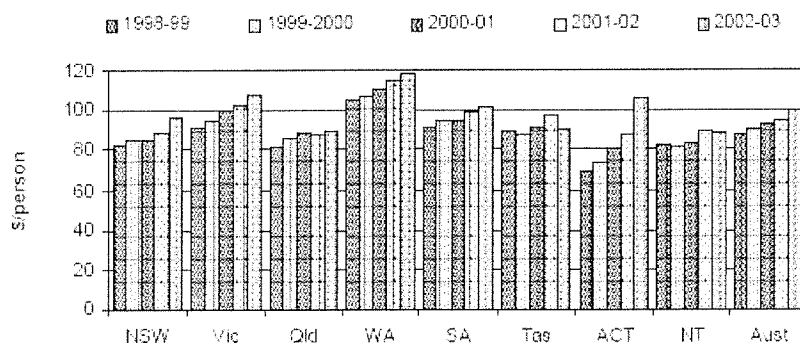


Funding and Services

- In 2002-2003 Government real recurrent expenditure on public hospitals was \$895 per person for Australia, up from \$791 in 1998-1999. It ranged from \$1165 per person in the Northern Territory to \$712 per person in Queensland in 2002-2003.
- Similarly, nationally, the 'recurrent cost per casemix-adjusted separation' for principal referral hospitals in 2002-03 was \$3178. For those jurisdictions with data available to be published, the 'recurrent cost per casemix adjusted separation' for principal referral hospitals was highest in NSW (\$3363) and lowest in Queensland (\$2977). Thus Queensland is well below the national average in all areas.
- Queensland also has one of the highest unplanned readmission rates to hospital at 4 per cent per 100 admissions.
- The ACHS estimated that if the performance of all Queensland public hospitals matched the performance of the top 20 per cent of public hospitals nationally, there would be 3.1 per cent fewer re-admissions to Queensland public hospitals.
- Lowest rates of accreditation of aged care facilities was experienced in Queensland. Higher rates are desirable because they imply a higher level of care and service quality.
- Community Aged Care Packages are at the lowest rates per target population in Queensland. These allow low-level care people to receive care at home, in the community.
- Indigenous access to employment and community access services was lowest in Queensland.
- In 2002-03, WA spent the most on mental health services (\$119 per person) and the least was spent Queensland and the NT (\$89 per person). From the graph below you can see that while other states have increased their funding steadily, Queensland's has been relatively static.
- Average mental health patient day costs in public general hospitals were highest in the NT (\$897) and lowest in Queensland (\$461).

Figure 11.19 Real recurrent expenditure at the discretion of State and Territory governments (2002-03 dollars)^{a, b, c, d, e}



Source: AIHW

Selected Outcomes

- Queensland had the highest death rate from heart attacks (Acute myocardial infarction) in 2002. Queensland recorded 81 deaths per 100,000, well above the national average of 71 per 100,000.
- Death resulting from Stroke (Cerebrovascular diseases) in Queensland was four above the national average at 66 per 100,000.
- Deaths attributed to heart disease (Ischaemic heart disease and heart attacks) in Queensland were reported to be 10 per cent above the national average.

Conclusion

Queensland spent the least per person on general health funding and the least per person on public hospitals. The *Report on Government Services* show Queensland has higher than the national average mortality in most key acute and chronic areas including diseases of the cerebrovascular, cardiac, renal, ear nose and throat, dental, and respiratory systems. Mental healthcare in Queensland is failing. This is illustrated by Queensland's suicide rate, which is 25 per cent above the national average.

The disparity in health outcomes is the result of under-funding. Budgetary increases in recent years, whilst welcome, are not closing the gap between Queensland and other states. Similarly, while budget promises are in the process of being delivered very few are yet making changes to the delivery of patient care. Total health expenditure needs to be urgently brought up to par with all other Australian states and territories.

Queensland's higher than average spend on non-clinical health costs such as administrators or project managers is done so at the expense of hospital equipment, bed increases, and additional clinical staff. Productivity could be significantly improved in Queensland with a focus of spending on medical care which would in turn close the gap on poor health outcomes.

Prepared 28 February 2005.

Sourced from AIHW's *Mental Health Services In Australia 2002-03* and the Productivity Commission's *Report on Government Services 2005*.