A geospatial perspective of Medicare use by Age Pension recipients

**Government policy objective**
To improve older Australians’ access to health care services by understanding the geographic patterns of Medicare use.

Mapping linked 2011 Census and Medicare data has provided new insights into health care costs and revealed regional differences in health service use by older Australians. These findings can help inform policy and support the allocation of resources to the people and places that need it most.

**Problem**

What is the policy problem?
Understanding the health care service needs for people living in different areas is vital for building an accessible health system for all Australians.

The availability of certain health care services, proximity to providers, and transport options for people needing to access these services vary depending on where a person lives in Australia.

And the data challenge?
No robust evidence exists on the relationship between receipt of Medicare benefits and receipt of other payments such as the Age pension, including how this varies across Australia.

**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. Maps were then created to show the different use of Medicare by Age Pension recipients across Australia.

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?
The project found geographic differences in Medicare expenditure across Australia that can inform policy development and the allocation of health care resources.

For example, residents in regional and remote areas tended to claim less health care services than those who live in capital cities.

The linked data has provided a robust evidence base for policy analysts, while ensuring the privacy and confidentiality of older Australian’s 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.
Across Australia, Medicare services are used by more Age Pension recipients living in the major population centres of each state and territory than those in regional and remote areas.

These maps of Sydney and Melbourne illustrate the further variations in the use of Medicare Services within capital cities. In Sydney, older Australians on the Age Pension make high use of Medicare Services. By contrast, in Melbourne, the use of Medicare services by older Australians on the Age Pension varies considerably from suburb to suburb.

These findings demonstrate how the better use of existing public data can help inform the development of health policy and the allocation of health care resources to improve the wellbeing of older Australians.