Australian Government
Department of Health, Disability and Ageing

Years in Review 2023–25

Strengthening Medicare Monitoring Report

Acknowledgement of Country

We, the Department of Health, Disability and Ageing, acknowledge the Traditional Owners and Custodians of Country throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people and acknowledge and respect their continuing connections and relationships to country, rivers, land and sea.

We acknowledge the ongoing contribution Aboriginal and Torres Strait Islander people make across the health and aged care systems and wider community. We also pay our respects to Elders past, present and future and extend that respect to all Traditional Custodians of this land.

We acknowledge and respect the Traditional Custodians whose ancestral lands are where our Health, Disability and Ageing offices are located.

Contents

Abbreviations

ACCHO	Aboriginal Controlled Community Health Organisation
CHF	Consumers Health Forum of Australia
FECCA	Federation of Ethnic Communities' Council of Australia
FHIR	Fast Healthcare Interoperability Resource
FTE	Full-time equivalent
GP	General practitioner
GPACI	General Practice in Aged Care Incentive
MBS	Medicare Benefits Schedule
MHR	My Health Record
MMM	Modified Monash Model
NEIS	National early intervention service
NEMCF	National Electronic Medication Chart Framework
NPDS	National Prescription Delivery Service
NRA	Non-referred attendance
PHN	Primary Health Network
PBS	Pharmaceutical Benefits Scheme
RAAHSs	Remote Area Aboriginal Health Services
UCC	Urgent Care Clinic
WIP–PS	Workforce Incentive Program – Practice Stream

Background

Primary care system

Primary care is a crucial contributor to population health outcomes, health system efficiency, and the provision of person-centred care.[1],[2],[3] It is often the first point-of-contact for healthcare, preventing illnesses worsening, and keeping people out of hospitals. Countries with a strong primary care system are more resilient and tend to have healthier communities.[4]

Australia has a robust primary care system which helps to deliver some of the best health outcomes in the world.[4] However, health needs in Australia have shifted over time and Australians increasingly require a model of care to respond to these needs.[3] Other identified challenges in the Australian primary care system include[1,2,3]:

- inequities in access and health outcomes, exacerbated by a system that does not always meet the diverse needs of the community
- challenges in accessing primary care outside of metropolitan areas
- workforce retention concerns
- a need to improve collaboration between different sectors of the health system (e.g. specialists, hospitals, social services, preventative health), and the delivery of person-centred care.

In response to the evolving health needs of Australians, the Australian Government (the government) is investing to reform the primary care system and improve the health of Australians.

Reform of primary care – *Strengthening Medicare*

In 2022, the government established the *Strengthening Medicare Taskforce*[5] (the taskforce) to identify the highest priority areas of reform for the primary care sector and initiatives to be implemented.

The taskforce was guided by the direction of Future Focused Primary Health Care: Australia's Primary Health Care 10 Year Plan 2022–2032[6] (10 year plan), a strategic

[1] Mengistu T, Khatri R, Erku D & Assefa Y (2023) 'Successes and challenges of primary health care in Australia: A scoping review and comparative analysis' Journal of Global Health, 13, doi: 10.7189/jogh.13.04043
[2] Khatri R & Assefa Y (2023) 'Drivers of the Australian health system towards health care for all: A scoping review and qualitative synthesis' BioMed Research International, 1, doi: 10.1155/2023/6648138
[3] Fisher M, Freeman T, Mackean T, Friel S, Baum F (2020) 'Universal health coverage for non-communicable diseases and health equity: Lessons from Australian primary healthcare' International Journal of Health Policy and Management, 11(5):690-700, doi: 10.34172/ijhpm.2020.232
[4] The Commonwealth Fund (2021) 'Mirror, mirror 2021: Reflecting poorly – Health care in the U.S. compared to other high-income countries' The Commonwealth Fund, New York
[5] Australian Government (2023) 'Strengthening Medicare Taskforce' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/committees-and-groups/strengthening-medicare-taskforce
[6] Australian Government (2022) 'Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032', Department of Health, Disability and Ageing, available at: https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032?language=en

document mapping the future direction of primary care in Australia. The taskforce produced the Strengthening Medicare Taskforce Report (the taskforce report).

The taskforce report recommended four priority areas in the vision for investment to adapt and rebuild primary care:

- increasing access to primary care
- encouraging multidisciplinary team-based care
- modernising primary care
- supporting change management and cultural change.[7]

The government has invested significantly to deliver on the vision set out in the taskforce report. This includes critical funding to meet the urgent healthcare needs of today, while building a stronger Medicare and primary care system for future generations.

The term strengthening Medicare represents a large set of complex and interrelated measures, with reforms being funded and implemented over time. The total number of measures may vary from year to year, as existing measures complete delivery and new measures are announced.

The Quintuple Aim of Health Care (quintuple aim), has guided the development of reforms, including those to strengthen Medicare.

The quintuple aim outlines a goal to optimise an effective primary care system, defined as:

- enhancing people's experience of health care
- improving the health of populations
- improving the cost-efficiency of health systems
- improving healthcare provider experience
- advancing health equity.[8],[9]

Earlier iterations of the quintuple aim were reflected in the 10 year plan.

Strengthening Medicare Monitoring and Evaluation

The Strengthening Medicare Monitoring and Evaluation Framework[10] (the framework) was developed in response to the taskforce's recommendation to support reforms with an evaluation framework, to monitor progress and measure impact.[7]

Detailed methodology for the Years in Review 2023–25 is available in Appendix C.

[7] Australian Government (2022) 'Strengthening Medicare Taskforce Report' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report?language=en
[8] Nundy S, Cooper LA, Mate KS (2022) 'The Quintuple Aim for health care improvement: A new imperative to advance health equity' JAMA, 327(6):521–522, doi:10.1001/jama.2021.25181
[9] Bodenheimer T, Sinsky C (2014) 'From triple to quadruple aim: Care of the patient requires care of the provider' Annals of Family Medicine, 12(6):573-576, doi:10.1370/afm.1713
[10] Australian Government (2024), 'Strengthening Medicare Monitoring and Evaluation Framework' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/resources/publications/strengthening-medicare-monitoring-and-evaluation-framework?language=en

Measures of success

The framework outlines how strengthening Medicare reforms will be monitored and evaluated over time and sets out a phased reporting approach.

This includes tracking implementation and delivery of strengthening Medicare measures from the 2023–24 financial year onwards. Additionally, it provides a mechanism to report against indicators so that information on progress toward intended outcomes and the status of the primary care system can be holistically evaluated. Intended outcomes of strengthening Medicare are provided in the framework.[10]

Monitoring and evaluation phases

The monitoring and evaluation of strengthening Medicare is guided by the Strengthening Medicare Implementation Oversight Committee. Membership includes representatives from peak bodies, states and territories, consumers, health leaders and experts from the academic sector.

It is anticipated that the monitoring of strengthening Medicare will be undertaken from 2023–24 to 2028–29 and documented in monitoring reports, followed by a summative evaluation conducted following the monitoring period. Figure 1 provides a visual representation of the anticipated timeline for framework implementation.

This Years in Review 2023–25 – Strengthening Medicare Monitoring Report (Years in Review 2023–25) is the first instalment of monitoring reports and covers the implementation and delivery of strengthening Medicare for 2023–24 and 2024–25 financial years.[11] It provides data leading up to and during early implementation of strengthening Medicare measures to understand the status of the primary care system up to 30 June 2025.

Strengthening Medicare measures announced in subsequent budgets may be considered for inclusion in later reports to capture the evolving impact across primary care. Additionally, future reports may also discuss key findings from evaluation of individual measures.

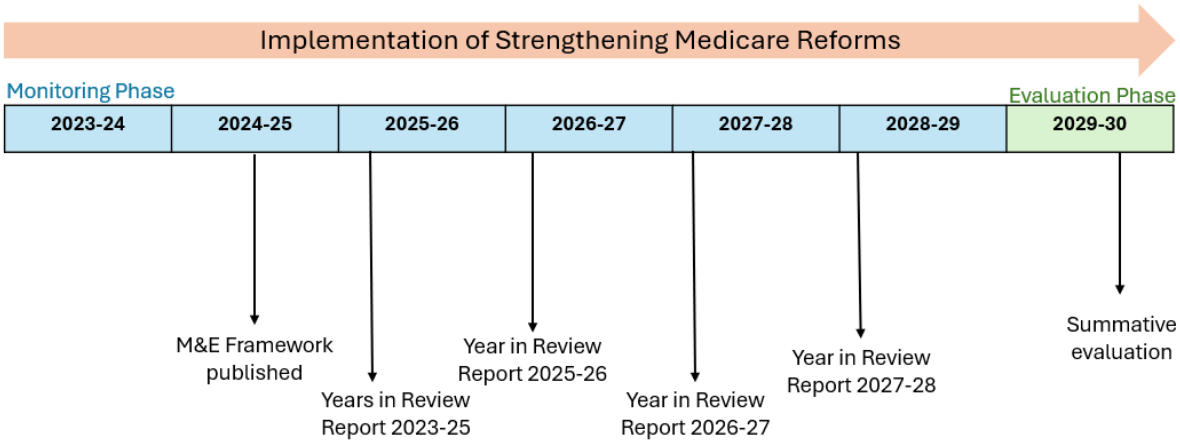

Figure 1. Timeline of strengthening Medicare monitoring and evaluation
Note: Timeline is indicative only and dependent on data reporting cycles, timing of report publication, budget and other interdependencies.

[11] Time periods throughout this report refers to financial years rather than calendar years, unless stated otherwise.

Progress of Strengthening Medicare Measures

This section of the Years in Review 2023–25 outlines the implementation progress of strengthening Medicare measures.

Implementation progress

Across 2023–24 and 2024–25, 47 key strengthening Medicare measures were included in the overarching monitoring and reporting activities. See Appendix A for an update on the implementation status of each measure. Additional key strengthening Medicare measures from future budgets may be included in subsequent reports.

As at June 2025:

- 27 (57%) strengthening Medicare measures have completed delivery.
- 18 (38%) strengthening Medicare measures are being implemented and delivered.
- 2 (4%) strengthening Medicare measures are in the planning phase.[12]

Evaluation of strengthening Medicare measures

Individual strengthening Medicare measures are evaluated, where appropriate, to review implementation and contribution to measure-specific outcomes.

The type of evaluation may differ from measure to measure. These differences can include the methodology and aspects of the measure being evaluated.

Some measures such as reviews, frameworks and strategic developments may be unsuitable for an evaluation. Others may have an alternative review or assessment arrangement in place of an evaluation. Measures not currently undertaking or intending to undertake an evaluation may evaluate at a later stage.

Refer to Appendix A for the status of evaluation activities for individual measures.

As at June 2025, of the 47 key strengthening Medicare measures being tracked:

- 27 (57%) have evaluation activities planned, currently being undertaken or complete
  - 9 (19%) have an evaluation planned
  - 17 (36%) have an evaluation being undertaken
  - One (2%) has completed an evaluation
- 20 (43%) have no evaluation activities being planned or undertaken.

[12] One measure in the planning phase as at June 2025 had progressed to implementation and delivery but received top-up funding in the 2025-26 Budget. An additional planning phase was needed for utilisation of this top-up funding.

Implementation Highlights

This section of the Years in Review 2023–25 highlights implementation progress of key strengthening Medicare measures. It aligns with the framework's commitment to include reportable data and outcomes on the uptake of foundational strengthening Medicare measures.[10]

Emerging data trends highlight both strengths in Australia's primary care system and improvements resulting from strengthening Medicare implementation. The data also identifies challenges in the primary care system, underscoring the need for reform and an agile primary care system that continues to meet the evolving health needs of all Australians.

The early achievements and widespread uptake of these measures by both Australians and the primary care sector demonstrates delivery of real-world benefits.

Supplementary data aligned to reporting commitments as set out in the framework is included in Appendix B.

Bulk billing incentives

The government tripled bulk billing incentive payments for Commonwealth concession card holders and children under 16 years of age when accessing a range of Medicare Benefits Schedule (MBS) consultation items, encouraging more medical practitioners to bulk bill.

The Government invested $3.5 billion towards improving bulk billing over 5 years, from 2022–23.

The rollout of the bulk billing changes was fully implemented and delivered as planned on 1 November 2023. The overall bulk billing rate increased by 3.2% between October 2023 and June 2025, meaning a greater proportion of Australians were able to see their doctor free of charge.

In the 2025–26 Budget, the government announced an additional $7.9 billion investment to strengthen Medicare through more bulk billing of general practitioner (GP) services. From 1 November 2025, the government will expand the eligibility for bulk billing incentive items to all Australians.

This means GPs who provide a bulk billed service to any Medicare-eligible patient will receive a bulk billing incentive payment. Additionally, general practices will be able to participate in the Bulk Billing Practice Incentive Program. General practices which bulk bill all their patients for all eligible services will receive an additional 12.5% payment, split between the GP and practice.

MBS data indicates a decline in the proportion of bulk billed GP non-referred attendances (NRAs) in 2022–23. This decrease in bulk billing rates was due to a range of factors, including a return to standard billing practices after an increase in bulk billing due to the COVID-19 pandemic.[13]

[13] Australian Government (2024) 'Medicare bulk billing and out-of-pocket costs of GP attendances over time' Australian Institute of Health and Welfare, available at: https://www.aihw.gov.au/reports/medicare/medicare-bulk-billing-of-gp-attendances-over-time/contents/summary

Figures 2 and 3 demonstrate an increase to bulk billing rates, from 1 November 2023, when the bulk billing incentive was tripled for Commonwealth concession card holders and children under 16 years of age.

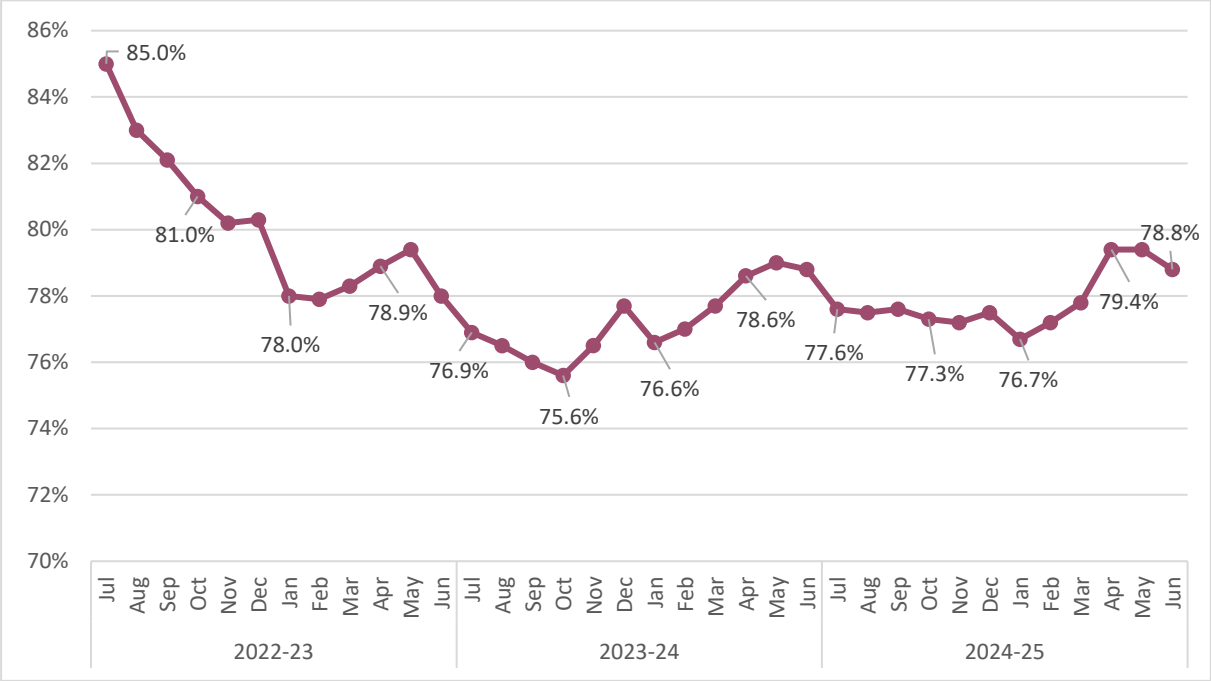

Figure 2. Proportion of GP NRAs which were bulk billed, monthly

Base: Proportion of all GP NRAs claimed on the MBS which were bulk billed as calculated using MBS data from 2022–23 to 2024–25.

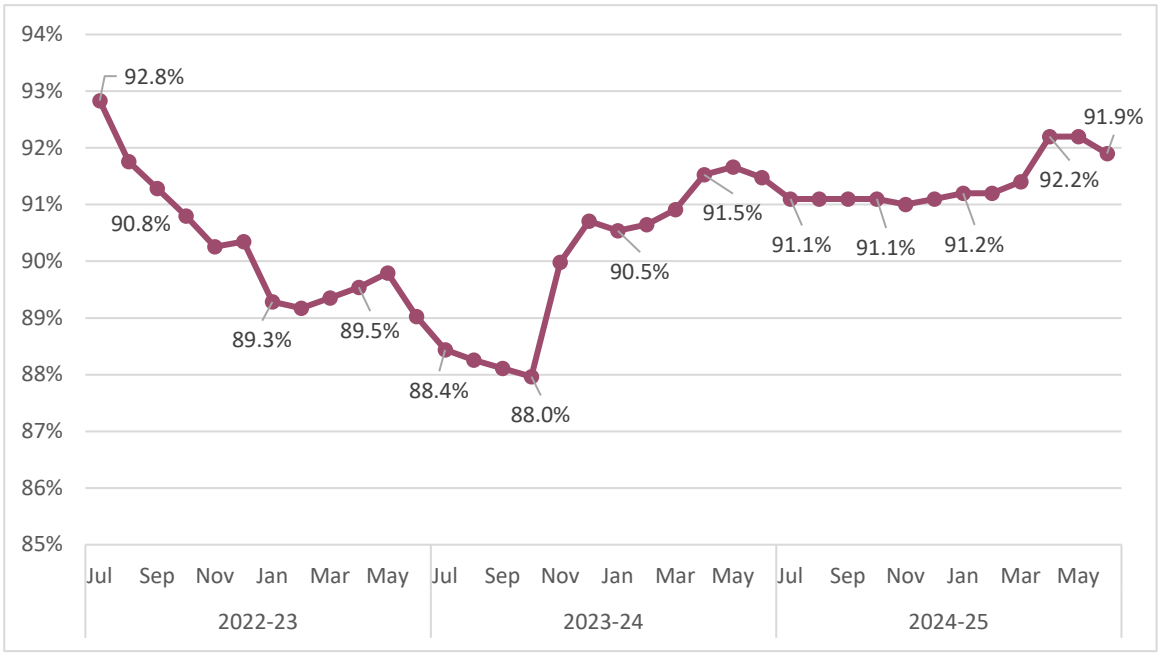

Figure 3. Proportion of GP NRAs which were bulk billed for Commonwealth concession card holders and children under 16, monthly

Base: Proportion of all GP NRAs claimed on the MBS which were bulk billed for Commonwealth concession card holders and children under 16 as calculated using MBS data from 2022–23 to 2024–25.

Medicare Urgent Care Clinics

The government invested $771.6 million over 5 years from 2022–23 to establish and operate 87 Medicare Urgent Care Clinics (UCCs) across Australia.

Medicare UCCs aim to ease the pressure on hospitals and emergency departments and give families more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care.

Services provided by Medicare UCCs are fully bulk billed, meaning that there is no cost to the individual patient.

In the 2025–26 Budget, the government announced an additional $657.9 million investment for a further 50 Medicare UCCs. This brings the investment to a total of $1.4 billion over 7 years for the establishment and operation of 137 Medicare UCCs across Australia.

As at 30 June 2025, there were over 1.6 million presentations across the 87 Medicare UCCs since the first clinics were implemented in June 2023.

- Across Medicare UCCs in Australia, the largest proportion of patients have been children, with 29% visits from individuals aged under 15 years.
- Additionally, 29% of visits have taken place on a weekend.
- Of the visits that took place during weekdays at Medicare UCCs, 25% have taken place at 5 pm or later.

The Department of Health, Disability and Ageing (the department) works closely with Medicare UCC service commissioners (Primary Health Networks and state and territory governments) to support the operations of clinics and ensure they're embedded with local health services.

The Medicare Urgent Care Clinics Program Evaluation (the evaluation) is being undertaken from 2023 to 2026. The evaluation is based on measures of success developed and agreed by the Commonwealth, and state and territory governments. These measures include delivering timely, quality and coordinated care, cost-effectiveness, reduction of pressure on hospital emergency departments and providing positive experience for patients and providers.

The First Interim Report provides early insights into the operations of the Medicare UCC Program. The final report is due in 2026.

The First Interim Report can be found on the department's website.[14]

Strengthening Medicare joint reviews

In 2023–24 and 2024–25, various independent reviews were undertaken as part of strengthening Medicare. These reviews were in response to the taskforce recommendations to identify the gaps and opportunities for future primary care reform.

[14] Australian Government (2025) 'Evaluation of the Medicare Urgent Care Clinics: Interim Evaluation Report 1' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/resources/publications/medicare-urgent-care-clinics-program-evaluation-first-interim-report?language=en

The findings and recommendations from the strengthening Medicare joint reviews will be used to guide policy direction of future primary care reforms. The department has formed a taskforce to consolidate the review findings and work with stakeholders on advice to government drawing from the review recommendations.

A Better After-Hours System – 2023–24 Review of After-Hours Primary Care Programs and Policy

After-hours primary care provides care to people with urgent but non-life-threatening conditions. It can ease pressure on emergency departments and ensure Australians can get urgent care when needed.

A Better After-Hours System – 2023–24 Review of After-Hours Primary Care Programs and Policy (the after-hours review) commenced in October 2023 and examined:

- the current state of the after-hours primary care system
- ways to better integrate after-hours care with other services
- the effectiveness of existing after-hours policies and programs.

The after-hours review was completed in June 2024, and identified:

- challenges to accessing, navigating and provide after-hours care
- a need for better incentives
- a need for a consistent national approach to after-hours care.

The final report for the after-hours review is available on the department's website.[15]

Working Better for Medicare Review

The Working Better for Medicare Review commenced in November 2023. It examined:

- the effectiveness of workforce distribution levers
- how distribution levers work and align with health workforce policies and priorities.

The Working Better for Medicare Review was completed in October 2024. It proposed several recommendations on which levers should be retained or changed, as well as alternative strategies to support health workforce distribution.

The final report for the Working Better for Medicare Review is available on the department's website.[16]

Review of General Practice Incentives

General practice incentives aim to support recruitment and retention of a sustainable health workforce and support best-practice care, including in First Nations care, quality improvement and digital health.

The Review of General Practice Incentives examined whether the Practice Incentives Program and Workforce Incentive Program were effective and fit for purpose. It also

[15] Australian Government (2024) 'After Hours Review 2023–24' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/our-work/after-hours-review
[16] Australian Government (2024) 'Working Better for Medicare Review – Final Report' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/our-work/working-better-for-medicare-review

considered international evidence on best-practice blended funding models to meet evolving health needs in primary care.

The Review of General Practice Incentives was completed in October 2024. It identified the challenges with current incentive programs regarding:

- impact
- effectiveness
- efficiency
- sustainability
- future considerations for each program.

The final report for the Review of General Practice Incentives is available on the department's website.[17]

Unleashing the Potential of our Health Workforce – Scope of Practice Review

Scope of practice refers to the tasks, responsibilities and activities a health professional is educated, authorised and capable of performing as part of their job. The level healthcare professionals are able to work to, to achieve their full potential differs depending on factors such as the health needs of their patients, environment, competence, training and confidence.

Unleashing the Potential of our Health Workforce – Scope of Practice Review (scope of practice review) commenced in October 2023, identifying the enablers and challenges for health professionals to work to their full scope of practice and providing multidisciplinary team care. The scope of practice review was finalised in October 2024 and provided recommendations regarding:

- workforce training
- accreditation
- regulatory models
- removal of unnecessary barriers to support health professionals working to a full scope of practice.

The final report for the scope of practice review is available on the department's website.[18]

MyMedicare

MyMedicare is a voluntary patient registration model that aims to strengthen and formalise relationships between patients, their general practice, GP and primary care teams, encouraging continuity of care.

The 2023–24 Budget invested $276.3 million over 4 years from 2023–24 to establish MyMedicare and deliver a tailored funding package for GPs to support aged care residents and deliver wraparound primary care for frequent hospital users.

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[17] Australian Government (2024) 'Review of General Practice Incentives' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/our-work/review-of-general-practice-incentives
[18] Australian Government (2024) 'Unleashing the Potential of our Health Workforce – Scope of Practice Review' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/our-work/scope-of-practice-review

From 1 July 2023, practices have been able to prepare for MyMedicare by registering with Services Australia and subsequently completing MyMedicare registration from 1 October 2023.[19]

MyMedicare is the foundation upon which a stronger, more personalised Medicare is being built. Registered patients will receive more tailored, quality care from their regular general practice and primary care team.

The success of the MyMedicare system was demonstrated through the uptake of the General Practice in Aged Care Incentive (GPACI). GPACI registrations went live on 1 July 2024. GPACI has led to increased services in aged care homes.

MyMedicare figures as at June 2025:

- 6,654 practices registered
- 3,211,073 patients registered
- 53,489 linked providers.

GPACI figures as at June 2025:

- 2,976 practices registered
- 112,997 patients registered
- 1,744 GPACI registered practices with active patients.

From 1 November 2023, triple bulk billing incentives were available, if registered with MyMedicare, for children under 16 and Commonwealth concession card holders accessing Levels C, D and E telehealth services.

Triple Bulk Billing of MyMedicare Telehealth items status as at June 2025:

- 200,653 services provided.

Since launch of MyMedicare there has been a gradual, continuous uptake by patients (Figure 4) and a rapid initial uptake followed by gradual ongoing increases by both providers (Figure 5) and practices (Figure 6).

[19] The MyMedicare registration system does not hold any clinical health information. Clinical health information will continue to be stored in patients' My Health Record.

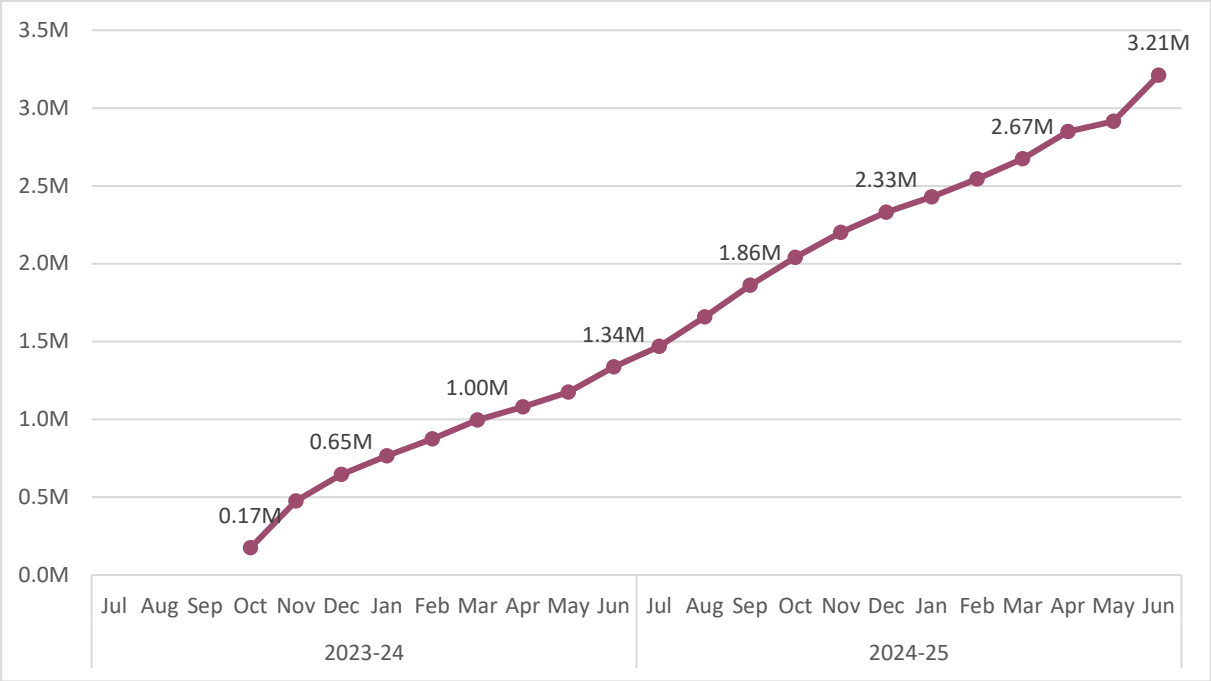

Figure 4. Total number of MyMedicare patient registrations

Base: Total number of patients registered with MyMedicare, by month, from 2023–24 to 2024–25.
Note: Monthly reporting of MyMedicare patient registration figures does not align in each instance with exact start and end dates of the reporting month. Therefore, data should be interpreted as a trend rather than as exact figures.

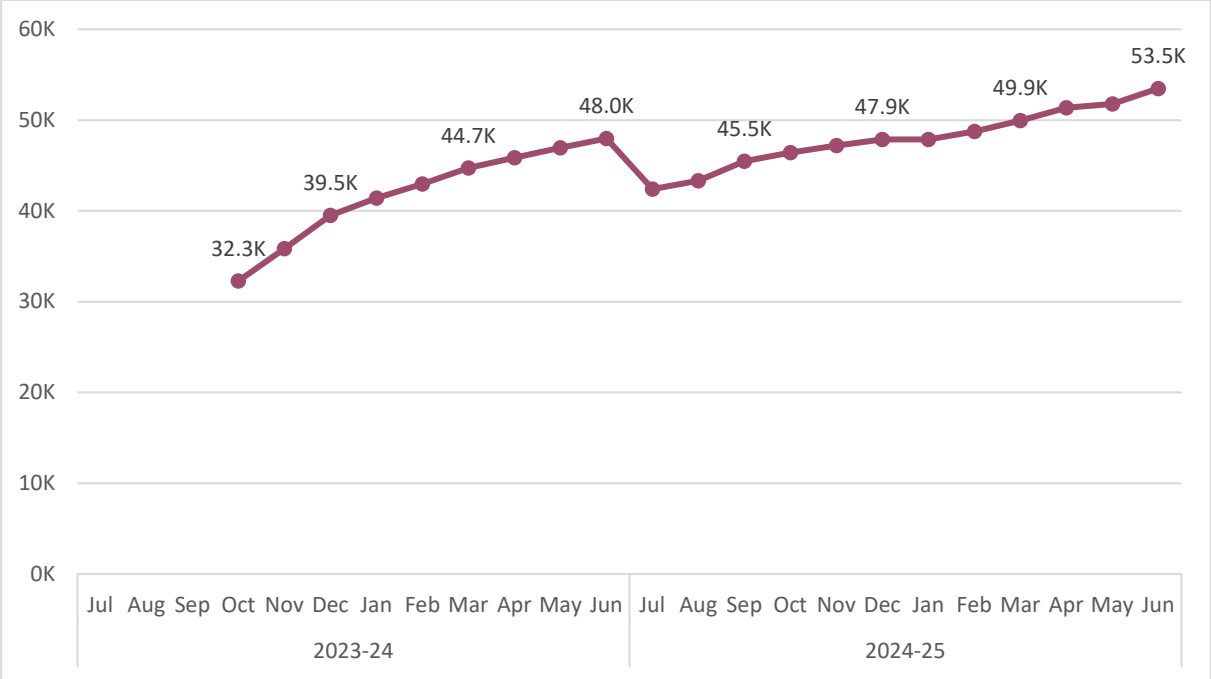

Figure 5. Total number of MyMedicare linked providers

Base: Total number of patients registered with MyMedicare, by month, from 2023–24 to 2024–25.
Note: Monthly reporting of MyMedicare patient registration figures does not align in each instance with exact start and end dates of the reporting month. Data should therefore be interpreted as a trend rather than as exact figures.
The drop in linked provider numbers between June and July 2024 was due to a change in reporting metrics, rather than a real reduction in MyMedicare uptake by providers.

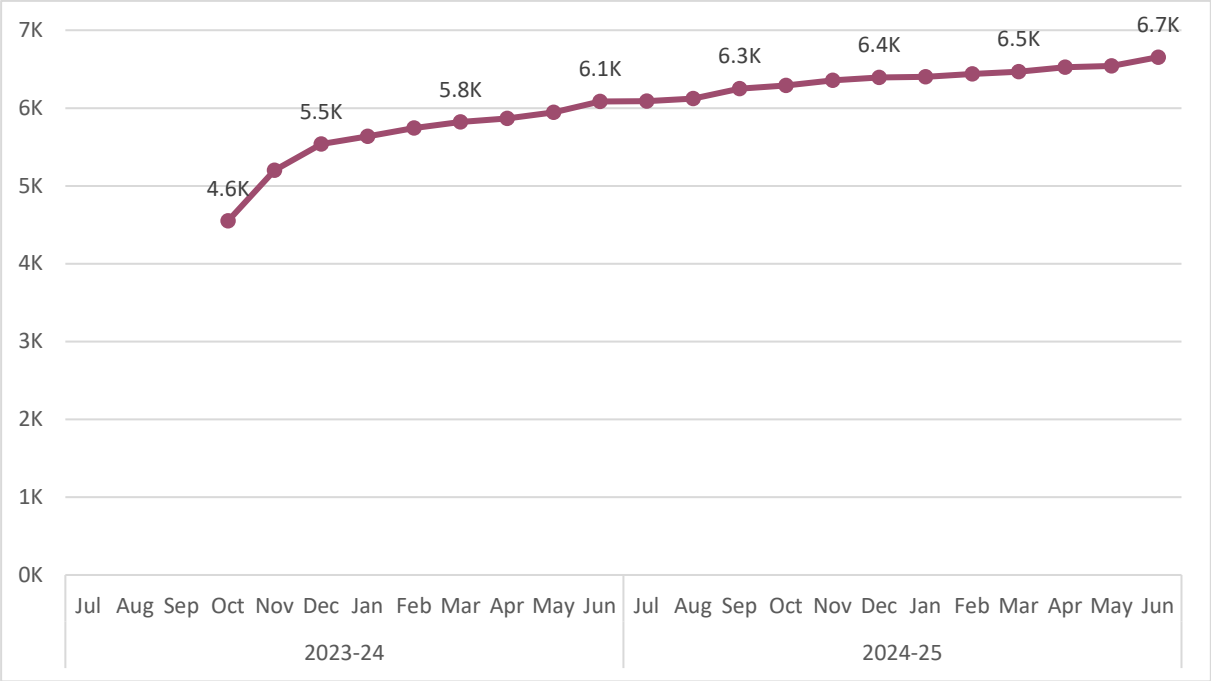

Figure 6. Total number of MyMedicare practice registrations

Base: Total number of practices registered with MyMedicare, by month, from 2023–24 to 2024–25.
Note: Monthly reporting of MyMedicare practice registration figures does not align in each instance with exact start and end dates of the reporting month. Data should therefore be interpreted as a trend rather than as exact figures

Mental health national early intervention service

The government is providing $588.5 million over 8 years from 2024–25 for a new digital national early intervention service to people experiencing, or at risk of experiencing, mild mental ill-health or transient distress.

It is expected the service, currently referred to as the national early intervention service (NEIS), will commence from 1 January 2026 and provide free low-intensity cognitive behavioural therapy delivered by skilled and trained professionals via phone or video. It will also provide a curated set of free, evidence-based online tools. Services will be free and accessible without a diagnosis or referral from a GP.

The NEIS seeks to:

- improve access to low-intensity, early intervention mental health services
- reduce pressure on higher acuity services ensuring those services are available for the people who need them
- support the development of a trained workforce to safely deliver low-intensity cognitive behavioural therapy and potentially other low-intensity mental health supports over time.

The NEIS will be implemented through a staged roll-out over 3 years, with over 150,000 people expected to be supported each year once it reaches maturity in 2029.

The department has undertaken a comprehensive design and consultation phase to inform the design and implementation of the NEIS. From October to December 2024, the

department conducted targeted consultations with over 180 stakeholders from more than 90 organisations including:

- service providers
- representatives of people with lived experience and priority populations
- clinicians
- national and international experts
- states and territories.

An Expert Advisory Group was established in November 2024 to provide strategic guidance and advice on the design and implementation of the NEIS. The Expert Advisory Group is chaired by the department's Chief Psychiatrist and comprises experts in areas such as health and mental health service delivery, digital mental health and other emerging technologies, lived experience of mental health, clinical, research and academic expertise in mental health.

On 16 June 2025, the department released an open competitive approach to market to engage a service provider to deliver the NEIS.

Modernising My Health Record

My Health Record (MHR) is an online electronic summary of an individual's health information. It aims to improve continuity of care by acting as a centralised record of key health information.

Consumers and healthcare providers can upload and view key health information such as care plans, pathology and diagnostic imaging reports, discharge summaries, immunisation history, and prescription records.

In the 2023–24 Budget the government invested $429 million over 2 years to modernise MHR and implement new initiatives to improve digital health information sharing. This included $350.9 million to support the MHR system's continued operation.

In the 2024–25 Budget, an additional $57.4 million was provided as a targeted investment to continue critical digital health initiatives to strengthen Medicare and modernise primary care.

In the 2025–26 Budget, the Australian Government invested a further $244.3 million over 2 years. This includes:

- $236.4 million in 2025–26 to advance digital health priorities and continued modernisation of MHR, including $183.4 million for its continued operation
- $7.9 million in 2026–27 to continue select digital health initiatives.

These investments include the sharing of pathology and diagnostic reports to MHR by default, with passage in February 2025 of the *Modernising My Health Record Sharing by Default Act 2025* (Sharing by Default Act).

The modernising MHR initiative aims to provide consumers and healthcare providers better and faster access to key health information when it is needed. This will empower consumers to be involved in their own health and support healthcare providers to provide continuous care and more informed clinical decisions.

The department is working with the Australian Digital Health Agency to support these changes to the MHR system.

Work includes:

- transitioning MHR to a data-rich platform, aligning with nationally agreed Fast Healthcare Interoperability Resource (FHIR) standards for improved interoperability with public and private clinical systems
- developing data and exchange FHIR standards in healthcare through the community-led Sparked Program
- enhancing digital maturity in the allied health sector by funding software vendors to develop MHR-conformant software for allied healthcare providers
- designing end-to-end digital capabilities and pathways, including e-requesting and e-referrals
- implementing the Sharing by Default Act, which provides the legislative framework to require the sharing of key health information with the MHR system by default, and the Sharing by Default Rules, which will set out what health information must be shared and by which healthcare providers (commencing with pathology and diagnostic imaging reports)
- providing consumers with faster access to their pathology and diagnostic imaging reports by removing the current delay before consumers can access their pathology and diagnostic imaging reports in MHR
- analysis for the development of an authorisation framework for national consent-based health information sharing, working with jurisdictions to build consensus and agreement.

Uptake of MHR and usage data by both consumers and healthcare providers demonstrates increased health data access which can support decision-making and patient care.

The number of eligible Australians with an MHR continues to rise (Figure B24, Appendix B), along with registration by those who had previously opted out (Figure B25, Appendix B) or deleted their record (Figure B26, Appendix B).

The number of consumers accessing their record to view or submit information is also trending upwards (Figure 8), as is the amount of information being uploaded by consumers (Figure B27, Appendix B).

Key document uploads by health care providers also continues to increase (Figures B28–B30, Appendix B), as does the viewing of these documents across different organisations to inform continuous, comprehensive patient care (Figures 9 and 10). Healthcare providers' usage of MHR is also growing, with more than a quarter (416 million out of 1.6 billion) of all clinical documents ever uploaded being added between January and December 2024.[20]

There is also an upward trend of healthcare providers viewing content.[20]

[20] Australian Government (2025) 'My Health Record Statistics and insights' Australian Digital Health Agency, available at: https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/statistics

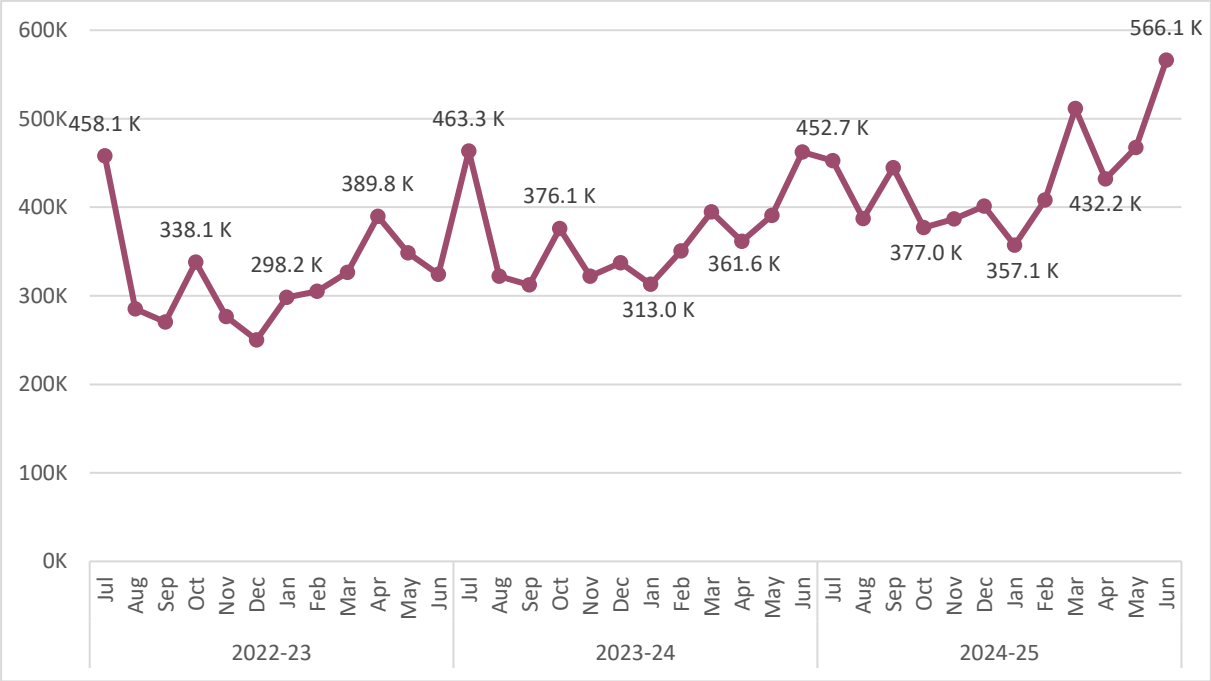

Figure 8. Number of consumers who accessed their My Health Record

Base: Total unique number of Australians who accessed their My Health Record, by month, from 2022–23 to 2024–25.

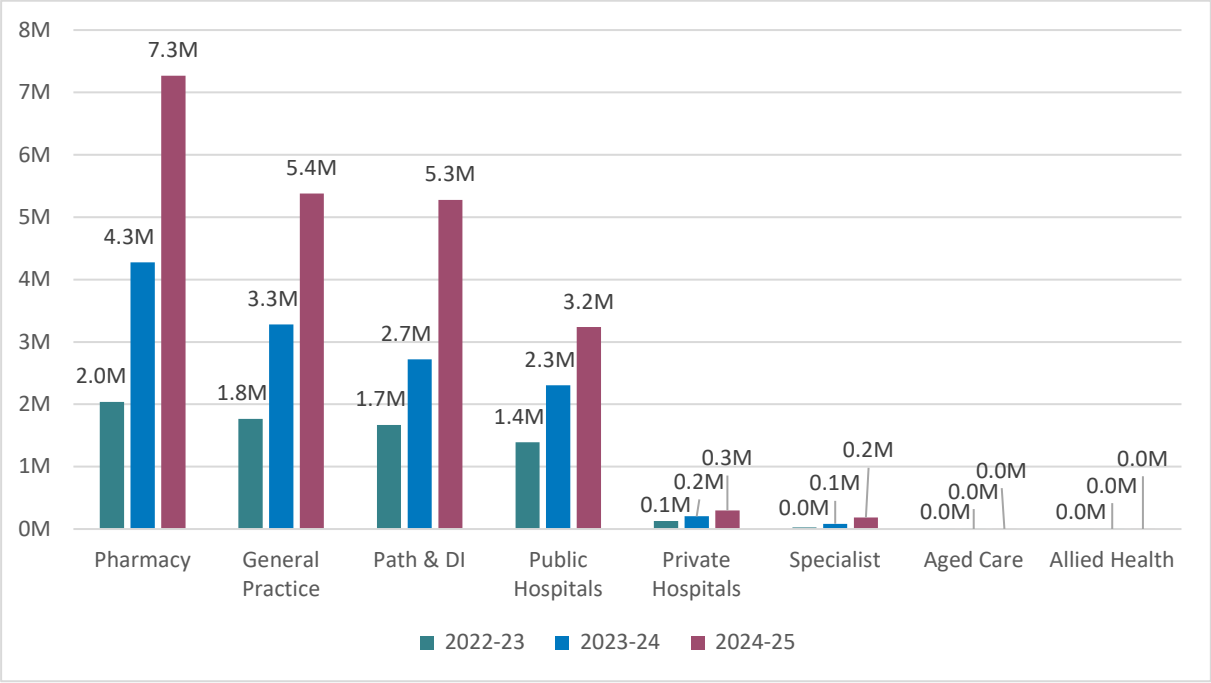

Figure 9. Number of key documents uploaded to My Health Record which were viewed by other provider organisations

Base: Total number of key documents uploaded to My Health Record which were subsequently viewed by other health care provider organisations from 2022–23 to 2024–25.

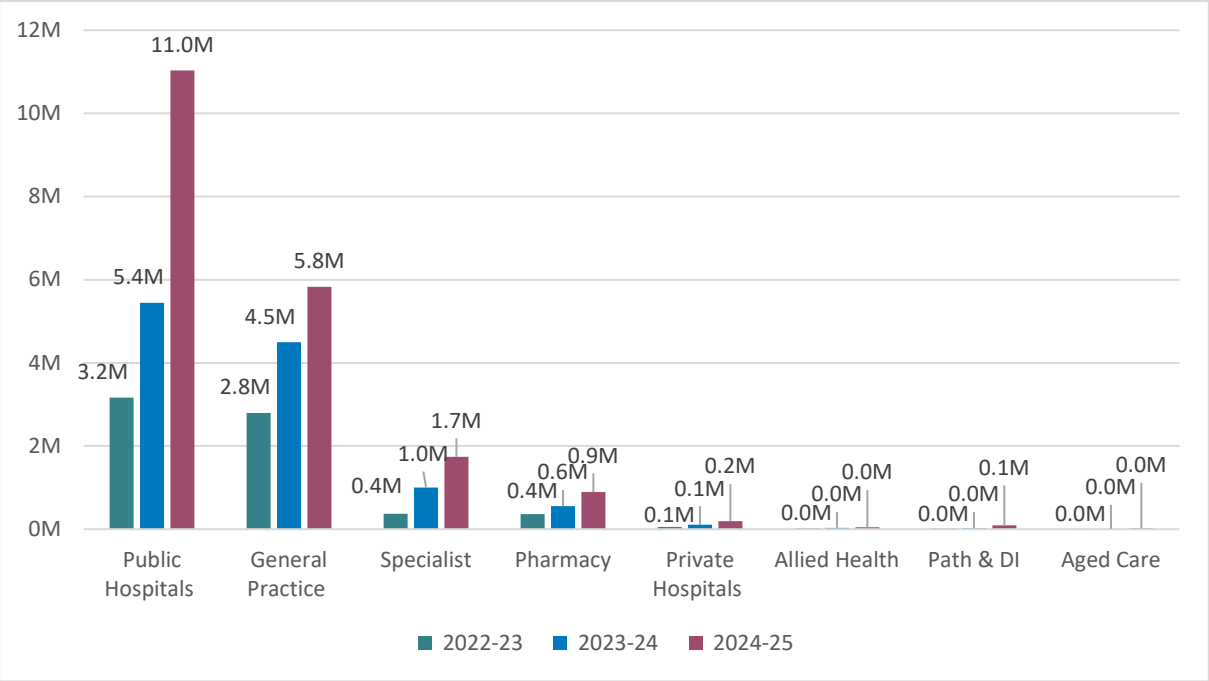

Figure 10. Number of key documents viewed in My Health Record which were uploaded by other provider organisations

Base: Total number of key documents viewed on My Health Record which were uploaded by other health care provider organisations from 2022–23 to 2024–25.

Strengthening electronic prescribing

Electronic prescribing is available nationally in community healthcare settings, offering a secure and convenient alternative to paper prescriptions. It relies on the National Prescription Delivery Service (NPDS) to transmit prescriptions from prescribers to dispensers, ensuring timely and accurate access to medicines.

In the 2023–24 Budget, the government committed $111.8 million over 4 years from 2023–24 to the strengthening electronic prescribing budget measure. This investment supports the transition to a single NPDS, electronic prescribing by default, the National Electronic Medication Chart Framework (NEMCF), and the Medication Management in Remote Area Aboriginal Health Services (RAAHSs) project.

The NPDS was launched on 1 July 2023, creating certainty for the exchange of nearly 300 million eligible prescriptions each year between prescribers and dispensers. The transition to a single service has simplified the prescription delivery ecosystem and strengthened Commonwealth governance over the safe and secure management of electronic prescriptions. It also enables improved cyber security protections and helps ensure the government's significant investment delivers meaningful benefits for consumers and the health system.

Drawing on qualitative and quantitative research, the policy approach has shifted from mandating electronic prescriptions for certain medicines to electronic prescribing by default. This change better supports the objective of increasing uptake across the health system. Implementation will be phased, beginning with trial and evaluation. Expansion will be guided

by real-world insights to ensure responsiveness to the needs of consumers, prescribers, dispensers and the broader healthcare system.

The NEMCF is a strategic initiative designed to support the widespread adoption of National Electronic Medication Charts across facility-based care settings. Its aim is to enhance consumer safety, reduce medication errors and improve the efficiency of healthcare delivery. The NEMCF is currently under development in close consultation with jurisdictions and the NEMCF Clinical Advisory Group.

The Medication Management in RAAHSs project examined medication management practices, pain points and digital readiness in services operating under the S100 RAAHS program. This is the first review of its kind since the program was established in 1999, and the scoping study is nearing finalisation.

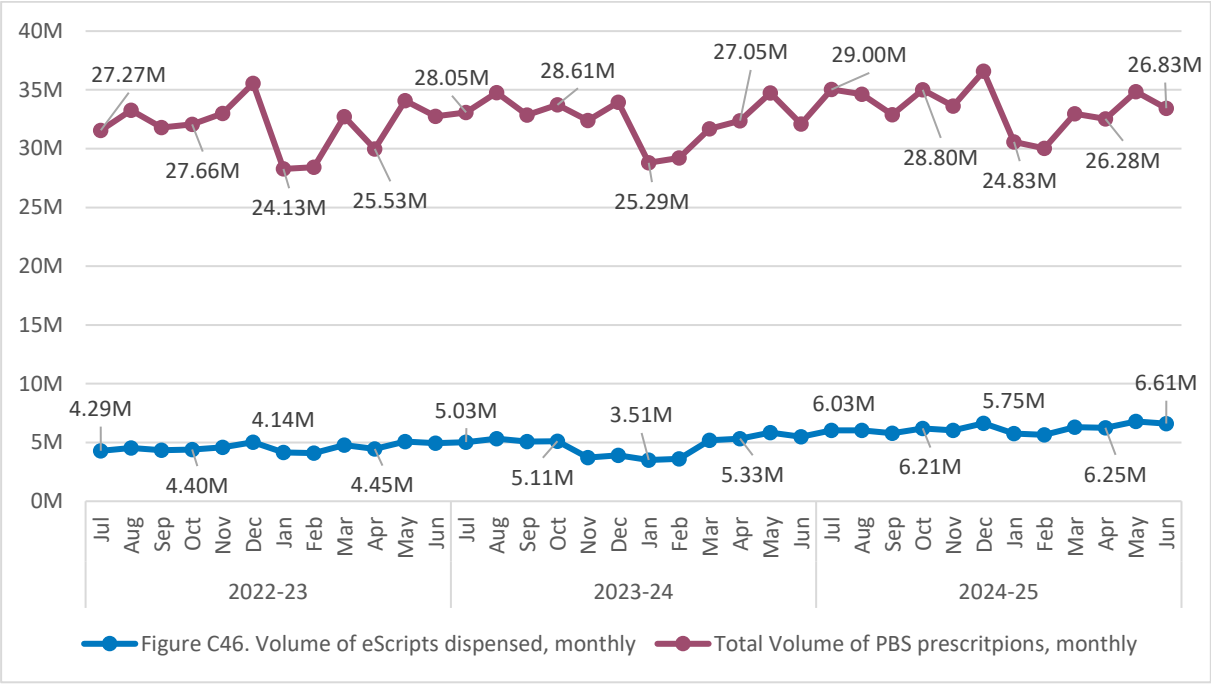

Figure 11. Monthly trend in electronic prescriptions dispensed in comparison with total Pharmaceutical Benefits Scheme (PBS) prescriptions dispensed

Base: PBS data maintained by Department of Health, Disability and Ageing, processed by Services Australia on or before 21 July for 2022–23 to 2024–25. Does not include supply to Department of Veterans' Affairs patients.
Note: PBS data does not capture over-the-counter drugs, private prescriptions (non-PBS) or public inpatient prescriptions. Figures subject to change due to late claims and adjustments by pharmacies.
Data anomaly for electronic prescriptions from November 2023 to February 2024, which was corrected from March 2024 onwards.

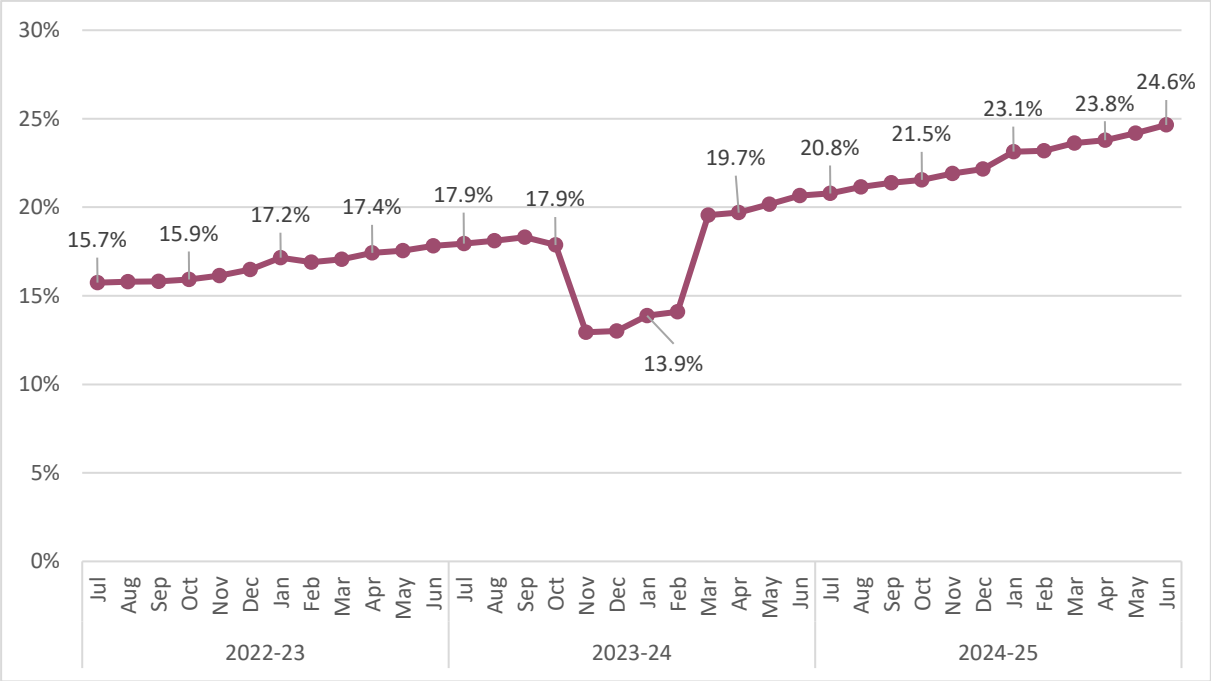

Figure 12. Monthly trend in electronic prescriptions dispensed as a percentage of total PBS prescriptions dispensed

Base: PBS data maintained by Department of Health, Disability and Ageing, processed by Services Australia on or before 21 July for 2022–23 and 2024–25. Does not include supply to Department of Veterans' Affairs patients.
Note: PBS data does not capture over-the-counter drugs, private prescriptions (non-PBS) or public inpatient prescriptions. Figures subject to change due to late claims and adjustments by pharmacies.
Data anomaly for electronic prescriptions from November 2023 to February 2024, which was corrected from March 2024 onwards.

Consumer engagement

The government is working with the Consumers Health Forum of Australia (CHF) and the Federation of Ethnic Communities' Council of Australia (FECCA) to ensure primary care policies and services meet people's needs, including for priority populations.

CHF was allocated $10.5 million over 4 years from 2023–24 to drive national consumer engagement in primary care reform. A further $2.5 million was allocated to FECCA as seed funding to establish the Australian Multicultural Health Collaborative (the collaborative) as a platform to engage multicultural primary care consumers.

During 2023–24 and 2024–25 CHF delivered 11 consumer roundtables. These roundtables promote engagement with consumers to better understand the perspectives and needs of Australians, and involve them in the design, development and delivery of primary care reform.

During these years, CHF also undertook the first two waves of the National Consumer Sentiment Survey, which takes the pulse of consumer sentiment and any changes across the reform period. Selected findings from these first two waves are available in Figures B11 and B20 in Appendix B.

Additionally, CHF is conducting capability building activities to increase the department's capability to engage meaningfully with consumers in developing health policies and services.

In February 2024, the collaborative established the National Multicultural Health Consumers and Carer Network (the network) to provide a platform to engage multicultural primary care consumers in primary care policy design and delivery. The network works closely with CHF and participates in consumer representative roundtables to provide feedback on policy reform, design and delivery.

Network membership consists of 16 consumers and carers, with a carer and consumer representing each state and territory. The network has been involved in a range of consultations, providing insights and advice to inform the development of policy and programs.

General Practice Grants Program

The General Practice Grants Program provided funding to eligible general practices and Aboriginal Community Controlled Health Organisations (ACCHOs) to make improvements to practices, expanding patient access and supporting safe and accessible quality primary care.

General practices and eligible ACCHOs were able to apply for grants between $25,000 and $50,000, with a total of up to $220 million in funding available over 2 years from 2022–23 to 2023–24. A single, one-off grant was available to applicants to invest in one or more of three investment streams:

- enhancing digital health capacity – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards
- upgrading infection prevention and control arrangements – to support the safe, face-to-face assessment of patients with potentially infectious respiratory diseases
- maintaining or achieving accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for General Practice, under the General Practice Accreditation Scheme – to promote quality and safety in general practice.

Through the General Practice Grants Program, a total of $189.3 million was provided to 7,047 general practices and $3.8 million to 126 ACCHOs.[21]

Practices allocated grant funding across the three chosen investment streams[22]:

- digital health capability improvements by 90% of general practices and 67% of ACCHOs
- infection prevention and control improvements by 72% of general practices and 31% of ACCHOs
- maintaining or achieving accreditation by 84% of general practices and 66% of ACCHOs.

The General Practice Grants Program Evaluation: Final Report is available on the department's website.[23]

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[21] The program had allocated a total funding of $220 million in grants over two years. The final expenditure is to be confirmed following the financial acquittal process undertaken with grantees has been completed, taking into consideration underspends.
[22] Percentage represents the proportion of returned grant agreements that had selected the investment stream. More than one investment stream could be selected.
[23] Australian Government (2025) 'Strengthening Medicare – General Practice Grants Program Evaluation: Final Report' Department of Health, Disability and Ageing, available at: https://www.health.gov.au/resources/publications/strengthening-medicare-general-practice-grants-program-evaluation-final-report?language=en

Next Steps

Strengthening Medicare measures, comprising of evolving reforms, are being introduced and implemented progressively, and reflect the complexity and breadth of the transformation occurring within the Australian health care system.

This is the first in a series of annual monitoring reports, capturing the early phase of implementation. Findings from new and existing measures, as well as recommendations arising from the strengthening Medicare joint reviews, will help guide future coordinated and cohesive improvements to primary care in Australia.

Subsequent reports will provide continued insights into progress and impact of reforms on individuals, communities and primary care providers.

Anticipated highlights in 2025–26 include:

- tripling of bulk billing incentives for all Medicare-eligible patients
- establishment of 50 new Medicare UCCs
- launch of the mental health national early intervention service
- establishing 1800MEDICARE
- implementation of key health workforce and women's health measures
- selected local investments to improve access to bulk billed primary care.

Appendices

Appendix A: Implementation status of individual reform measures at June 2025

Legend	Measure delivery phase	Description
	Planning	The measure is undergoing activities such as identifying and allocating resources, developing a plan/model, defining schedule of activities and milestones, governance and reporting mechanisms, external contracting, initial consultations and seeking approval.
	Implementation / Delivery	Measures in this phase may be in the process of collaborating with agencies/ecosystem partners to operationalise the measure/service. Some deliverables have been produced or are available to the public/targeted stakeholders. There is progress towards milestones and early benefits may be observed.
	Delivery complete / Monitoring in progress	The measure has been delivered and the corresponding service is in operation or transitioned to business as usual. Monitoring and evaluation activities are being conducted.
	Measure evaluation phase	Description
	Not currently planned	The measure has not commenced planning for an evaluation, does not currently have a plan to evaluate or evaluation is not applicable.
	Planning	The measure has plans to evaluate and may be developing key evaluation documents, seeking advice and undertaking procurement.
	Currently being undertaken	The measure is currently undertaking evaluation activities, including reporting.
	Complete	The measure has finalised evaluating and reporting.

Notes:

- Some reform measures such as reviews, frameworks and strategic developments and data structures may be unsuitable for an evaluation. Some initiatives may have an alternative review or assessment arrangement in place of an evaluation. There are also measures that are currently not undertaking or intending to undertake an evaluation but may evaluate at a later stage as the measure progresses.
- Measures in the table below have been categorised according to the Strengthening Medicare Taskforce Report priority area they most closely align with.
- Funding refers to the entirety of funding provided for a measure.
- *This funding is not received by the Department of Health, Disability and Ageing in its entirety and is split with other agencies as delivery partners.

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
Increase Access to Primary Care	Implementation of MyMedicare (Voluntary Patient Registration)	MyMedicare will strengthen and formalise the relationship between patients and their primary care providers, drive improvements in the access and delivery of integrated quality care and provide a platform to support incentive payment reform.	$19.7m over 4 years from 2023–24	Implementation / Delivery	Planning
	Medicare Urgent Care Clinics	Medicare UCCs aim to ease the pressure on our hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care. Medicare UCCs provide urgent care services for injuries and illnesses such as closed fractures, wounds and minor burns. These services are bulkbilled, resulting in no out-of-pocket costs to Medicare-eligible patients.	$771.6m over 5 years from 2022–23 for 87 Medicare UCCs $657.9m over 3 years from 2025–26 for further 50 Medicare UCCs	Delivery complete of 87 Medicare UCCs Implementation / Delivery of further 50 Medicare UCCs in 2025–26	Currently being undertaken
	Supporting Bulk Billing in General Practice	Tripling the bulk billing incentive to support GPs to continue to bulk bill Australians who feel the cost-of-living pressures most acutely, including children and concession card holders.	$3.5b over 5 years from 2022–23	Delivery complete/ Monitoring in progress	Not currently planned
	Levels C and D Phone Consultations	From 1 November 2023 the Federal Register of Legislation – Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021 was updated to allow patients registered with MyMedicare access to longer GP telehealth consultations, Level C (longer than 20 minutes) and D (longer than 40 minutes), and phone items with their nominated practice.	$5.9m over 5 years from 2023–24	Delivery complete/ Monitoring in progress	Not currently planned
	Wraparound Primary Care for Frequent Hospital Users	The Wraparound Primary Care for Frequent Hospital Users program will support people with complex chronic conditions who frequently present to hospital emergency departments to connect to a primary care practice through MyMedicare.	$98.9m over 4 years from 2023–24	Planning	Planning

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
Increase Access to Primary Care	Reform of After-Hours Programs	Review and re-design of primary care after-hours programs and services, with Primary Health Networks (PHN) supported to extend the PHN After-Hours programs for two years and commission services to improve access to primary care for multicultural communities and people experiencing homelessness.	$143.9m over 2 years from 2023–24 $68.4m in 2025–26	Implementation / Delivery	Currently being undertaken
	Supporting Health, Care and Support Services in Thin Markets – Integrated Care and Commissioning Trials	The project brings together government resources across health, aged care, disability, and veterans' care sectors to understand and address local care and support service availability issues across up to 10 trial sites (4 currently operational). Through engagement with service providers and communities, it seeks to improve service availability through collaborative, place-based and innovative approaches.	$27.0m over 4 years from 2023–24*	Implementation / Delivery	Currently being undertaken
	Supporting Health, Care and Support Services in Thin Markets – Development of innovative delivery models	Initiate development of a response to failure or ongoing instability in primary health, care and support service systems.	$17.5m over 2 years from 2022–23 $17.4m in 2024–25 $17.4m in 2025–26	Planning Note: Measure returned to planning phase to due to 2025–26 Budget top-up funding	Not currently planned
	Supporting Health, Care and Support Services in Thin Markets – Stocktake and review of distribution program and policy levels	The Working Better for Medicare Review examines the effectiveness of our current health workforce distribution levers.	Funding for this review was provided under the $44.5m allocation in 2023–24 to support health, care and support services in thin markets	Delivery complete/ Monitoring in progress	Not currently planned

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
	Reduce Disparity in Access to Primary Care	Funding for the Royal Flying Doctor Service to provide emergency aeromedical evacuations and primary health care services to people in remote communities.	$29.1m over 2 years from 2023–24 $73.8m over 3 years from 2024–25	Implementation / Delivery	Planning
Increase Access to Primary Care	Chronic Wound Consumables Scheme	The Chronic Wound Consumables Scheme improves the health outcomes for older Australians, with diabetes and chronic wounds, and reduces the burden of chronic wounds on the health system, community and participants through access to fully subsidised wound consumables.	$47.8m over 5 years from 2022–23*	Implementation / Delivery	Currently being undertaken
	Continuation of Other Medical Practitioner Programs	The Other Medical Practitioner (OMP) programs provide access to higher Medicare rebates for doctors without fellowship who deliver services in approved locations and meet eligibility requirements. This is an investment to enable non-vocationally recognised doctors to receive MBS rebates under the OMP programs.	$34.6m over 2 years from 2023–24 $8.1m over 3 years from 2024–25	Delivery complete/ Monitoring in progress	Not currently planned
	Lowering the Cost of Medicines through Changes to Maximum Dispensing Quantities	Pharmacies will be able to dispense 2 months' worth of certain PBS medicines from 1 September 2023.	$1.2b efficiency over 5 years from 2022–23	Delivery complete/ Monitoring in progress	Not currently planned
	Reform of MBS General Practice Attendance Items	Reform of MBS time-tiered general attendance items for general practice, including $250.8 million of efficiencies to introduce a minimum consultation time for Level B items to promote consistency in GP billing practices, and $99.1 million to establish a new Level E MBS item for a longer consultation of 60 minutes or more to support improved access and service affordability for patients with chronic conductions and complex needs.	$151.7m efficiency over 5 years from 2022–23	Delivery complete/ Monitoring in progress	Currently being undertaken
	Improving First Nations Cancer Outcomes	Supports the ACCHO sector to respond to and support cancer care needs on the ground, and ensures mainstream services are culturally safe and accessible by First Nations people with cancer.	$238.5m over 4 years from 2023–24*	Implementation / Delivery	Planning

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
	General Practice in Aged Care Incentive	Providers and practices will receive new incentive payments to deliver continuous, quality care to their MyMedicare-registered patients living in Residential Aged Care Homes.	$112.0m over 4 years from 2023–24	Implementation / Delivery	Currently being undertaken
Increase Access to Primary Care	Reformed Opioid Dependence Treatment Program through Community Pharmacies	More than 50,000 Australians who need treatment for opioid dependency will have funded support from their local pharmacy to access the treatment they need at a cost they can afford.	$377.3m over 4 years from 2023–24	Delivery complete/ Monitoring in progress	Planning
	Expanding Pharmacist Scope of Practice to Deliver National Immunisation Program Vaccines	Under the National Immunisation Program Vaccinations in Pharmacy Program, the Australian Government provides funding to community pharmacies to administer free National Immunisation Program vaccines to eligible consumers (individuals over 5 years of age, in accordance with state and territory legislation).	$114.1m over 5 years from 2022–23	Delivery complete/ Monitoring in progress	Not currently planned
	Mental Health National Early Intervention Service	The NEIS will provide low-intensity digital mental health support for people experiencing or at risk of experiencing mild mental ill-health or transient distress. The NEIS will provide free low-intensity cognitive behavioural therapy, delivered by skilled and trained professionals, via phone or video. Services will be free and accessible without a diagnosis or referral from a GP. The service will also provide a curated set of free, evidence-based online tools and resources for people able and willing to try self-guided support.	$588.5 over 8 years from 2024–25	Implementation / Delivery	Currently being undertaken
	Initiatives to Address Long-stay	For states and territories to invest in initiatives to support older people who are or are at risk of becoming long-stay older patients.	$598.8m over 4 years from 2024–25	Implementation / Delivery	Planning

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
	Older Patient Challenges				
	Hospital to Aged Care Dementia Support Program	The Hospital to Aged Care Dementia Support Program will support older hospital patients with dementia to move out of hospital into an aged care setting that meets their ongoing care and support needs. The measure will support the delivery of person-centred and dementia informed care that addresses avoidable escalation of behavioural psychological symptoms of dementia during a hospital stay and when transitioning into aged care. Activities funded under this measure are modelled on the Commonwealth's Acute to Residential Care Transition Service trial and will be delivered in 11 locations with a presence in all states and territories.	$56.8m over 5 years from 2023–24	Implementation / Delivery	Currently being undertaken
	Continuation of Comprehensive Palliative Care in Aged Care Program	Two-year extension for the continuation of the Comprehensive Palliative Care in Aged Care program to support state and territories to deliver specialist palliative care services in residential aged care, through a matched funding agreement.	$24.9m over 2 years from 2024–25	Implementation / Delivery	Currently being undertaken
Multidisciplinary Team Care	Workforce Incentive Program – Increased Payments to Support Multidisciplinary Team Care	Increase in incentives for primary care practices to employ various health professionals, to provide team-based, patient-centred, high-quality, multidisciplinary primary care.	$445.1m over 5 years from 2022–23	Implementation / Delivery	Not currently planned
	Single Employer Models for Rural Health Professionals	Participating GP registrars in regional, rural and remote locations will be employed by one employer throughout their training rotations, allowing increased ease of accruing and accessing employment entitlements and increased certainty of training arrangements.	$6.4m over 6 years from 2022–23	Implementation / Delivery	Currently being undertaken

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
	Improving Patient Care through MBS Nurse Practitioner Services	From 1 July 2024 Medicare patient rebates for nurse practitioners (NPs) increased by 30% and NPs will be able to participate in multidisciplinary case conferences. From 1 November 2024, NPs and endorsed midwives are able to prescribe PBS medicines and provide services under Medicare without the need for a legislated collaborative arrangement.	$46.8m over 4 years from 2023–24	Delivery complete/ Monitoring in progress	Planning
	Scholarships for Future Primary Care Nurses and Midwives	The Primary Care Nursing and Midwifery Scholarship Program will support registered nurses, midwives and First Nations health workers to undertake post-graduate study and improve their skills through scholarships, boosting the workforce in primary care, aged care, regional and rural areas and other areas of workforce shortages in the medium to long-term.	$50.2m over 4 years from 2023–24 $10.5m over 2 years from 2025–26	Delivery complete/ Monitoring in progress	Planning
Multidisciplinary Team Care	Expand the Nursing Workforce to Improve Access to Primary Care	National Nurse Clinical Placement Program - 6,000 clinical placements in primary care for nursing students, over four years from 2023–24. 500 Re-entry Nurse Program - Attract 500 previously registered enrolled nurses and registered nurses back to the nursing workforce and facilitate more nurse practitioners training and working in primary care by encouraging primary care services to facilitate the completion of supervised practice requirements.	$4.2m over 4 years from 2023–24 $1.0m over 3 years from 2024–25	Implementation / delivery	Not currently planned
	National Scope of Practice Review	A review of barriers and incentives for all health professionals to work to their full scope of practice to better use the skills of the entire primary care workforce.	Funding for this review was provided under the $10.7m allocation in 2023–24 to boost the primary care nursing workforce and fund a scope of practice review	Delivery complete/ Monitoring in progress	Not currently planned
	Review of General Practice Incentives Programs	An intensive review to redesign current general practice incentive programs to better support quality patient-centred primary care from multidisciplinary teams in accredited general practices and nurse practitioner-led practices.	Funding for this review was provided under the $60.2m allocation in 2023–24 to extend Practice	Delivery complete/ Monitoring in progress	Not currently planned

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
			Incentive Program – Quality Improvement payments and to undertake a review of all general practice incentive programs		
Multidisciplinary Team Care	Primary Health Network Commissioning of Multidisciplinary Teams	PHNs will be funded to commission care from allied health professionals, nurses, nurse practitioners, midwives and/or Aboriginal Health Practitioners. The measure will support small or solo general practices to fill an identified need in their regions which may include treating chronic disease, coordinating care, or mobilising social supports for at-risk patients.	$79.4m over 4 years from 2023–24	Implementation / Delivery	Planning
	Education for Future Primary Care Workforce	This comprises of a new pre-fellowship program for non-vocational doctors, which will support international medical graduates, who are new to Australia, to work in primary care and remain in smaller regional communities and funding to support transition the Puggy Hunter Memorial Scholarship Scheme (PHMSS), to be administered by a First Nations-led organisation. The PHMSS encourages and assists entry-level First Nations health students complete their studies and join the health workforce.	$31.6m over 2 years from 2023–24 $13.6m in 2025–26	Delivery complete/ Monitoring in progress (pre-fellowship program) Implementation / Delivery (PHMSS)	Currently being undertaken
	Support for James Cook University under the Australian General Practice Training Program	A grant opportunity to support the role of James Cook University in delivering the Australian General Practice Training Program in Northern Queensland, on behalf of the RACGP and Australian College of Rural and Remote Medicine for 2024.	$4.2m over 2 years from 2022–23	Complete	Not currently planned
	Implementation of the Kruk Review	To fund the implementation of health-related recommendations of the Independent Review of Australia's Regulatory Settings	$90.0m over 3 years from 2023–24	Implementation / Delivery	Currently being undertaken

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
		Relating to Overseas Health Practitioners (the Kruk Review) to grow and support the health workforce.			
	Commissioning of Mental Health Multidisciplinary Teams	Provides wraparound care for people with severe and/or complex needs in primary care settings, through PHN design and delivery of mental health multidisciplinary services.	$71.7m over 4 years from 2024–25	Implementation / Delivery	Not currently planned
Modernising Primary Care	Investing in a Modernised My Health Record	Initiatives to support the continued modernisation of the MHR system, including establish MHR as a data-rich platform; mandating the sharing of key health information to MHR commencing with pathology and diagnostic imaging reports; assisting software vendors that support allied health to develop connections to MHR; core health information sharing standards; digital end-to-end requesting and referral capability and pathway; and legislative policy and analysis as a precursor to establishing a national health information sharing and consent legislation framework. The Australian Digital Health Agency is a delivery partner, and funding includes direct funding to delivery partners.	$429.0m over 2 years from 2023–24 $244.3m over 2 years from 2025–26	Implementation / Delivery	Currently being undertaken
	Intergovernmental Agreement on National Digital Health	The Intergovernmental Agreement on National Digital Health 2023–2027 (IGA), signed by all jurisdictions, supports digital initiatives to improve health system sustainability, efficiency and the ability to deliver improved patient outcomes over the next four years. The IGA continues to fund existing national health infrastructure and services such as the Healthcare Identifier Service, as well as new strategic priority projects to progress national health information sharing for a more connected health system. All Australian governments are committed to supporting the key strategic priority under the IGA to scope and develop National Health Information Exchange capabilities that support patients as they transition through care settings and across jurisdictional borders.	$126.8m over 4 years from 2023–24	Delivery complete/ Monitoring in progress	Not currently planned

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
	Securing the Australian Digital Health Agency	The Australian Digital Health Agency will become an ongoing entity so that it can continue to deliver important digital health infrastructure, including upgrading My Health Record.	$325.7m over 4 years from 2023–24	Delivery complete/ Monitoring in progress	Not currently planned
	General Practice Grant Program	General practices and ACCHOs will be supported through one-off grants of up to $50,000 based on practice size for innovation, training, equipment, and minor capital works to support practices to enhance digital health capability, upgrade infection prevention and control, and maintain and/or achieve accreditation.	$229.7m over 2 years from 2022–23	Deliver complete/ Monitoring in progress	Complete
Modernising Primary Care	Strengthening Electronic Prescribing and Targeted Digital Medicines Enhancements	Aims to increase the use of electronic prescribing and comprises establishing a National Prescription Delivery Service; a National Electronic Medication Chart Framework to increase the number of settings using medication charts; a scoping study into the requirement for medication management solutions in Remote Area Aboriginal Health Services; scoping and implementing a mandate to use of e-prescribing for high-risk and high-cost medicines; and is closely related to other digital medicines projects including the implementation of e-prescribing in public hospitals. The Australian Digital Health Agency is a major delivery partner.	$111.8m over 4 years from 2023–24 $5.7 million in 2025–26	Implementation / Delivery	Currently being undertaken

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
	Education and training initiatives to grow the medical workforce in the Northern Territory – Charles Darwin University New Medical School and the Northern Territory Medical Program	For Charles Darwin University (CDU) to establish a new medical school for the Northern Territory with 40 new commencing medical students per year from 1 January 2026. For the Flinders University Northern Territory Medical Program (NTMP) to increase the number of medical students by 6 (30 places already supported) to assist with recruitment and retention challenges in the Northern Territory.	$24.6m over 4 years from 2024–25 $4.7m over 5 years from 2023–24 (NTMP)	Implementation / Delivery	Not currently planned
Supporting Change Management	Strengthening Medicare Monitoring and Evaluation Framework	Development and implementation of a monitoring and evaluation framework supported by an implementation oversight committee established as an advisory body to the Department of Health, Disability and Ageing.	$6.1m over 4 years from 2023–24	Implementation / Delivery	Not currently planned
	Consumer Engagement in Primary Care Reform – The Australian Multicultural Health Collaborative Initiative	The Consumers Health Forum of Australia and the Australian Multicultural Health Collaborative (the Collaborative), auspiced by the FECCA, will be funded to drive consumer engagement in primary care reform. This measure provides seed funding to establish the Collaborative, building its capacity to deliver a national voice and leadership to achieve better health and wellbeing outcomes for people from culturally and linguistically diverse backgrounds.	$13.0m over 4 years from 2023–24	Implementation / Delivery	Not currently planned

	Reform Measure	Description	Funding	Measure delivery phase	Measure evaluation phase
Supporting Change Management	Health Delivery Modernisation and Health Delivery Transformation: Enabling Health Reform	Services Australia and ADHA has been engaged to deliver the program, with the department setting the policy direction and leading cross agency coordination of some of the initiatives. Funding is supporting implementation of recommendations made in the Strengthening Medicare Taskforce Report, including enhancements to support MyMedicare and myHealth app.	$69.7m over 4 years from 2023–24 $57.4m in 2024–25	Implementation / Delivery	Currently being undertaken
	Primary Care Communications Campaigns	Funding to raise awareness of Medicare Urgent Care Clinics and MyMedicare.	$21.9m over 2 years from 2023–24 $8.0m in 2024–25	Delivery complete/ Monitoring in progress	Currently being undertaken
	National Consumer Engagement Strategy for Health and Wellbeing	A National Consumer Engagement Strategy for Health and Wellbeing is being developed to strengthen partnerships between health policy makers and the community and will facilitate consumer participation and engagement at all levels of the health system.	$0.4m over 2 years from 2021–22	Implementation / Delivery	Not currently planned
	Medical Research Future Fund Primary Health Research Grant Opportunities	Aims to fund research which supports patient access to multidisciplinary team-based care; integrated health services providing patient-centred care; and the use of data to improve patient care. Comprises of the 2023 Multidisciplinary Models of Primary Care Grant Opportunity (will award up to $42 million) and the 2024 Integrated Multidisciplinary Models of Primary Care Grant Opportunity (will award up to $8 million).	$50.0m over 4 years from 2024–25	Implementation / Delivery	Not currently planned
	National Primary Care Health Workforce Communications Campaign	To raise awareness of the benefits and diversity of careers in primary care health and to encourage people to seek further information on how to pursue a career in primary care.	$10.5m in 2024–25	Delivery complete/ Monitoring in progress	Currently being undertaken

Appendix B: Supplementary data

Access to primary care

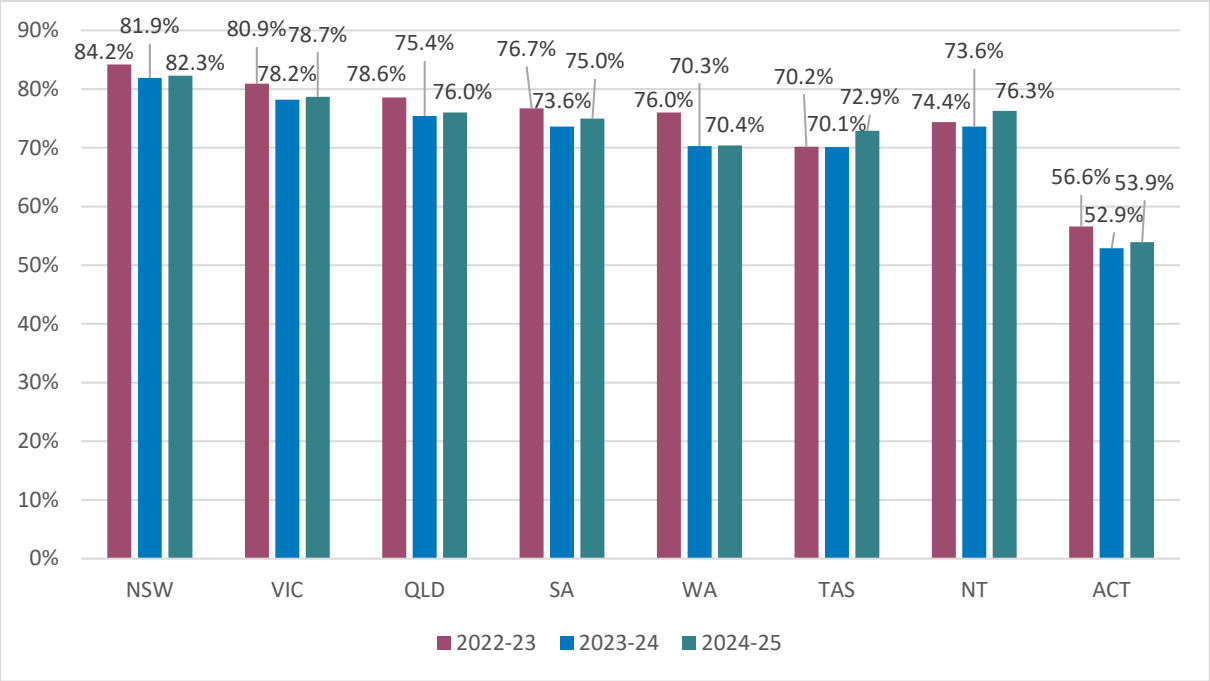

Figure B1. Bulk billing rate of GP NRAs, annual, by state/territory

Base: Proportion of all GP NRAs claimed on the MBS which were bulk billed as calculated using MBS data from 2022–23 to 2024–25, stratified by states and territories.

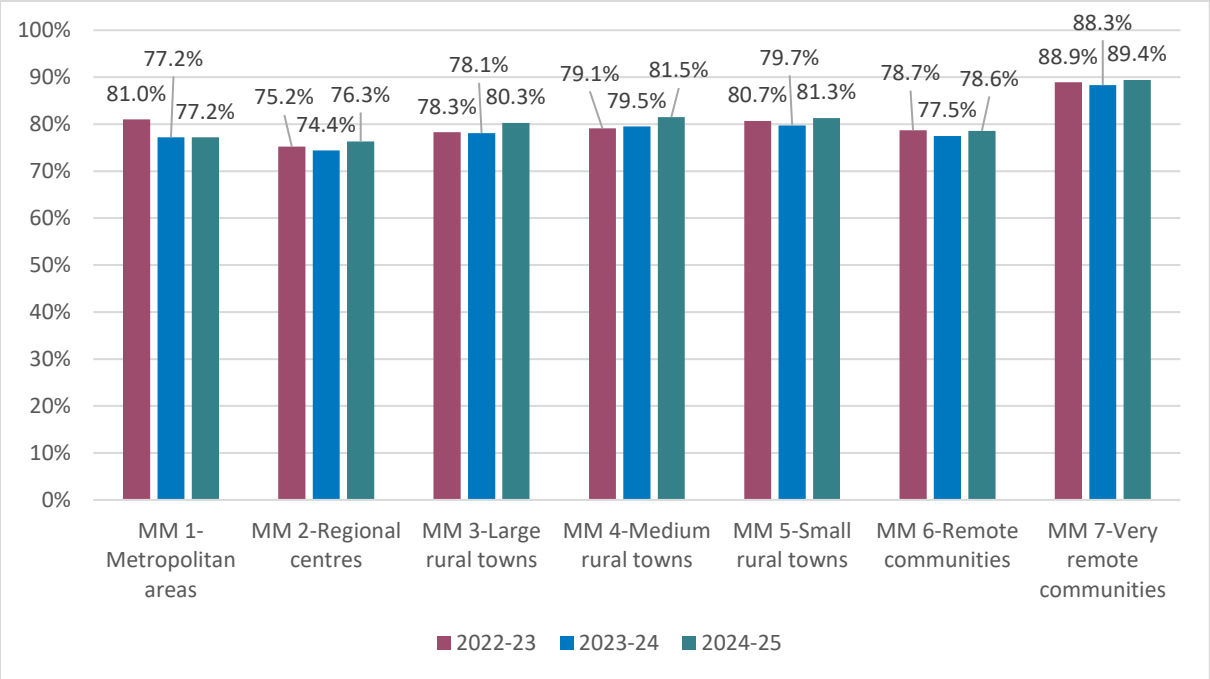

Figure B2. Bulk billing rate of GP NRAs, annual, by Modified Monash Model (MMM)

Base: Proportion of all GP NRAs claimed on the MBS which were bulk billed as calculated using MBS data from 2022–23 to 2024–25, stratified by MMM.

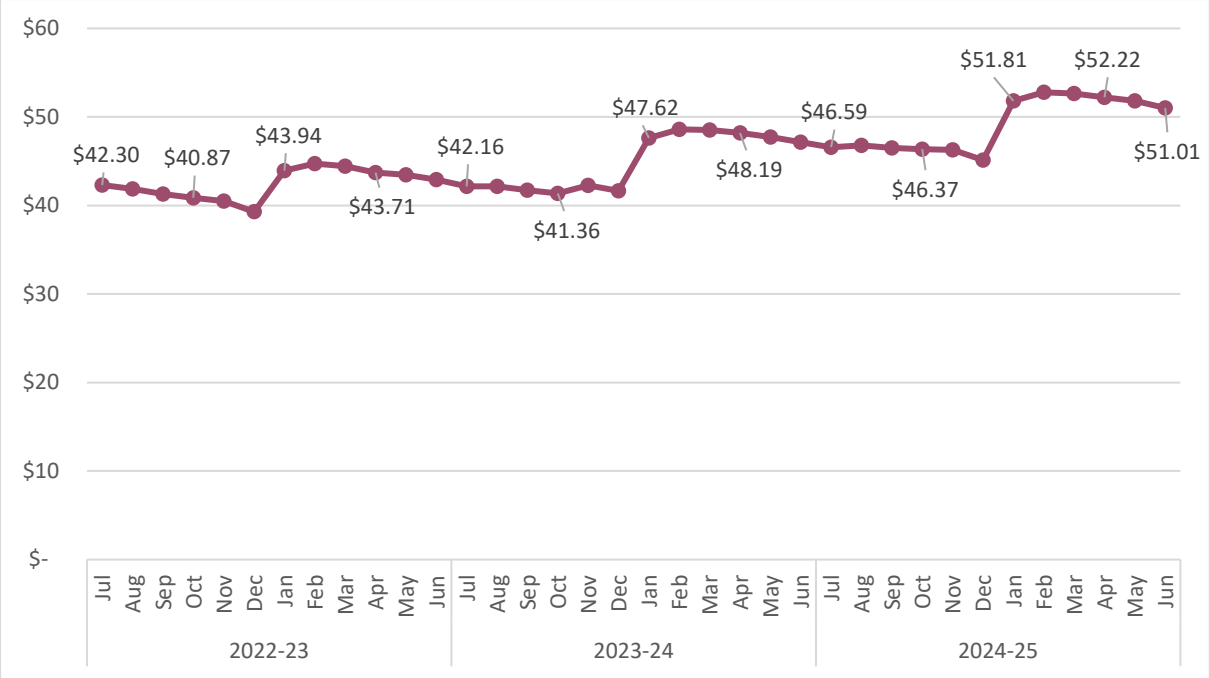

Figure B3. Average out-of-pocket cost of non-bulk billed GP NRAs, monthly

Base: Average out-of-pocket cost of non-bulk billed GP NRAs claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25.
Note: The average out-of-pocket cost is calculated using patient-billed services rendered out-of-hospital only.

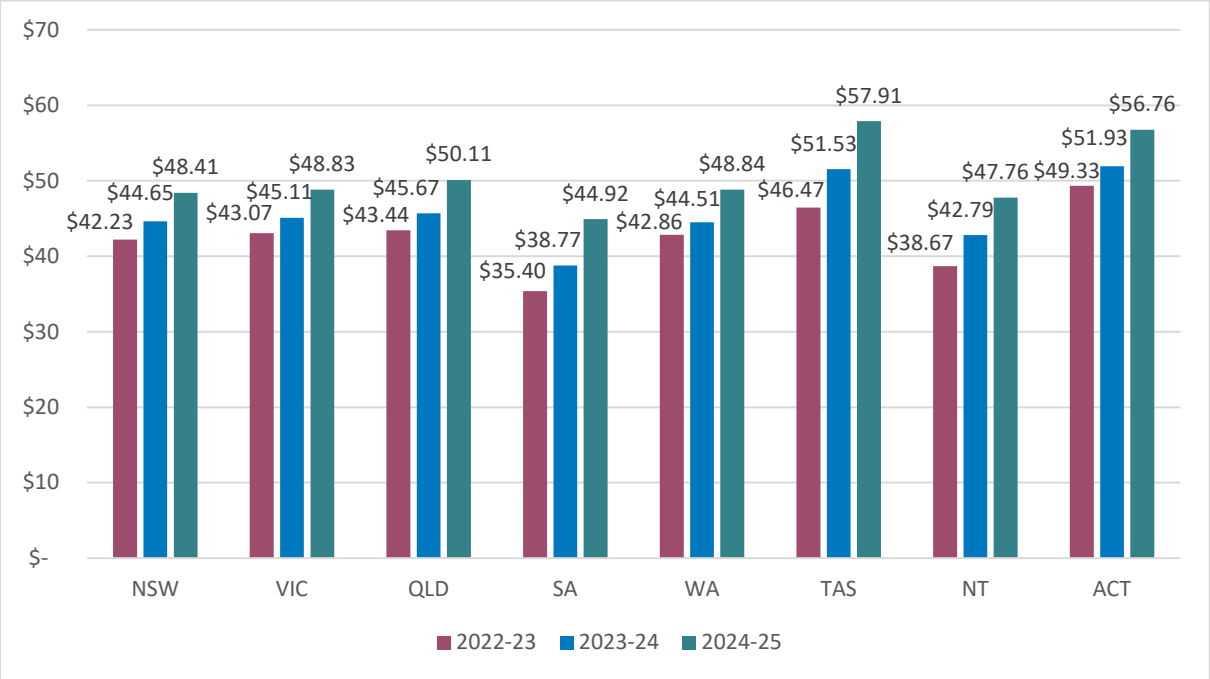

Figure B4. Average out-of-pocket cost of non-bulk billed GP NRAs, annual, by state/territory

Base: Average out-of-pocket cost of non-bulk billed GP NRAs claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25, stratified by states/territories.
Note: The average out-of-pocket cost is calculated using patient-billed services rendered out-of-hospital only.

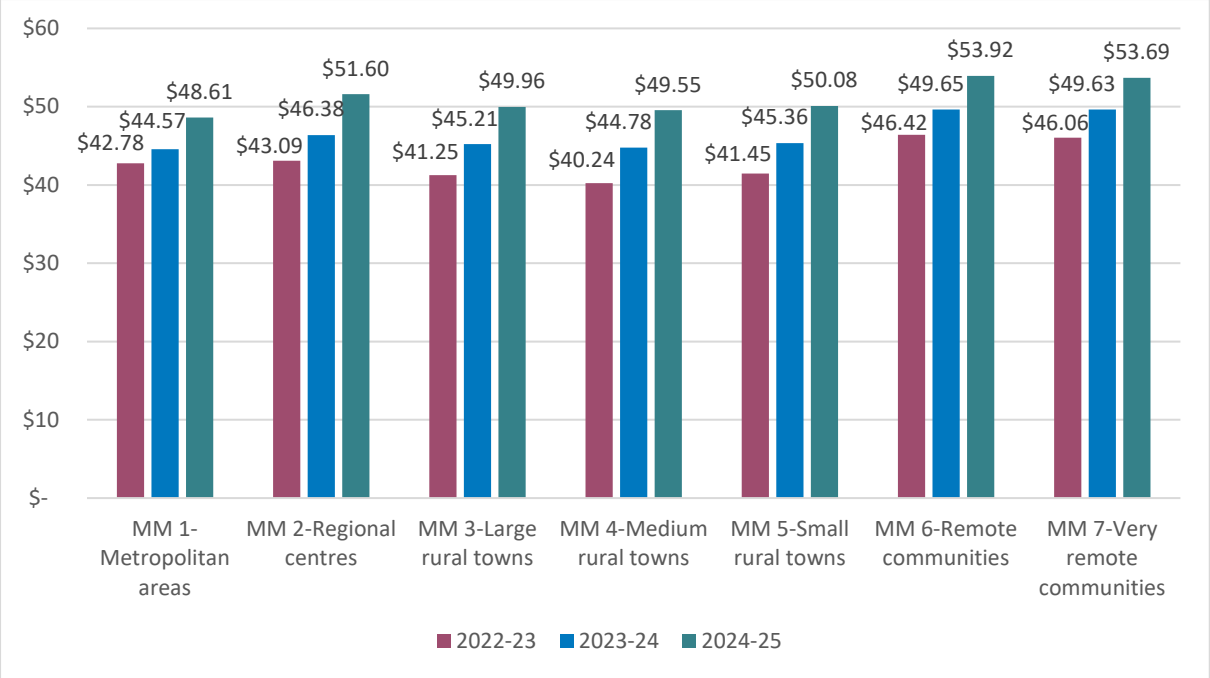

Figure B5. Average out-of-pocket cost of non-bulk billed GP NRAs, annual, by MMM

Base: Average out-of-pocket cost of non-bulk billed GP NRAs claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25, stratified by MMM.
Note: The average out-of-pocket cost is calculated using patient-billed services rendered out-of-hospital only.

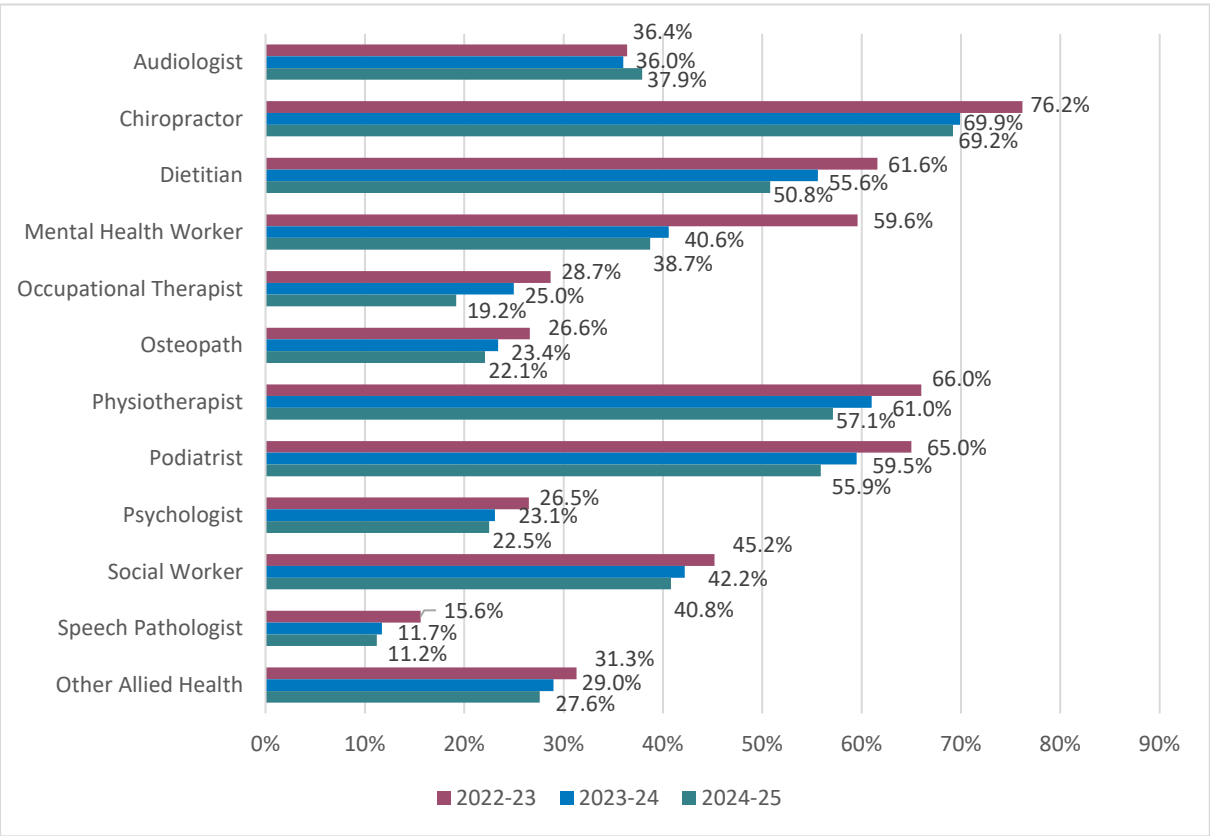

Figure B6. Bulk billing rate for MBS allied health attendances, by allied health profession

Base: Proportion of all referred allied health attendances claimed on the MBS which were bulk billed as calculated using MBS data from 2022–23 to 2024–25.

Figure B7. Average out-of-pocket costs for non-bulk billed MBS allied health attendances, by allied health profession

Base: Out-of-pocket costs of all non-bulk billed referred allied health attendances claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25.
Note: The average out-of-pocket cost is calculated using patient-billed services rendered out-of-hospital only.

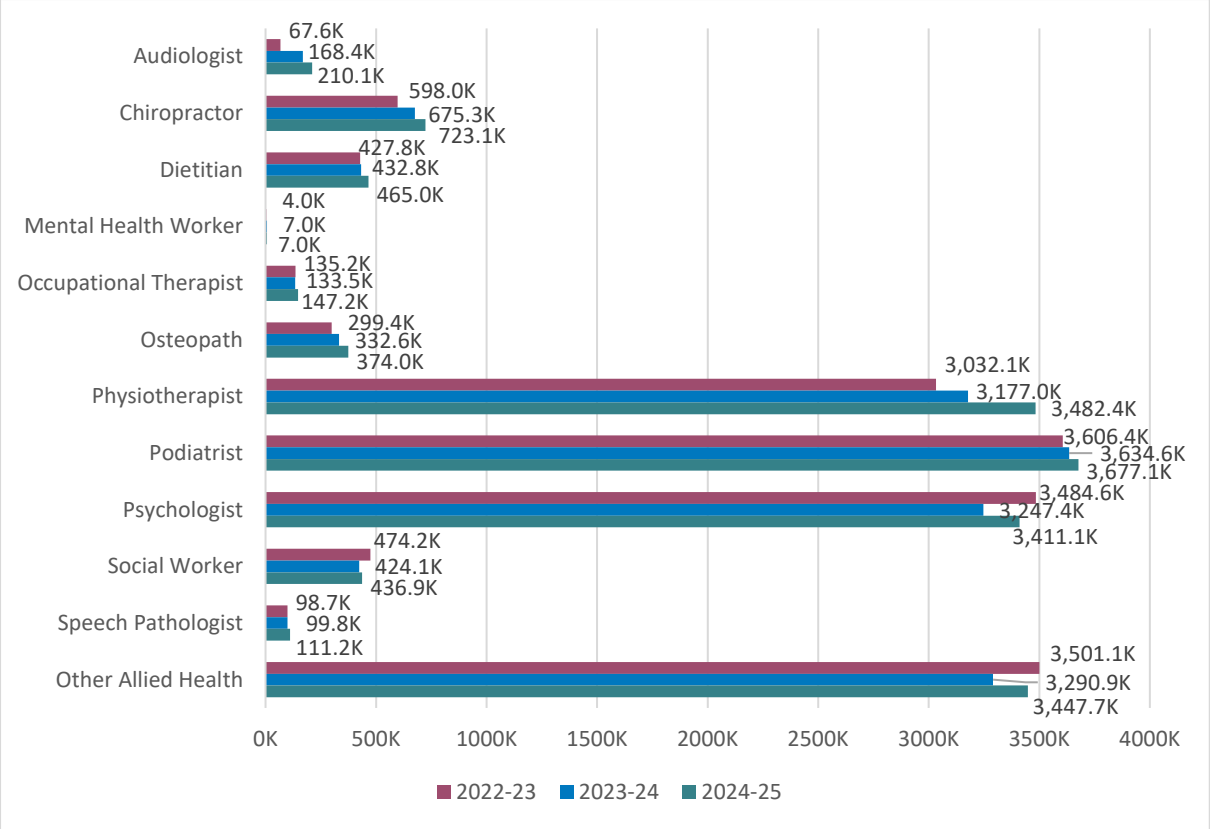

Figure B8. Service volume of MBS allied health attendances, by allied health profession

Base: Volume of services of all referred allied health attendances claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25.

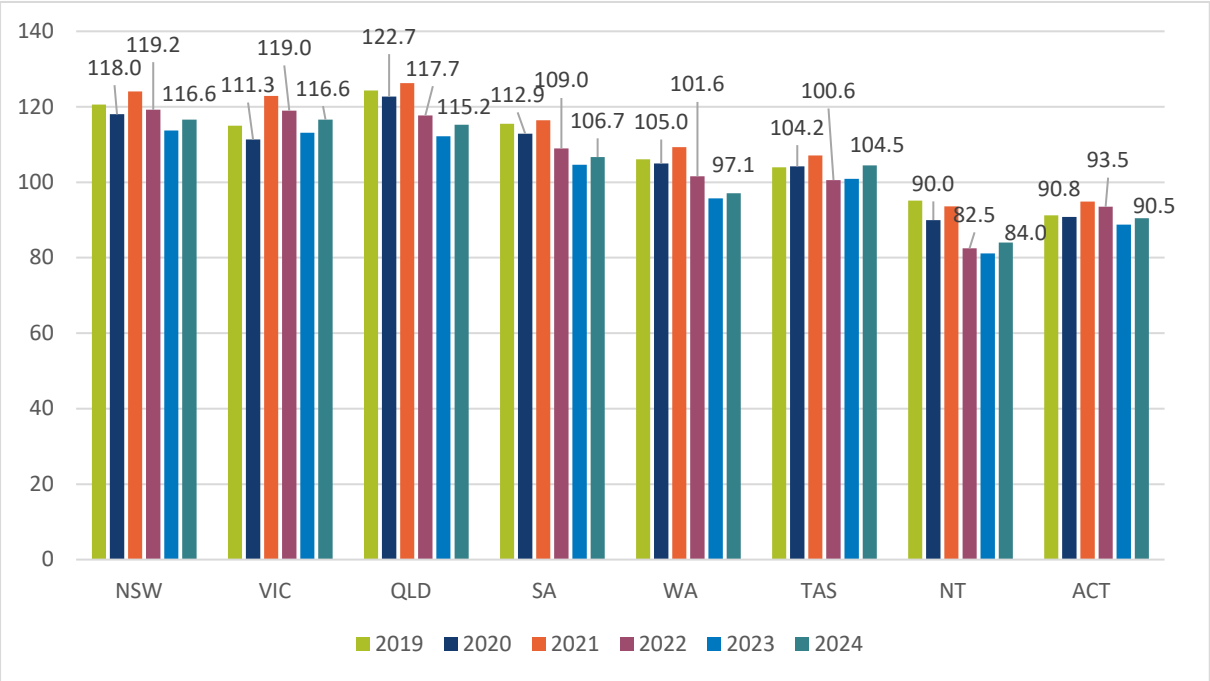

Figure B9. Full-time equivalent (FTE) GPs per 100,000 people, by state/territory

Base: Number of FTE primary care GPs as calculated using MBS data from calendar years 2019 to 2024, with service location (state and territory) determined based on the Australian Statistical Geography Standard 2021. Sourced from the Department of Health, Disability and Ageing – General practice workforce providing primary care services in Australia dataset.

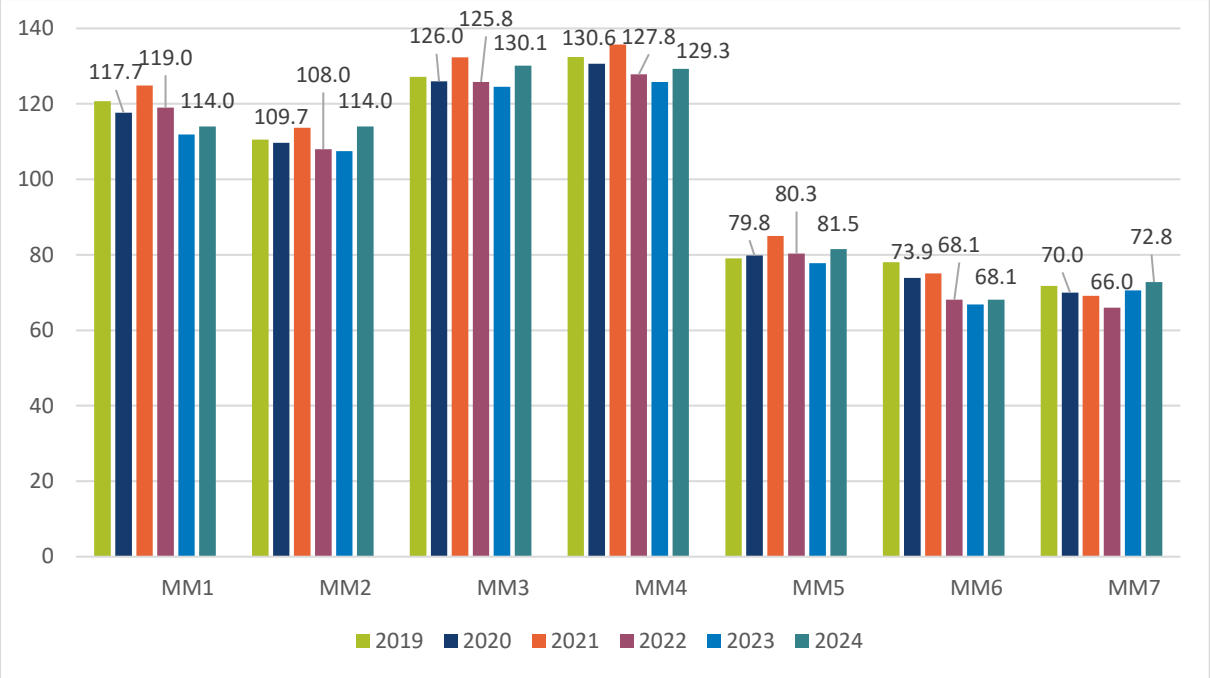

Figure B10. FTE GPs per 100,000 people, by MMM

Base: Number of FTE primary care GPs as calculated using MBS data from calendar years 2019 to 2024, with service location (MMM) determined based on Modified Monash Model 2019. Sourced from the Department of Health, Disability and Ageing – General practice workforce providing primary care services in Australia dataset.

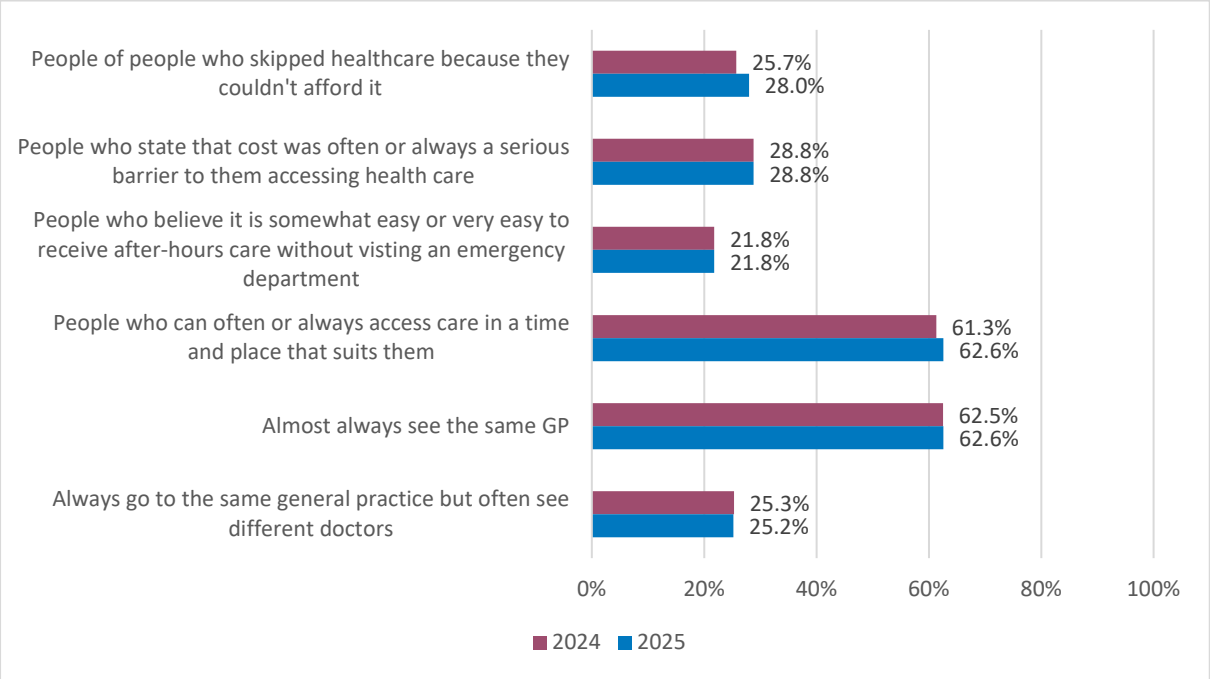

Figure B11. Australians' experiences regarding health care affordability and availability

Base: Proporton of responses regarding health care affordability and availability from 2024 (n=5,029) to 2025 (n=5,160). Sourced from the Consumers Health Forum of Australia – National Consumer Sentiment Survey.
Note: Weighted proportions are reported.

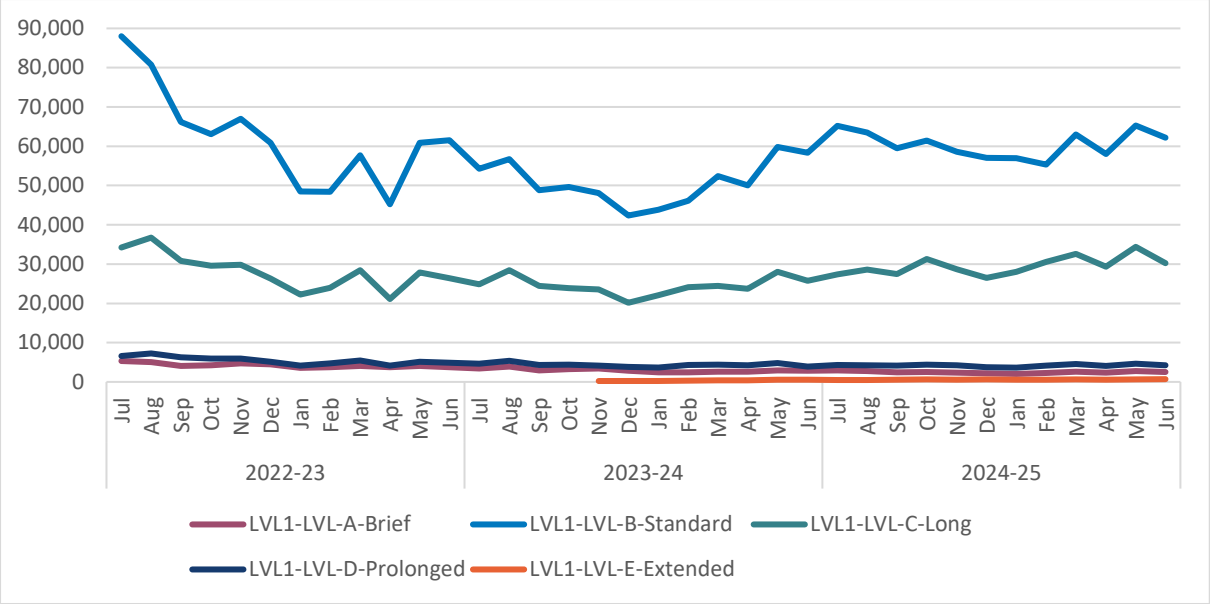

Figure B12. Uptake volume of GP NRA video telehealth consults, monthly[24]

Base: Volume of video telehealth consults of all GP NRAs claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25.
Note: Some GP NRA telehealth consults occur outside of the MBS. These are not captured in MBS data and therefore are not included in this reporting. Level E video telehealth consults were introduced in November 2023 and have had uptake of less than 1,000 per month during the reporting period.

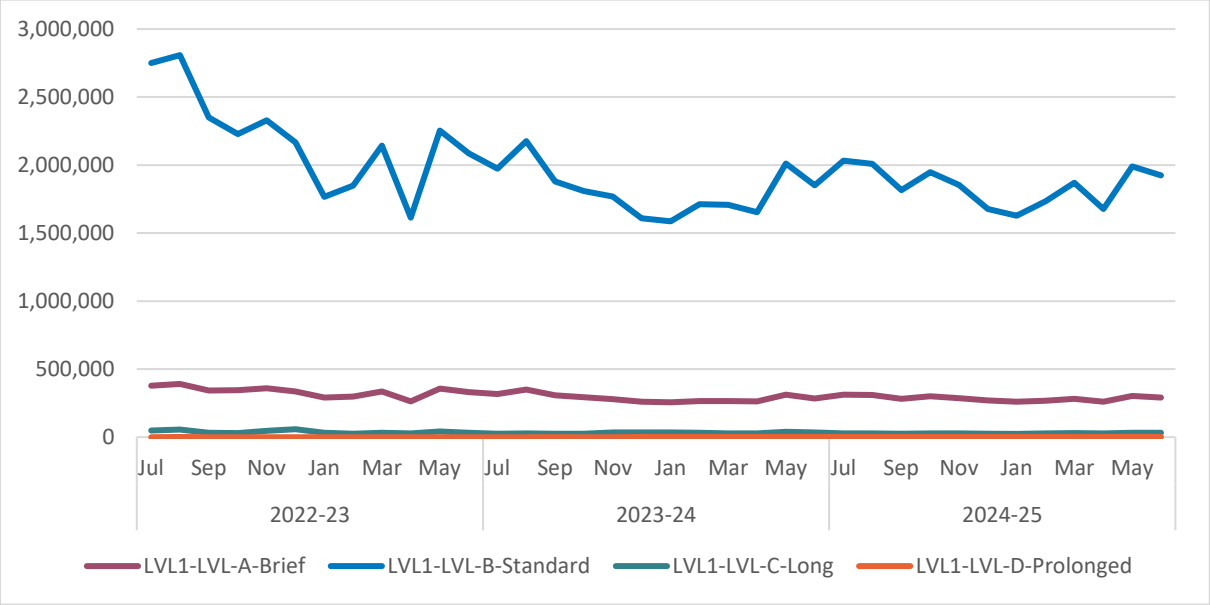

Figure B13. Uptake volume of GP NRA phone telehealth consults, monthly

Base: Volume of phone telehealth consults of all GP NRAs claimed on the MBS as calculated using MBS data from 2022–23 to 2024–25.
Note: Some GP NRA telehealth consults occur outside of the MBS. These are not captured in MBS data and therefore are not included in this reporting. Phone telehealth consult categories changed during the reporting period, with >20 minute consults ceasing from October 2023 and Level C and D being introduced from November 2023 for those registered with MyMedicare and have had uptake of less than 40,000 and 1,500 per month, respectively.

[24] 23.6% of Australians in 2024 reported having had at least one telehealth consultation in the past 12 months. Statistic sourced from Australian Government (2024) 'Patient Experiences' Australian Bureau of Statistics, available at: https://www.abs.gov.au/statistics/health/health-services/patient-experiences/2023-24
Note: Weighted proportion reported.

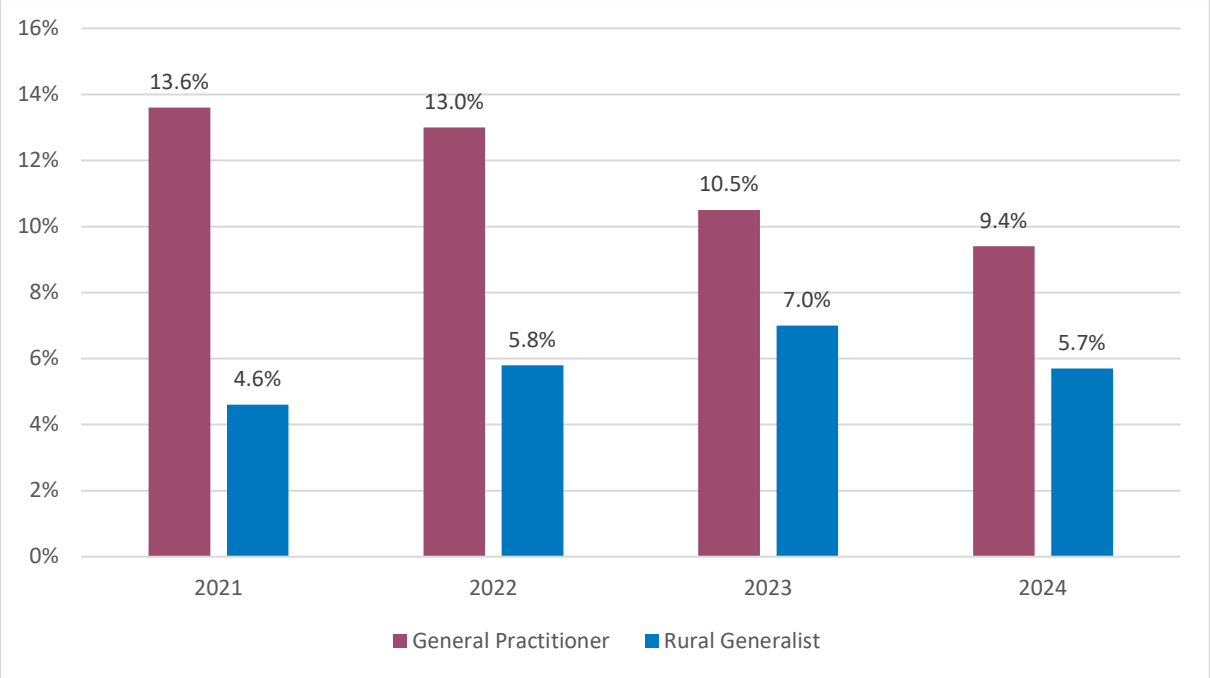

Figure B14. Proportion of final year Australian medical students who identified General Practitioner or Rural Generalist as preferred specialty

Base: Proportion of final year Australian medical student responses to their preferred choice of specialty from calendar years 2021 (n=1,854), 2022 (n=1,975), 2023 (n=2,129) and 2024 (n=2,175), sourced from the Medical Schools Outcomes Database – Medical Deans Australia and New Zealand.

Multidisciplinary care

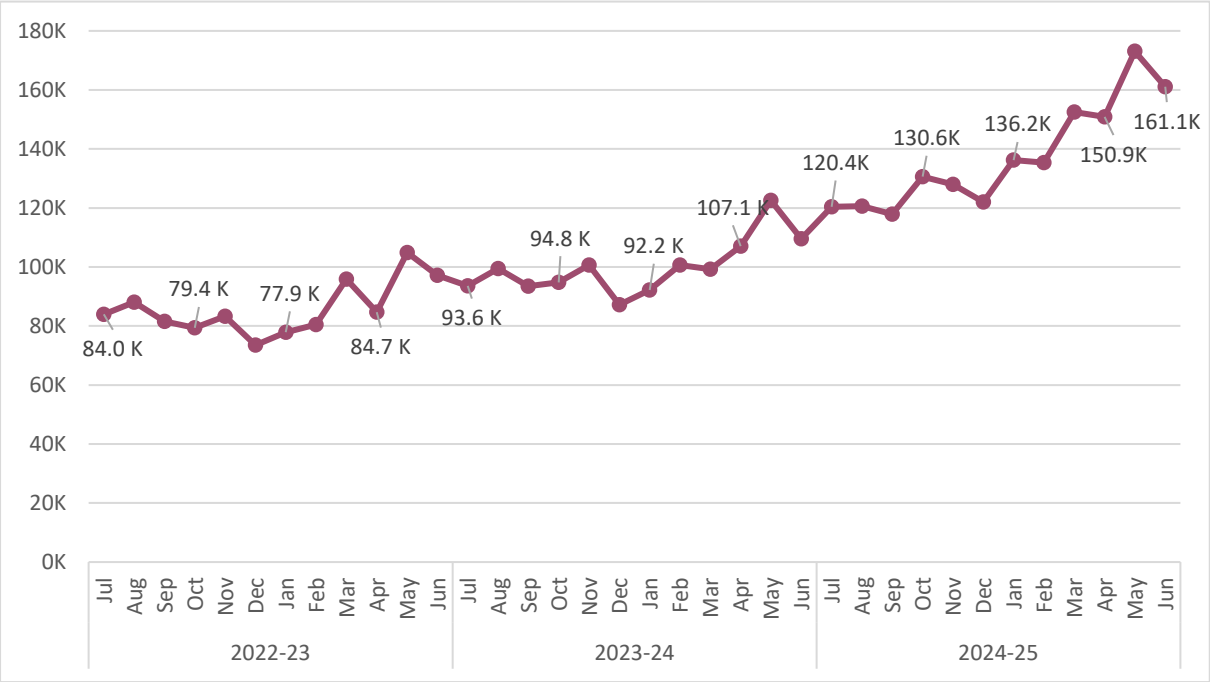

Figure B15 Uptake volume of MBS nurse practitioner services

Base: Volume of nurse practitioner MBS items calculated using MBS data from 2022–23 to 2024–25.

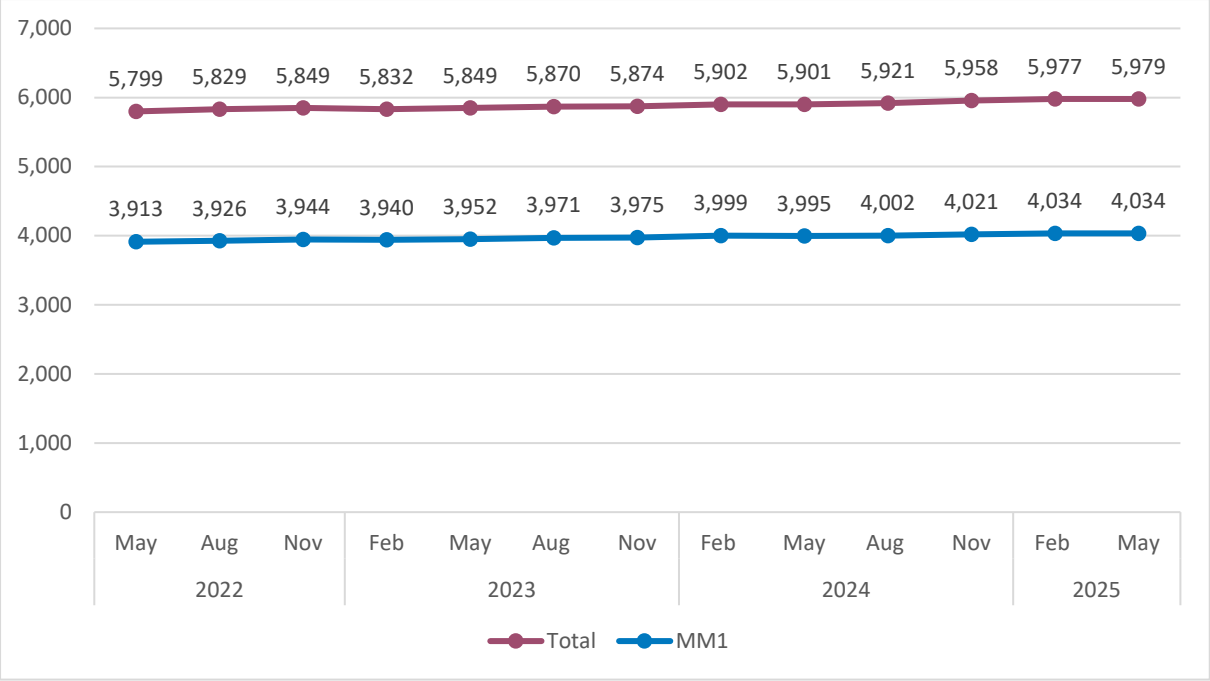

Figure B16a. Number of approved general practices in the Workforce Incentive Program – Practice Stream (WIP–PS) quarterly, total and MM1

Base: Unpublished data from Department of Health, Disability and Ageing. Approved practices are defined as those approved for the WIP–PS at the end of the reporting quarter.

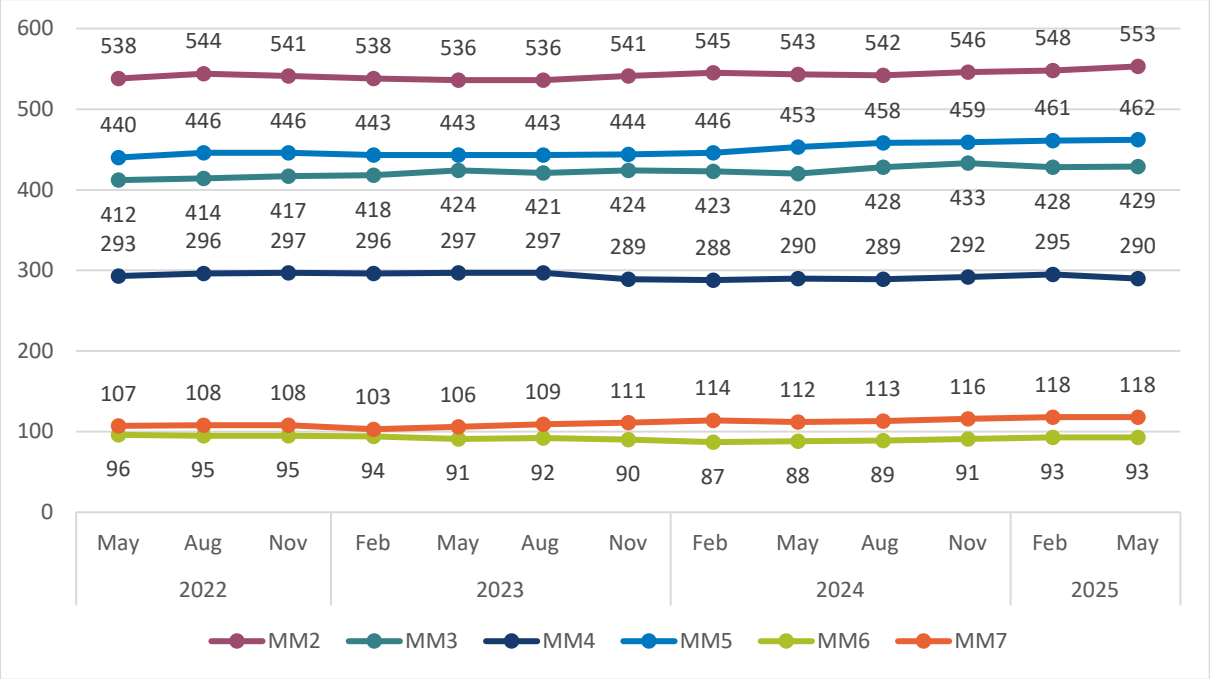

Figure B16b Number of approved general practices in the WIP–PS quarterly, MM2–MM7

Base: Unpublished data from Department of Health, Disability and Ageing. Approved practices are defined as those approved for the WIP–PS at the end of the reporting quarter.

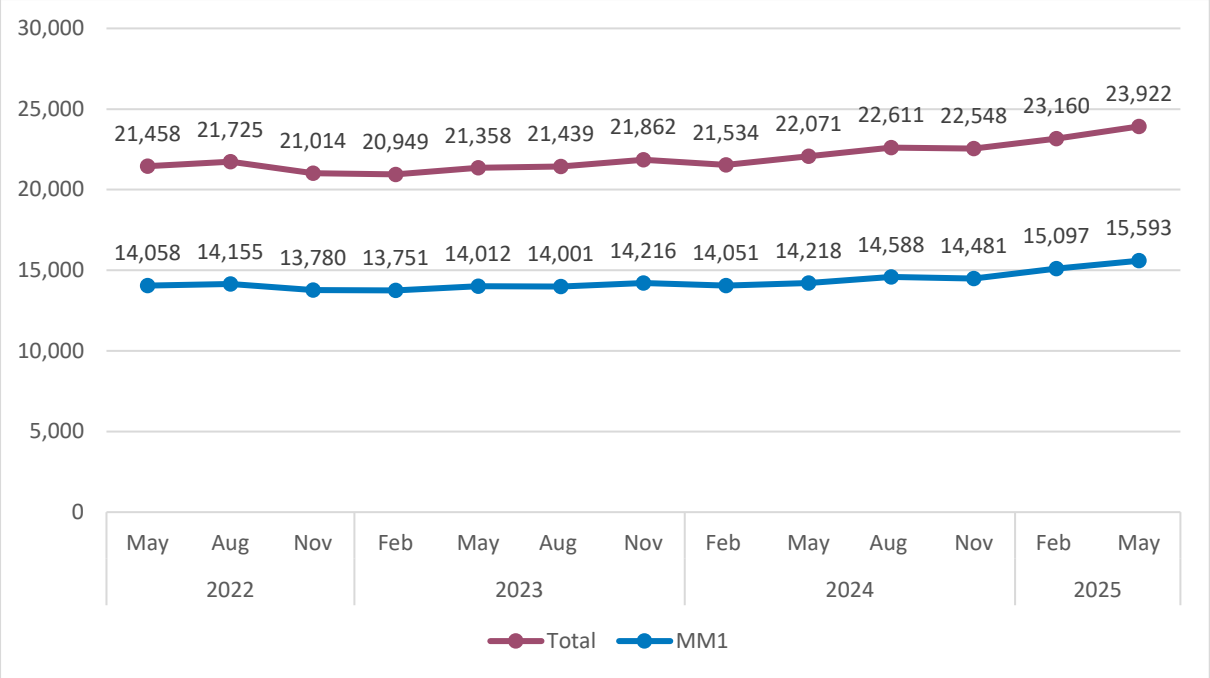

Figure B17a. Number of health professionals engaged in the WIP–PS quarterly, total and MM1

Base: Unpublished data from Department of Health, Disability and Ageing. An engaged health professional is defined as having greater than zero hours reported for the WIP–PS at the end of the reporting quarter.
Note: Counts may include instances where a practice has reported multiple health professionals as one health professional (e.g. 3 registered nurses being reported as one).

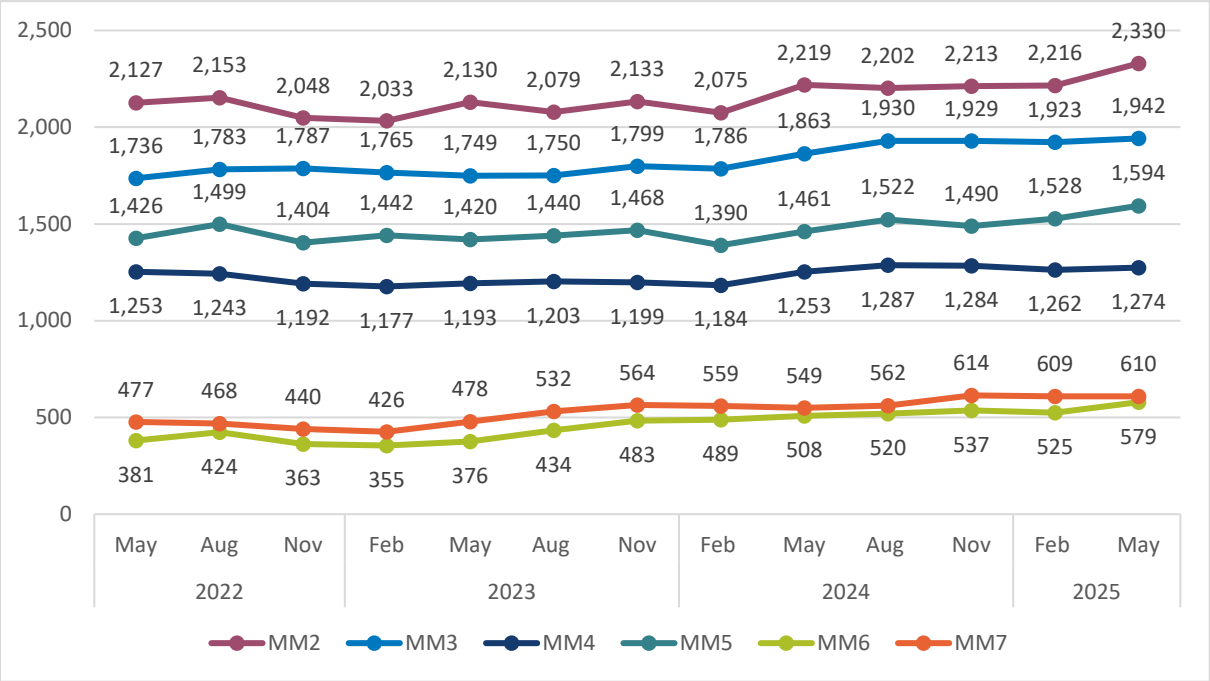

Figure B17b. Number of health professionals engaged in the WIP–PS quarterly, MM2–MM7

Base: Unpublished data from Department of Health, Disability and Ageing. An engaged health professional is defined as having greater than zero hours reported for the WIP–PS at the end of the reporting quarter.
Note: Counts may include instances where a practice has reported multiple health professionals as one health professional (e.g. 3 registered nurses being reported as one).

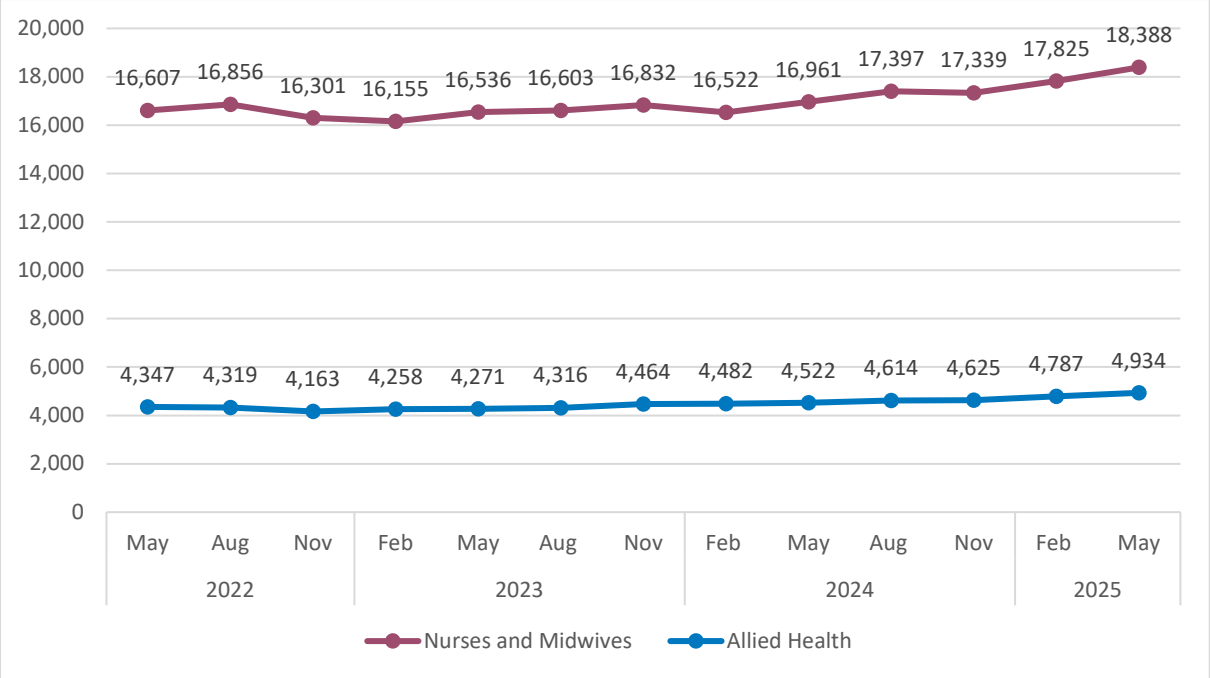

Figure B18. Number of allied health providers and nurses and midwives engaged in the WIP–PS quarterly, total

Base: Unpublished data from Department of Health, Disability and Ageing. An engaged health professional is defined as having greater than zero hours reported for the WIP–PS at the end of the reporting quarter.
Note: Counts may include instances where a practice has reported multiple health professionals as one health professional (e.g. 3 registered nurses being reported as one).

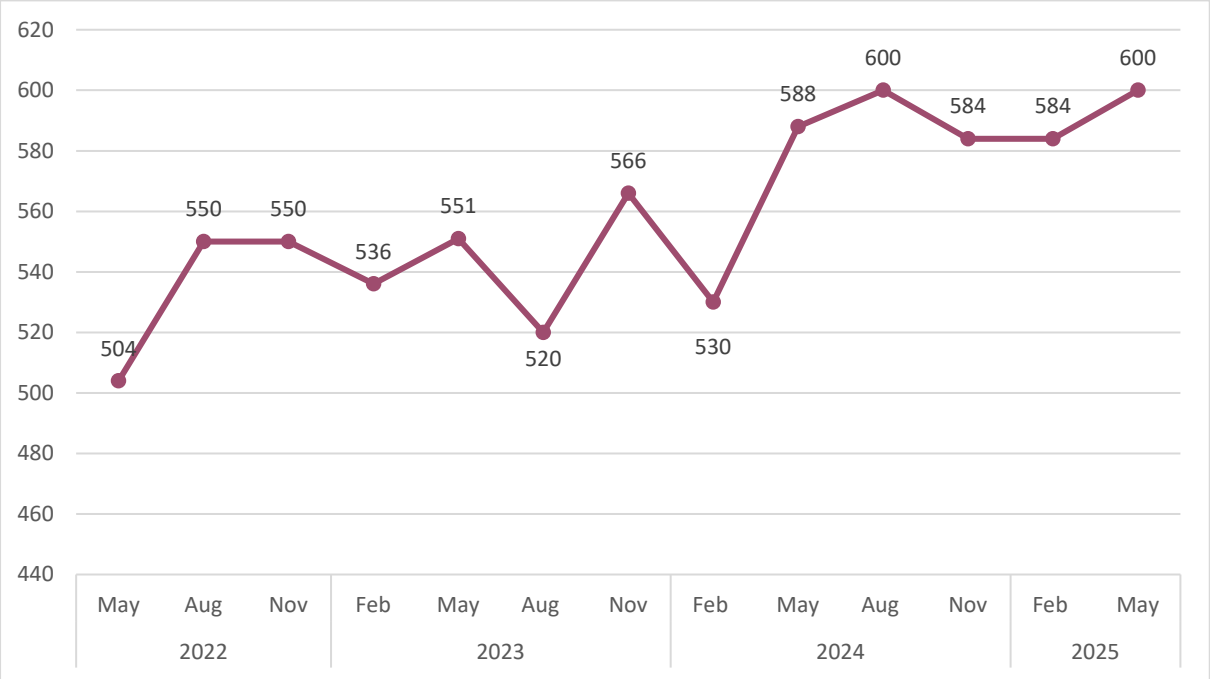

Figure B19. Number of Aboriginal Health Workers/Practitioners engaged in the WIP–PS quarterly, total

Base: Unpublished data from Department of Health, Disability and Ageing. An engaged health professional is defined as having greater than zero hours reported for the WIP–PS at the end of the reporting quarter.
Note: Counts may include instances where a practice has reported multiple health professionals as one health professional (e.g. 3 Aboriginal Health Workers being reported as one).

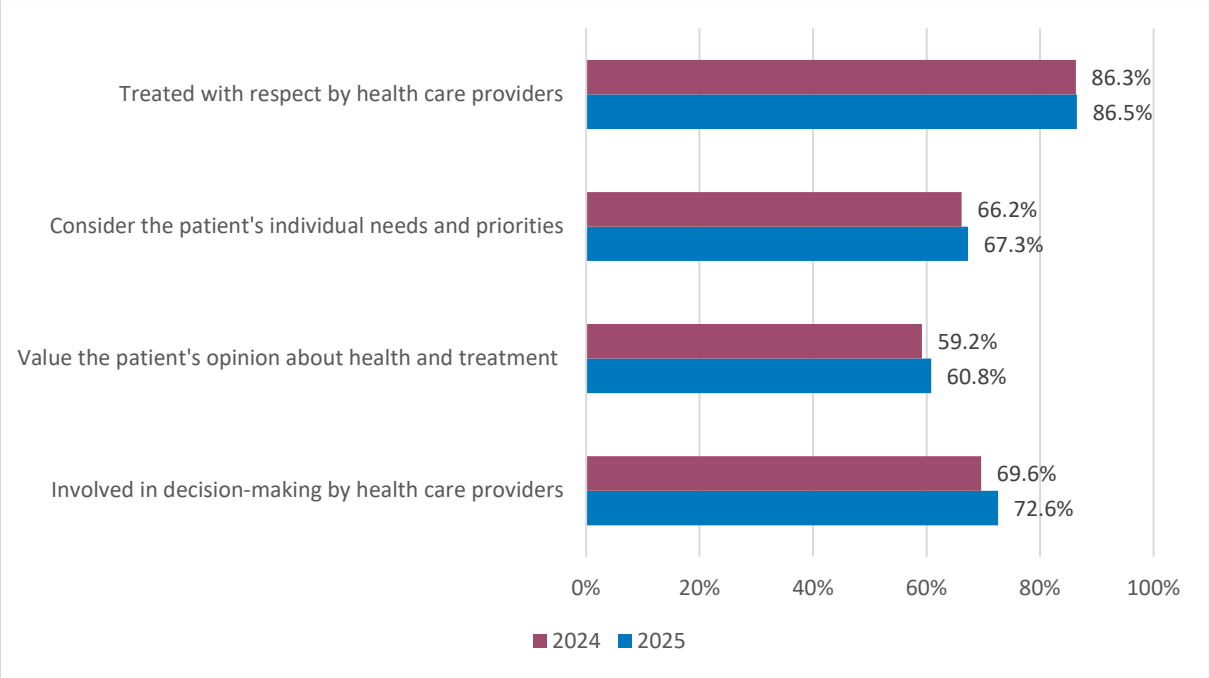

Figure B20. Healthcare consumer experiences of receiving care

Base: Proporton of often and always responses from Australian healthcare consumers regarding experiences of receiving aspects of person-centred care from 2024 (n=5,029) to 2025 (n=5,160). Sourced from the Consumers Health Forum of Australia – National Consumer Sentiment Survey.
Note: Weighted proportions are reported.

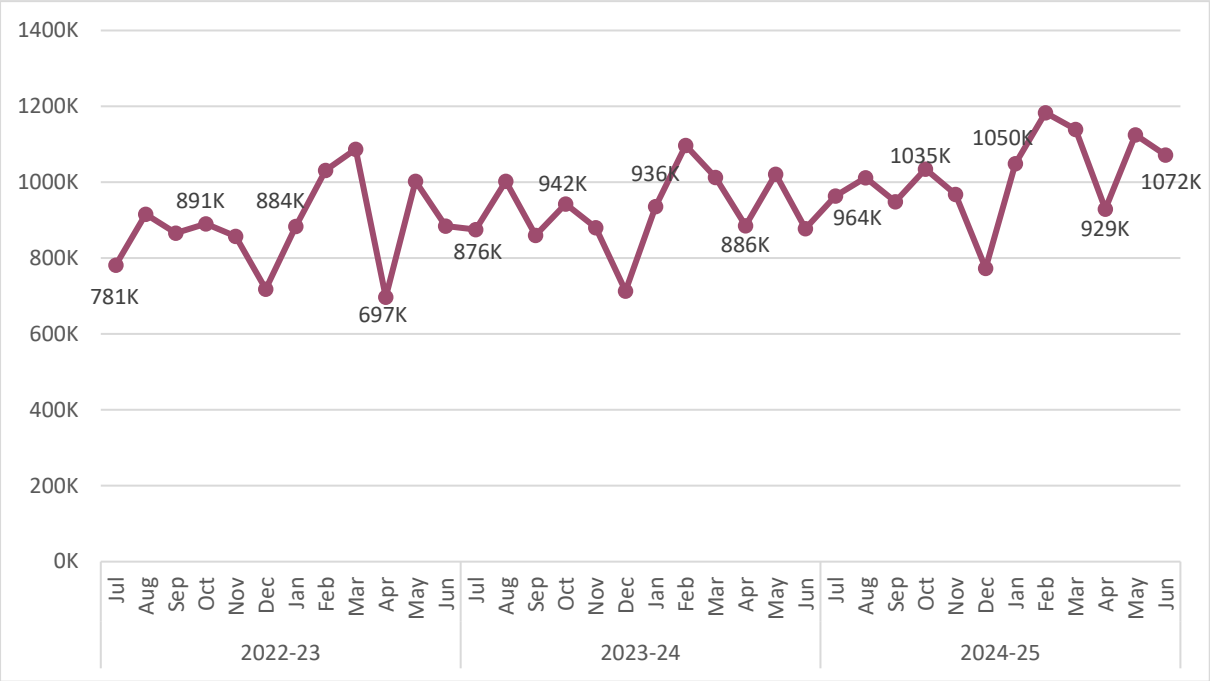

Figure B21. Uptake volume of MBS GP services for chronic disease management

Base: Volume of GP chronic disease management MBS items of calculated using MBS data from 2022–23 to 2024–25.

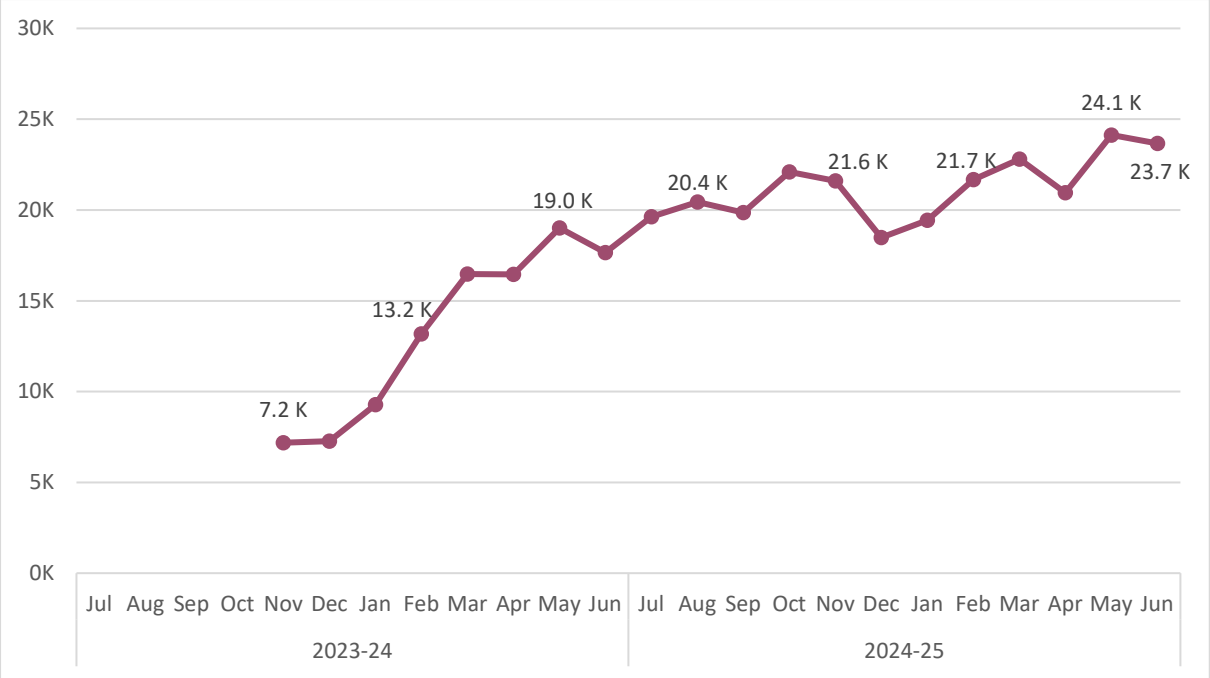

Figure B22. Uptake volume of GP Level E consultations

Base: Level E consultations of all GP NRAs claimed on the MBS as calculated using MBS data from 2023–24 and 2024–25.
Note: Level E GP consultations were introduced in November 2023.

Modernised care and shared health data

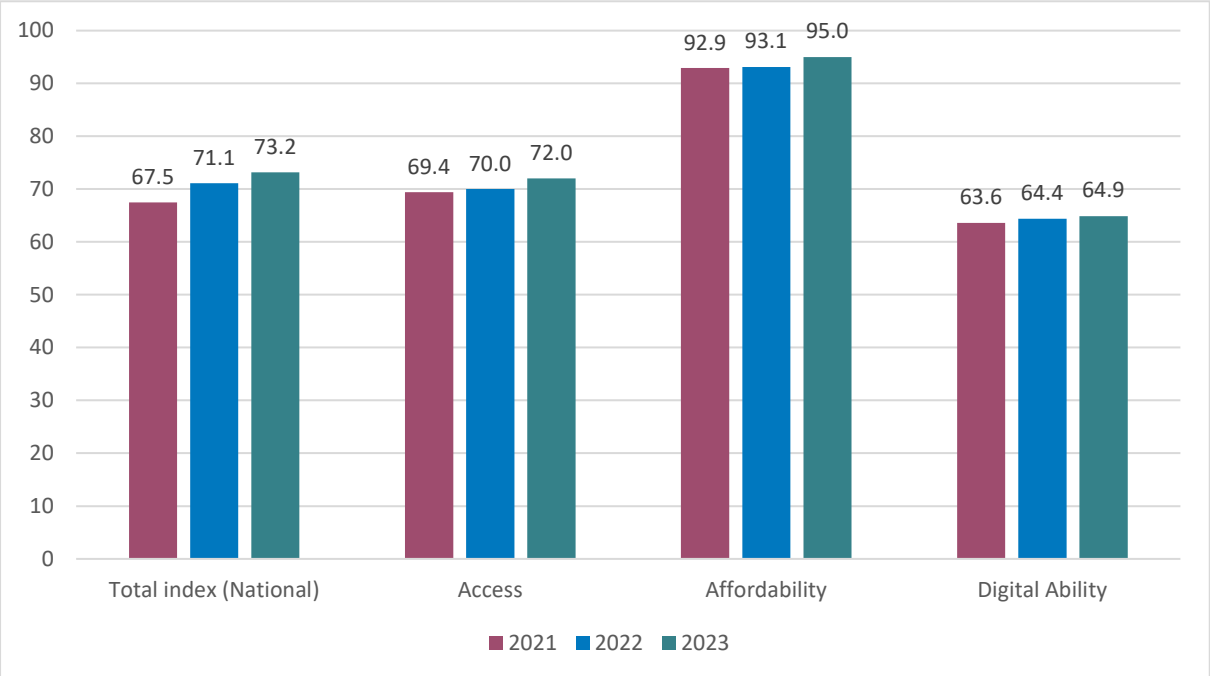

Figure B23. Australian Digital Inclusion Index

Base: Australian Digital Inclusion Index and individual domains from 2021 to 2023 calendar years.25

[25] Thomas J, McCosker A, Parkinson S, Hegarty K, Featherstone D, Kennedy J, Holcombe-James I, Ormond-Parker L & Ganley L (2023) 'Measuring Australia's Digital Divide: Australian Digital Inclusion Index – 2023', ARC Centre of Excellence for Automated Decision-Making and Society, RMIT University, Swinburne University, Telstra.

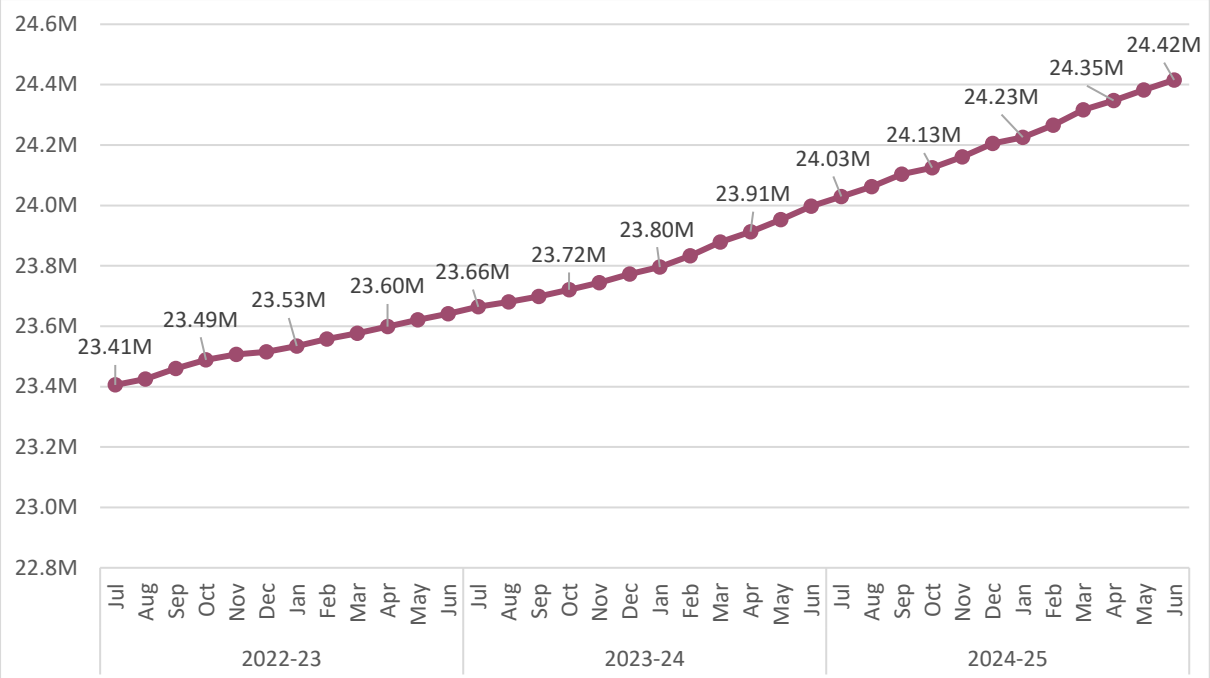

Figure B24. Total number of My Health Records

Base: Total cumulative number of eligible Australians with a My Health Record, by month, from 2022–23 to 2024–25.

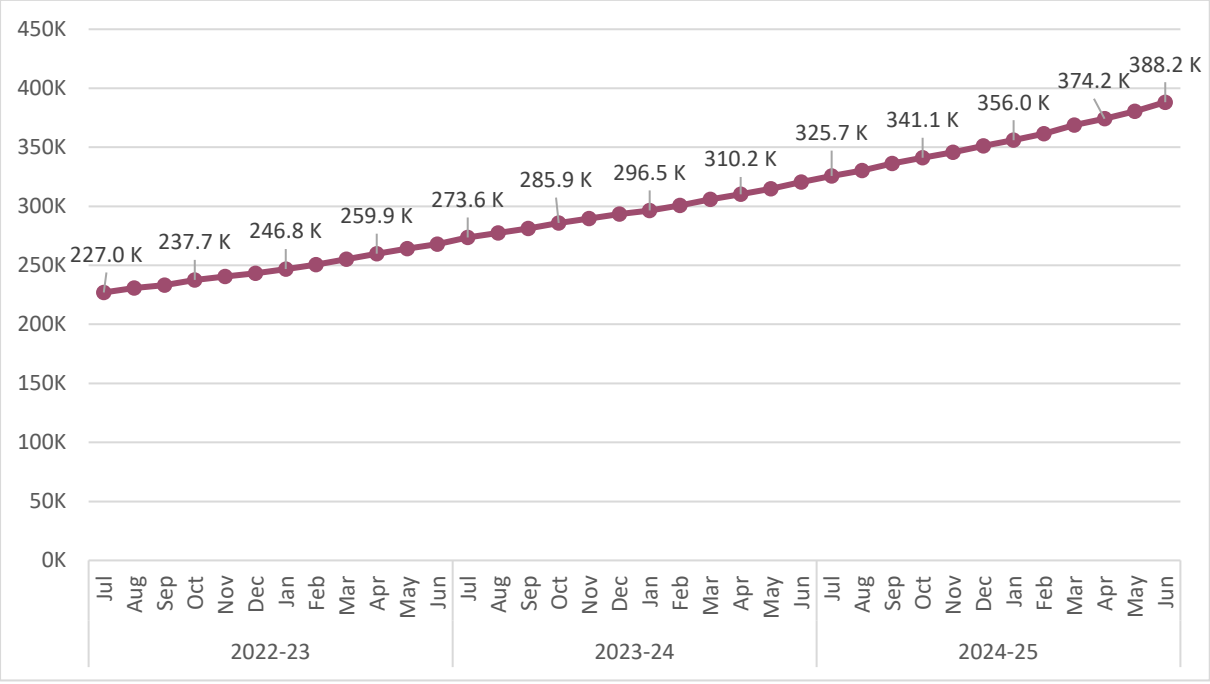

Figure B25. Eligible Australians with a My Health Record who had previously opted out

Base: Total cumulative number of eligible Australians who have re-registered with My Health Record who had previously opted out, by month, from 2022–23 to 2024–25.

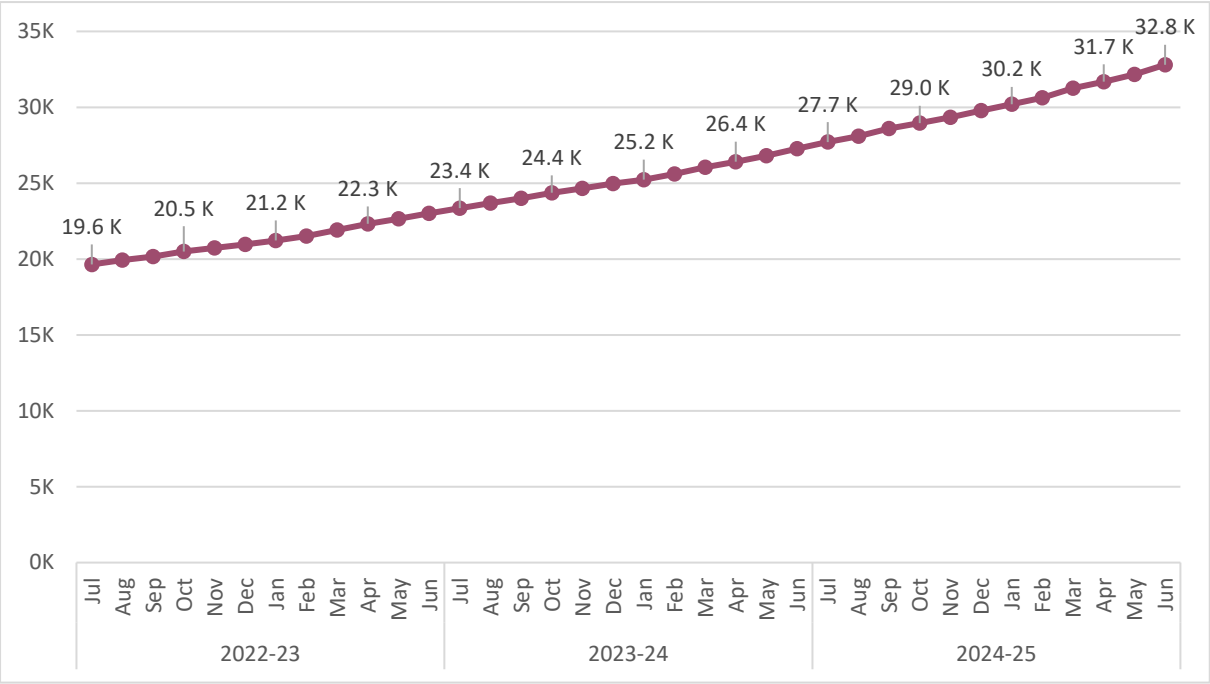

Figure B26. Eligible Australians with a My Health Record who had previously cancelled

Base: Total cumulative number of eligible Australians who have re-registered with My Health Record who had previously cancelled, by month, from 2022–23 to 2024–25.

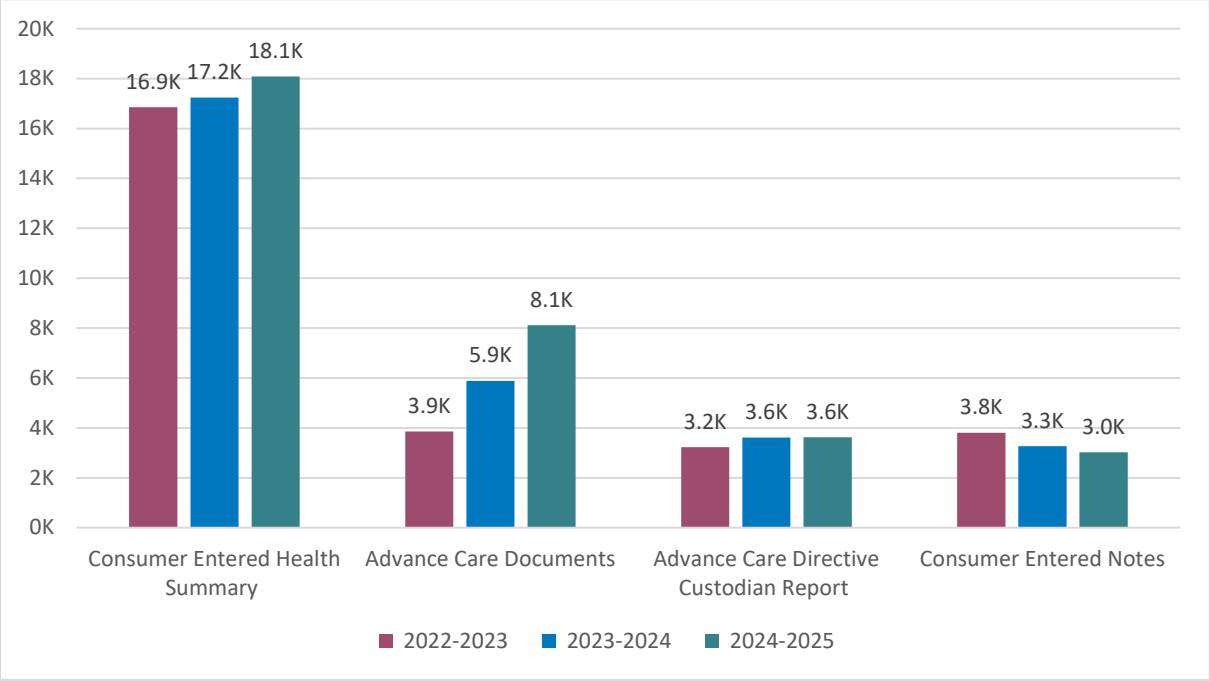

Figure B27. Key documents uploaded to My Health Record by consumers

Base: Volume of health summaries, advance care documents, advance care directive custodian reports and consumer entered notes uploaded to My Health Record by consumers from 2022–23 to 2024–25.

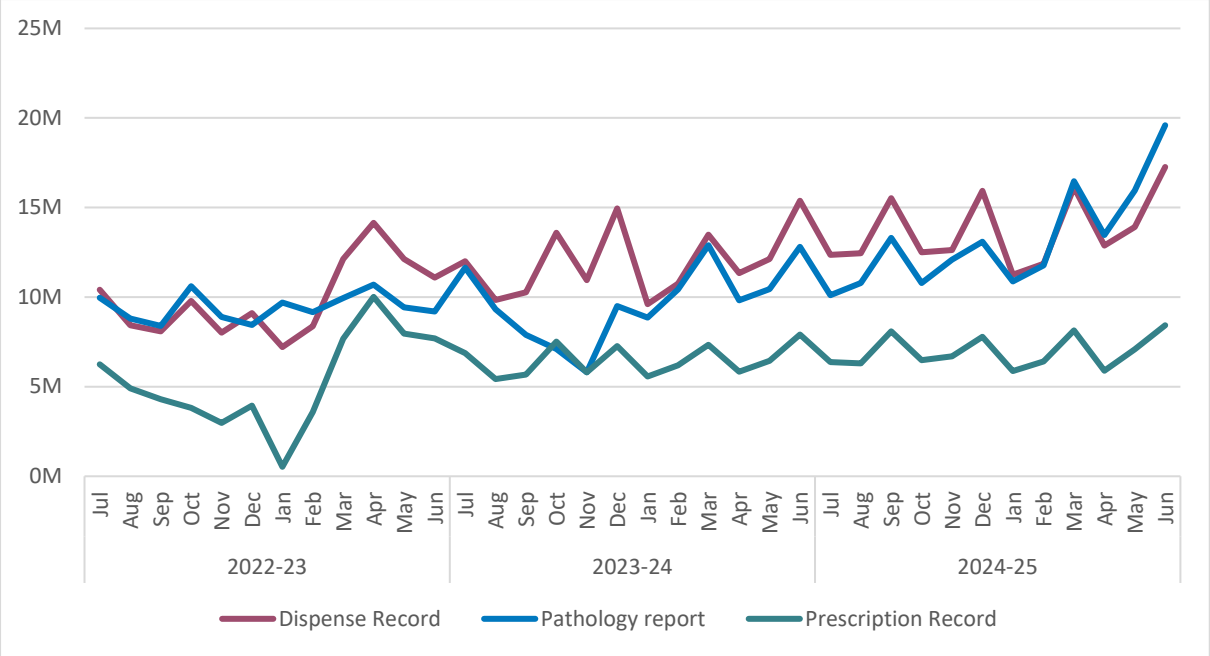

Figure B28. Key documents uploaded to My Health Record by health care providers

Base: Volume of dispense records, pathology reports and prescription records uploaded to My Health Record by health care providers, by month, from 2022–23 to 2024–25.

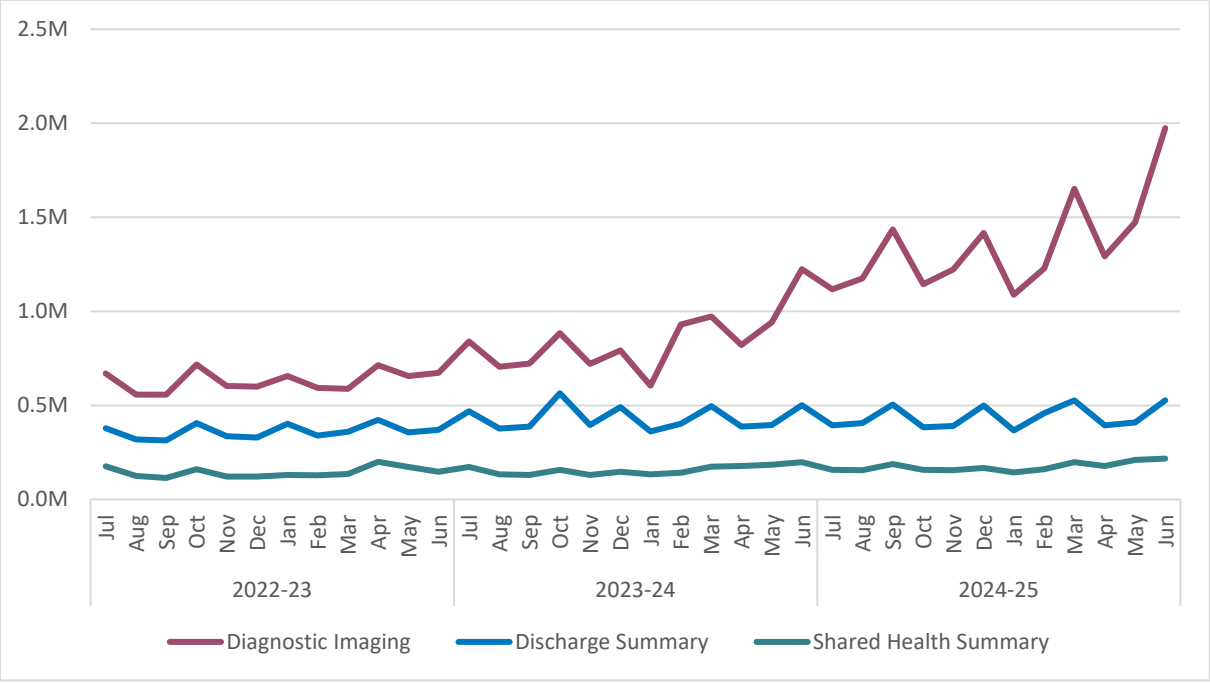

Figure B29. Key documents uploaded to My Health Record by health care providers

Base: Volume of diagnosing imaging reports, discharge summaries and shared health summaries uploaded to My Health Record by health care providers, by month, from 2022–23 to 2024–25.

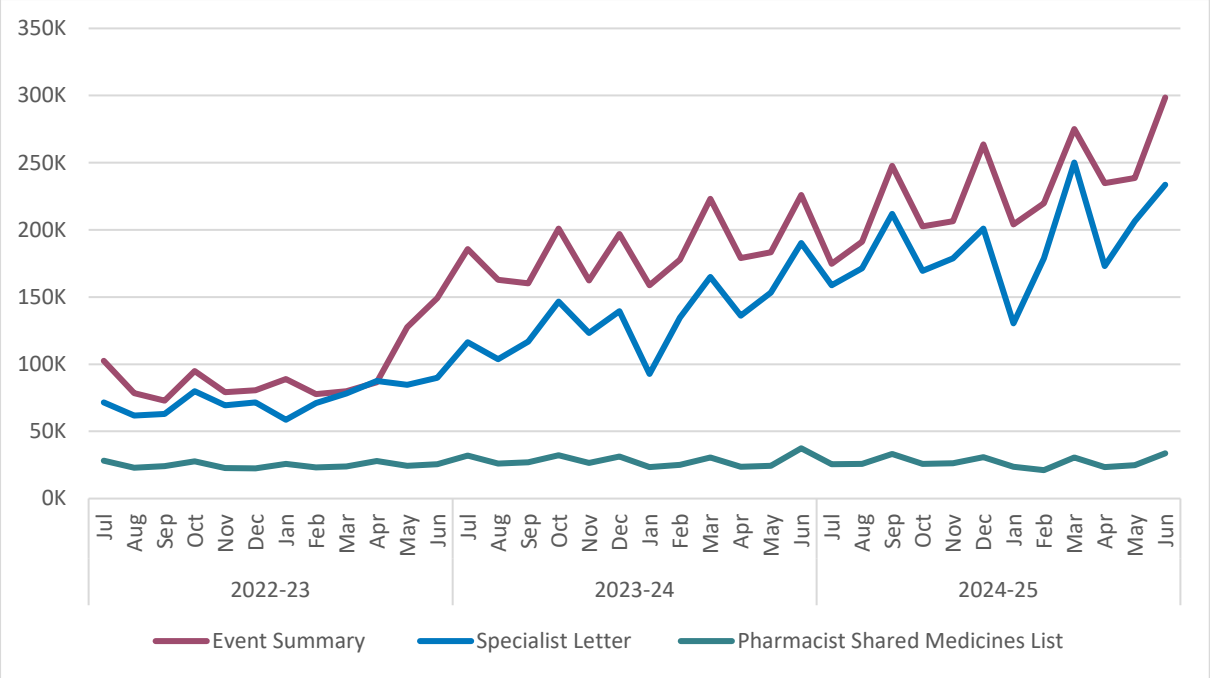

Figure B30. Key documents uploaded to My Health Record by health care providers

Base: Volume of event summaries, specialist letters and pharmacist shared medicines lists uploaded to My Health Record by health care providers, by month, from 2022–23 to 2024–25.

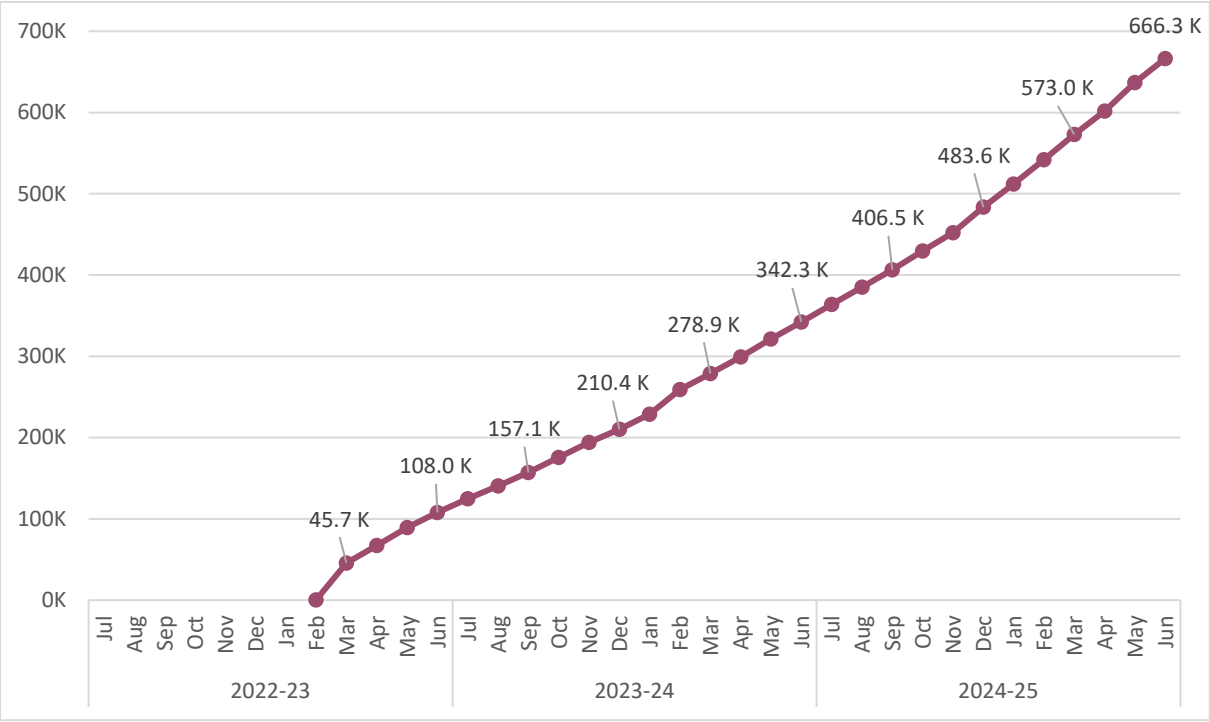

Figure B31. My Health App downloads

Base: Total cumulative number of downloads of the My Health App based on Apple App Store and Google Play store downloads, by month, from 2022–23 to 2024–25.
Note: My Health App was launched 28 February 2023.

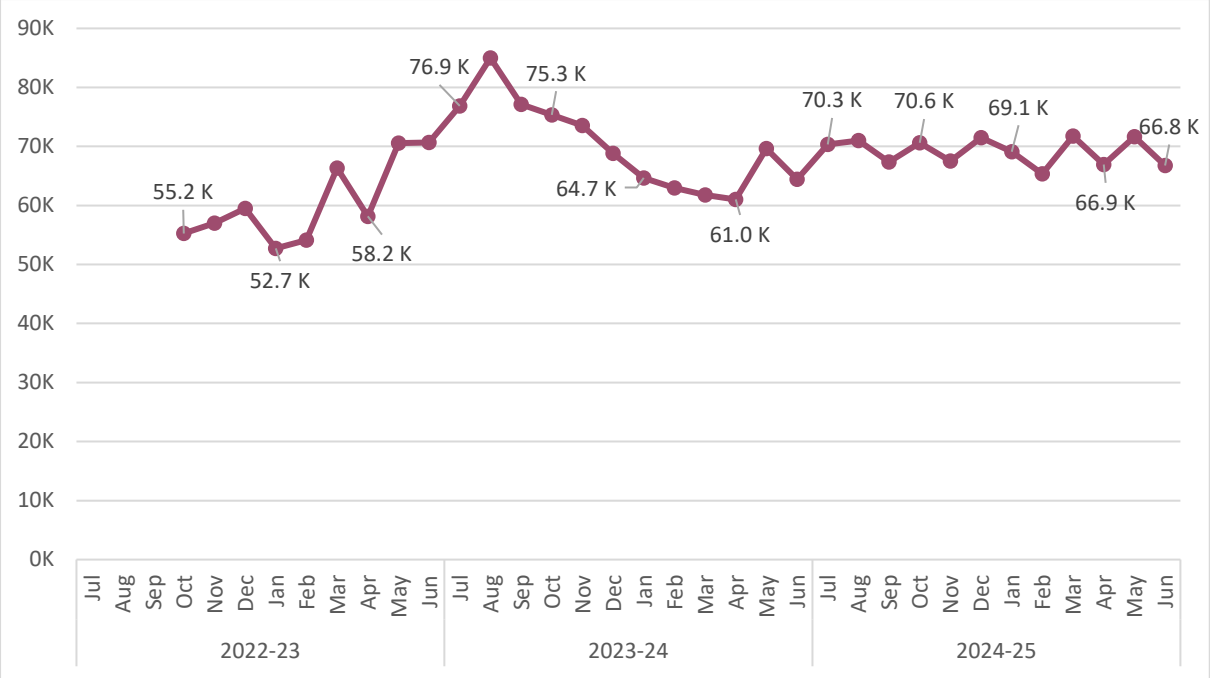

Figure B32. Active Script List volume data

Base: Total number of Active Script List registrations using PBS data maintained by the Department of Health, Disability and Ageing, by month, from 2022–23 to 2024–25. Does not include supply to Department of Veterans' Affairs patients.
Note: PBS data does not capture over-the-counter drugs, private prescriptions (non-PBS) or public inpatient prescriptions. Active Script Lists came into effect in October 2022.

Appendix C: Methodology

This appendix provides an overview of how data was sourced and collated for inclusion in the Years in Review 2023–25.

Strengthening Medicare measure implementation and evaluation

Data that tracks the implementation of strengthening Medicare measures and associated evaluation activities was gathered through internal reporting mechanisms, input from relevant areas of the department, and from publicly available information. The dashboard utilised in Appendix B was adapted from existing strengthening Medicare internal reporting practices.

Implementation of foundational strengthening Medicare measures receive greater focus in tracking and reporting due to their stronger potential to deliver measurable outcomes and contribute to the quintuple aim. This emphasis is reflected in the Years in Review 2023–25, which prioritises the implementation and impact of core strengthening Medicare measures.

Reporting of indicators and primary care data

Year in Review reports are supported by an overarching data matrix within the framework[10] which outlines a range of potential data to be included in monitoring reports.

Data on indicators within the Years in Review 2023–25 was attained through several mechanisms.

Some data was captured through existing information and reports, owned by the department, other government bodies or non-government entities.

Data sourced from non-government entities has been reported in accordance with the initial data source, which in some instances includes data weighting.

Data limitations

Data outlined in the framework[10] and included in this report is intended to provide an overview of the primary care system. There are unavoidable challenges in providing an overview which captures the complexity, nuance, and breadth of the primary care system. Therefore, the overview of primary care outcomes in the Years in Review 2023–25 is inevitably not exhaustive.

The monitoring and evaluation of strengthening Medicare in part relies on existing datasets. This inherently limits the ability to capture and report data tailored to strengthening Medicare.

Data sources will continue to be reviewed and considered for inclusion in reports as they become available, to help address known limitations.

Some outcome indicators outlined in the framework are not covered in this report due to:

- not being updated prior to report publication – this data will be considered for inclusion in subsequent reports
- some strengthening Medicare measures yet to be fully implemented as at June 2025.

Additionally, indicators included in the framework with identified data limitations, will be considered for inclusion in subsequent reports as datasets become available.

Health.gov.au

All information in this publication is correct as at June 2025.