**HCQO 2020-21 Patient Experiences Indicator Definitions**

Patient experience data were sourced from the 2019-20 ABS Patient Experience Survey and do not align with the OECD specifications; the points of variation are outlined in the specifications that follow.

HCQO specifications for the denominator of the patient experience indicators requested both weighted and unweighted counts from survey data. The AIHW was unable to provide the denominator unweighted as the ABS does not release that information.

**Consultation skipped due to costs**

**OECD indicator name**: Consultation skipped due to costs.

**Coverage**: Survey respondents aged 16 and over (4 age groups: 16-24, 25-44, 45-65 and 65+) who answered the specific question.

Crude and weighted rates are calculated based on the following definitions:

**Numerator**: Number of survey respondents among denominator cases who answered not having visited a health professional (e.g. doctor, nurse or allied health professional) because of costs (i.e. actual out-of-pocket payments for services).

**Denominator**: Number of survey respondents who answered “Yes” or “No” to a survey question on whether consultation was skipped due to costs in the reference year.

Standard errors are calculated based on the sample design.

**ABS methods**: This indicator was supplied using multiple questions from the ABS Patient Experience Survey that asked people whether there had been any time they needed to go to a GP, medical specialist, dental professional or hospital but did not, or delayed going, due to the cost.

**Medical tests, treatment or follow-up skipped due to costs**

**OECD indicator name**: Medical tests, treatment or follow-up skipped due to costs.

**Coverage**: Survey respondents aged 16 and over (4 age groups: 16-24, 25-44, 45-65 and 65+) who answered the specific question.

Crude and weighted rates are calculated based on the following definitions:

**Numerator**: Number of survey respondents among denominator cases who answered having skipped a medical test, treatment (excluding medicines), or other follow-up that was recommended by a health professional (e.g. doctor, nurse of allied health professional) because of costs (i.e. actual out-of-pocket payments for services).

**Denominator**: Number of survey respondents who answered “Yes” or “No” to a survey question on whether recommended medical tests, treatment or follow-up was skipped due to costs in the reference year.

Standard errors were calculated based on the sample design.

**ABS methods**: This indicator was supplied using the ABS Patient Experience Survey questions that asked people whether they delayed, or did not get, referred pathology or imaging tests because of the cost.

**Prescribed medicines skipped due to costs**

OECD indicator name: Prescribed medicines skipped due to costs.

**Coverage**: Survey respondents aged 16 and over (4 age groups: 16-24, 25-44, 45-65 and 65+) who answered the specific question.

Crude and weighted rates are calculated based on the following definitions:

**Numerator**: Number of survey respondents among denominator cases who answered not having filled a prescription for medicine/collected a prescription for medicine, or skipped doses of medicine because of costs (i.e. actual out-of-pocket payments for medicine).

**Denominator**: Number of survey respondents who answered “Yes” or “No” to a survey question on whether prescribed medicine was skipped due to costs in the reference year.

Standard errors are calculated based on the sample design.

**ABS methods**: This indicator was supplied using the ABS Patient Experience Survey question that asked whether people delayed or did not get prescription due to cost. The ABS does not ask respondents about whether they ‘skipped doses of medicine’.

**Patient having enough time with doctor**

**OECD indicator name**:Doctor spending enough time with patients during the consultation.

**Coverage**: Survey respondents aged 16 and over (4 age groups: 16-24, 25-44, 45-65 and 65+) who answered the specific question.

Crude and weighted rates are calculated based on the following definitions:

**Numerator**: Number of survey respondents among denominator cases who answered that a doctor always or often spent enough time with them.

**Denominator**: Number of survey respondents who answered a frequency to a survey question on how often a doctor spent enough time with them.

Standard errors are calculated based on the sample design.

**ABS methods**: This indicator was supplied using a question for which respondents who saw a GP for their own health were asked to: ‘Think about all the GPs you have seen in the last 12 months. How often did they spend enough time with you?’. Possible responses were: ‘always’, ‘often’, ‘sometimes’ or ‘rarely’. Responses of ‘always’ and ‘often’ were those considered to be equivalent to ‘yes’ for the OECD HCQOs.