	5,761
Departmental expenses					
Departmental appropriation ^(b)	185,069	185,593	177,008	167,819	164,810
Expenses not requiring appropriation in the budget year ^(c)	6,943	7,218	6,784	6,961	7,110
Total expenses for Outcome 4	43,290,821	43,831,356	45,064,939	44,664,972	46,174,769
	2017-18	2018-19			
Average staffing level (number)	926	990			

^(a) Appropriation Bill (No. 1) 2018-19 and Appropriation Bill/Act (No. 1, 3, 5) 2017-18.

^(b) Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No. 1)' and 'Revenue from independent sources (s74)'.
^(c) Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

^(d) Budget estimates for this program exclude National Partnership funding paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, refer to Budget Paper No. 3 or Program 1.9 of the Treasury's Portfolio Budget Statements.

^(e) The Government has included a provision of \$1 Billion in the forward estimates for future listings on the Pharmaceutical Benefits Scheme. This provision is not yet included in Program 4.3 Pharmaceutical Benefits and will be progressively recognised when new listings are announced.

Movement of Funds

There were no movements of Administered funds between years for Outcome 4.

Planned Performance for Outcome 4

Tables 2.4.2 – 2.4.9 below detail the performance criteria for each program associated with Outcome 4. These tables also summarise how each program is delivered and where 2018-19 Budget measures have materially changed existing programs.

Table 2.4.2: Performance Criteria for Program 4.1

Purpose
Lead and shape Australia’s health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.
Outcome 4: Individual Health Benefits
Access to cost-effective medicines, medical, dental and hearing services, and improved choice in health services, including through the Pharmaceutical Benefits Scheme, Medicare, targeted assistance strategies and private health insurance.
Program 4.1: Medical Benefits
<p>To deliver a modern Medicare program that is sustainable and supports all Australians to access high quality and cost-effective professional services, the Australian Government will increase investment in Medicare by over \$4.8 billion over the forward estimates. The Government will continue to work with clinicians, other health professionals and consumers to progress the long-term health plan. This will include the work of the Medical Services Advisory Committee and the Medicare Benefits Schedule (MBS) Review (the Review) to strengthen Medicare, and work with States and Territories, and private health insurers.</p> <p>The Government will continue to invest in improving health outcomes for patients through the clinician-led Review of over 5,700 items on the MBS to ensure they are aligned with contemporary clinical evidence and practice. From 1 July 2018, new clinically appropriate services will be listed to include testing for Cystic Fibrosis hereditary mutations, enhanced prostate cancer diagnostic scans and the removal of urogynaecological mesh. From 1 November 2018, Medicare will be extended to 3D breast screening for women at risk of breast cancer, better access to dialysis in very remote areas and improved diagnosis of asthma.</p> <p>Targeted assistance strategies will also continue access to health services for Australians who require life-saving treatment not available in Australia and the provision of medical assistance to eligible Australians following specific overseas disasters.</p> <p>The Government is also providing incentives to doctors to practice outside major cities through differential MBS billing, to increase access to primary care services in areas of need.</p>

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Delivery		
<p>A. Ensuring continued access to a Medicare system that provides modern, high quality and cost-effective professional health services that are in line with current clinical evidence</p> <ul style="list-style-type: none"> Support a Medicare system that is modern, sustainable and aligned to current clinical evidence and practice. <p>B. Providing targeted financial assistance, including to Australians who require life-saving medical treatment not available in Australia, and access to breast prostheses for women who have had breast cancer</p> <ul style="list-style-type: none"> Assess applications for financial assistance for life-saving medical treatment required to be performed overseas. Continue the provision of a simple and accessible reimbursement scheme for external breast prostheses. <p>C. Supporting safe and effective diagnostic imaging and pathology services</p> <ul style="list-style-type: none"> Provide consumers with a contemporary and best practice pathology accreditation program. Work with the Diagnostic Imaging Accreditation Scheme Advisory Committee to review standards in diagnostic imaging. <p>D. Supporting the delivery of high quality radiation oncology services</p> <ul style="list-style-type: none"> Provide targeted financial contributions to the capital cost of radiation oncology linear accelerators. 		
Performance criteria		
<p>A. Ensuring continued access to a Medicare system that provides modern, high quality and cost-effective professional health services that are in line with current clinical evidence</p>		
<p>Continued review of Medicare Benefits Schedule (MBS) items to maintain a Medicare system that provides high value care to the Australian public based on contemporary evidence and practice.</p>		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
<p>Clinical Committees³ will have considered 70% of the MBS items.</p> <p>Implementation of all Government responses to Review recommendations agreed in 2017-18 will be either underway or complete.</p>	<p>Clinical Committees will have considered 95% or more of the MBS items.</p> <p>Implementation of all Government responses to Review recommendations agreed in 2018-19 will be either underway or complete.</p>	<p>Clinical Committees will have considered 100% of the MBS items.</p> <p>Implementation of all Government responses to Review recommendations agreed in 2019-20 will be either underway or complete.</p>

³ Further information available at: www.health.gov.au/internet/main/publishing.nsf/content/MBSR-committees

B. Providing targeted financial assistance, including to Australians who require life-saving medical treatment not available in Australia, and access to external breast prostheses for women who have had breast cancer				
Provide financial assistance to Australians for appropriate medical treatment not available in Australia or for out-of-pocket health care costs as a result of specific overseas disasters.				
2017-18 Estimated result		2018-19 Target		2019-20 (& beyond) Target
It is estimated that nine patients will receive financial assistance under the Medical Treatment Overseas Program. Under the Disaster Health Care Assistance Scheme, financial assistance will be provided for approximately 1,900 claims.		Applications for financial assistance for medical treatment overseas are assessed in accordance with program guidelines. Ensure that payments to affected individuals for out-of-pocket healthcare costs arising from specified international adverse events are provided in an effective manner.		As per 2018-19.
Improving the quality of life of women who have undergone a mastectomy as a result of breast cancer, through efficient processing of claims from eligible women under the National External Breast Prostheses Reimbursement Program.				
a. Claims processed within ten days of lodgement.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
a. ≥90%	≥90%	≥90%	≥90%	≥90%
C. Supporting safe and effective diagnostic imaging and pathology services				
Mitigate potential risks to patient safety and improve quality pathology services through maintaining a consistent and contemporary accreditation framework that underpins all Medicare eligible pathology services.				
2017-18 Estimated result		2018-19 Target		2019-20 (& beyond) Target
There were continuous improvements of the Australian Pathology Accreditation Framework with the publication of four new and/or revised national accreditation standards produced for pathology laboratories.		Ensure consumers have continued access to up-to-date, quality pathology services through reviewing and updating the Australian Pathology Accreditation Framework, as required.		As per 2018-19.

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D. Supporting the delivery of high quality radiation oncology services		
Ensure Australians have access to high quality radiotherapy services through the Radiation Oncology Health Program Grants Scheme.		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
Ninety-five radiotherapy facilities were funded across Australia under the Radiation Oncology Health Program Grants Scheme, an increase of eight facilities from 2016-17.	Provide targeted financial contributions to the capital cost of radiation oncology linear accelerators ⁴ located in priority areas as agreed between the Commonwealth and relevant States and Territories.	As per 2018-19.
Material changes to Program 4.1 resulting from the following measures:		
<ul style="list-style-type: none"> • <i>A Stronger Rural Health Strategy</i> 		

⁴ The device most commonly used for external beam radiation treatments for patients with cancer.

Table 2.4.3: Performance Criteria for Program 4.2

Program 4.2: Hearing Services				
The Australian Government will continue to provide a range of fully and partially subsidised hearing devices and services to eligible Australians to manage their hearing loss and improve their engagement with the community. This includes continued support to hearing research that focuses on ways to reduce the impact of hearing loss and the incidence and consequence of avoidable hearing loss in the Australian community. In addition, the Government will also expand hearing assessments for Aboriginal and Torres Strait Islander peoples. ⁵				
Delivery				
A. Supporting access to high quality hearing services and research into hearing loss prevention and management				
<ul style="list-style-type: none"> • Deliver the voucher component of the Hearing Services Program that enables eligible Australians to obtain hearing services and devices from a national network of service providers. • Deliver the Community Service Obligations component of the Hearing Services Program, which provides specialist services to children and other eligible groups. These services are delivered through Australian Hearing. • Provide research funding through the National Acoustics Laboratories and Hearing Loss Prevention Program. 				
Performance criteria				
A. Supporting access to high quality hearing services and research into hearing loss prevention and management				
Support access to high quality hearing services through the voucher and Community Service Obligations components of the Hearing Services Program.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
804,000 clients	811,000 clients	847,000 clients	871,000 clients	888,000 clients
Material changes to Program 4.2 resulting from the following measures:				
There are no material changes to Program 4.2 resulting from measures.				

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⁵ For further information refer to Program 2.2: Aboriginal and Torres Strait Islander Health.

Table 2.4.4: Performance Criteria for Program 4.3

Program 4.3: Pharmaceutical Benefits
<p>The Australian Government aims to provide reliable, timely and affordable access to cost-effective, high quality medicines and sustainable pharmaceutical services to all eligible Australians, through the subsidisation of the cost of medicines through the Pharmaceutical Benefits Scheme (PBS), Life Saving Drugs Program (LSDP) and community pharmacy programs through the Sixth Community Pharmacy Agreement.</p> <p>The Government will continue to support price disclosure arrangements with price reductions occurring on 1 April and 1 October, consistent with provisions in the <i>National Health Act 1953</i> and <i>National Health (Pharmaceutical Benefits) Regulations 2017</i>.</p> <p>In 2018-19, the Government will continue to list new and innovative medicines recommended by the Pharmaceutical Benefits Advisory Committee (PBAC), including the listing of Nusinersen (Spinraza[®]) from 1 June 2018 for the treatment of Spinal Muscular Atrophy and Ribociclib (Kisqali[®]) from 1 July 2018 for the treatment of some types of inoperable breast cancer. The Government will also provide a new \$1.0 billion provision for listing further medicines.</p> <p>The Government will continue to work with the pharmaceutical supply chain to identify administrative approaches to: encourage increased supply of medicines to Australians who need them; reduce the cost burden on pharmacies and the broader supply chain stocking high cost medicines; and reduce revenue being paid to Government by manufacturers.</p> <p>The Government will continue to work with Medicines Australia and other key stakeholders to implement new arrangements to the LSDP. Changes to the LSDP will deliver transparency and greater certainty of process and assessment timelines for the medicines industry and patients, ensuring the future integrity and ongoing sustainability of the program.</p> <p>Pharmacists and communities will continue to trial new pharmacy programs that aim to improve health outcomes for consumers including trials that extend the roles of pharmacists in the delivery of primary healthcare services. This includes trials to assist patients who are taking medication to manage ongoing chronic pain and to improve medication management for Aboriginal and Torres Strait Islander people.</p> <p>The Government will also continue to implement the redesigned community pharmacy programs announced in the Compact with the Pharmacy Guild of Australia. These programs provide support to patients to better manage their medications and will collect information to support the future assessment of the effectiveness of these interventions.</p>

Delivery
<p>A. Providing access to new and existing medicines for patients with life threatening conditions</p> <ul style="list-style-type: none">• Assess patient applications against published eligibility criteria for LSDP medicines in a timely way.• Administer medicine orders to meet the needs of patients approved to the LSDP, within agreed timeframes. <p>B. Ensuring access to cost-effective, innovative, clinically effective medicines through the Pharmaceutical Benefits Scheme</p> <ul style="list-style-type: none">• The PBAC contributes to a sustainable PBS by assessing each medicine’s clinical effectiveness, safety and cost-effectiveness compared with other treatments for each proposed condition. <p>C. Supporting timely access to medicines and pharmacy services</p> <ul style="list-style-type: none">• Support and monitor pharmaceutical wholesalers participating in the Community Service Obligation funding pool to ensure all eligible Australians have timely access to PBS medicines.• Support professional pharmacy programs and services for consumers through the Sixth Community Pharmacy Agreement.• Support and monitor programs to improve access to PBS medicines by Aboriginal and Torres Strait Islander people. <p>D. Maintaining the effectiveness of the Pharmaceutical Benefits Scheme through monitoring and post-market surveillance</p> <ul style="list-style-type: none">• Undertake post-market reviews of PBS listed medicines to ensure their ongoing clinically appropriate and cost-effective use for consumers.

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Performance criteria				
A. Providing access to new and existing medicines for patients with life threatening conditions				
Ensure new eligible patients have access to the Life Saving Drugs Program.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
All new patient applications were processed within 30 calendar days of receipt and assessed against set eligibility criteria.	New patient applications are processed within 30 calendar days of receipt.	As per 2018-19.		
Ensure continued access to eligible patients to medicines under the Life Saving Drugs Program.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
Eligible patients continued to have access to life saving medicines through the Life Saving Drugs Program.	Facilitate continued eligible patient access to life saving medicines.	As per 2018-19.		
B. Ensuring access to cost-effective, innovative, clinically effective medicines through the Pharmaceutical Benefits Scheme				
Percentage of submissions for new medicines that are recommended for listing by the Pharmaceutical Benefits Advisory Committee, that are listed on the Pharmaceutical Benefits Scheme within six months of agreement of budget impact and price.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
80%	80%	80%	80%	80%

C. Supporting timely access to medicines and pharmacy services				
Deliver an increased suite of reporting and data related to pharmacy and Pharmaceutical Benefits Scheme (PBS) funded medicine access and cost that is made available to Parliament, consumers and business.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
The volume of PBS prescription and expenditure data published on the Department of Health website has expanded during 2017-18. Pharmacy reporting and data has also continued to be published.	Periodically increase the volume and nature of data on the Department of Health website.	As per 2018-19.		
Percentage of Urban Centres⁶ in Australia with a population of 1,000 persons or more with an approved supplier⁷ of Pharmaceutical Benefits Scheme medicines.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
>90%	>90%	>90%	>90%	>90%
Percentage of Urban Centres in Australia with a population of 1,000 persons or more with a resident service provider of, or recipient of, Medscheck, Home Medicines Review, Residential Medication Management Review or Clinical Intervention.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
N/A ⁸	>80%	>80%	>80%	>80%
Percentage of subsidised Pharmaceutical Benefits Scheme units delivered to community pharmacy within agreed requirements of the Community Service Obligation.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
>95%	>95%	>95%	>95%	>95%

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⁶ Further information available in the Urban Centres and Localities and Significant Urban Areas Fact Sheet, available at: www.abs.gov.au/websitedbs/D3310114.nsf/home/ASGS+Fact+Sheets

⁷ For this criterion, an approved supplier includes a pharmacy, a medical practitioner (in rural/remote locations where there is no access to a pharmacy) or an Aboriginal Health Service, approved to supply Pharmaceutical Benefits Schedule (PBS) medicines to the community. It does not include an approved hospital authority approved to supply PBS medicines to its patients.

⁸ Data not yet available for 2017-18. Full year results will be published in the 2017-18 Department of Health Annual Report.

D. Maintaining the effectiveness of the Pharmaceutical Benefits Scheme through monitoring and post-market surveillance				
Post-market reviews deliver relevant and high quality advice to the Pharmaceutical Benefits Advisory Committee (PBAC) and Government.				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
Established working groups continued to engage with professional and community stakeholders in conducting the following reviews on: – ezetimibe for hypercholesterolemia; – chronic obstructive pulmonary disease; – chronic plaque psoriasis; and – pulmonary arterial hypertension medicines.	Established working groups will engage with professional and community stakeholders to conduct reviews on: – chronic plaque psoriasis; and – pulmonary arterial hypertension medicines. Commence new post-market reviews and research projects recommended by PBAC.	As per 2018-19.		
Percentage of post-market reviews completed within scheduled timeframes.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
90%	90%	90%	90%	90%
Percentage of Government-accepted recommendations from post-market reviews that have been implemented within agreed timeframes.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
85%	≥80%	≥80%	≥80%	≥80%

Section 2 – Department Outcomes – 4: Individual Health Benefits

Information regarding quality use of medicines is provided to health professionals and consumers to support use of therapeutics wisely, judiciously and safely to achieve better health and economic outcomes.				
2017-18 Estimated result		2018-19 Target		2019-20 (& beyond) Target
The Government funded NPS MedicineWise (NPS) to: <ul style="list-style-type: none"> - provide consumer information on the NPS website; - conduct healthcare provider educational visits and activities; and - produce scheduled NPS publications that provide evidence-based information on new, existing and revised listings of medicines on the Pharmaceutical Benefits Scheme, for health professionals and consumers. 		The Government will continue to provide funding for the provision of quality use of medicines information to be available in a variety of formats throughout the year, designed to support health professionals and consumers. The scope of activities provided through NPS will be reviewed.		As per 2018-19.
Percentage of eligible medicines assessed in accordance with PBS price disclosure requirements.				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
100%	100%	100%	100%	100%
Material changes to Program 4.3 resulting from the following measures:				
<ul style="list-style-type: none"> • <i>Improving access to medicines – additional funding for new medicines and improved payment administration</i> • <i>Improving access to medicines – encouraging greater use of generic and biosimilar medicines</i> • <i>Improving access to medicines – sustainability of the pharmacy approvals process</i> 				

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Table 2.4.5: Performance Criteria for Program 4.4

Program 4.4: Private Health Insurance		
<p>The Australian Government promotes affordable, quality private health insurance, to provide greater choice for consumers. In 2018-19, the Government will deliver the private health insurance reform package to improve the sustainability of the health system as a whole. The package will make private health insurance simpler and more affordable for the 13.5 million Australians covered by private health insurance policies. The package will also improve the value of private health insurance, and make policies easier to understand.</p>		
Delivery		
<p>A. Supporting a viable, sustainable and cost-effective private health insurance sector, including through the private health insurance rebate</p> <ul style="list-style-type: none"> • Work with private health insurers to provide cost-effective private health insurance products to encourage increased membership and sustainability of the private health insurance industry. • Further encourage Australians to take up private health insurance by ensuring access to quality up-to-date information in relation to private health insurance. • Continue to work with the Private Health Ministerial Advisory Committee to implement private health insurance reforms. 		
Performance criteria		
<p>A. Supporting a viable, sustainable and cost-effective private health insurance sector, including through the private health insurance rebate</p>		
<p>Support the provision of more affordable and simpler private health insurance for all Australians.</p>		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
<p>Effective reform measures were developed to: make private health insurance easier to understand; reduce the costs of private health insurance for consumers; and improve access to private health insurance for all Australians.</p> <p>Private health insurers were supported to comply with and implement the private health insurance reforms from 1 April 2018.</p>	<p>Support private health insurers to implement the remaining private health insurance reforms from 1 April 2019.</p> <p>Lower annual premium changes across the sector as a direct result of the reforms.</p> <p>Undertake regular stakeholder communications with insurers and other regulatory agencies to provide two-way dissemination of information.</p>	<p>As per 2018-19.</p>

Ensure privately insured patients have access to clinically, cost-effective prostheses under the <i>Private Health Insurance Act 2007</i>.		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
The Prostheses List Advisory Committee was supported to reform the Prostheses List arrangements. The updated Prostheses List enabled access to devices for privately insured patients.	Support the Prostheses List Advisory Committee to reform the Prostheses List arrangements. Publish the Prostheses List enabling access to devices for privately insured patients.	As per 2018-19.
Material changes to Program 4.4 resulting from the following measures: There are no material changes to Program 4.4 resulting from measures.		

Outcome 4

Table 2.4.6: Performance Criteria for Program 4.5

Program 4.5: Medical Indemnity				
<p>The Australian Government seeks to ensure the stability of the medical insurance industry, and that medical indemnity insurance products are available and affordable.</p> <p>Medical indemnity insurance provides financial protection to both privately practising medical practitioners, private midwives and patients in circumstances where a patient sustains an injury (or adverse outcome) caused by medical misadventure, malpractice, negligence or an otherwise unlawful act. All medical practitioners and midwives are required to hold medical indemnity insurance in order to practise privately as a condition of their professional registration.</p> <p>In 2018-19, the Government will work with industry on recommendations arising from the First Principles Review of the Indemnity Insurance Fund.</p>				
Delivery				
<p>A. Ensuring the ongoing stability of the medical insurance industry and that insurance products are available and affordable</p> <ul style="list-style-type: none"> • Administer schemes under the Indemnity Insurance Fund that promote stability, affordability and availability of insurance. Through these schemes, subsidise claims costs and the cost of insurance premiums of eligible medical practitioners and privately practising midwives. • Work with stakeholders under enhanced governance arrangements to implement Government decisions following the First Principles Review of the medical indemnity schemes. 				
Performance criteria				
<p>A. Ensuring the ongoing stability of the medical insurance industry and that insurance products are available and affordable</p>				
<p>Enable continued availability of professional indemnity insurance for eligible midwives.</p>				
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target		
A contract was maintained with an indemnity provider for the provision of professional indemnity insurance to privately practising eligible midwives.	Maintain a contract with an indemnity provider for the provision of professional indemnity insurance to eligible midwives.	As per 2018-19.		
Maintain or reduce the number of doctors who require support through the Premium Support Scheme.⁹				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
Data not available ¹⁰	≤1,400	≤1,400	≤1,400	≤1,400
<p>Material changes to Program 4.5 resulting from the following measures:</p> <p>There are no material changes to Program 4.5 resulting from measures.</p>				

⁹ A decline in doctors accessing the Premium Support Scheme is an indication of medical indemnity insurance being affordable.

¹⁰ Data not yet available for 2017-18. Full year results will be published in the 2017-18 Department of Health Annual Report.

Table 2.4.7: Performance Criteria for Program 4.6

Program 4.6: Dental Services				
The Australian Government will improve access to adult public dental services through a National Partnership Agreement with the States and Territories, and support eligible children to access essential dental health services through the Child Dental Benefits Schedule.				
Delivery				
A. Improving access to dental services				
<ul style="list-style-type: none"> Support the States and Territories to provide additional services to adult public dental patients, through the National Partnership Agreement on Public Dental Services for Adults. Work with the Department of Human Services to support eligible children to access dental health services through the Child Dental Benefits Schedule. Undertake a statutory review of the <i>Dental Benefits Act 2008</i>. 				
Performance criteria				
A. Improving access to dental services				
Support eligible children to access essential dental health services through the Child Dental Benefits Schedule (CDBS).				
a. Percentage of eligible children accessing the CDBS.				
2018 Estimated result	2019 Target	2020 Target	2021 Target	2022 Target
a. 37.1%	37.8%	38.6%	39.5%	40.3%
Material changes to Program 4.6 resulting from the following measures:				
There are no material changes to Program 4.6 resulting from measures.				

Outcome 4

Table 2.4.8: Performance Criteria for Program 4.7

Program 4.7: Health Benefit Compliance				
<p>The Australian Government supports the integrity of health benefit claims through early intervention and identification, as well as detecting and investigating instances of fraud. This will be achieved through: assisting health providers meet their compliance obligations when claiming benefits; intervening and correcting claims when honest mistakes occur; and detecting and investigating fraud and inappropriate practice.</p> <p>In 2018-19, the Government will improve its targeted compliance activities. This will include better targeted fraud, inappropriate practice and incorrect claiming investigations.</p>				
Delivery				
<p>A. Ensuring the integrity of health provider claiming</p> <ul style="list-style-type: none"> • Consult closely with professional bodies and stakeholder groups on compliance strategies. • Utilise data analytics to identify irregular claiming patterns and non-compliance. • Employ behavioural economics-driven approaches to treat non-compliance. • Improve debt recovery arrangements. • Conduct appropriate interventions through: education; targeted campaigns; general audits; practitioner reviews; and criminal investigations. • Conduct reviews of medical and other health practitioners through the Practitioner Review Program. • Conduct a trial to ensure clinically appropriate prescribing of opioids. 				
Performance criteria				
<p>A. Ensuring the integrity of health provider claiming</p> <p>Deliver a quality health provider compliance program that prevents non-compliance where possible and ensures audits and reviews are targeted effectively to those providers whose claiming is non-compliant, so that the following proportions of audits and reviews that are undertaken by the Department find non-compliance:</p>				
2017-18 Estimated result	2018-19 Target	2019-20 Target	2020-21 Target	2021-22 Target
>90%	>90%	>90%	>90%	>90%
<p>Material changes to Program 4.7 resulting from the following measures:</p> <p>There are no material changes to Program 4.7 resulting from measures.</p>				

Table 2.4.9: Performance Criteria for Program 4.8

Program 4.8: Targeted Assistance – Aids and Appliances		
<p>The Australian Government is committed to improving health outcomes for the Australian community through the provision of targeted assistance for aids and appliances.</p> <p>In 2018-19, the Government will continue to provide fully subsidised continuous glucose monitoring products to children and young adults under 21 years of age with insulin-dependent type 1 diabetes, and who face additional challenges in managing their diabetes and blood glucose levels.</p> <p>In addition, the Government will provide additional funding to the Insulin Pump Program. This will address unmet demand for fully subsidised insulin pumps to children with type 1 diabetes who do not have access to alternative means of reimbursement, such as private health insurance.</p>		
Delivery		
<p>A. Improving health outcomes through the provision of targeted assistance for aids and appliances</p> <ul style="list-style-type: none"> • Through the National Diabetes Services Scheme, continue to ensure the provision of timely, reliable and affordable access to products and services to help people effectively manage their condition. • Continue to support access to insulin pumps for very low income families who have children with type 1 diabetes, through the Insulin Pump Program. • Continue to support access to clinically appropriate dressings to improve the quality of life for people with Epidermolysis Bullosa. • Continue to assist people with stomas by ensuring access to stoma-related products with a greater choice of new products. 		
Performance criteria		
<p>A. Improving health outcomes through the provision of targeted assistance for aids and appliances</p>		
<p>The National Diabetes Services Scheme meets the needs of registrants.¹¹</p>		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
70% of registrants surveyed through the annual National Diabetes Services Scheme registrant survey felt that their needs were being met.	Annual National Diabetes Services Scheme registrant survey demonstrates that the needs of 70% of registrants surveyed are being met.	As per 2018-19.

¹¹ Registrants are people with type 1 diabetes, type 2 diabetes, gestational diabetes or 'other diabetes' who are registered on the National Diabetes Services Scheme.

Support children and young people under 21 years of age, with type 1 diabetes, through the National Diabetes Services Scheme.		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
Subsidised continuous glucose monitoring products have continued to be provided to eligible children and young people under 21 years of age through the National Diabetes Services Scheme.	Provide eligible children and young people under 21 years of age with subsidised continuous glucose monitoring products through the National Diabetes Services Scheme to assist in the management of their type 1 diabetes.	As per 2018-19.
Support Australians to assist in the management of specific chronic health conditions (diabetes, stoma and Epidermolysis Bullosa).		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
Subsidised aids and appliances have been provided to eligible Australians.	Ensure provision of subsidised aids and appliances to assist eligible Australians in the management of their chronic health conditions.	As per 2018-19.
Material changes to Program 4.8 resulting from the following measures:		
There are no material changes to Program 4.8 resulting from measures.		