



Our Purpose



Lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation



In 2015-16, we undertook activities which contributed to achieving Our Purpose, including under Outcome 3

Outcome 3

Access to Medical and Dental Services



Access to cost-effective medical, dental, allied health and hearing services, including through implementing targeted medical assistance strategies, and providing Medicare subsidies for clinically relevant services and hearing devices to eligible people

Analysis of performance – **Outcome 3** Access to Medical and Dental Services

In 2015-16, the Department continued working with our partners, including the Department of Human Services, to provide Australians with access to high quality and clinically relevant medical, dental, hearing and associated services.

The Department has continued to look at ways to improve the effectiveness and efficiency of a range of medical services including through a number of major reviews. The reviews include the Medicare Benefits Schedule Review and Diagnostic Imaging Accreditation Scheme Review, which are discussed later in this chapter.

These activities have contributed to the Department's achievement of objectives under Outcome 3 and Our Purpose.

Key community benefits for Outcome 3 in 2015-16



The Medicare Benefits Schedule (MBS) continued to provide high quality and cost-effective access to professional health services

All Australians benefit from an MBS that supports high value care in line with current clinical evidence, and is affordable over the long term.

The Department delivers this through supporting the Medical Services Advisory Committee in assessing the safety, clinical effectiveness and cost effectiveness of any new or existing MBS item.

The Department is also supporting the work of the clinician-led MBS Review Taskforce in reviewing the entire MBS with over 5,700 items describing medical services and procedures to ensure items are aligned with contemporary clinical evidence and practice and improve health outcomes for patients.



324,797 hearing services vouchers were issued

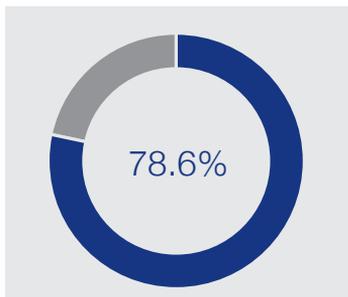
These vouchers enable eligible people to access subsidised hearing services and devices. Improved management of hearing loss assists eligible people to have better quality of life and to be able to better engage with the community.



Over 400,000 additional dental services were provided under the National Partnership Agreement on Treating More Public Dental Patients

More public dental patients received services and experienced shorter waiting periods.

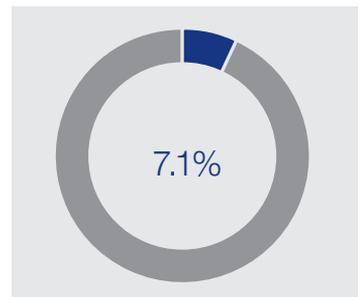
Summary of performance criteria results for Outcome 3



Met



Substantially met



Not met

Looking ahead

- The Department will be working closely with the health sector to implement Government policies including:
 - access to affordable diagnostic imaging for all Australians;
 - access to affordable pathology for all Australians; and
 - new magnetic resonance imaging (MRI) machines in Frankston and Maroondah.
- The Department will continue to support the clinician-led MBS Review, to better align services with contemporary clinical evidence, and identify waste and inefficiencies.
- The Department will continue to support the work of the Medical Services Advisory Committee (MSAC) in assessing the strength of evidence behind new or existing medical services or technology.
- The Department will continue to liaise with stakeholders on the transition of the Hearing Services Program to the National Disability Insurance Scheme.
- The Department will also continue to implement a new Child and Adult Public Dental Scheme, through a National Partnership Agreement with States and Territories to ensure that eligible children and adults receive improved access to public dental services.

Programs and program objectives contributing to **Outcome 3**

Program 3.1: Medicare Services

- Improve the sustainability of the Medicare system³³
- Supporting the integrity of health provider claiming

Program 3.2: Targeted Assistance – Medical

- Provide medical assistance to Australians who travel overseas
- Support access to necessary medical services which are not available through mainstream mechanisms
- Provide medical assistance following overseas disasters
- Improve access to prostheses for women who have had a mastectomy as a result of breast cancer

Program 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology

- Improve the provision of safe and effective diagnostic imaging services
- Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology
- Improve access to pathology services
- Improve access to quality radiation oncology services

³³ Sustainability of the Medicare system refers to the ability of the Government to continue to fund services over the longer term given increasing demand for and costs of services.

Program 3.4: Medical Indemnity

- Ensure the stability of the medical indemnity insurance industry
- Ensure that insurance products for medical professionals and midwives are available and affordable

Program 3.5: Hearing Services

- Support access to a range of subsidised hearing services to eligible Australians to manage their hearing loss and improve their engagement with the community
- Support research into hearing loss prevention and management

Program 3.6: Dental Services

- Improve access to dental services for children
- Improve access to public dental services

Analysis of performance – Program 3.1: Medicare Services

The Department met, or substantially met, all the performance targets for Program 3.1: Medicare Services. In 2015-16, the Department continued work to improve the sustainability of Medicare³⁴ to ensure that all Australians have continued access to high quality and cost-effective professional health services.

The Medicare Benefits Schedule (MBS) Review Taskforce was established in 2015-16, as part of the Government's Medicare reform agenda. The Department is supporting the Taskforce in its work to review more than 5,700 items on the MBS to align with contemporary clinical evidence and practice and improve health outcomes for patients.

The clinician-led Taskforce has engaged over 300 leading clinicians to contribute to its clinical sub-committees and undertaken extensive consultation with stakeholders, including consumers. There has been strong support and commitment to participate in the Review process from professionals and consumers. The initial round of consultations on obsolete items received 63 submissions to an online survey that was conducted between 21 December 2015 and 8 February 2016. The Department will continue to support the Taskforce through further rounds of review.

The Department supported the Medical Services Advisory Committee (MSAC) to continue to evaluate the clinical effectiveness and cost-effectiveness of any new or existing medical services or technology, and the circumstances under which public funding should be supported. The Department also reviewed the MSAC arrangements to streamline processes, improve timeliness and transparency. This work contributes to the sustainability of the Medicare system.

The Department also continued to support the integrity of the Medicare program by delivering health provider compliance activities encouraging appropriate claiming by health professionals. During 2015-16, the Department completed 3,912 Medicare audit and review cases, exceeding the KPI of 2,500 cases. Of these cases, 35 were referred to the Commonwealth Director of Public Prosecutions for prosecution and 80 requests for review were made to the Director of Professional Services Review. \$9.9 million in associated debts was recovered in the 2015-16 financial year.

³⁴ Sustainability of the Medicare system refers to the ability of the Government to continue to fund services over the longer term given increasing demand for and costs of services.

Improve the sustainability of the Medicare system³⁵

Preliminary review of the Medicare Benefits Schedule with development of priority action plan.

Source: 2015-16 Health Portfolio Budget Statements, p. 72

2015-16 Target	2015-16 Result
Priorities and action plan to be provided to Government by 31 December 2015.	Priorities and action plan provided to Government in January 2016. Result: Substantially met ✓

The MBS Review Taskforce's interim report to the Minister for Health set out the Review methodology, including the key issues to be addressed, a committee structure to undertake review of all aspects of the MBS, and a stakeholder consultation strategy.

Due to the extensive consultation process and the high level of stakeholder feedback, the interim report was provided to Government in January 2016.

Medicare Benefits Schedule Review Taskforce delivers relevant and high quality advice to Government.

Source: 2015-16 Health Portfolio Budget Statements, p. 72

2015-16 Target	2015-16 Result
Committees established and engage constructively with professional and community stakeholders.	12 Clinical Committees and a 'Principles and Rules Committee' were established and extensive stakeholder consultation undertaken. Result: Met ✓

In 2015-16, the MBS Review Taskforce provided recommendations to Government on the priorities and processes going forward, as well as removal of obsolete items from the MBS. These recommendations were subject to public consultation, conducted through an online survey and submission process, a series of stakeholder forums and targeted meetings with specific organisations and groups. The obsolete items were removed from the MBS on 1 July 2016.

Continuation of MSAC process improvement to ensure ongoing improvement in rigour, transparency, consistency, efficiency and timeliness.

Source: 2015-16 Health Portfolio Budget Statements, p. 72

2015-16 Target	2015-16 Result
Greater stakeholder engagement and improved timeliness of the MSAC application assessment process.	Public consultation was conducted from 1 December 2015 to 12 February 2016 on proposed improvements to the MSAC process. The Department received a total of 44 submissions. Result: Met ✓

These improvements aim to streamline the MSAC process. The transition into new MSAC arrangements commenced in July 2016.

³⁵ Sustainability of the Medicare system refers to the ability of the Government to continue fund to services over the longer term given increasing demand for and costs of services.

Supporting the integrity of health provider claiming

Achievement of payment integrity standards. Medicare: Completed audit and review cases.

Source: 2015-16 Human Services Portfolio Budget Statements, p. 39

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
≥2,500	3,912 ³⁶ Result: Met ✓	3,680	3,544	2,819	3,439

In total, 3,912 audits and reviews were completed in 2015-16. This includes practitioner reviews and criminal investigations.

Compliance activities are focussed on all health programs and include health professionals, practice staff or health related businesses receiving payments from the Medicare program.

Analysis of performance – Program 3.2: Targeted Assistance – Medical

The Department met all the performance targets for Program 3.2: Targeted Assistance – Medical. The aim of Program 3.2 is to provide targeted financial assistance to eligible Australians to enable access to necessary medical treatment, either overseas or in Australia.

Reciprocal Health Care Agreements enable access to local health services for Australians travelling overseas in 11 countries. The Agreements also enable access to public health services in Australia for visitors from those countries. The Medical Treatment Overseas program provides access to approved medical treatments overseas for life threatening illness, that are not currently available in Australia.

The Government also provides financial assistance to eligible Australian victims of disasters occurring overseas, including acts of terrorism, civil disturbances or natural disasters. Through the Disaster Health Care Assistance Schemes, assistance is provided in the form of ex-gratia payments to victims and their families covering out-of-pocket expenses for health care delivered in Australia for injury or ill health arising from specific disasters. There are currently six active schemes covering events such as the Bali bombings and the Asian tsunami.

In addition, the Government provides financial support to women who have undergone a mastectomy as a result of breast cancer, through the reimbursement for the cost of external breast prostheses.

Each of these programs and schemes support Australians in receiving the medical services and assistance they need.

³⁶ This figure includes 164 criminal investigation cases involving members of the public connected to health professionals (e.g. employees such as receptionists, practice managers, or medical business owners). Those cases were transferred to the Department as part of the Machinery of Government changes announced in September 2015.

Provide medical assistance to Australians who travel overseas

Ensure that the Reciprocal Health Care Agreements are supporting Australians when they travel overseas.

Source: 2015-16 Health Portfolio Budget Statements, p. 74

2015-16 Target	2015-16 Result
Timely resolution of issues encountered by Australians attempting to access health services in reciprocal countries.	No major issues were encountered by Australians which prevented access to health services in countries with Reciprocal Health Care Agreements. Result: Met ✓

The Australian Government has Reciprocal Health Care Agreements with New Zealand, United Kingdom, Republic of Ireland, Sweden, the Netherlands, Finland, Italy, Belgium, Malta, Slovenia and Norway.

In 2015-16, 120,597 MBS services were provided to visitors to Australia under the Reciprocal Health Care Agreements with a total of \$8,050,829 paid in benefits.

Support access to necessary medical services which are not available through mainstream mechanisms

Financial assistance is provided to eligible applicants through the Medical Treatment Overseas Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 74

2015-16 Target	2015-16 Result
Assessments of applications for medical treatment are managed in accordance with program guidelines.	All applications for financial assistance were assessed in accordance with the established program guidelines. Result: Met ✓

In 2015-16, the Department received eight applications for financial assistance.

Six individuals requiring care received funding to undergo treatment overseas. These applicants were supported by independent expert advice from medical craft groups.

Authorisation of payments to successful patients within agreed timeframes.

Source: 2015-16 Health Portfolio Budget Statements, p. 75

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
90%	100% Result: Met ✓	N/A	N/A	N/A	N/A

All payments were made within the timeframes required.

Provide medical assistance following overseas disasters

Facilitate health care assistance to eligible Australians in the event of overseas disasters.

Source: 2015-16 Health Portfolio Budget Statements, p. 74

2015-16 Target	2015-16 Result
Ensure appropriate assistance is provided through timely policy advice to the Department of Human Services.	The Department continued to provide policy advice to the Department of Human Services, ensuring health care assistance was provided to eligible Australians. Result: Met 

In 2015-16, the Department of Human Services paid \$477,660 for 2,209 claims on behalf of the Department of Health.

The Disaster Health Care Assistance Schemes are demand-driven programs. Eligible people receive reimbursement for out-of-pocket health care expenses related to any injury or illness which has resulted from one of the incidents covered by the Schemes.

In 2015-16, all reimbursements were provided in a timely manner.

Improve access to prostheses for women who have had a mastectomy as a result of breast cancer

Percentage of claims by eligible women under the national External Breast Prostheses Reimbursement Program processed within ten days of lodgement.

Source: 2015-16 Health Portfolio Budget Statements, p. 75

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
90%	98% Result: Met 	98%	98%	98%	99.8%

14,550 reimbursements were processed under the program. Of the 14,550 eligible claims made, 98% were processed within 10 days of lodgement.

Analysis of performance – Program 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology

The Department met, or substantially met, most of the performance targets for Program 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology. This Program aims to ensure that pathology, diagnostic imaging and radiation oncology services are accessible, safe, effective and responsive to the needs of health care consumers.

In working to achieve this, during 2015-16, the Department completed a major review of the Diagnostic Imaging Accreditation Scheme (DIAS). Changes made to the DIAS to strengthen standards and streamline processes, have been well received by practices and accreditors.

The systematic review of the pathology services listed on the Medicare Benefits Schedule (MBS) is now being undertaken as part of the MBS Review. Progress is discussed in the performance criteria below.

Access to pathology services continues at a high level. The Department has been actively engaging with the pathology sector during 2015-16, concerning the cost of rent paid by some pathology collection centres located within medical practices. The Department will continue to work with the sector to implement changes in line with the direction set by Government.

The Department improves access to high quality radiation oncology services by funding approved equipment, quality programs and initiatives to support the radiation oncology workforce. The Radiation Oncology Health Program Grants Scheme reimburses service providers for the cost of approved equipment used to provide treatment services. These payments ensure that equipment is replaced at the end of its lifespan so that treatment is delivered with up-to-date technology.

Improve the provision of safe and effective diagnostic imaging services

Undertake a major review of the Diagnostic Imaging Accreditation Scheme to strengthen the standards and streamline processes.

Source: 2015-16 Health Portfolio Budget Statements, p. 78

2015-16 Target	2015-16 Result
Review of Diagnostic Imaging Accreditation Scheme to be completed by June 2016.	The Review of the Diagnostic Imaging Accreditation Scheme has been completed and recommendations implemented. Result: Met ✓

As part of the Review, the Practice Accreditation Standards were reviewed in 2015. Changes to the accreditation standards came into effect on 1 January 2016. This included revised accreditation documentation to assist practices with the evidentiary requirements.

An expert committee will be established in 2016-17 to oversee a more systematic review of the current accreditation arrangements, including alternative conformity assessment options.

Diagnostic radiology services are effective and safe.

Source: 2015-16 Health Portfolio Budget Statements, p. 78

2015-16 Target	2015-16 Result
Patients have access to diagnostic imaging services that are performed by a suitably qualified professional.	All practitioners providing Medicare-funded diagnostic radiology services met minimum formal qualification requirements. Result: Met ✓

Radiologists need to meet minimum formal qualification requirements, including the quality standards under the DIAS.

Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

Undertake systematic reviews of the pathology services listed on the Medicare Benefits Schedule (MBS) to ensure they are safe, effective, and cost-effective.

Source: 2015-16 Health Portfolio Budget Statements, p. 78

2015-16 Target	2015-16 Result
The Pathology Services Advisory Committee (PSAC) will consider evidence from six systematic reviews of pathology services and make recommendations for change to the MBS listings where required.	In 2015-16, as part of the work of the MBS Review Taskforce, the PSAC was replaced by the Pathology Clinical Committee (PCC) which was established as a sub-committee of the MBS Review Taskforce. Result: Not met ●

The PCC is continuing the ongoing systematic review of all pathology MBS items with recommendations to be forwarded to the MBS Review Taskforce.

The PCC has set up six working groups (Anatomical and Cytology, Chemical, Genetics, Haematology, Immunology and Microbiology) to review pathology.

The Taskforce will publish and invite public feedback on the PCC's recommendations, prior to the recommendations being provided to the Minister.

Stakeholder engagement in program and/or policy development.

Source: 2015-16 Health Portfolio Budget Statements, p. 79

2015-16 Target	2015-16 Result
Conduct two formal meetings with the pathology sector to discuss pathology policy and sector interests.	More than two formal meetings were conducted with the pathology sector. Result: Met ✓

The Department formally met with stakeholders, through individual discussions and group forums to discuss issues related to the pathology sector. The focus of these meetings was the issue of the cost of rent paid by pathology collection centres, particularly where they are co-located within a general practice. Additional issues raised included the 2015-16 Mid-Year Economic and Fiscal Outlook measure to remove the bulk billing incentives and other changes to the MBS subsidies for pathology services. The Department is continuing to consult with the sector to resolve these issues.

Improve access to pathology services

Number of new and/or revised national accreditation standards produced for pathology laboratories.

Source: 2015-16 Health Portfolio Budget Statements, p. 78

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
4	3 Result: Substantially met ✓	4	13	0	4

The National Pathology Accreditation Advisory Council (NPAAC) published three revised standards during 2015-16. NPAAC focussed on several comprehensive document reviews and strategic accreditation issues. Due to the complexity of some of the document reviews, not all revised standards were able to be completed during 2015-16 and will be published as soon as practicable.

The performance result of 'substantially met' is based on meeting 75% of the target.

Percentage of Medicare-eligible pathology laboratories meeting accreditation standards.

Source: 2015-16 Health Portfolio Budget Statements, p. 79

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% Result: Met ✓	100%	100%	100%	100%

An Approved Pathology Laboratory must apply for accreditation from the National Association of Testing Authorities, Australia before applying for accreditation from the Department of Human Services.

Improve access to quality radiation oncology services

The number of sites delivering radiation oncology.

Source: 2015-16 Health Portfolio Budget Statements, p. 79

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
71	80 Result: Met ✓	75	69	66	63

The Department exceeded its target in 2015-16 and continues to improve access to high quality radiation oncology services by funding approved equipment, quality programs and initiatives to support the radiation oncology workforce. These payments ensure that equipment is replaced at the end of its lifespan so that treatment is delivered with up-to-date technology. The payments complement Medicare benefits payable to patients under Program 3.1: Medicare Services.

Analysis of performance – Program 3.4: Medical Indemnity

The Department has met all the performance targets for Program 3.4: Medical Indemnity.

The Department works with the Department of Human Services to administer schemes that support the medical indemnity industry and ensure it is stable and secure. These schemes make medical indemnity affordable and stable to allow the medical workforce to focus on the delivery of high quality medical services.

The schemes include the High Cost Claims Scheme (HCCS) and the Exceptional Claims Scheme (ECS). The HCCS subsidises claims over \$300,000, and the ECS further assists by providing a guarantee to cover claims above the limit of doctors’ medical indemnity contracts of insurance, so doctors are not personally liable for very high claims.

The Department also administers the Midwife Professional Indemnity Scheme for eligible midwives in private practice. The Scheme allows private midwives to access professional indemnity insurance and provides financial assistance for eligible claims.

Ensure the stability of the medical indemnity insurance industry

Percentage of medical indemnity insurers who have a Premium Support Scheme contract with the Commonwealth that meets the Australian Prudential Regulation Authority’s Minimum Capital Requirement.

Source: 2015-16 Health Portfolio Budget Statements, p. 81

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% Result: Met ✓	100%	100%	100%	100%

In 2015-16, all medical indemnity insurers who have a Premium Support Scheme contract with the Commonwealth met the Minimum Capital Requirement as set by the Australian Prudential Regulation Authority.

Ensure that insurance products for medical professionals and midwives are available and affordable

Percentage of eligible applicants receiving a premium subsidy through the Premium Support Scheme.

Source: 2015-16 Health Portfolio Budget Statements, p. 81

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% Result: Met ✓	100%	100%	100%	100%

The Premium Support Scheme assists eligible doctors to meet the cost of their medical indemnity insurance by reducing their medical indemnity costs, when their gross indemnity premium exceeds 7.5% of their income. The subsidy is paid via the doctor’s medical indemnity insurer.

All eligible applicants received a premium subsidy through the Premium Support Scheme in 2015-16.

Number of doctors that receive a premium subsidy support through the Premium Support Scheme.

Source: 2015-16 Health Portfolio Budget Statements, p. 82

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
2,000	1,237 Result: Met ✓	1,400	1,613	1,847	2,106

The 2015-16 estimate of doctors requiring subsidisation of their insurance premium costs through the Premium Support Scheme was 2,000. However, due to the increasing affordability of medical indemnity insurance premiums, only 1,237 doctors required assistance under the Scheme.

Percentage of eligible midwife applicants covered by the Midwife Professional Indemnity Scheme.

Source: 2015-16 Health Portfolio Budget Statements, p. 81

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% Result: Met ✓	100%	100%	100%	100%

The Midwife Professional Indemnity Scheme provides professional indemnity insurance to private midwives who are found to be eligible by the Nursing and Midwifery Board of Australia. For eligible claims the Government contributes 80% to the costs of claims above \$100,000 and 100% of costs above \$2 million.

All eligible private midwives who applied for Commonwealth-supported professional indemnity insurance through Medical Insurance Group Australia (MIGA) were offered cover.

The continued availability of professional indemnity insurance for eligible midwives.

Source: 2015-16 Health Portfolio Budget Statements, p. 81

2015-16 Target	2015-16 Result
Maintain contract with Medical Insurance Group Australia to provide professional indemnity insurance to eligible midwives.	Contract maintained with an insurer (MIGA) to provide professional indemnity insurance to eligible midwives. Result: Met ✓

Eligible private midwives were able to purchase Commonwealth-supported professional indemnity insurance from MIGA.

Analysis of performance – Program 3.5: Hearing Services

During 2015-16 the Department has either met or substantially met all of the performance targets for Program 3.5: Hearing Services. The Hearing Services Program (the Program) established in 1997, provides a range of fully or partially subsidised hearing services to eligible Australians to manage their hearing loss and improve their engagement with the community.

In 2015-16, the Department continued to support hearing research through the Hearing Loss Prevention Program (HLPP). The HLPP is managed through the National Health and Medical Research Council. The research focuses on ways to reduce the impact of hearing loss and the incidence and consequence of avoidable hearing loss in the Australian community.

The Program will transition (in part) to the National Disability Insurance Scheme by 2019-20. The Program has undertaken, and will continue to undertake, broad stakeholder consultation to develop a National Disability Insurance Scheme Transition Plan.

Support access to a range of subsidised hearing services to eligible Australians to manage their hearing loss and improve their engagement with the community

Quality service provision and client outcomes supported through a risk-based audit framework.

Source: 2015-16 Health Portfolio Budget Statements, p. 83

2015-16 Target	2015-16 Result
Audit outcomes support a risk-based approach to identification of service provider compliance with contractual and legislative obligations.	Detailed audits were undertaken of specific service provider sites based on risk profiles. Result: Met ✓

The annual provider self-assessment process was managed and completed in accordance with contractual requirements.

Detailed audits were undertaken based on risk profiles including results of the self-assessment, new provider status, irregular claiming patterns and/or complaints.

Participating service providers have an opportunity to provide feedback to support continuous improvement.

Policies and program improvements are developed and implemented in consultation with consumers and service providers.

Source: 2015-16 Health Portfolio Budget Statements, p. 83

2015-16 Target	2015-16 Result
Opportunity for stakeholders to participate in consultations.	Broad stakeholder consultation was undertaken around Australia to support the development of the National Disability Insurance Scheme Transition Plan for eligible hearing services clients. Result: Met ✓

A proposed Service Delivery Framework for hearing services was developed with input from key stakeholders to support stronger self-regulation. Documents consulted on, to date, include the Quality Principles for Hearing Care and the National Practice Standards for Hearing Care Practitioners.

Further consultations on elements of the Transition Plan are expected for the coming financial year.

Number of people who receive voucher services nationally.

Source: 2015-16 Health Portfolio Budget Statements, p. 84

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
774,000	692,283 Result: Substantially met ✓	669,793	647,545	636,389	616,639

The voucher component of the program is client demand-driven, and the projected target is an estimation based on population trends. The performance result of 'substantially met' is based on meeting 89.4% of the target.

Proportion of claims for a hearing aid fitting that relate to voucher clients who have a hearing loss of greater than 23 decibels.

Source: 2015-16 Health Portfolio Budget Statements, p. 84

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
95%	93.7% Result: Substantially met ✓	94%	94%	95%	96%

There are legislated exceptions which constrain a 100% compliance with this target. As this is a demand-driven program the target is an annual estimate. The performance result of 'substantially met' is based on meeting 98.6% of the target.

Support research into hearing loss prevention and management

Implementation of hearing health research projects in accordance with program objectives.

Source: 2015-16 Health Portfolio Budget Statements, p. 83

2015-16 Target	2015-16 Result
Funded research projects meet NHMRC research protocols.	100% of funded research projects met NHMRC protocols. Result: Met ✓

In 2015-16, the NHMRC managed nine hearing research related projects for the Department.

The National Acoustic Laboratories operates in accordance with the guidelines provided in the NHMRC documents, the *Australian Code for the Responsible Conduct of Research* and *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*.

Analysis of performance – Program 3.6: Dental Services

The Department met the majority of the performance targets for Program 3.6: Dental Services.

In March 2016, the Minister for Health tabled in Parliament the *Report on the Third Review of the Dental Benefits Act 2008*. The review supported the effective operation of the Child Dental Benefits Schedule which provides low to middle income families with financial assistance to help meet the costs of their children’s dental care.

The Department also conducted a review of the National Partnership Agreement on Treating More Public Dental Patients (the Agreement). The review found there was a positive impact on the community. The target of 400,000 additional services was exceeded by the end of the Agreement, meaning that more eligible public dental patients received services.

The introduction of the new Child and Adult Public Dental Scheme, in 2016-17, will improve access to public dental services. More consumers on concession cards will benefit from the scheme. State and Territory Governments will have greater funding certainty to improve waiting times and help more eligible people.

Improve access to dental services for children

Complete independent review of the operation of the <i>Dental Benefits Act 2008</i> . Source: 2015-16 Health Portfolio Budget Statements, p. 85	
2015-16 Target	2015-16 Result
Review findings are provided for tabling in Parliament.	The review’s report was provided to the Minister for Health on 17 December 2015. Result: Met 

The Minister for Health tabled the *Report on the Third Review of the Dental Benefits Act 2008* in Parliament on 3 March 2016.

Number of children accessing the Child Dental Benefits Schedule. Source: 2015-16 Health Portfolio Budget Statements, p. 86					
2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
2,400,000	1,007,258 Result: Not met 	988,963	N/A	N/A	N/A

The Child Dental Benefits Schedule is a demand-driven, calendar year program. Utilisation of the program was lower than expected in 2015-16. Under utilisation is being addressed through the 2016-17 Budget measure *Child and Adult Public Dental Scheme*.

Improve access to public dental services

Improve access to dental services for public dental patients.

Source: 2015-16 Health Portfolio Budget Statements, p. 86 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result
<p>Evaluation of the National Partnership Agreement on Treating More Public Dental Patients and associated data, to determine if increased access to dental services has occurred following the conclusion of the Agreement (June 2015).</p>	<p>By the Agreement's conclusion, more people had received public dental services and the waiting time to receive those services had decreased significantly.</p> <p>Result: Met </p>

The Department evaluated performance and targets under the Agreement through data and performance reports obtained from the States and Territories. The findings were positive and showed that with the increase in Commonwealth funding for public dental services, a higher volume of services was provided and waiting times decreased. The key performance indicator under the Agreement, as measured in Dental Weight Activity Units, is included in the *Council of Australian Governments Report on Performance 2015*, which is published on the COAG website.³⁷

³⁷ Available at: www.coag.gov.au/node/528

Outcome 3 – Budgeted expenses and resources

	Budget Estimate ¹ 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Program 3.1: Medicare Services			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	13,288	7,455	(5,833)
Special appropriations			
<i>Health Insurance Act 1973 - medical benefits</i>	21,080,530	21,115,085	34,555
<i>Departmental expenses</i>			
Departmental appropriation ²	72,955	66,002	(6,953)
Expenses not requiring appropriation in the budget year ³	1,952	4,313	2,361
Total for Program 3.1	21,168,725	21,192,855	24,130
Program 3.2: Targeted Assistance - Medical			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	11,943	10,728	(1,215)
<i>Departmental expenses</i>			
Departmental appropriation ²	782	797	15
Expenses not requiring appropriation in the budget year ³	22	53	31
Total for Program 3.2	12,747	11,578	(1,169)
Program 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	72,483	69,705	(2,778)
<i>Departmental expenses</i>			
Departmental appropriation ²	5,237	5,385	148
Expenses not requiring appropriation in the budget year ³	145	353	208
Total for Program 3.3	77,865	75,443	(2,422)

	Budget Estimate ¹ 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Program 3.4: Medical Indemnity			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	150	150	-
Special appropriations			
<i>Medical Indemnity Act 2002</i>	88,700	81,517	(7,183)
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	3,904	-	(3,904)
<i>Departmental expenses</i>			
Departmental appropriation ²	1,813	1,603	(210)
Expenses not requiring appropriation in the budget year ³	44	99	55
Total for Program 3.4	94,611	83,369	(11,242)
Program 3.5: Hearing Services			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	498,892	475,908	(22,984)
<i>Departmental expenses</i>			
Departmental appropriation ²	10,078	9,639	(439)
Expenses not requiring appropriation in the budget year ³	229	1,841	1,612
Total for Program 3.5	509,199	487,388	(21,811)
Program 3.6: Dental Services⁴			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	-	-	-
Special appropriations			
<i>Dental Benefits Act 2008</i>	313,741	312,669	(1,072)
<i>Departmental expenses</i>			
Departmental appropriation ²	1,757	1,490	(267)
Expenses not requiring appropriation in the budget year ³	44	96	52
Total for Program 3.6	315,542	314,255	(1,287)

	Budget Estimate ¹ 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Outcome 3 Totals by appropriation type			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	596,756	563,946	(32,810)
Special appropriations	21,486,875	21,509,271	22,396
<i>Departmental expenses</i>			
Departmental appropriation ²	92,622	84,916	(7,706)
Expenses not requiring appropriation in the budget year ³	2,436	6,755	4,319
Total expenses for Outcome 3	22,178,689	22,164,888	(13,801)
Average staffing level (number)	527	522	(5)

¹ Budgeted appropriation taken from the 2016-17 Health Portfolio Budget Statements and re-aligned to the 2015-16 outcome structure.

² Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'.
³ 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.

⁴ This Program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.