### Government policy objective

To improve Australians’ access to health care services by understanding the socioeconomic characteristics of Medicare use.

Linking the 2011 Census with Medicare data provides insight into Government health care costs and reveals differences in service use by Australians. The findings have the potential to guide policy and ensure that our health care system is reaching those who need it most.

### Problem

**What is the policy problem?**

About two-thirds of the cost of health care is paid by government with a significant portion of this cost relating to the care of people with chronic medical conditions.

A range of factors are associated with chronic disease. For example, research shows that people living in lower socioeconomic areas have poorer health outcomes than those living in higher socioeconomic areas.

Understanding these socioeconomic differences of people with chronic disease is the key to building an accessible health system for all Australians.

**What are the data challenges?**

There is no strong evidence base on the characteristics of those receiving Medicare-subsidised services, limiting our ability to understand how our health care dollars are being spent.

### Action

**What have we done so far?**

Six Australian Government agencies have come together, creating the feasibility project, the Multi-Agency Data Integration Project (MADIP). This project has securely linked existing Medicare, government payments, personal income tax, and 2011 Census data.

The agencies include the Australian Bureau of Statistics, the Australian Taxation Office, the Department of Education and Training, the Department of Health, the Department of Human Services, and the Department of Social Services.

Analysts from these agencies have explored and analysed the de-identified microdata. The analysis provides an insight into Government health care costs and reveals differences in service use by Australians.

The privacy and confidentiality of personal information is maintained through strong legislative protections as well as best practice data management. The linked data can only be accessed via secure systems and access is restricted to approved users for approved purposes. The project complies with the Privacy Act 1988 and with the legislative responsibilities of each partner agency.

### Outcome

**What has the project let us do?**

Connections between Medicare service use and sociodemographic factors at the population-level are discoverable through the linked dataset.

The linked data has shown that robust information can be created for policy analysts to inform policy development and the allocation of health care resources, whilst ensuring the privacy and confidentiality of personal information.

**How will we build on this?**

The project is in an evaluation phase. This project has demonstrated the potential value of linking existing public data. Streamlining data sharing and access arrangements can enable greater efficiencies, and inform decision making within government and the community.

Future partner collaboration could build on the usefulness of linked existing data for policy analysis, research, and statistical purposes.
Understanding the socioeconomic characteristics of Australians using Medicare services

Low income households generally had greater use of health services than higher income households in 2011.

Compared with higher income households, people from low income households were:

- 1.9 times more likely to use chiropractic services
- 1.8 times more likely to use osteopathy services
- 1.7 times more likely to use psychology services
- 1.5 times more likely to use mental health services.

Source: MADIP, 2011

These findings demonstrate how better use of existing public data can inform our understanding of socioeconomic differences of Australians using health care services, to guide policy development and improve access to these services.