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# NAB Health Insights Special Report

**Australia's Health Scorecard 2023-24  
Part 3: What do consumers value most  
when choosing a health professional?**

NAB Behavioural and Industry Economics



July 2024

**In Part 3 of this special NAB Health insight series, we explore some of the most important factors for health consumers when searching for a health professional. We also investigate whether consumer perceptions over some key issues (including access to bulk billing, cost of health services, usage of telehealth, e-health, and data sharing) have changed over the past year.**

**What emerges is a familiar list of consumer preferences, but what might surprise is the order in which time poor Australians rank these. Another important message is despite ongoing cost of living stresses for all consumers, they are prioritising household budgets in favour of health. The report also explores whether health consumers believe pharmacies should be able to expand the scope of services they can provide, and if so, in what areas. The survey results are based on the responses of a representative sample of 1,050 Australians over the age of 18.**

## Key takeaways

- **Despite heightened concerns over cost of living pressures, convenience tops consumer wish lists when selecting a health professional with 6 in 10 selecting it as the most important factor.** Rounding out the top 3 are bulk billing and ease of making an appointment. 1 in 4 said cost/out of pocket expenses and convenient hours and 3 in 10 qualifications. Recommendations from family or friends topped the list for 1 in 4 consumers. Only 1 in 10 were influenced by positive patient or online reviews and even fewer by access to telemedicine or virtual visits.
- **With convenience the top concern, a growing number of consumers are preferencing GP's who are part of an integrated medical hub.** Over 4 in 10 Australians indicated their main GP was part of a such a group. Younger consumers are driving this trend with numbers rising to 6 in 10 for those aged between 18-24.
- **Despite bulk billing featuring prominently among consumer preferences, there has been a significant fall in availability.** Only 6 in 10 health consumers had their most recent GP visit bulk billed compared to 7 in 10 a year ago, with a notable fall in the number of consumers on lower incomes being bulk billed (down to 75% compared to 89% a year ago).
- **And consumers believe health costs are rising across the board.** Higher costs were reported for all providers over the past year. Around 6 in 10 believe it has become more expensive to see a dentist, chiropractor, osteopath & physiotherapist, pharmacy, psychologist & psychiatrist, 1 in 2 a GP and 4 in 10 an optometrist.
- **But consumers are prioritising health with fewer cutting or cancelling their health spending due to cost of living pressures compared to last year.** For example, fewer than 3 in 10 health consumers switched to lower cost prescription items and medications – down from almost 4 in 10 a year ago. Fewer (around 1 in 5) also cancelled or cut back on regular dental appointments, treatments & procedures, on regular medical appointments and on buying fresh fruit and vegetables.
- **The number using telehealth has also fallen, with face to face still strongly favoured.** For GPs for example, telehealth was down to 31% of appointments from 41% a year ago, while for specialists it fell to 5% (8% a year earlier). Face to face is particularly preferred for general medical check-ups (70% of consumers prefer face-to-face vs. 7% telehealth), dental (68% vs. 6%), acute ailments (67% vs. 7%), the elderly (57% vs. 8%), mental health (54% vs. 8%) and for a child (51% vs. 6%).
- **But those that use telehealth rate it very highly.** For example, of those that used telehealth to see their GP a greater number of consumers rated the overall experience better compared to a traditional visit (26% vs. 21%). This was largely driven by better telehealth experiences for wait times for appointments, ease of getting an appointment and cost.





- **There are some key areas where consumers believe pharmacies should be allowed to expand their scope of services.** 1 in 2 believe pharmacists should be able to renew prescriptions for ongoing treatment, and around 4 in 10 to be authorised to provide emergency dispensing of medicines, prescribe and administer appropriate travel health vaccines and medicines, diagnose and prescribe for minor ailments and illnesses and manage common conditions such as back pain, eczema etc.
- **E-health has the potential to empower consumers to take greater control of their health and wellbeing.** Around 3 in 10 health consumers have used mobile phone or tablet health apps in the past 12 months, broadly unchanged from last year, while 1 in 4 have used a wearable technology device (such as fitness trackers), and up slightly from last year. When asked to rate the extent these technologies had improved their health or fitness, on average consumers scored them 7.1 pts out of 10.
- **Australians are much more comfortable sharing their personal data from technology or e-health management tools with some health professionals than others.** Consumers remain most comfortable sharing it with GPs and specialists and much less (and even more so than last year) with technology companies.
- **At-home diagnostic testing has also grown in usage, though comfort around their use is somewhat surprisingly falling.** Almost 4 in 10 Australians purchased an at home health test over the past year. The number of consumers who scored their comfort levels “very” high (i.e., scored 8+ points) ranged from 36% for genetic tests to identify current or future health risks to 44% for sending stool samples to determine current or future health risks. This compares to around 1 in 2 Australians who scored their comfort “very” high for all at-home diagnostic tests a year earlier.



## Summary

### What do health consumers value most when selecting a trusted health professional?

Almost 6 in 10 (58% of all Australians) said convenience was the most important factor when choosing a health professional. Coming in second was providers that offered bulk billing (53%) and in third ease of making an appointment (47%). Around 1 in 4 identified cost/out of pocket expenses (39%) and convenient hours (38%), while 3 in 10 (29%) said qualifications (29%). Recommendations from family or friends was key for 1 in 4 (26%) people and recommendations from other health professionals for 1 in 5 (21%). Only 1 in 10 Australians were influenced by patient (12%) or positive online reviews (11%), and less than 1 in 10 (8%) by access to telemedicine or virtual visits.

But what matters most differs across some key demographic groups. By location, a convenient location (62%) and hours (41%) was important for somewhat more people in capital cities. By gender we noted a much higher number of women than men that valued ease of appointments (52% vs. 43%), cost (44% vs. 33%), qualifications (35% vs. 24%) and recommendations from family or friends (30% vs. 21%). A convenient location, bulk billing, and ease of getting an appointment become more important considerations as people age, as are qualifications for people 55 and older. A somewhat higher number of those in the 35-44 age group identified with

reviews from other patients (19%) and in the 25-34 group Google and other online reviews (20%).

Integrated medical hubs bring doctors and allied health specialists together in one expansive setting, offering patients more seamless and connected healthcare experiences. Over 4 in 10 (44%) health consumers indicated their main GP was part of a such a group (ranging from 38% in rural areas to 48% in regional cities). Younger consumers appear to be driving this trend with 60% of those aged between 18-24 seeing a GP who belonged to an integrated medical hub. The numbers fall in each successive age group to 36% among the over 65 group.

### Is access to bulk billing changing?

Australians report a significant fall in GP bulk billing availability over the past 12 months - just 63% of health consumers said their most recent GP visit was bulk billed compared to 71% a year ago. Fewer people in all age groups said they were bulk billed, ranging from 57% in the 55-64 age group to 73% among the over 65s. Of concern, there has been a significant fall in the number of people in the lower income group who were bulk billed the last time they visited their doctor or GP (down to 75% compared to 89% a year ago).

### Are costs rising for health services?

Costs appear to be rising across the board, with consumers reporting higher costs for all providers over the past year. Around 6 in 10 believe it has become more expensive to see a dentist, chiropractor, osteopath & physiotherapist (62%), pharmacy (61%), and psychologist & psychiatrist (60%). Using a private hospital or specialist doctor has become more expensive according to 57% of all Australians, and 56% for other health providers. Around 1 in 2 (50%) said GP services were more expensive and 4 in 10 (40%) optometrists.

### How are health consumers responding to cost of living pressures?

3 in 10 (30%) health consumers said they responded by switching to lower cost prescription items and medications - down from almost 4 in 10 (38%) a year ago. Moreover, fewer consumers (around 1 in 5) cancelled or cut back on regular dental appointments (22% vs. 31% a year earlier), dental treatments & procedures (21% vs. 30%), regular medical appointments such as doctors and specialists (20% vs. 24%), and on buying fresh fruit and vegetables (20% vs. 29%). This pattern was also apparent for optometry appointments (16% had cancelled/cut back vs. 22% a year earlier), medical treatments and procedures (16% vs. 22%), chiropractor, osteopath, or physiotherapist appointments (14% vs. 26%), psychologist & psychiatrist appointments (14% vs. 22%), and on private health insurance (11% vs. 19%). The only area where health







behaviour did not change was not choosing to have a prescription filled by a pharmacist (unchanged at 14%).

However, pressures continue to build in rural areas with more health consumers in these areas cutting back compared to those in capital cities. This is particularly the case for switching to lower cost prescription items and medications (34% of rural consumers did this vs. 27% capital cities), optometry appointments (25% vs. 13%) and psychologist & psychiatrist appointments (21% vs. 11%). Moreover, a much higher number of women cancelled or cut back on regular dental appointments (26% vs. 18% of men), dental treatments and procedures (25% vs. 17%), regular medical appointments (24% vs. 15%) and psychologist & psychiatrist appointments (17% vs. 10%). More young people (18-24 years) also cancelled or cut regular medical appointments (32%), chose not to have a prescription filled (28%), and cancelled or cut back on psychologist & psychiatrist appointments (25%).

### **Are consumers continuing to embrace telehealth?**

As consumers continue to return to their “normal” pre-COVID lives, the number that had a telehealth or telemedicine appointment in the past year has fallen. For GPs for example, telehealth was down to 31% from 41% a year ago, while the number of health consumers that had a telehealth appointment with a specialist doctor fell to 5% (compared 8% a year earlier). It was basically unchanged for psychologists & psychiatrists (4% vs. 5%). Some key demographic differences include a significantly higher number of women that had a telehealth appointment with a GP compared to men (38% vs. 24%). By

age, a higher number in the 35-44 group had a telehealth or telemedicine GP visit (39%), and in the 18-24 group an appointment with other health provider (25%) or psychologist & psychiatrist (9%). Twice as many people in the over 65 age group (51%) said they did not have an appointment with any of these health providers than in the 18-24 group (25%).

Consumers continue to heavily favour face to face interactions for all types of interactions. This is particularly so for general medical check-up appointments (70% of consumers prefer face-to-face vs. just 7% of consumers who said telehealth), dental-related appointments (68% vs. 6%), acute ailment appointments (67% vs. 7%), appointments for elderly people (57% vs. 8%), mental health related appointments (54% vs. 8%) and appointments for a child (51% vs. 6%).

Preference for telehealth appointments is highest for renewing a prescription (30% telehealth; 37% face-to-face), minor or common ailment appointments (20% vs. 44%), results follow-up appointments (21% vs. 47%) and referral appointments (18% vs. 49%). However, the number of people that preferred face-to face interactions for all these appointments was higher than for telehealth.

Those that use telehealth rate it very highly. For example, among those that used telehealth to see their GP more consumers rated the overall experience better compared to a traditional visit (26% rated it better than a traditional visit vs. 21% who rated it worse). This was largely driven by wait times for appointments (38% better; 12% worse), ease of getting an appointment (37% vs. 10%) and

cost (23% vs. 17%). However, slightly more felt they had less time with GPs (21% vs. 25%), but a similar number rated ability to understand GP (e.g., voice & video quality) and quality of advice better and worse. Somewhat more people also rated the online experience with specialist doctors better (23%) than worse (16%). For psychologists and psychiatrists, 33% of Australians who had a virtual consultation said it was better and 25% worse. The experience was also rated better by a large margin for all measures, except the ability to understand them (e.g., voice & visual quality), where more people said it was worse (29%) than better (25%).

### **Do consumers believe pharmacists should be allowed to expand their services?**

There are some areas where consumers believe pharmacies should be allowed to expand their scope of services. 1 in 2 (49%) said pharmacists should be able to renew prescriptions for ongoing treatment, and around 4 in 10 be authorised to provide emergency dispensing of medicines (45%), prescribe and administer appropriate travel health vaccines and medicines (44%), diagnose and prescribe for minor ailments and illnesses (40%) and manage common conditions such as back pain, eczema etc. (40%). Just over 1 in 3 supported ongoing dispensing of oral contraceptive pills (36%) and view patients health records to ensure safe and effective use of medicines

(35%), and just over 1 in 5 (22%) change prescription dosages if it was in the best interests of the patient.

But there are some areas where consumers are much more reluctant. Fewer than 1 in 10 (8%) health consumers believe pharmacists should be authorised to diagnose or prescribe for more serious or complex issues, and less than 1 in 5 order and interpret lab tests on behalf of patients (16%) or monitor patients and where necessary stop prescribing a medication (18%). And nearly 1 in 5 thought pharmacists should not be authorised to do any of these things. Interestingly, a much lower number over the age of 55 said pharmacists should be allowed to do none of these things (11%) – half that in younger age groups.

### **Are consumers supporting e-health?**

E-health is also empowering consumers to take greater control of their health and wellbeing, with many believing they are not only easy to use but are improving their health. For example, around 3 in 10 (31%) health consumers used a mobile phone or tablet health apps in the past 12 months, broadly unchanged from last year (32%). It is estimated that there are now over 65,300 mHealth apps on the Google Play Store and 54,000 on the Apple App Store. In addition, around 1 in 4 (26%) consumers have used a wearable technology device (such as fitness trackers, smart health watches, wearable ECG monitors and blood pressure monitors) in the past 12 months, up slightly from





24% last year. Consumers also find these technologies quite easy to use scoring them 7.8 pts out of 10 on average (where 10 is extremely easy). When asked to rate the extent these technologies had improved their health or fitness, on average consumers scored them 7.1 pts out of 10.

### How comfortable are consumers sharing their data?

While Australians are quite comfortable sharing their personal data from technology or e-health management tools with GPs and specialists they are much less comfortable sharing it with others. When asked to rate how comfortable they would be about sharing their data, consumers remain most comfortable sharing it with GPs (7.2 pts up from 7.1 pts a year ago) and specialist doctors (unchanged at 7.1). Comfort levels were a little stronger for sharing data with allied health professionals (6.4 vs. 6.2), unchanged for sharing with psychologists & psychiatrists (6.3), but a little less so sharing with pharmacists (6.3 vs. 6.5). Australians were least comfortable sharing personal data with technology companies by some margin, and somewhat more reluctant to do so now than last year (4.1 down from 4.6).

### What about at-home diagnostic testing?

At-home diagnostic testing has also grown from a nascent pre-COVID pandemic trend to an emerging, high-growth consumer health product category in the pandemic's wake. Almost 4 in 10 (38%) Australians purchased an at home health test over the past year, with little difference by

income. Interestingly, when asked to what extent COVID had made them more comfortable with other forms of at home testing, consumers indicated it was only "moderate" scoring on average 5.9 pts out of 10 (where 10 is "completely" comfortable) - though under 35s had become noticeably more comfortable than older age groups. Moreover, 1 in 4 (25%) indicated they were now extremely comfortable, rising to over 1 in 3 (35%) of 18-24 year olds.

But consumers are more comfortable using some at-home tests than others. They are most comfortable using tests to diagnose infections (such as throat or urinary tract), scoring on average 6.8 pts out of 10 (10 is extremely comfortable) - though this was down from 7.1 pts a year ago. They were next most comfortable about sending stool samples to determine current or future health risks (6.7 pts down from 6.9 pts), and at-home blood test (finger pricks) that connect to an app to track health trends such as cholesterol, blood sugars etc. (6.6 vs. 6.8). Comfort levels were lowest for sending stools samples to determine nutritional needs or choices (6.3 vs. 6.6) and genetic tests to identify current or future health risks such as cancer (6.3 vs. 6.9). Interestingly, the number of people who scored their comfort levels "very" high (i.e., scored 8+ points) ranged from 36% for genetic tests to identify current or future health risks to 44% for sending stool samples to determine current or future health risks. This compares to around 1 in 2 Australians who scored their comfort "very" high for all these at-home diagnostic tests a year earlier.





# Choosing a health professional

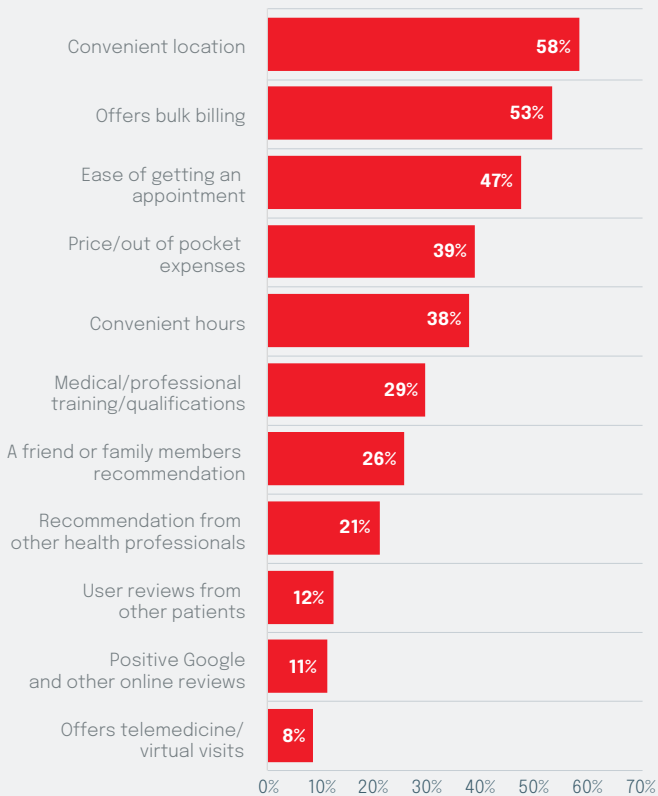
**There are many doctors and health professionals to choose from, and it's important for people to ask questions to help them make the right decision for their health needs.**

In this survey, we asked Australian health consumers what their most important considerations were when searching for a new doctor or other health professional? According to almost 6 in 10 (58%), convenience was key, while around 1 in 2 looked for health providers that offer bulk billing (53%) or were easy to make an appointment with (47%).

Around 1 in 4 said cost/out of pocket expenses (39%) and convenient hours was most important (38%), while 3 in 10 (29%) valued qualifications (29%). Recommendations from family or friends was key for 1 in 4 (26%) people and recommendations from other health professionals for 1 in 5 (21%). Only 1 in 10 were influenced by patient (12%) or positive online reviews (11%), and less than 1 in 10 (8%) by access to telemedicine or virtual visits.



**Chart 1: Most important considerations when searching for a new doctor or other health professional**



But what was considered most important varied in key groups. By location, a convenient location (62%) and hours (41%) was important for somewhat more people in capital cities. By gender we noted a much higher number of women than men that valued ease of appointments (52% vs. 43%), cost (44% vs. 33%), qualifications (35% vs. 24%) and recommendations from family or friends (30% vs. 21%).

A convenient location, bulk billing, and ease of getting an appointment emerged as more important considerations when choosing a new GP or other health professional as people aged, as did qualifications for people 55 and older. We also noted a somewhat higher number in the 35-44 group influenced by reviews from other patients (19%) and in the 25-34 group by positive Google and other online reviews (20%). Income did not seem to play an overly significant role, with a broadly similar number in both higher and lower income groups posting comparable results, except for qualifications which influenced somewhat more people in the lower income group (33% vs. 25%).



**Table 1: Most important considerations: region, gender, age, high & lower income**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
Convenient location	58%	62%	54%	49%	55%	61%	38%	41%	55%	63%	72%	73%	56%	54%
Offers bulk billing	53%	55%	54%	45%	49%	57%	28%	47%	58%	56%	60%	61%	53%	51%
Ease of getting an appointment	47%	48%	47%	45%	43%	52%	23%	34%	45%	46%	63%	65%	44%	43%
Price/out of pocket expenses	39%	40%	36%	36%	33%	44%	20%	32%	44%	45%	47%	38%	34%	39%
Convenient hours	38%	41%	34%	31%	37%	38%	29%	34%	39%	39%	45%	38%	32%	38%
Medical/professional training/qualifications	29%	28%	32%	32%	24%	35%	25%	28%	18%	23%	43%	38%	33%	25%
A friend/family recommendation	26%	26%	23%	27%	21%	30%	24%	28%	24%	23%	25%	28%	25%	27%
Recommendation from other health prof	21%	23%	19%	16%	21%	21%	18%	22%	20%	16%	20%	27%	20%	21%
User reviews from other patients	12%	14%	8%	11%	11%	14%	13%	16%	19%	9%	13%	7%	12%	16%
Positive Google and other online reviews	11%	11%	12%	12%	10%	13%	16%	20%	15%	8%	7%	3%	9%	14%
Offers telemedicine/virtual visits	8%	8%	10%	8%	8%	9%	9%	10%	6%	7%	12%	7%	7%	7%



# Bulk Billing

**Bulk billing means that patients enrolled in Medicare do not have to pay for their medical service from a health professional. The service provider will bill Medicare instead and accept the Medicare benefit as full payment for the service. Not all health professionals bulk bill. The patient will need to pay for their appointment if their health professional does not bulk bill. Patients may be able to claim some of this money back from Medicare.**

When we again asked Australians if they were bulk billed the last time, they visited their doctor or GP, the number that said they were fell noticeably to 63% from 71% a year earlier. This may partly help explain why 1 in 2 Australians said it was more expensive to see GP in the last 12 months.

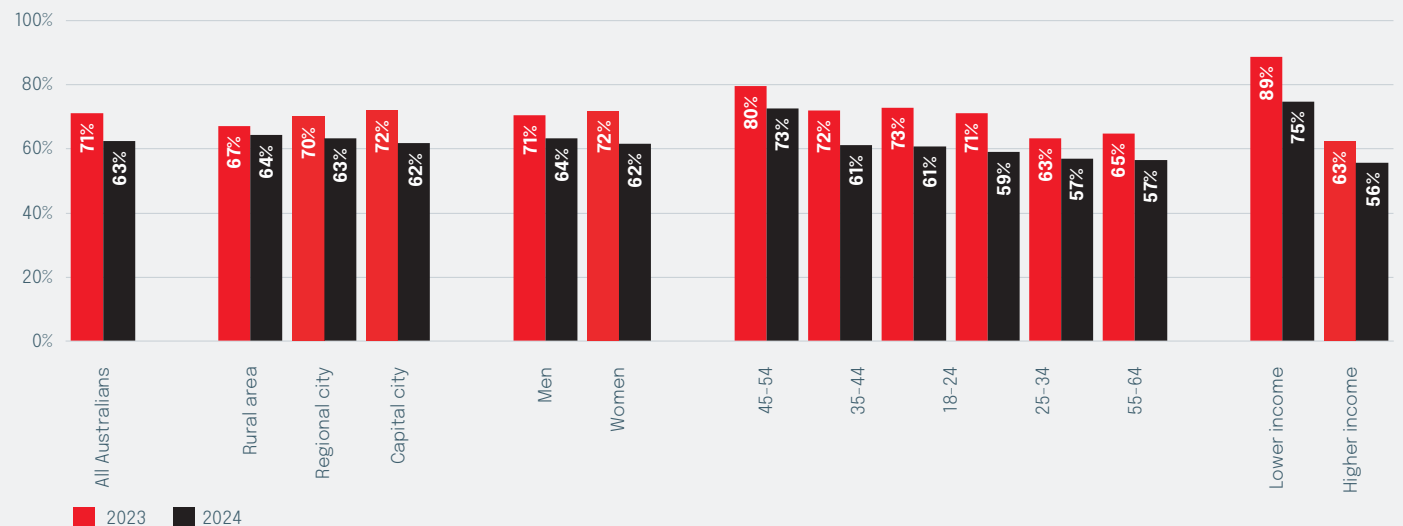
The number of people who were bulk billed was lower in all regions than in the previous year, with the biggest fall noted in capital cities to 62% (72% a year ago), It was lower for both men and women, but a little more so for women (62% vs. 72%). Fewer people in all age groups said they were bulk billed, and it ranged from 57% in the 55-64 age group to 73% in the over 65 group. Also apparent was the significant fall in the number of people in the lower income group who were bulk billed the last time they visited their doctor or GP to 56% (89% a year earlier) - see chart above.

With 1 in 2 Australians signalling that visiting a GP has become more expensive in the last 12 months, and general cost of living pressures weighing heavily,

Australians believe that bulk billing is a “very” important consideration when visiting a GP. When asked to score how important it was, Australians on average scored a very high 8.1 pts out of 10 (where 10 is extremely). Moreover, 2 in 3 Australians said it was a “very” important consideration (i.e. scored 8+ pts). Just 4% (or 1 in 25) of Australians scored the importance of bulk billing when seeing a doctor “very” low (i.e. less than 3 pts).

The importance of bulk billing was scored basically the same across regions, the number that scored it “very” high was somewhat larger in capital cities (67%) than in regional (64%) cities and rural areas (59%). Women scored the importance of bulk billing higher than men (8.3 pts vs. 7.9 pts), with a higher number of women also indicating it was very important (68% vs. 61%). By age, the importance of bulk billing was rated least important in the 18-24 age group (7.5 pts), and noticeably lower than in the 35-44 age group where it was highest (8.5 pts). The number of Australians that said it was very important was also

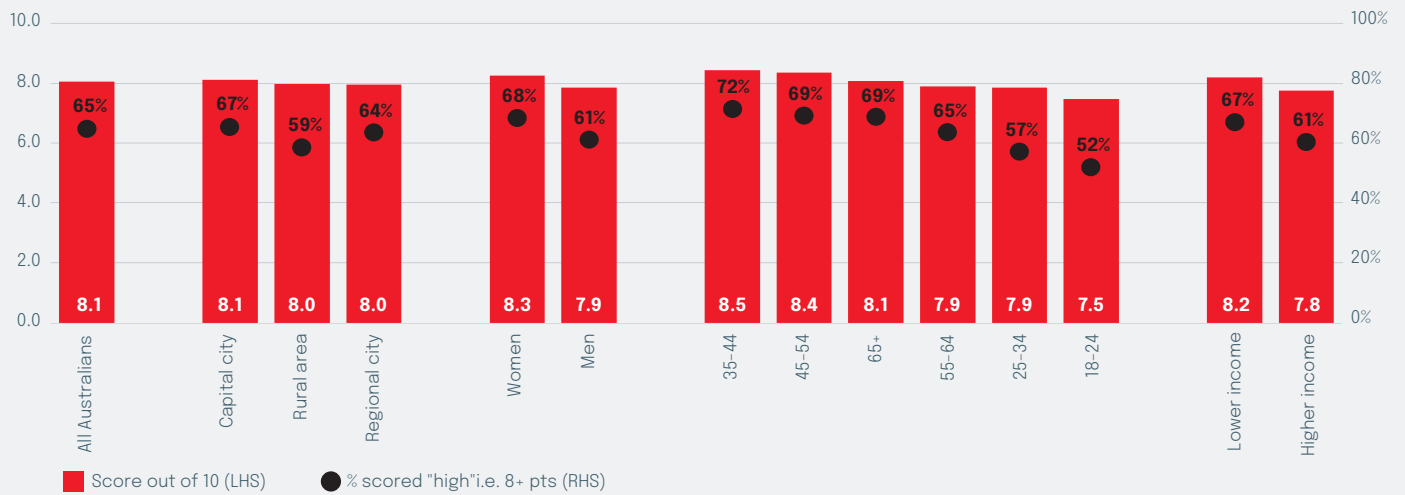
**Chart 2: Bulk billed the last time you visited your GP/doctor**





noticeably lower in the 18-24 (52%) and 25-34 (57%) age groups, than in other groups where it ranged from 65% in the 55-64 group to 72% in the 35-44 group. Bulk billing was also somewhat more important in the lower income group than in the higher income group (8.2 pts vs. 7.8 pts), with somewhat more people in the lower income group also scoring it very high (67% vs. 61%).

**Chart 3: Importance of bulk billing when seeing a doctor**



# Integrated Medical Hubs

**Integrated medical hubs bring doctors and allied health specialists together in one expansive setting, offering patients more seamless and connected healthcare experiences. This integrated model has been well received in Australia, with over 4 in 10 (44%) survey participants indicating their main GP is part of an integrated medical hub.**

This however ranged from 38% in rural areas to 48% in regional cities, with minor difference between women (45%) and men (42%) and higher (46%) and lower (43%) income groups.

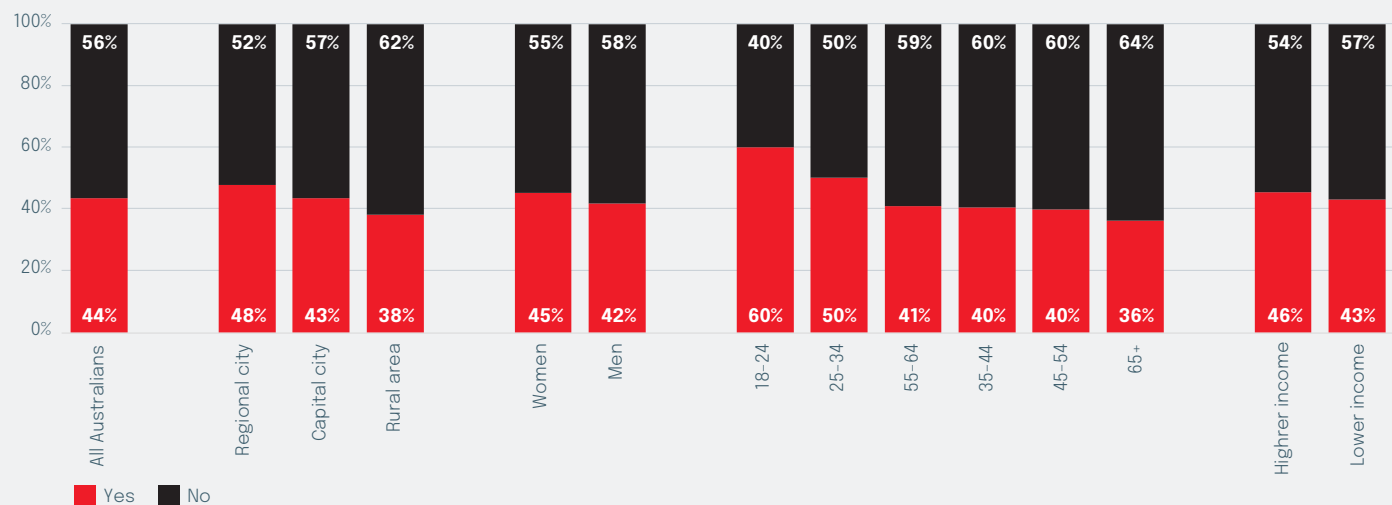
But the survey revealed a strong correlation with age with the number of people that indicated their main GP was located in an integrated medical hub falling as we get older - from 60% in the 18-24 stepping down in each successive age group to 36% in the over 65 group - see chart below.

Out-of-pocket costs for patients have risen over the past 25 years due to a range of issues including doctor shortages and reductions in bulkbilling. This has resulted in some patients forgoing or deferring healthcare. Waiting times have also increased for many services, while access has been reduced for some drugs or technologies. Health insurance premiums and co-payments have also risen. Gaps in universal healthcare system coverage are particularly noticeable in services

such as dental and some allied healthcare. NAB Wellbeing research has also consistently identified being unable to meet the cost of medical bills and healthcare as one of the biggest causes of financial stress for Australians. Consumer expectations about the cost of future health care are also bleak, with the NAB's 2023 HICAPs Consumer survey finding over 1 in 2 Australians believe they will be spending more (in real terms) on their overall healthcare (including doctors, dentists, physiotherapists, psychologists etc.) 25 years from now, while 1 in 5 think it's very unlikely they will be able to afford healthcare 25 years from now.

In order to gauge consumer perceptions of healthcare cost changes over the past 12 months, we asked Australians to rate how the cost of services provided by a range of healthcare practitioners and providers changed on a scale of 0-10 (where 0 = much cheaper and 10 = much more expensive). It was more expensive than cheaper according to significantly more consumers for all of these providers.

**Chart 4: Is your main GP part of an intergrated medical hub?**





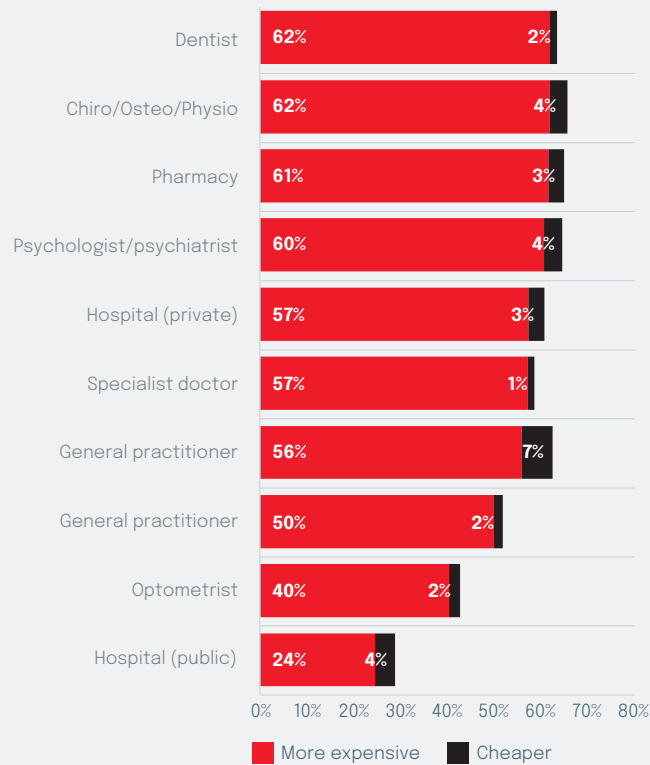
# Cost of Healthcare & Impact of Cost of Living

Around 2 in 3 Australians said it was more expensive to see a dentist (62%) and chiropractor, osteopath & physiotherapist (62%), and 6 in 10 pharmacy (61%) or psychologist & psychiatrist (60%). Using a private hospital or specialist doctor was more expensive according to 57% of all Australians, while 56% said the cost of other health providers increased. Around 1 in 2 (50%) said GP services were more expensive and 4 in 10 (40%) optometrists. Only 1 in 4 (24%) believe using a public hospital was more expensive.

By gender, key differences included a much higher number of women that said other health providers were more expensive (65% vs. 42%), and men public hospitals (32% vs. 19%). By age, we noted a much higher number in the 18-24 group who said public hospitals were more expensive, and in the higher income group GPs (61%) compared to those in the lower income groups (31%).

Though a very large number of Australians believe services provided by healthcare practitioners and providers have become more expensive over the last 12 months, fewer Australians cut or cancelled their health spending over the past few months due to cost of living pressures than reported a year ago. This could suggest more Australians are choosing to prioritise their health and making cutbacks in other areas to cope with higher living costs.

**Chart 5: How has the price of these services changed over the past 12 months?**



Very few Australians said using any of these healthcare providers or services was cheaper in the last 12 months - though the number that said other health providers was cheaper (7%) was somewhat higher than for any other provider.

Cost perceptions did however vary across regions. Noticeably more people said it was more expensive in capital cities for dentists (66%), chiropractors, osteopaths & physiotherapists (63%), psychologists & psychiatrists (63%), and specialist doctors (60%), but more in regional cities said other health providers were more expensive (65%) and in rural areas public hospitals (31%). We also noted a significantly lower number in rural areas who said private hospitals (31%) and other health providers (29%) were more expensive.



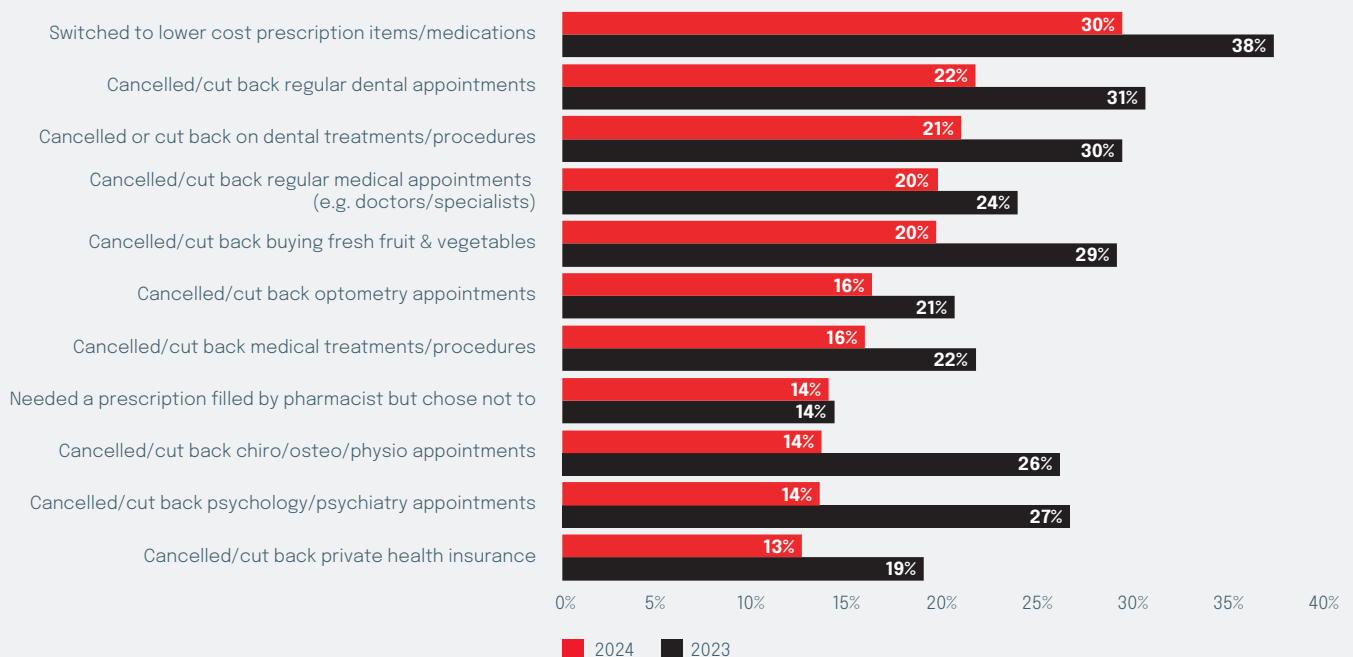
**Table 2: Cost health changes (more expensive): region, gender, age, high & lower income**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
Dentist	62%	66%	55%	46%	65%	59%	57%	61%	66%	70%	63%	54%	52%	64%
Chiro/Osteo/Physio	62%	67%	50%	48%	58%	63%	40%	40%	73%	68%	65%	65%	43%	71%
Pharmacy	61%	63%	62%	54%	62%	61%	62%	70%	73%	61%	66%	49%	56%	67%
Psychologist/Psychiatrist	60%	63%	54%	64%	64%	58%	67%	64%	65%	58%	58%	36%	50%	70%
Hospital (private)	57%	62%	57%	31%	63%	52%	53%	58%	83%	73%	53%	43%	39%	62%
Specialist Doctor	57%	60%	51%	54%	59%	56%	72%	63%	56%	51%	56%	56%	52%	62%
Other Health Provider	56%	56%	65%	29%	42%	65%	67%	33%	60%	50%	83%	48%	50%	67%
General Practitioner (GP)	50%	51%	46%	53%	48%	51%	48%	59%	62%	57%	45%	35%	34%	61%
Optometrist	40%	41%	40%	34%	40%	40%	53%	37%	48%	50%	38%	34%	32%	38%
Hospital (public)	24%	23%	22%	31%	32%	19%	49%	31%	25%	24%	14%	8%	25%	30%

Just 3 in 10 (30%) Australians responded to cost of living pressures by switching to lower cost prescription items and medications, down from almost 4 in 10 (38%) a year ago. Around 1 in 5 cancelled or cut back on regular dental appointments (22% vs. 31% a year ago), on dental treatments & procedures (21% vs. 30%), on regular medical appointments such as doctors and specialists (20% vs. 24%), and on buying fresh fruit and vegetables (20% vs. 29%).

Far fewer Australians also cancelled or cut back on optometry appointments (16% vs. 22%), medical treatments and procedures (16% vs. 22%), chiropractor, osteopath or physiotherapist appointments (14% vs. 26%), psychologist & psychiatrist appointments (14% vs. 22%), and on private health insurance (11% vs. 19%). The only area where health behaviour did not change was not choosing to have a prescription filled by a pharmacist (unchanged at 14%).

**Chart 6: Have you made any of the following changes to your health spending over the past few months due to cost of living pressures?**





**Table 3: Health spend changes due to COL pressures: region, gender, age, high & low income**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
Switched to lower cost prescriptions/meds	30%	27%	35%	34%	27%	32%	31%	31%	30%	32%	31%	24%	35%	27%
Cancelled/cut regular dental appointments	22%	20%	23%	25%	18%	26%	28%	22%	27%	25%	17%	14%	24%	21%
Cancelled/cut dental treatments/procedures	21%	20%	20%	28%	17%	25%	23%	24%	26%	24%	16%	14%	23%	21%
Cancelled/cut regular medical appointments	20%	23%	27%	28%	15%	24%	32%	25%	27%	19%	16%	6%	25%	19%
Cancelled/cut buying fresh fruit & vegetables	20%	18%	21%	25%	18%	21%	23%	21%	23%	24%	17%	13%	24%	16%
Cancelled/cut optometry appointments	16%	13%	19%	25%	14%	18%	24%	23%	17%	16%	14%	7%	19%	15%
Cancelled/cut medical treatment/procedures	16%	14%	17%	23%	13%	19%	24%	20%	20%	16%	14%	6%	22%	14%
Need prescription filled but chose not to	14%	12%	19%	15%	13%	16%	28%	21%	17%	12%	7%	5%	14%	15%
Cancelled cut chiro/osteo/physio appoints	14%	12%	15%	19%	12%	16%	20%	17%	17%	13%	11%	7%	16%	15%
Cancelled/cut psych/psychiatry appoints.	14%	11%	16%	21%	10%	17%	25%	20%	13%	15%	8%	5%	19%	15%
Cancelled/cut private health insurance	13%	12%	15%	13%	12%	13%	14%	19%	17%	13%	8%	6%	13%	14%

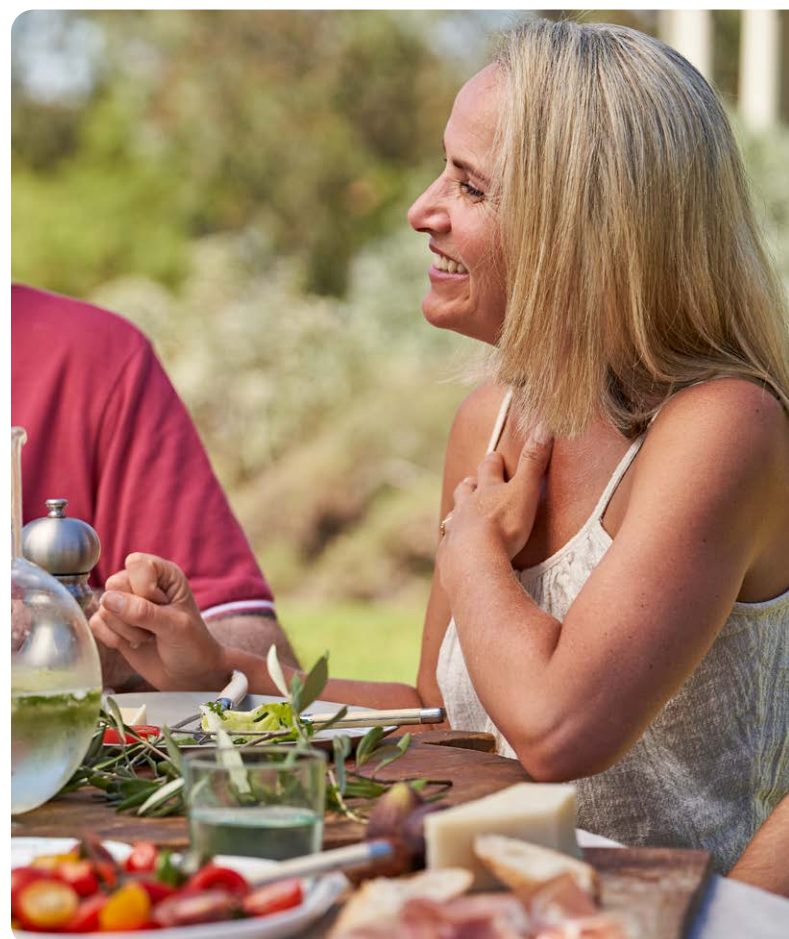
Noticeably more Australians living in regional cities (35%) and rural areas (34%) responded to cost of living pressures by switching to lower cost prescription items and medications than in capital cities (27%). Noticeably more people in rural areas also cancelled or cut back on optometry appointments (25%) and psychologist & psychiatrist appointments (21%), particularly when compared to people living in capital cities (13% and 11% respectively). Significantly more people in rural areas also cancelled or cut their spend on medical treatments and procedures than in other regions.

By gender, key differences included the much higher number of women that cancelled or cut back on regular dental appointments (26% vs. 18%), dental treatments and procedures (25% vs. 17%), regular medical appointments (24% vs. 15%) and psychologist & psychiatrist appointments (17% vs. 10%).

Fewer older Australians cut back their health spend in all areas than in all other age groups, particularly switching to lower cost prescription items and medications (24%), regular medical appointments (6%), medical treatments and procedures (7%), and not having a prescription they needed filled (6%). Noticeably more people in the 18-24 however cancelled or cut regular medical appointments (32%), choose not to have a prescription filled (28%), and cancelled or cut back on psychologist & psychiatrist appointments (25%).

Income was key. More people in the lower income group cut or reduced their health spend in most areas, particularly switching to lower cost prescription items

and medications (35% vs. 27% higher income group), regular medical appointments (25% vs. 19%) and most noticeably medical treatments and procedures (22% vs. 14%) and buying fresh fruit and vegetables (24% vs. 16%).



# Telehealth

**As people continue to return to their “normal” pre-COVID lives, we are also seeing a significant fall in the number of Australian health consumers that had a telehealth or telemedicine appointment with a GP in the past year, with survey indicating it fell to 31% in 2023 from 41% a year ago.**

As people continue to return to their “normal” pre-COVID lives, we are also seeing a significant fall in the number of Australian health consumers that had a telehealth or telemedicine appointment with a GP in the past year, with survey indicating it fell to 31% in 2023 from 41% a year ago.

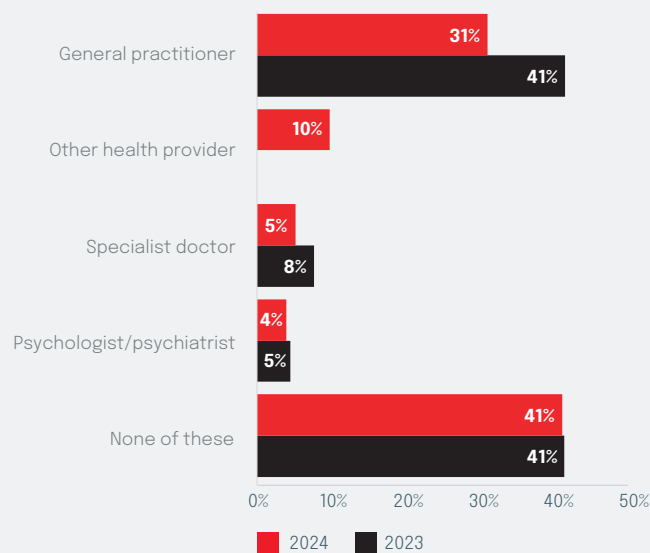
Around 1 in 10 (10%) had an appointment with other health providers, while the number that had a telehealth appointment with a specialist doctor nearly halved to 5% (8% a year earlier). It was basically unchanged for psychologists & psychiatrists (4% vs. 5%). An unchanged 4 in 10 (41%) also did not have a telehealth or telemedicine appointment with any of these providers in the past 12 months.

Some key differences included the significantly higher number of women than men that had a telehealth appointment with a GP (38% vs. 24%). By age, we noted a higher number in the 35-44 group that had a telehealth or telemedicine GP visit (39%), and in the 18-24 age appointment with other health provider (25%) or psychologist & psychiatrist (9%). Twice as many people in the over 65 age group (51%) said they did not have an appointment with any of these health providers than in the 18-24 group (25%).

The survey continues to show a stronger preference for face-to-face interactions than telemedicine for all types of health-related interactions.

When all Australian health consumers were asked about their preferences, face-to-face interactions were much stronger, particularly for to general medical check-up appointments (70% face-to-face; 7% telehealth), dental-

**Chart 7: Had a telemedicine/telehealth appointment in the past year**

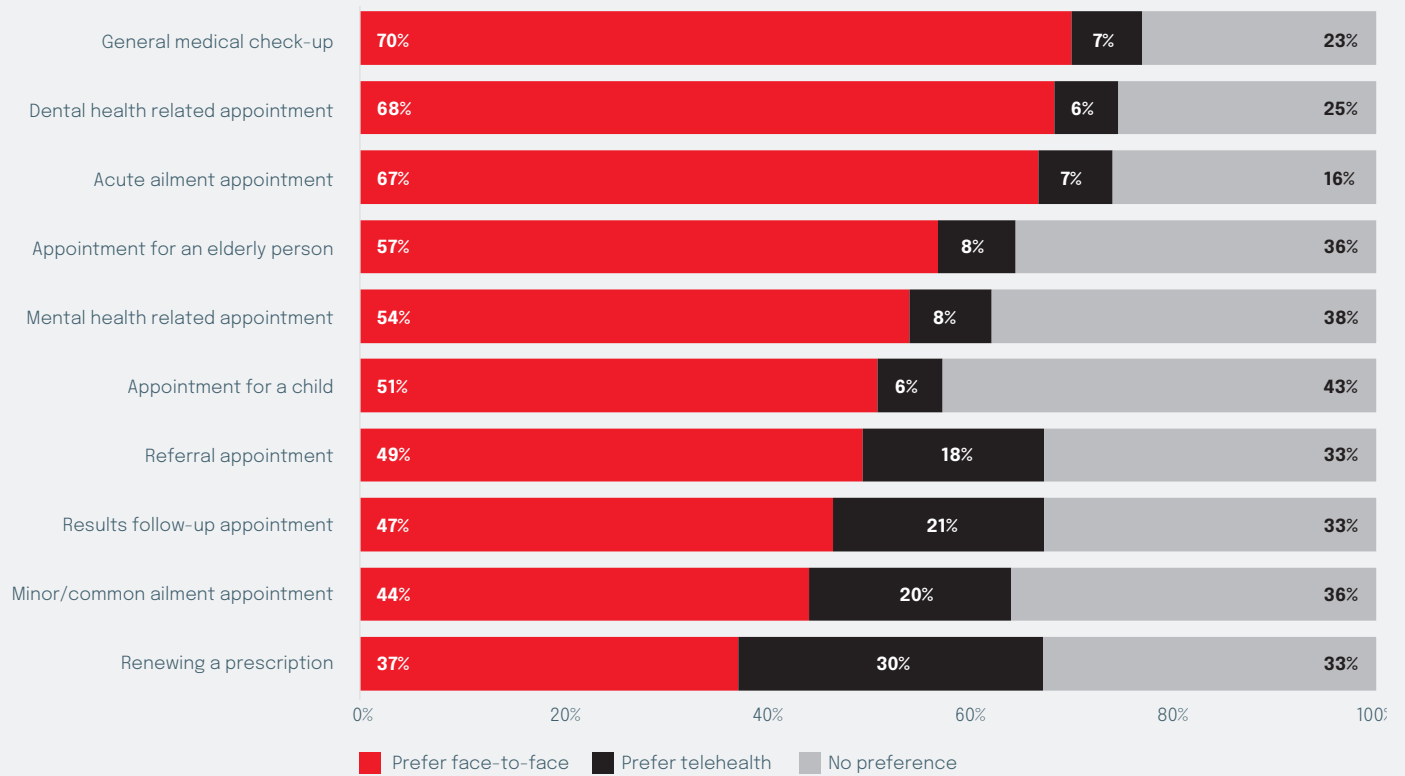


**Table 4: Telehealth appointments: region, gender, age, high & lower income**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
General practitioner	31%	33%	27%	30%	24%	38%	22%	32%	39%	29%	29%	32%	26%	31%
Other health provider	10%	8%	13%	12%	11%	9%	25%	16%	10%	6%	4%	4%	14%	8%
Specialist doctor	5%	4%	5%	9%	4%	6%	8%	4%	3%	5%	5%	7%	7%	5%
Psychologist/psychiatrist	4%	3%	7%	4%	3%	5%	9%	4%	4%	5%	4%	0%	5%	2%
None of these	41%	42%	38%	41%	42%	40%	25%	38%	34%	45%	45%	51%	44%	39%



**Chart 8: Prefer telemedicine/telehealth or face-to-face appointments**



related appointments (68% vs. 6%), acute ailment appointments (67% vs. 7%), appointments for elderly people (57% vs. 8%), mental health related appointments (54% vs. 8%) and appointments for a child (51% vs. 6%).

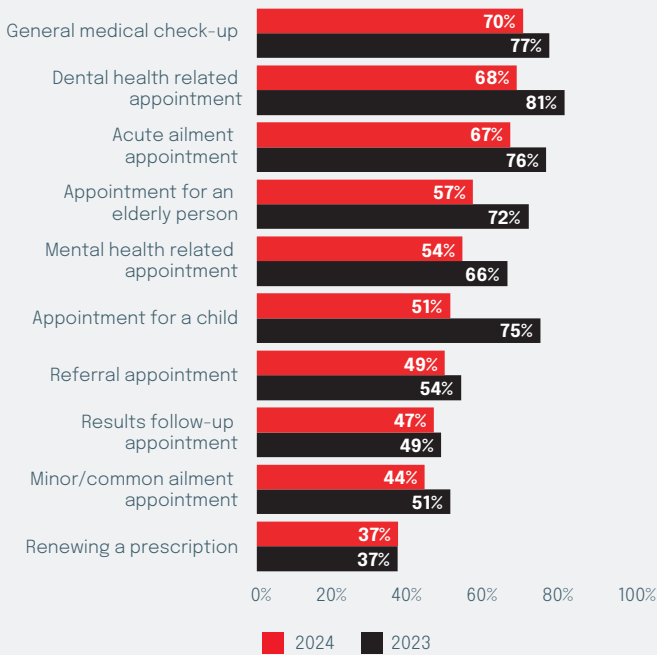
Preference for telehealth appointments were highest for renewing a prescription (30% telehealth; 37% face-to-face), minor or common ailment appointments (20% vs. 44%), results follow-up appointments (21% vs. 47%) and referral appointments (18% vs. 49%).

However, the number of people that preferred face-to-face interactions for all these appointments was higher than for telehealth.

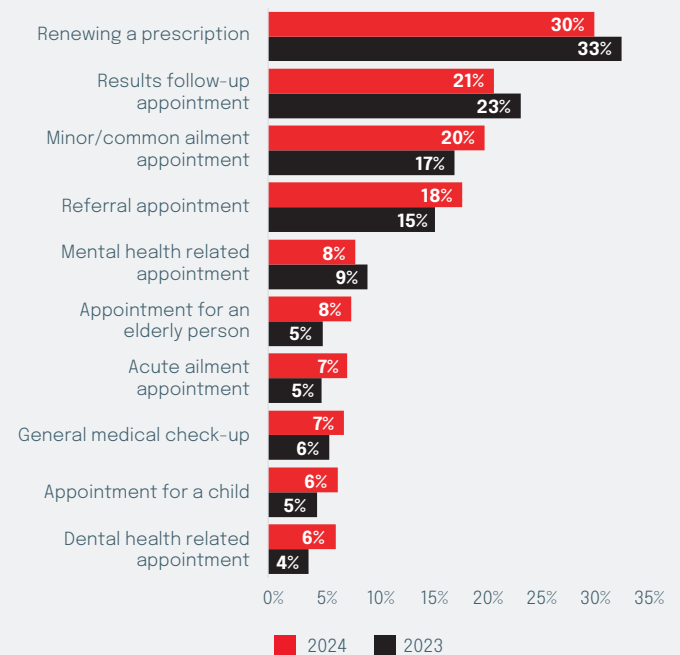
Though preference for face-to-face appointments remains stronger than for telehealth, we did however note a decline in the number of health consumers that preferred face-to-face compared to last year. This was most evident when it came to appointments for a child where the number who preferred face-to-face interactions fell to 51% (75% last year), appointment for elderly people (57% down from 72%), dental health related appointments (68% down from 81%), mental health related appointments (54% down from 66%), and acute ailment appointments (67% down from 76%). Preference for face-to-face appointments was also somewhat lower for all other appointment types, except for renewing a prescription (unchanged at 37%) - see chart below.



**Chart 9: Prefer face-to-face appointments**



**Chart 10: Prefer telehealth appointments**



When looking at changes for telehealth preferences over the past year, trends varied somewhat more. Whereas, the number of health consumers that preferred telehealth appointments fell a little for prescription renewals (30% down from 33% a year earlier, results follow-up appointments (21% vs. 23%) and mental health related appointments (8% vs. 9%), it increased a little for all other appointment types - minor or common ailments appointments (20% vs. 17%), referral appointments (18% vs. 15%), appointments for elderly people (8% vs. 5%), acute ailment appointments (7% vs. 5%), general medical check-up appointments (7% vs. 6%), appointments for children (6% vs. 5%) and dental health related appointments (6% vs. 4%) - see chart below. A bigger fall in the number of health

consumers who indicated they preferred face-to-face for nearly all appointment types, combined with much smaller changes in their preferences for telehealth appointments over the past year, suggests that Australian health consumers are becoming less selective with a growing number having an equal or no preference at all for any of these health appointments.

Australian health consumers that had a telemedicine or a telehealth appointment in the past 12 months were also asked to rate a virtual consultation compared to a traditional face-to-face consultation on the several factors for all providers. When it came to GPs, slightly more people rated the overall experience better than a traditional visit (26% vs. 21%). This was largely driven by wait times for appointments (38% better; 12% worse), ease of getting an appointment (37% better; 10% worse) and cost (23% better; 17% worse). However, slightly more felt they had less time with GPs (21% better; 25% worse), but a similar number rated ability to understand GP (e.g., voice & video quality) and quality of advice better and worse - see chart below.

Somewhat more people also rated the online experience with specialist doctors better (23%) than worse (16%). Again, this largely reflected a significantly higher number that said appointment wait times (36% vs. 6%), ease of getting an appointment (33% vs 13%), and cost (23% vs. 13%) was better than worse than a traditional visit. More people also rated the length of time (25% vs. 20%) and quality of advice (20% vs. 13%) better than worse, but a much higher number said their ability to understand them was worse (28% worse; 19% 28% better) - see chart below.

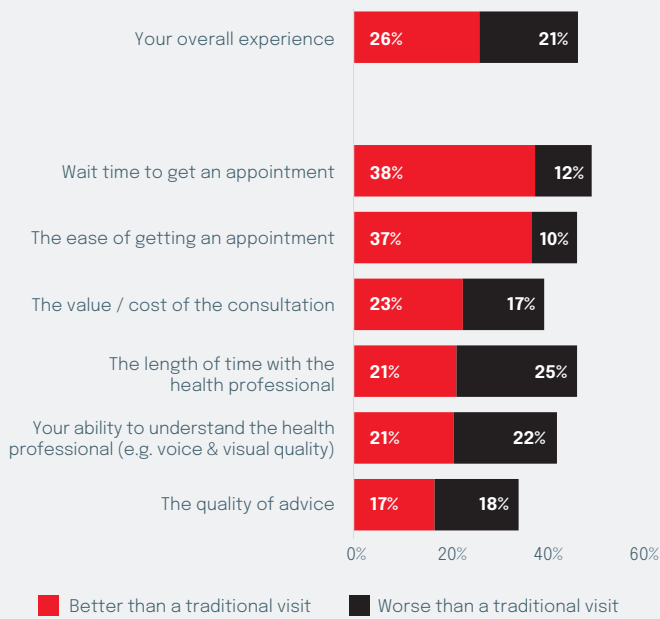




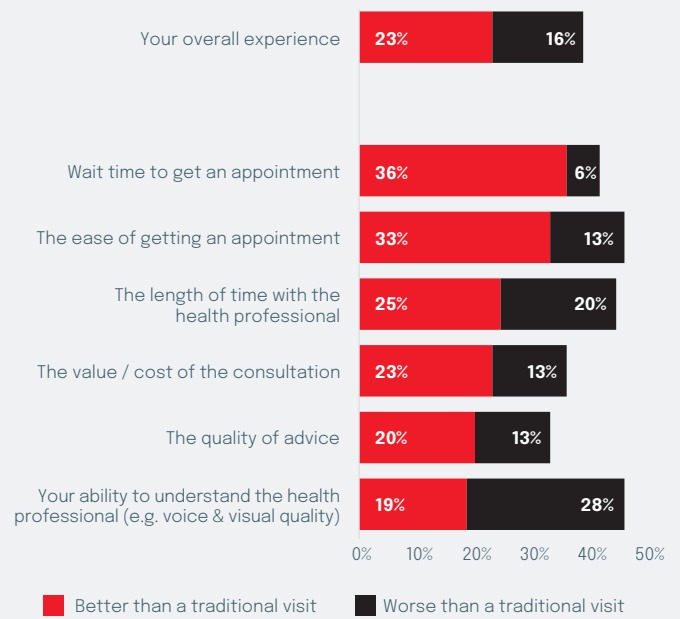
The overall experience with other health professionals was rated better than a traditional visit by around 5 times as many people (51%) than those who said it was worse (9%). Moreover, the number who said it was better also significantly outweighed those who said it was worse for all measures - quality of advice (51% vs. 11%), appointment wait times (46% vs. 14%), ease of getting appointments (46% vs. 12%), length of appointment (46% vs. 14%), cost (46% vs. 8%) and ability to understand them (43% vs. 9%) - see chart

above. For psychologists & psychiatrists, 33% of Australians who had a virtual consultation said it was better and 25% worse. The experience was also rated better by a large margin by for all measures, except the ability to understand them (e.g., voice & visual quality), where more people said it was worse (29%) than better (25%) - see chart above.

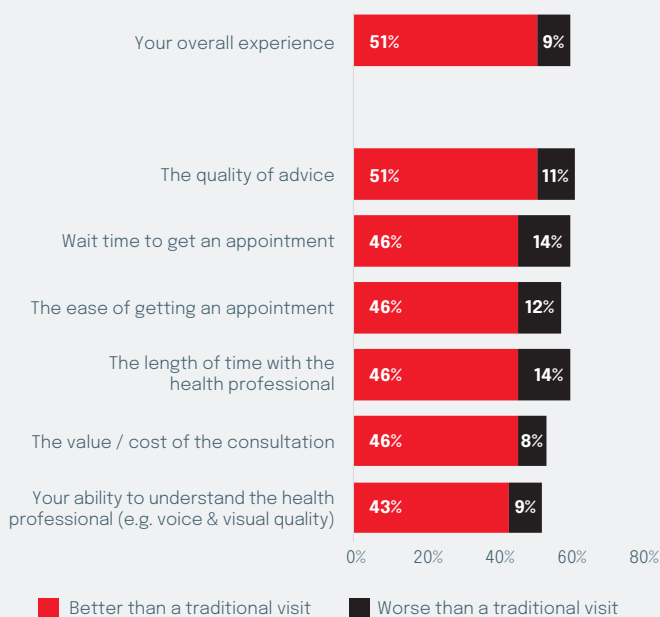
**Chart 11: Virtual consultation compared to face-to-face: General Practitioner (GP)**



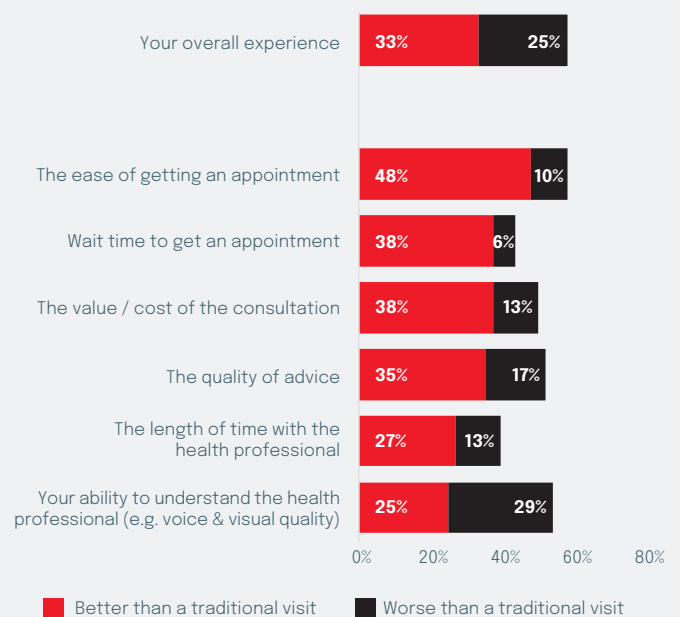
**Chart 12: Virtual consultation compared to face-to-face: Specialist Doctor**



**Chart 13: Virtual consultation compared to face-to-face: Psychologist/Psychiatrist**



**Chart 14: Virtual consultation compared to face-to-face: Other health professional**



# Expanding the Scope of Pharmacy Services?

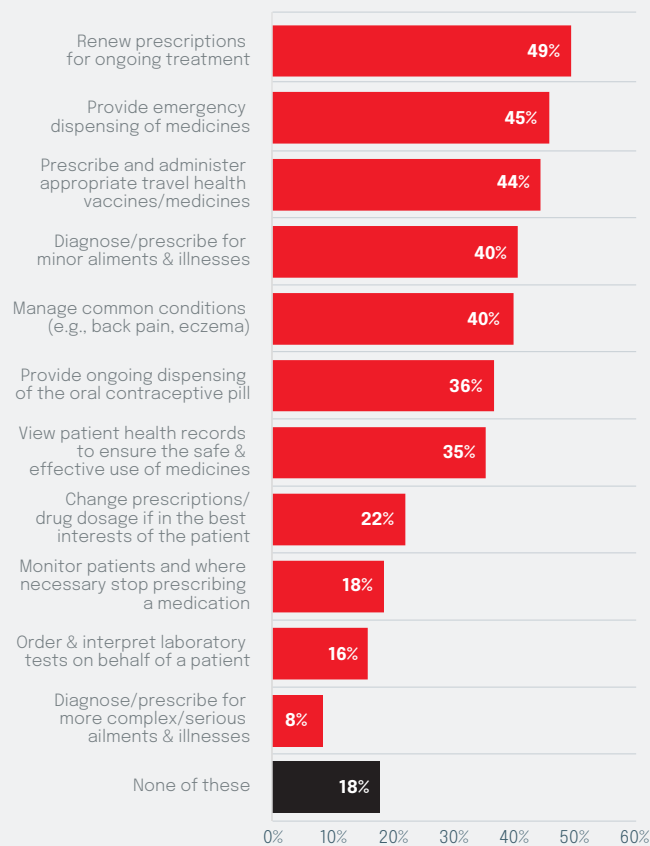
**Compared to some other countries, Australian pharmacists are more limited in their scope of services they can provide. But do Australian health consumers believe they should be able to do more, and if so, what?**

When they were asked for their thoughts, 1 in 2 (49%) said pharmacists should be able to renew prescriptions for ongoing treatment, and around 4 in 10 be authorised to provide emergency dispensing of medicines (45%), prescribe and administer appropriate travel health vaccines and medicines (44%), diagnose and prescribe for minor ailments and illnesses (40%) and manage common conditions such as back pain, eczema etc. (40%).

complex issues, and less than 1 in 5 order and interpret lab tests on behalf of patients (16%) or monitor patients and where necessary stop prescribing a medication (18%). Nearly 1 in 5 thought pharmacists should not be authorised to do any of these things.

We noted few significant differences across key groups, except for renewing prescriptions for ongoing treatment, providing emergency dispensing of medicines, and providing and administering travel health medicines and vaccines, where the number of people who believe pharmacists should be able to do these things increased in line with age. Also apparent was the much lower number over 55 that said pharmacists should be allowed to do none of these things (11%) - half that in younger age groups.

**Chart 15: Should pharmacists be authorised to do any of the following?**



Just over 1 in 3 were also of the opinion pharmacists should be allowed to provide ongoing dispensing of oral contraceptive pills (36%) and view patients health records to ensure safe and effective use of medicines (35%), and just over 1 in 5 (22%) change prescription dosages if it was in the best interests of the patient. However, fewer than 1 in 10 (8%) health consumers believe pharmacists should be authorised to diagnose or prescribe for more serious or





**Table 5: Should pharmacists be authorised to do any of the following?**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
Renew prescriptions for ongoing treatment	49%	51%	47%	46%	48%	50%	31%	34%	42%	53%	62%	65%	51%	48%
Provide emergency dispensing of medicines	45%	46%	43%	46%	43%	48%	23%	35%	39%	48%	58%	60%	44%	43%
Prescribe/administer travel health medicines	44%	46%	38%	45%	42%	47%	19%	33%	40%	49%	58%	56%	38%	49%
Diagnose/prescribe for minor illnesses	40%	41%	41%	37%	39%	41%	22%	30%	37%	42%	57%	47%	42%	44%
Manage common conditions (e.g., back pain)	40%	41%	36%	37%	36%	44%	28%	38%	40%	46%	47%	37%	36%	44%
Ongoing dispensing of contraceptive pill	36%	39%	30%	36%	33%	40%	24%	35%	37%	38%	42%	39%	29%	41%
View patient health records to ensure the safe & effective use of medicines	35%	34%	35%	37%	33%	37%	24%	27%	32%	36%	43%	45%	38%	39%
Change dosages if in best interests of patient	22%	21%	25%	19%	24%	20%	22%	21%	24%	24%	20%	20%	21%	25%
Monitor and stop prescribing a medication	18%	19%	18%	17%	19%	18%	17%	16%	22%	17%	18%	19%	19%	19%
Order & interpret lab tests for patient	16%	17%	13%	14%	17%	14%	11%	18%	19%	15%	17%	13%	16%	18%
Diagnose/prescribe for serious illnesses	8%	8%	8%	9%	9%	8%	14%	6%	9%	12%	5%	5%	10%	9%
None of these	18%	18%	16%	19%	19%	16%	22%	20%	23%	21%	11%	11%	15%	17%

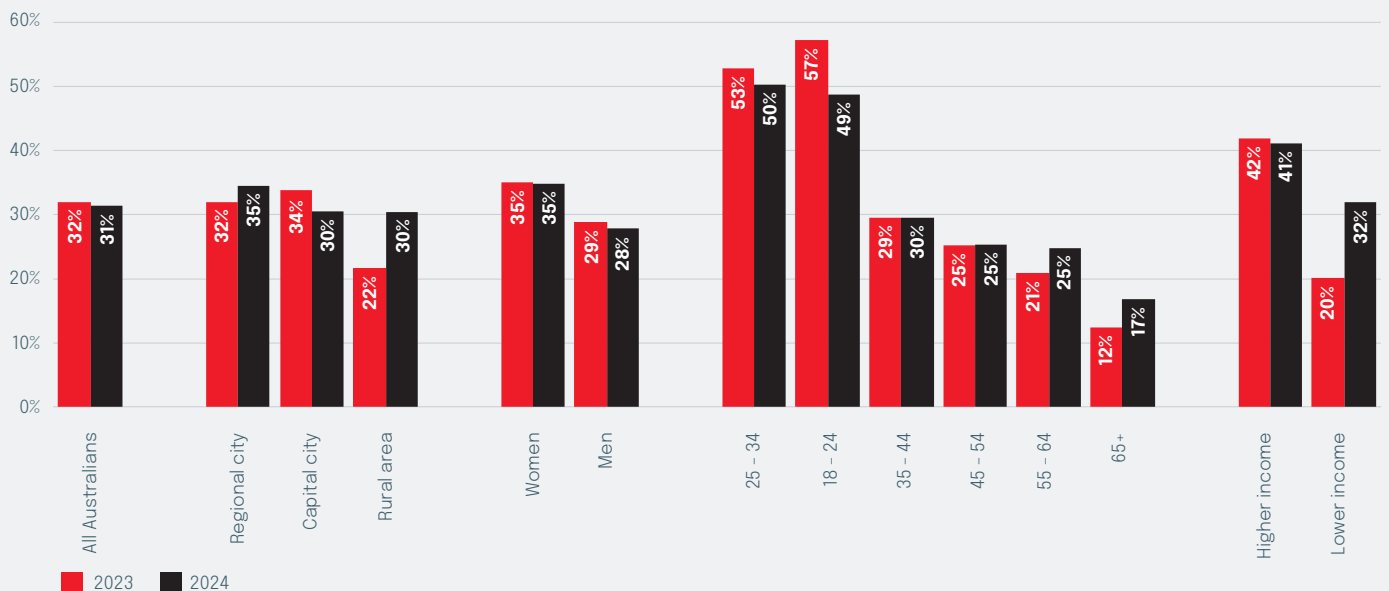
# e-health and Data Sharing

**e-health is an umbrella term referring to a range of technologies that can be used to help treat patients and collect and share a person’s health information. It includes things such as wearable devices (such as fitness trackers and monitors), telemedicine and telehealth, and electronic health records. In this section we explore Australian health consumers’ attitudes towards using mobile phone or tablet apps and wearable technologies and their ease of use, their comfort levels with sharing their personal data from technology or electronic health management tools with various health professionals and health organisations, and their usage and preferences for using telemedicine or telehealth.**

The use of mobile phone or tablet apps is a rising technological trend that is empowering individuals to take control of their wellbeing like never before. It is estimated that there are now over 65,300 mHealth apps on the Google Play Store and 54,000 on the Apple App Store, allowing users to track vital signs to monitoring medications and managing chronic conditions. Around 3 in 10 (31%) Australian health consumers used this type of e-health management tool in the past 12 months, with this number broadly unchanged from last year’s survey (32%). However, we did note some changes in usage by region. Usage was highest and increased in regional cities (35% up from 32%), with a significant uplift also reported in rural areas to 30% (22% a year earlier). It fell in capital cities to 30% (34% a year ago).

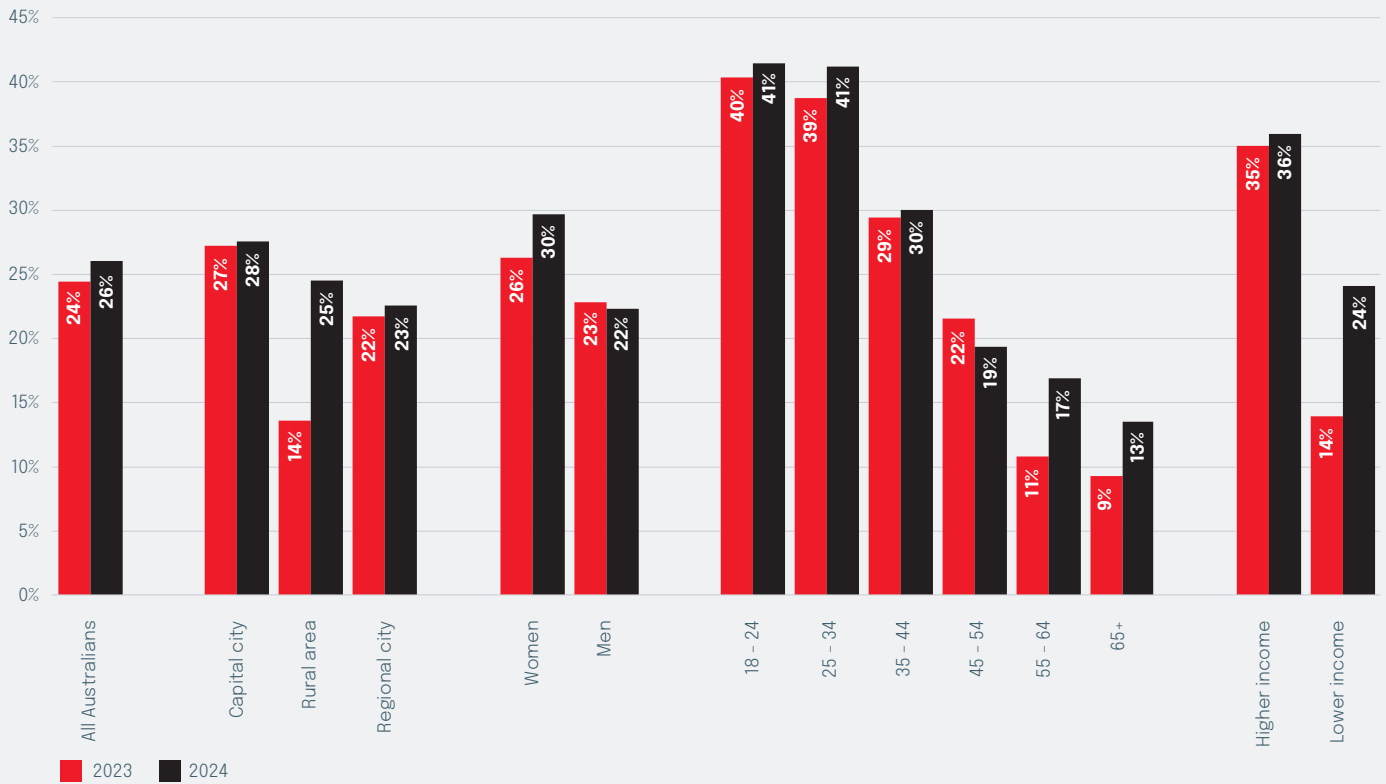
By gender, usage of mobile phone or tablet apps remained somewhat higher for women (unchanged at 35%) than men (28% slightly down from 29% last year). By age, it also remained significantly higher for Australians under the age of 35 with around 1 in 2 people in this group using this technology - or around twice as many than in all other age groups. That said, usage did however decline somewhat in 2023 in both the 25-34 (50% vs. 53%) and 18-24 (49% vs. 57%) age groups. It was unchanged in the 35-44 (30%) and 45-54 (25%) age groups but increased in both the 55-64 (25% vs. 21%) and over 65 (17% vs. 12%) age groups. Health apps were also more widely used by people in the higher income group (broadly unchanged at 41%), than in lower income groups -though it increased sharply to 32% (20% a year ago).

**Chart 16: No. of people who have used e-health management tools in past year - mobile phone or tablet apps**





**Chart 17: No. of people who have used e-health management tools in past year - wearable technology**



Wearable technology devices (such as fitness trackers, smart health watches, wearable ECG monitors and blood pressure monitors) can help users monitor their own symptoms or vital signs, upload information for their health practitioner to assess, and make healthy life choices related to diet, activity and sleep.

Around 1 in 4 (26%) Australians used this type of e-health management tool in the past 12 months, up slightly from 24% a year earlier. By region, it was highest and basically unchanged in capital cities (28%). It was also largely unchanged in regional cities (22%), but almost doubled in rural areas to 25% (14% a year ago).

By gender, more women (30% up from 26%) used wearable technology than men (22% vs. 23%). We also continued to see a strong relationship with age - with the number using this technology falling as we grow older - from 41% in age groups under 35 to 13% in the over 65 age group. However, while usage was largely unchanged in all age groups under 55, it was somewhat higher in both the 55-64 (17% vs. 11%) and over 65 (13% vs. 9%) age groups. Wearable technology was also more widely used by people in the higher income group (broadly unchanged at 36%), than in lower income groups though it also increased sharply to 24% (14% a year earlier).

Consumers that used e-health management technology over the past year were asked how easy it was to use. On average, they found it quite easy scoring 7.8 pts out of 10 (where 10 is extremely easy). Australians in most groups

found it quite easy to use, ranging from 7.8 pts in capital cities to 7.6 pts in rural areas.

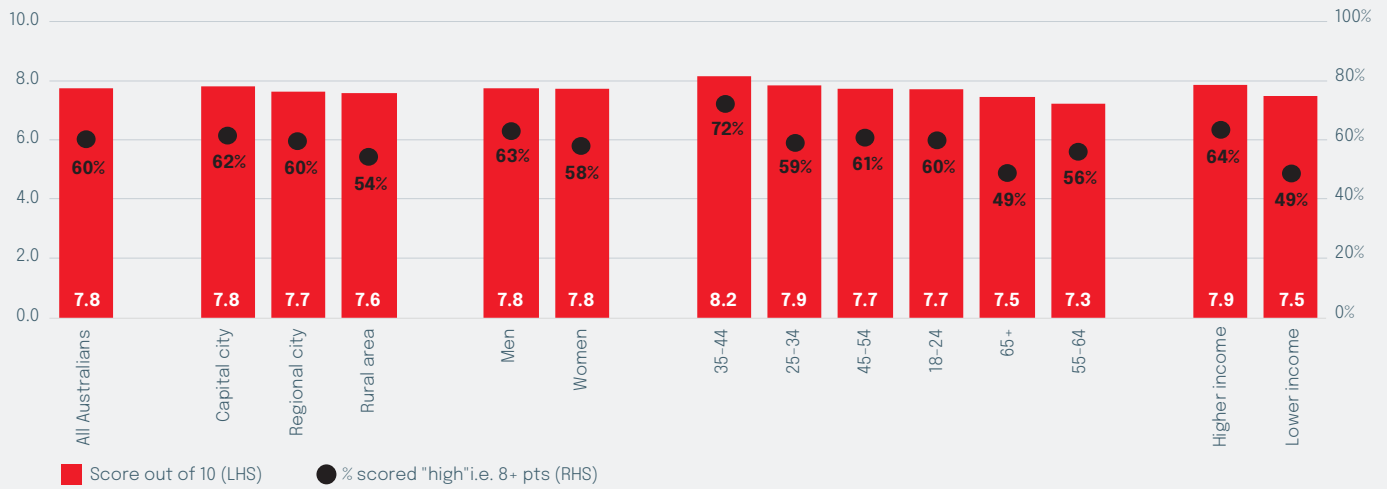
It was scored the same by women and men (7.8 pts).

There was no clear correlation with age, with ease of use rated highest in the 35-44 age group (8.2 pts) and lowest in the 55-64 group (7.3 pts).

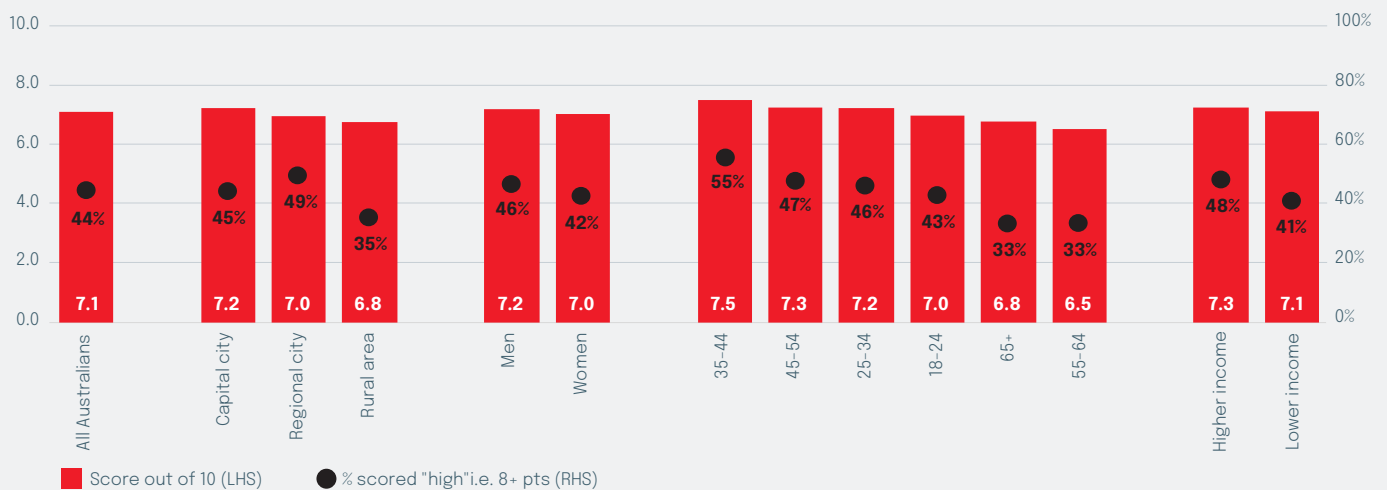
Health consumers in the higher income group (7.9 pts) also found it a little easier to use than in the lower income group (7.5 pts).



**Chart 18: E-health management technology - easy to use**



**Chart 19: E-health management technology - improve health/fitness**



The survey also revealed that 6 in 10 (60%) people found e-health management “extremely” easy to use (i.e., scored 8+ pts), and just 2% “not at all” easy (i.e., scored less than 4 pts).

Interestingly, though average scores did not vary widely, the number that said this technology was “very” easy to use did (i.e. scored 8+ pts).

In the regions, it ranged from 62% in capital cities to 54% in rural areas.

By gender it ranged from 63% men to 58% women, and by age 72% in the 35-44 group to just 49% in the over 65 group, with a big discrepancy also reported between people in the higher (64%) and lower (54%) income groups.

Consumers that used e-health management technology in the past year were asked to rate the extent it improved their health or fitness. On average they scored a more moderate 7.1 pts out of 10.

People in capital cities (7.2 pts) scored somewhat higher than in rural areas (6.8 pts).

Men also rated the benefits a little higher than women (7.2 pts vs. 7.0 pts), while it ranged from 7.5 pts in the 35-44 age group to 6.5 pts in the 55-64 group.

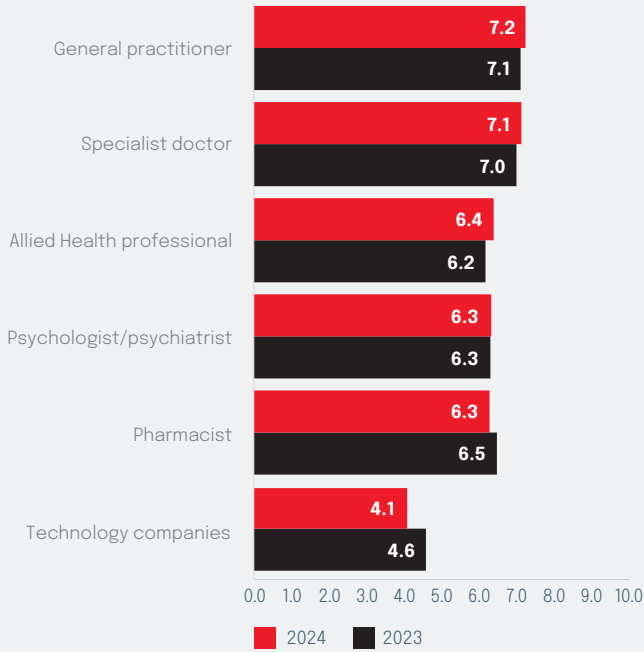
There was only a marginal difference in perceived health and fitness benefits between people in the higher (7.3 pts) and lower (7.1 pts) income groups.

The survey however found a much lower 4 in 10 (44%) Australians who said e-health management technology led to “extremely” high improvements in their health and fitness, with 1 in 2 (50%) reporting “medium” improvements and 6% not at all.

The number who reported extreme improvements ranged from 1 in 2 (49%) in regional cities to around 1 in 3 (35%) in rural areas.



**Chart 20: Comfortable sharing your personal data from technology/e-health management tools**



By gender it ranged from 46% men to 42% women.

By age, around 55% of people aged 35-44 reported very high levels of improvement in health and fitness, compared to just 33% in the 55-64 and over 65 age groups.

Improvement was also somewhat more common in the higher (48%) than income group than lower (41%) income group.

Australians are “moderately” comfortable about sharing their personal data from technology or e-health management tools with health professionals, but much less so with technology organisations.

When asked to rate how comfortable they would be about sharing their data, consumers said they are still most comfortable sharing it with GPs (7.2 pts up from 7.1 pts a year ago) and specialist doctors (unchanged at 7.1 pts).

Comfort levels were a little stronger for sharing data with allied health professionals (6.4 pts vs. 6.2 pts), unchanged for sharing with psychologists & psychiatrists (6.3 pts), but a little less so with pharmacists (6.3 pts vs. 6.5 pts).

Australians were least comfortable sharing personal data with technology companies by some margin, and somewhat more reluctant to do so now than a year earlier (4.1 pts down from 4.6 pts).

Opinions did not vary much across the regions or by gender, though women were a little more reluctant to share their personal data with technology companies (3.9% vs. 4.2%). The age split shows people over 65 are noticeably more comfortable sharing their data with GPs (8.1 pts), specialist doctors (7.9 pts) and pharmacists (6.7 pts), and people in the 18-24 (5.8 pts) and 25-34 (5.5 pts) more comfortable sharing data with technology companies when compared people aged 55-64 (3.0 pts), over 65 (3.1 pts) and 45-54 (3.5 pts). There was also little difference between the higher and lower income groups, except for sharing data with technologies where people in the higher income group were a little more comfortable doing so (4.5 pts vs. 4.2 pts).

**Table 6: Comfortable sharing data: region, gender, age, high & lower income**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
General practitioner	7.2	7.3	7.1	6.9	7.3	7.2	6.8	7.0	6.8	6.9	7.6	8.1	7.4	7.3
Specialist doctor	7.1	7.2	7.1	6.9	7.2	7.0	6.9	7.0	6.6	6.8	7.3	7.9	7.2	7.2
Psychologist/psychiatrist	6.3	6.3	6.4	6.2	6.4	6.3	6.6	6.8	6.1	6.1	6.1	6.3	6.4	6.5
Pharmacist	6.3	6.3	6.3	6.1	6.3	6.3	6.4	6.4	6.0	6.0	6.2	6.7	6.5	6.4
Allied Health professional	6.4	6.4	6.4	6.3	6.3	6.5	6.7	6.6	6.2	6.0	6.5	6.5	6.6	6.4
Technology companies	4.1	4.1	4.2	4.0	4.2	3.9	5.8	5.5	4.5	3.5	3.0	3.1	4.2	4.5

# At home diagnostic testing

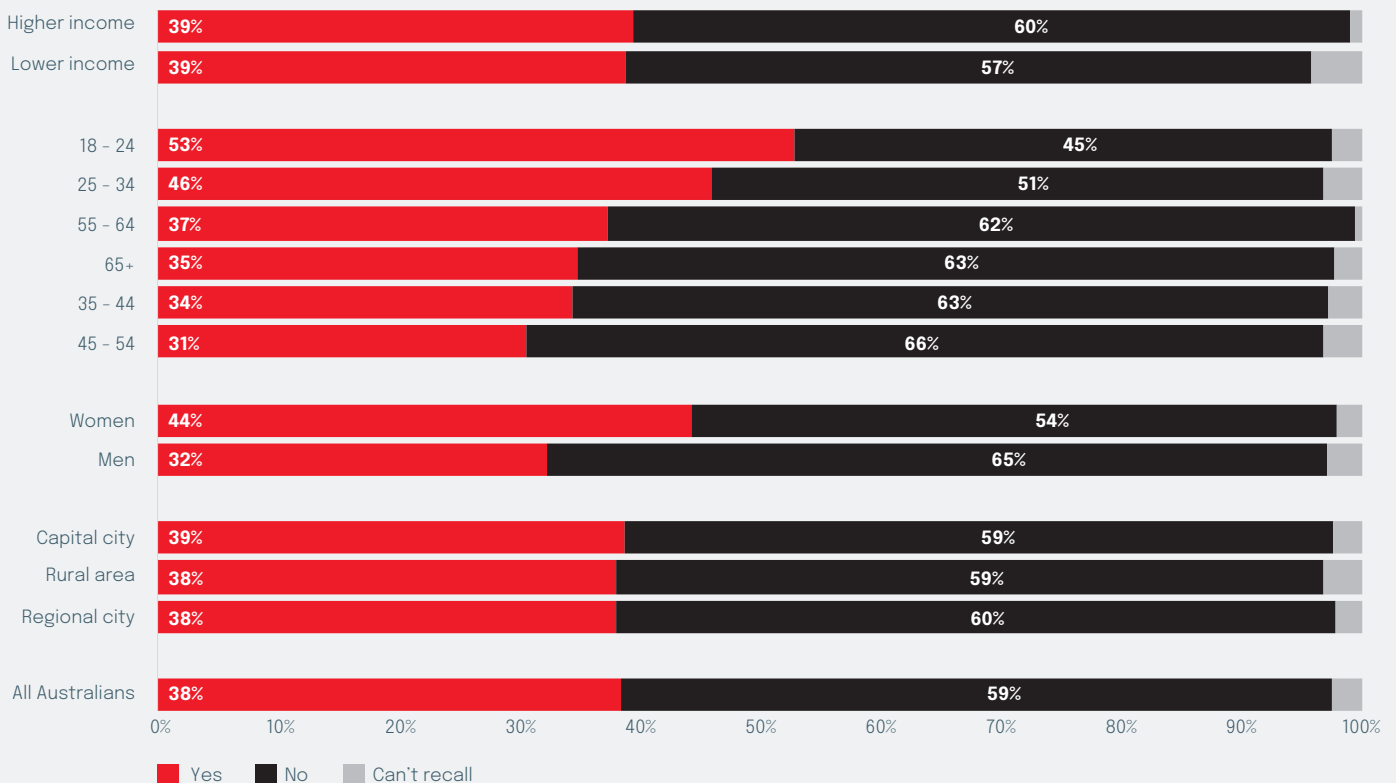
**Self-test kits are used for the rapid diagnosis of a wide variety of illnesses. The growth of the market for self-testing is being driven by the increasing emphasis on personalised healthcare, technological advancements in rapid diagnostics, and rising demand for convenient and rapid diagnostics kits. The past few years has also dramatically shifted how consumers think about at-home diagnostics and the importance of rapid testing. At-home diagnostic testing has grown from a nascent pre-COVID pandemic trend to an emerging, high-growth health product category in the pandemic’s wake.**

NAB’s survey results show that almost 4 in 10 (38%) Australians purchased an at home health test (such as COVID, DNA etc.) over the past year. However, this varied significantly across some of our key monitored groups. There was very little difference in the number of people that purchased at home tests by region, ranging from 39% in capital cities to 38% in regional cities and rural areas. However, the survey recorded a noticeably higher number of women (44%) than men (32%) that purchased an at home test over the past year. We did not find any correlation with age, with the number that purchased a test ranging from 53% in the 18-24 age group to 31% in the 45-54 group. Income

also did not matter, with 4 in 10 (39%) people in both the higher and lower income group signalling they had purchased a test in the past 12 months.

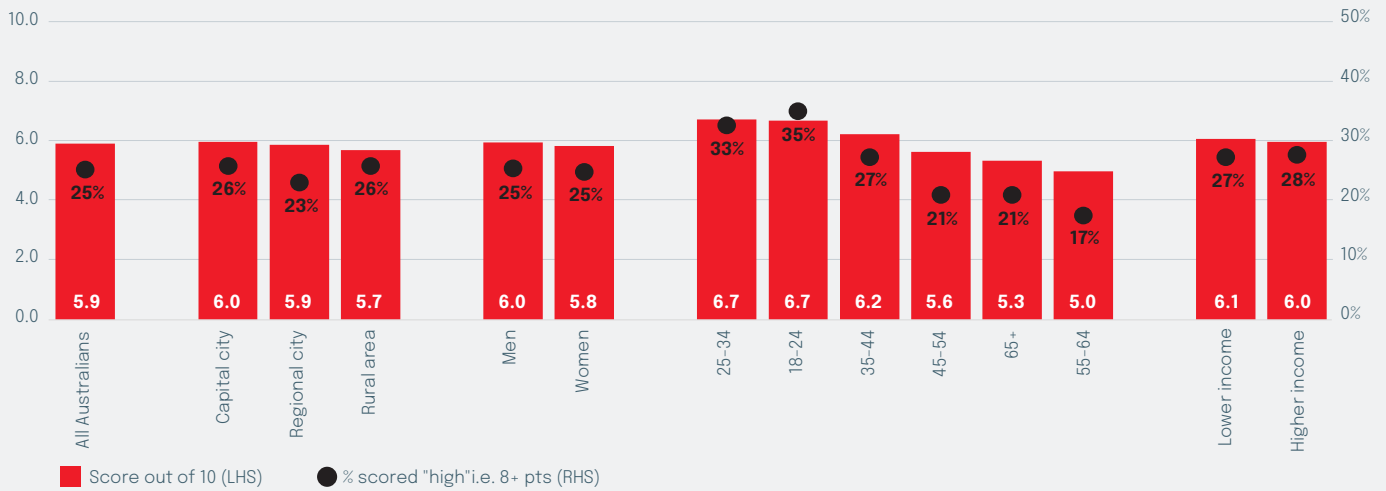
The impact of COVID at home testing has had a “moderate” impact on comfort levels with other types of at home diagnostic testing. When asked to rate the extent it impacted comfort levels, Australians on average scored 5.9 pts out of 10 (10 is “completely” comfortable). The impact was a little bigger for people living in capital cities (6.0 pts) than rural areas (5.7 pts), for women (6.0 pts) than men (5.8 pts) and in the lower (6.1 pts) than higher (6.0 pts) income group. By age, COVID had a much bigger impact on people in

**Chart 21: Purchased an at-home health test in the past year**





**Chart 22: Extent at-home COVID testing has increased your comfort with other types of at-home diagnostic testing**



the 25-34 and 18-24 age groups (6.7 pts), particularly when compared against the 55-64 age group (5.0 pts).

The average score does however mask a significant number of people who said COVID made them feel “completely” comfortable about other at-home diagnostic testing (i.e. they scored 8+ pts). Overall, 1 in 4 (25%) indicated they were now completely comfortable.

However, this ranged from 26% in capital cities and rural areas to 23% in regional cities, from 28% in the higher income group to 27% in the lower income group and was the same for women and men (25%). By age however, it was highest in the 18-24 group (35%) and around twice as high than in the 55-64 age group (17%).

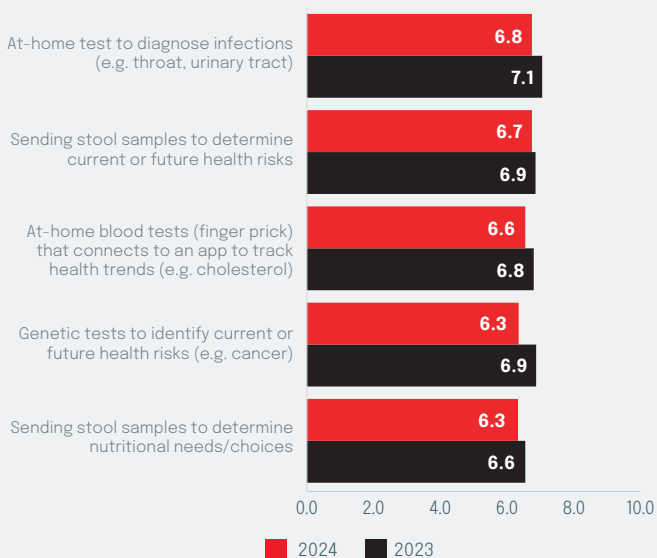
When Australians were asked how comfortable they would feel using a range of at-home diagnostic tests, they were

most comfortable using tests to diagnose infections (such as throat or urinary tract), scoring on average 6.8 pts out of 10 (10 is extremely comfortable) -though this was down from 7.1 pts a year earlier. They were next most comfortable about sending stool samples to determine current or future health risks (6.7 pts down from 6.9 pts a year ago), and at-home blood test (finger pricks) that connect to an app to track health trends such as cholesterol, blood sugars etc. (6.6 pts vs. 6.8 pts a year prior).

Comfort levels were lowest for sending stools samples to determine nutritional needs or choices (6.3 pts vs. 6.6 pts) and genetic tests to identify current or future health risks such as cancer (6.3 pts vs. 6.9 pts a year ago).

Interestingly, the number of people who scored their comfort levels “very” high (i.e., scored 8+ points) ranged

**Chart 23: How comfortable using these at-home diagnostic tests?**



**Table 7: Comfortable using these at-home tests: region, gender, age, high & lower income**

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
At-home test to diagnose infections	<b>6.8</b>	6.8	6.7	6.7	<b>6.5</b>	7.0	6.5	7.0	6.9	6.8	6.7	6.6	6.6	6.9
Sending stool samples to determine current/future health risks	<b>6.7</b>	6.9	6.5	6.5	6.7	6.8	6.3	6.6	6.4	6.5	7.1	7.3	6.6	6.9
At-home blood tests that connects to an app to track health trends	<b>6.6</b>	6.6	6.5	6.4	6.4	6.7	6.7	6.7	6.4	6.7	6.2	6.7	6.5	6.7
Genetic tests to identify current or future health risks	<b>6.3</b>	6.4	6.4	6.2	6.4	6.3	6.4	6.6	6.8	<b>6.2</b>	6.0	6.1	6.4	6.5
Sending stool samples to determine nutritional needs/choices	<b>6.3</b>	6.4	6.3	6.0	6.2	6.5	6.3	6.5	6.2	6.2	6.4	6.3	6.4	6.5
Technology companies	<b>4.1</b>	4.1	4.2	4.0	4.2	3.9	5.8	5.5	4.5	3.5	3.0	3.1	4.2	4.5

from 36% for genetic tests to identify current or future health risks to 44% for sending stool samples to determine current or future health risks. This compares to around 1 in 2 Australians who scored their comfort “very” high for all these at-home diagnostic tests a year ago.

Comfort levels did not vary materially by region, except for sending stools samples to determine current or future health risks, which was scored somewhat higher in capital cities (6.9 pts) than in regional cities and rural areas (6.5 pts).

The most obvious difference between men and women related to at-home tests to diagnose infections (7.0 pts women; 6.5 pts men).

People in the higher income group were a little more comfortable than in the lower income group for all tests, with the biggest gap for at-home tests to diagnose infections and sending stools samples to determine current or future health risks (6.9 pts higher income; 6.6 pts lower income).

By age the most obvious differences were the much higher levels of comfort for sending stools samples to determine current or future health risks reported in the 55-64 (7.1 pts) and over 65 (7.3 pts) age groups, and much lower level of comfort in the 55-64 group for at home blood tests that connect to an app to track health trends (6.2 pts).



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