



INFLUENCE WITH INTEGRITY

Experiences with medical specialist and surgeon fees

Prepared for Private Healthcare Australia

22 September, 2025

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A RedBridge Group Report



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Executive summary

- Nearly one in five Australians reports having delayed or cancelled care from a medical specialist or surgeon due to the cost in the last three years.
- Cost-induced delays and cancellations were more likely to be reported by younger women, young parents and younger people who themselves or a family member has a long-term health condition. Some of the highest rates are found among parents in a family where at least one person has a long-term health condition (with rates of cancellations and delays up to 50 per cent among parents of two or more children where there is a health complication in the family).
- Half of Australians say medical costs cause them stress, and almost a quarter report cutting spending from the household budget to afford care.
- A large proportion of Australians report having received bills that are either not expected, are larger than anticipated, or have had fees that seemed unrelated to their care. The highest rates of bill shock were usually felt by younger people who are themselves experiencing long-term health conditions or have a family member who is.
- There is strong public support for reforms that improve price transparency, accountability, and affordability in specialist care. Australians expect these policy reforms to have strong positive impacts on patient understanding, choice, cost, and quality of care.
- As a result, support for these reforms is overwhelming across the electorate (88 per cent in favour), with especially high endorsement among groups with direct health system engagement.
- Similarly, supporters of all major parties expect the reforms to deliver benefits, and are in support of their implementation by the federal government.

Methodology

The fieldwork for this survey was conducted between Wednesday 27 August and Tuesday 9 September. The sample of N = 4,014 Australian citizens aged 18 and older, and who are enrolled to vote, was recruited over online panel. Quotas for age, gender, location, education and vote at the 2025 federal election were used to ensure the sample is representative of the Australian electorate.

Rim weighting was used to apply interlocking weights for age, gender, education and location. The efficiency of these weights was 94 per cent, providing an effective sample size of 3780.

Based on this effective sample size, the margin of error (95 per cent confidence interval) for a 50 per cent result on the full sample is ± 1.6 per cent.

This is larger for subsets of the data, such as age or location, and results based on these and similar breakdowns should be interpreted conservatively.

Detailed findings and question wording are contained in the following sections.

Key findings

Australians rate the need for the Australian Government to improve cost, price transparency and quality of specialist and surgical care as very important

Between two-thirds and three-quarters of Australians say that it is very important that the Federal Government improves several aspects of treatment by specialists and surgeons (as can be seen in figure 86). This includes:

- Reducing out of pocket costs for specialist and surgical care (rated as very important by 76 per cent of Australians).
- Pricing transparency (73 per cent saying it was very important that the government makes it easier for patients to understand what they will be charged, and 66 per cent saying it was very important that the government improve patients' ability to make an informed choice of surgeon or specialist).
- Improving the quality of specialist and surgical care (very important for 68 per cent).

Due to the cost, a third of Australians are delaying or cancelling appointments with specialists and surgeons

Almost one third of Australians (30 per cent) say that they have had to delay or cancel an appointment with a specialist or surgeon in the past three years due to cost (see figures 13 to 15).

One significant concern raised by these results is that more vulnerable groups may be more likely to cancel or delay appointments due to cost. Younger Australians (39 per cent of those aged 18-34), renters (40 per cent), women (35 per cent versus 25 per cent for men), and those with conditions that require ongoing care (36 per cent), or who have two or more children (39 per cent), are more likely to report having had to do this.

In particular, the highest rates are among younger women, young parents and younger people with greater exposure to long-term health conditions (shown in figures 1 and 3); with some of the highest reported rates of delays and cancellations coming from those with children and more exposure to long-term health conditions (shown in figure 4). Among those Australians with two or more children and some exposure to long-term health conditions (either they or a family member, or both, have a condition), around half say they have been forced to cancel or delay an appointment due to cost. This drops to 19 per cent among those with no children, and no immediate exposure to long-term health complications.

In the past 3 years, have you delayed or cancelled appointments with medical specialists or surgeons due to the cost?

By age and gender

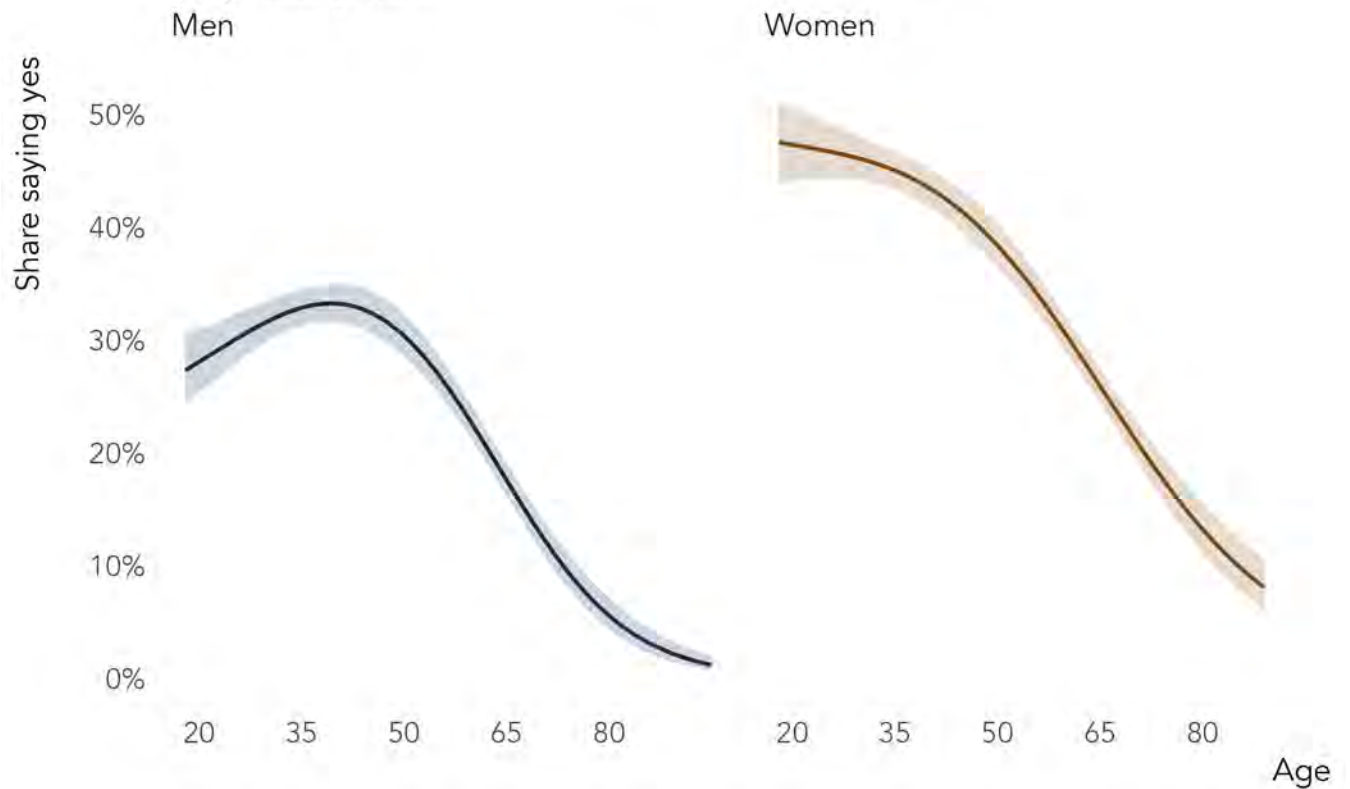


Figure 1: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by age and gender. The smoothed curves were produced using generalised additive models, and shaded areas are 95 per cent confidence intervals.

In the past 3 years, have you delayed or cancelled appointments with medical specialists or surgeons due to the cost?

By age and number of children



Figure 2: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by age and number of children. The smoothed curves were produced using generalised additive models, and shaded areas are 95 per cent confidence intervals.

In the past 3 years, have you delayed or cancelled appointments with medical specialists or surgeons due to the cost?

By age and experience with long-term health conditions

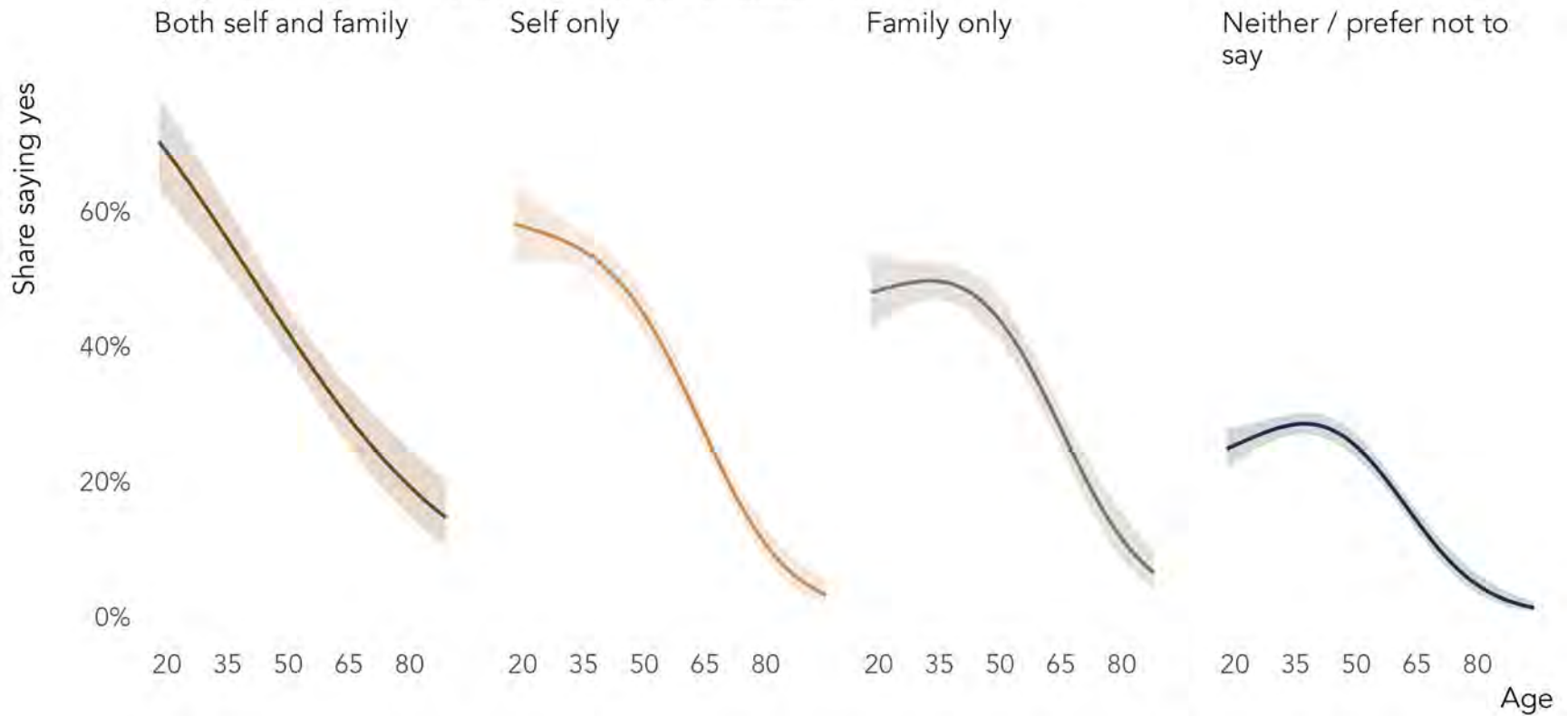


Figure 3: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by age and whether or not a person or their family has a long-term health condition. The smoothed curves were produced using generalised additive models, and shaded areas are 95 per cent confidence intervals.

In the past 3 years, have you delayed or cancelled appointments with medical specialists or surgeons due to the cost?

By number of children and experience with long-term health conditions

Cancelled or delayed an appointment: ■ Yes ■ No ■ Not sure

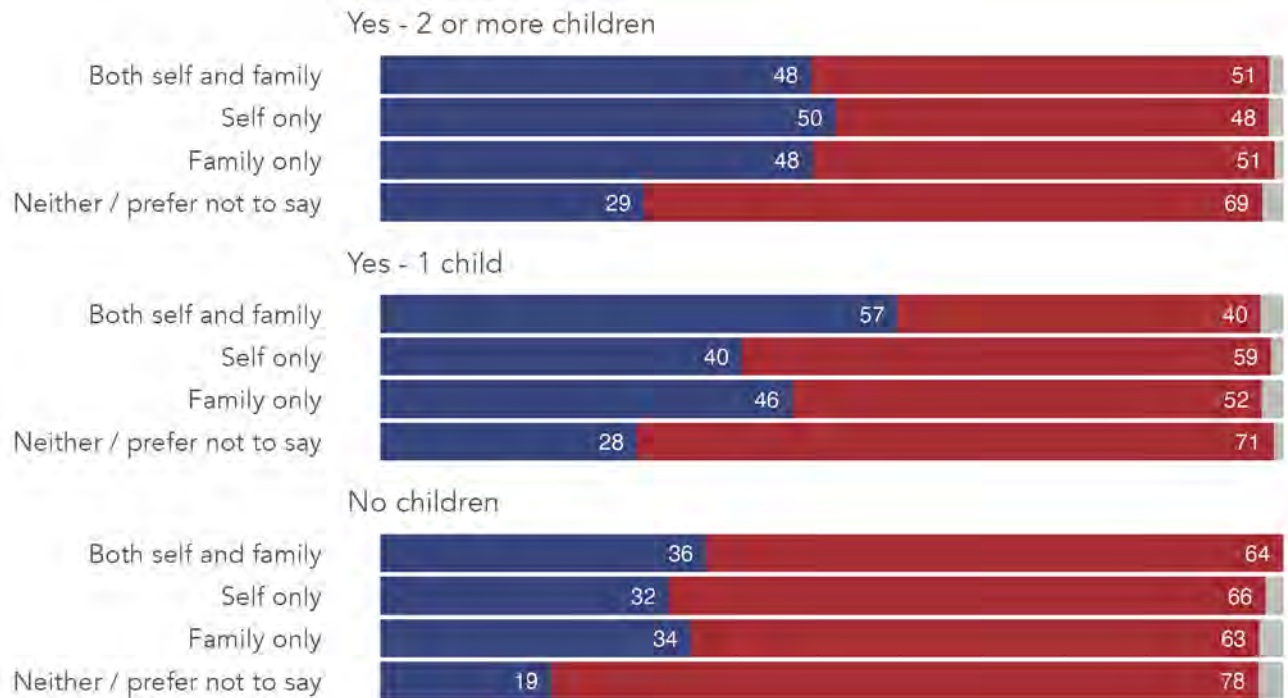


Figure 4: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by number of children and experience with long-term health conditions. Rows are defined by whether they have cancelled or delayed an appointment.

Possibly driven by some of the demographic differences observed here, those who say they would vote for the Greens if a federal election were held now are much more likely to report delaying or cancelling an appointment (47 per cent) than those who intend to vote for the Labor Party or Liberal National Coalition parties (25 and 24 per cent, respectively).

Those who say their household finances cause them a great deal of stress are also much more likely to do so (62 per cent, versus seven per cent for those who have no financial stress at all).

Part of this may be driven by bill shock, with fewer than half (47 per cent) of Australians saying they knew the cost of their most recent appointment before attending, with 44 per cent saying they were not given the cost before the appointment (figures 10 to 12).

Similarly, more than a third of Australians (36 per cent) disagree that out of pocket costs for specialist care are usually made clear to the patient up front (figure 45).

Bill shock

As figure 48 shows, a majority of Australians (55 per cent) report receiving a bill from a medical specialist or surgeon that was bigger than expected (this includes 14 per cent who say it happens almost every time), with just 30 per cent saying this has not happened to them.

Further to this, 38 per cent also say they received a bill that they were not expecting, with fewer than half of Australians (45 per cent) saying this has not happened to them.

Twenty-nine per cent say they have received a bill that included an admin or booking fee, or some other fee that seemed unrelated to their care.

Those with long-term health conditions, and who have seen a specialist in the past 12 months are more likely to report having received a bill they were not expecting (41 per cent and 43 per cent, respectively; see figure 49), and that was larger than expected (59 per cent and 61 per cent, respectively; see figure 52); with the highest rates of bill shock usually felt by younger people who are experiencing long-term health conditions (either themselves or family; see figure 5).

These experiences — of receiving bills that are not expected, that are larger than anticipated, or had fees that seemed unrelated to care — are all strongly associated with a view that out of pocket costs for specialist care (including appointments, tests, treatments and procedures) are generally not made clear to patients up front. Those who have received each type of bill shock are considerably more likely to disagree that out of pocket costs are not made clear to patients (figure 6).

Have you ever received a bill from a medical specialist or surgeon that...

By age and experience with long-term health conditions

Was bigger than you expected You were not expecting Included a fee that seemed unrelated to your care



Figure 5: Share of Australians who report that they have received a bill from a medical specialist or surgeon that meets each of these conditions, by age and whether or not a person or their family has a long-term health condition. The smoothed curves were produced using generalised additive models, and shaded areas are 95 per cent confidence intervals.

This causes financial stress for a large share of Australians

While most Australians report being able to cover medical costs, half (51 per cent) say that medical costs do cause them at least some stress (figure 29).

Almost a quarter (23 per cent) say it is very true that they would have to cut spending from the household budget to cover medical costs if they or someone in their immediate family were referred to a medical specialist or surgeon, and another third (32 per cent) say this is somewhat true, with another third saying it was not true that this would be the case.

Similarly, nearly one in five Australians say they would have to delay care until they could afford it (17 per cent) while less than half (43 per cent) say this is not true. Similarly, 14 per cent say it is very true that they would have to delay or cancel other health expenses to afford care.

And most say that the out of pocket fees charged by specialists are not reasonable

The vast majority of Australians say that the out of pocket fees that specialists levy on their patients are generally not reasonable. Twenty-eight per cent say they are definitely not reasonable, with another 41 per cent saying they thought they were probably not reasonable. Just 19 per cent say they are probably reasonable, and just two per cent say they are definitely reasonable (see figure 64).

Those with more exposure to the healthcare system — Australians who report a long-term health condition — are more likely to say they are not reasonable than those without such a condition (77 per cent of those who both themselves and another member of their family have a long-term condition say they are not reasonable, compared with 66 per cent of those who do not have a long-term condition).

Figure 67 shows how Australians rank the main causes for the out of pocket fees that specialists charge patients. Respondents were asked to rank the top three drivers.

The main reasons given for the amount that patients pay in out of pocket fees for specialist care is that the Medicare rebate is too low. This is given as the main reason for the high fees by 26 per cent of voters, with 58 per cent rating this one of the top three reasons.

The other major driver is that there are no limits on how much a specialist can charge, which is given as the most important cause of out of pocket fees by 21 per cent, and as one of the three most important reasons by 50 per cent.

Those with long-term health conditions and who have seen a specialist in the past 12 months are more likely to see Medicare as a major driver of out of pocket costs (figure 68).

The availability and quality of surgeons and specialists

Two-thirds of Australians (66 per cent) report that they are well served by different types of specialists and surgeons where they live (shown in figure 16). However, despite this, almost half (44 per cent) say they cannot get an appointment to see one in a timely manner (47 per cent say they can).

Almost half (46 per cent) also say they receive a similar quality of care regardless of which specialist they see, while 45 per cent say there is a link between the cost of a specialist or surgeon and the quality of care received (with the more you pay the better the care; see figure 16).

Have you ever received a bill from a medical specialist or surgeon that...

By agreement that out of pocket costs are made clear to patients upfront

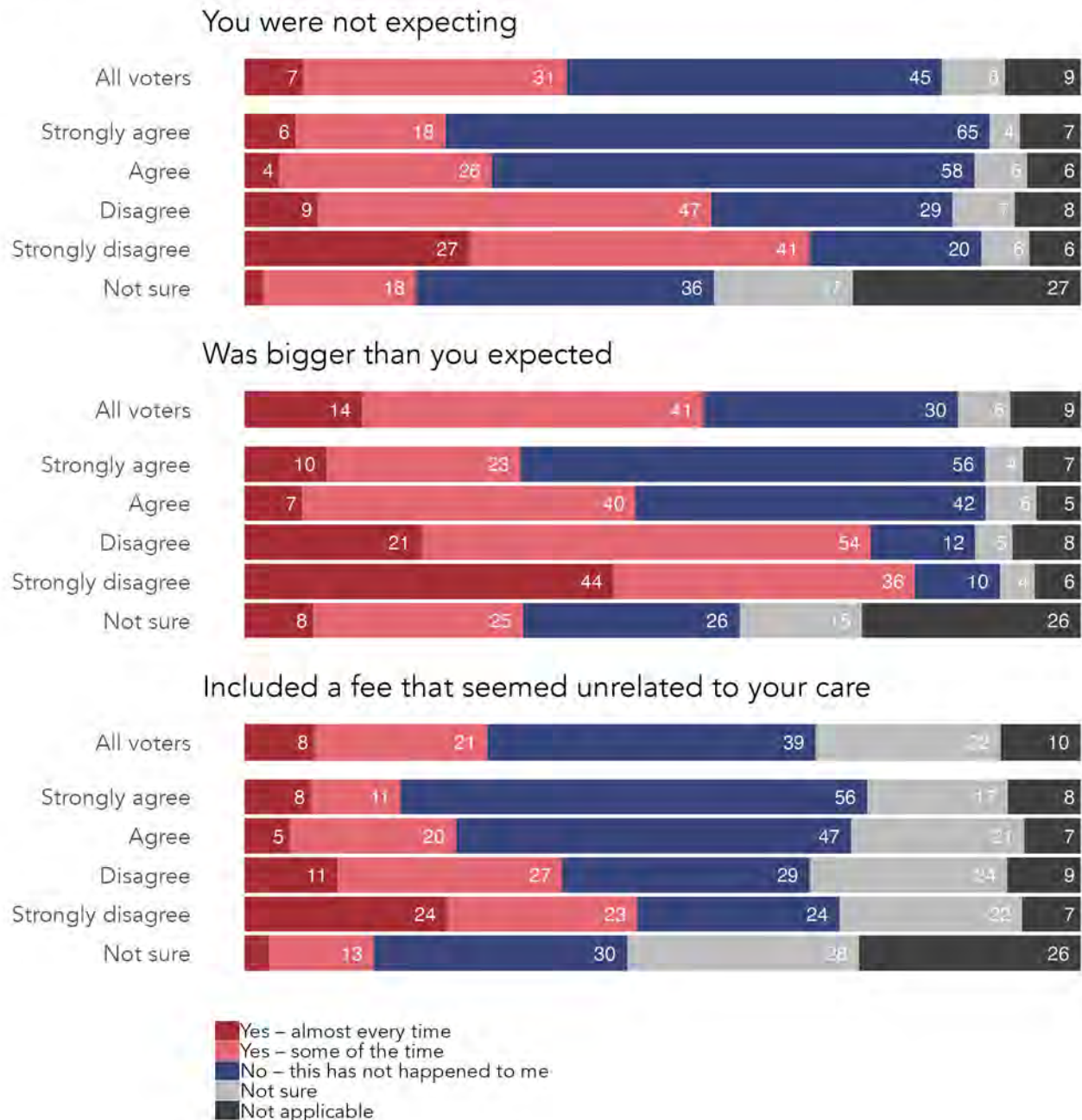


Figure 6: Share of Australians who report that they have received a bill from a medical specialist or surgeon that meets each condition, by opinion on whether out of pocket costs for specialist care are usually made clear to patients upfront. Rows are defined by whether they have received a bill that meets each condition.

Most Australians are not aware that private health insurance cannot cover the cost of care from a specialist outside a hospital

Just 23 per cent of Australians are aware that (by law) private health insurance cannot cover the cost of specialist care — including tests — outside of a hospital (figure 83).

Those with longer term conditions and who have seen a specialist in the last 12 months, or who have more exposure to the system (because both they and family members have long-term health conditions) are more likely to be aware, but even for these groups most were not aware (just 27 and 28 per cent were aware, respectively).

Support for reforms

There is strong support for reforms to improve access to and the cost of specialists and surgeons. As can be seen in figure 99, Australians firmly endorse a range of reforms to help improve patient access to, and the out of pocket cost of, medical specialists and surgeons. In particular, support is very high for measures designed to improve transparency, accountability, and affordability in specialist and surgical care, and reduce out of pocket costs for patients. The only proposal that attracts more mixed views is the recruitment of overseas specialists, which, while still supported by a majority, records the lowest level of net support among the options tested.

The support for individual changes are:

- Up-front disclosure of costs: Eighty-eight per cent of respondents support or strongly support requiring specialists and surgeons to obtain signed consent for all costs prior to treatment (49 per cent strongly support, 39 per cent support). Only four per cent oppose; a margin of 84 point net support.
- Increasing Medicare rebates: Similarly, 88 per cent support or strongly support increasing the Medicare rebate for specialist or surgical care to reduce patients' gap payments (55 per cent strongly support, 33 per cent support), while five per cent oppose; a margin of 83 point in favour of support.
- Mandatory fee disclosure on Medical Cost Finder: Eighty-seven per cent support making fee disclosure compulsory on the Medical Cost Finder website (48 per cent strongly support, 39 per cent support), and four per cent oppose; a margin of 83 points in favour of support.
- Banning over-charging doctors from Medicare: Support is also strong (84 per cent in favour) for banning doctors found to be deliberately over-charging from accessing Medicare (including 48 per cent who strongly support). Five per cent of Australians oppose or strongly oppose this, a margin of 79 point net support.
- Banning 'grey area' fees: Eighty-two per cent support banning charges such as administrative or booking fees not covered by Medicare or private insurance (including 50 per cent who strongly support this), while nine per cent oppose this change; a margin of 73 points in favour of support.
- Attracting overseas specialists: While 66 per cent support or strongly support attracting more overseas specialists and surgeons (23 per cent strongly support, 43 per cent support), opposition is higher than for the other proposals (12 per cent oppose, five per cent strongly oppose), while 17 per cent are not sure (the lowest support and highest uncertainty of any of the measures tested here). Despite

the lower levels of support relative to the above measures, though, the margin for this proposal is still a substantial 49 points in favour of support.

Australians expect these reforms to have a positive impact

Immediately after the questions about support and opposition to these reforms — on the same page of the survey — respondents were asked whether they expect these policy reforms to deliver substantial positive outcomes on transparency, informed choice, affordability and quality of care (see figure 118). The overwhelming majority (91 per cent) say these changes would have a positive impact making it easier for patients to understand what they will be charged (including 57 per cent who expect the impact to be very positive). Only a small minority (six per cent) anticipate negative consequences.

Similarly, nearly all voters (89 per cent) see these reforms having a positive impact on improving patients' ability to make an informed choice of medical specialist or surgeon (with half describing this as very positive). Seven per cent view the likely impact as negative.

Expectations are also strong, though slightly lower, regarding the potential for reforms to reduce out of pocket costs for medical specialist and surgical care. Eighty-five per cent of Australians say that these changes would have a positive effect (50 per cent expecting a very positive impact). Conversely, nine per cent believe these reforms may have a negative impact.

Perceptions are more mixed (but still generally positive) when it comes to the impact of these reforms on the quality of specialist or surgical care. While three-quarters of respondents (75 per cent) expect a positive impact, fewer rate this impact as very positive (39 per cent) compared to the other possible impacts of these changes. A relatively higher proportion — but still small, at 20 per cent — expect no impact or a negative impact, indicating that many Australians view reforms as being more about financial and informational improvements than about directly enhancing clinical quality.

Taken together, these results suggest that Australians overwhelmingly associate the policy reforms outlined above with improvements in cost transparency, affordability, and patient empowerment. However, expectations for improvements in the actual quality of care are more cautious (although still very positive).

These expectations are bipartisan

Expectations of the proposed reforms are broadly bipartisan, with the anticipated impact generally positive across Labor, Coalition and Greens voters (see figures 120, 123, 126 and 129).

When asked about the impact of reforms on reducing out of pocket costs, 86 per cent of Labor voters, 85 per cent of Coalition voters, and 90 per cent of Greens voters expect a positive outcome. Similarly, reforms aimed at making it easier for patients to understand what they will be charged are expected to have positive impacts by 93 per cent of Labor voters, 91 per cent of Coalition voters, and 93 per cent of Greens voters. Expectations are also closely aligned across party groups in relation to improving patients' ability to make an informed choice of specialist or surgeon, with 90 per cent of Labor voters, 89 per cent of Coalition voters, and 89 per cent of Greens voters expecting a positive impact.

Even on the somewhat less strongly endorsed outcome of improving the quality of care, positive expectations remain consistent across partisans: 79 per cent among Labor voters, 75 per cent of Coalition supporters, and 78 per cent of Greens voters.

Expecting benefits from these changes, most Australians support them

Consistent with these expected benefits, the vast majority of voters (88 per cent) support the Australian Government implementing this package of reforms (37 per cent strongly support, 51 per cent support). Opposition is weak, with just three per cent opposed (one per cent strongly opposed, two per cent opposed), and nine per cent are unsure (see figure 131).

Australians with a long-term health condition show particularly strong support for reform. Among those reporting both they and a family member have a long-term condition, 94 per cent are supportive (47 per cent strongly support, 47 per cent support), with four per cent opposed. Those with only self-reported conditions (89 per cent total support) or family-only conditions (89 per cent total support) also report very high levels of support. Even among respondents without a long-term health condition, support remains high, at 86 per cent. This suggests that while support is broad across the population, individuals with more direct experience of the health system are especially favourable.

Similarly, those who have seen a specialist or surgeon in the past year are also more supportive of the reforms (at 89 per cent in support, versus 86 per cent from those who have not seen one in the past year).

Support for these reforms is also broad-based (shown in figure 132):

- Labor voters are the most supportive, with 93 per cent in favour (including 43 per cent who strongly support the changes), and only three per cent opposed.
- Greens voters also show very strong endorsement, with 89 per cent supportive (47 per cent strongly support).
- Coalition supporters are the least in strongly support these reforms, at 32 per cent. However, even among these voters, overall 90 per cent favour their introduction. Opposition is slightly higher than among Labor voters, at four per cent, but remains very low.

These results indicate that expectations for reform are essentially bipartisan. Although there are small differences in intensity — Labor and Greens voters are more likely to express strong support compared to Coalition voters — support across the major parties is consistently above 85 per cent.

Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months

Question text

Have you or someone in your immediate family been referred to a medical specialist (e.g. cardiologist, oncologist, paediatrician, psychiatrist, etc) or surgeon in the past 12 months?

Single select; random reverse 1-2

1. Yes
2. No
3. Not sure

Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months

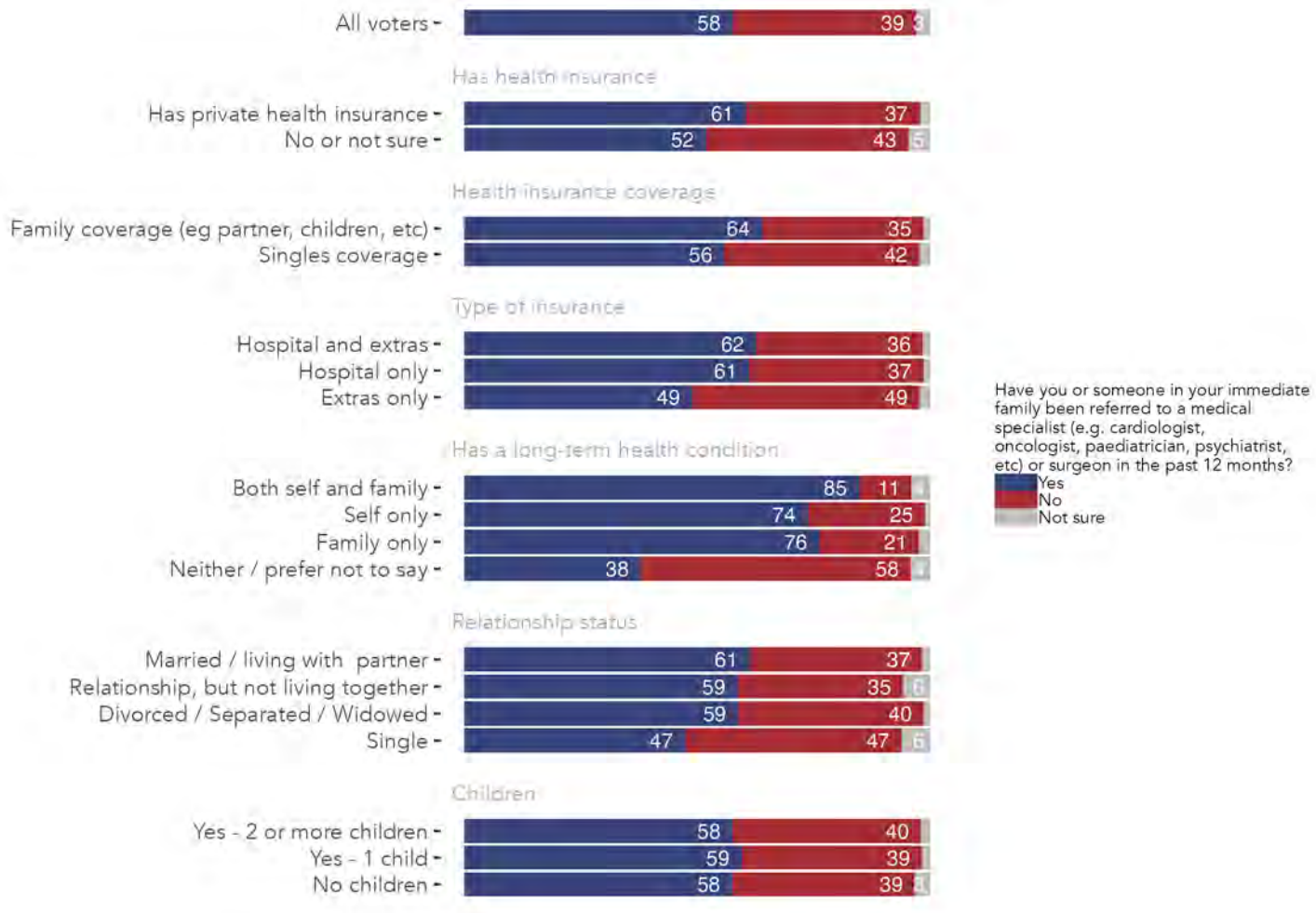


Figure 7: Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months, by private health status, health insurance coverage and type, presence of a long-term health condition, relationship status and parent or guardian status.

Table 1: Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months, by private health status, health insurance coverage and type, presence of a long-term health condition, relationship status and parent or guardian status.

	Yes	No	Not sure
All voters	58	39	3
Has health insurance			
Has private health insurance	61	37	2
No or not sure	52	43	5
Health insurance coverage			
Family coverage (eg partner, children, etc)	64	35	1
Singles coverage	56	42	2
Type of insurance			
Hospital and extras	62	36	2
Hospital only	61	37	2
Extras only	49	49	2
Has a long-term health condition			
Both self and family	85	11	4
Self only	74	25	1
Family only	76	21	3
Neither / prefer not to say	38	58	4
Relationship status			
Married / living with partner	61	37	2
Relationship, but not living together	59	35	6
Divorced / Separated / Widowed	59	40	1
Single	47	47	6
Children			
Yes - 2 or more children	58	40	2
Yes - 1 child	59	39	2
No children	58	39	3

Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months

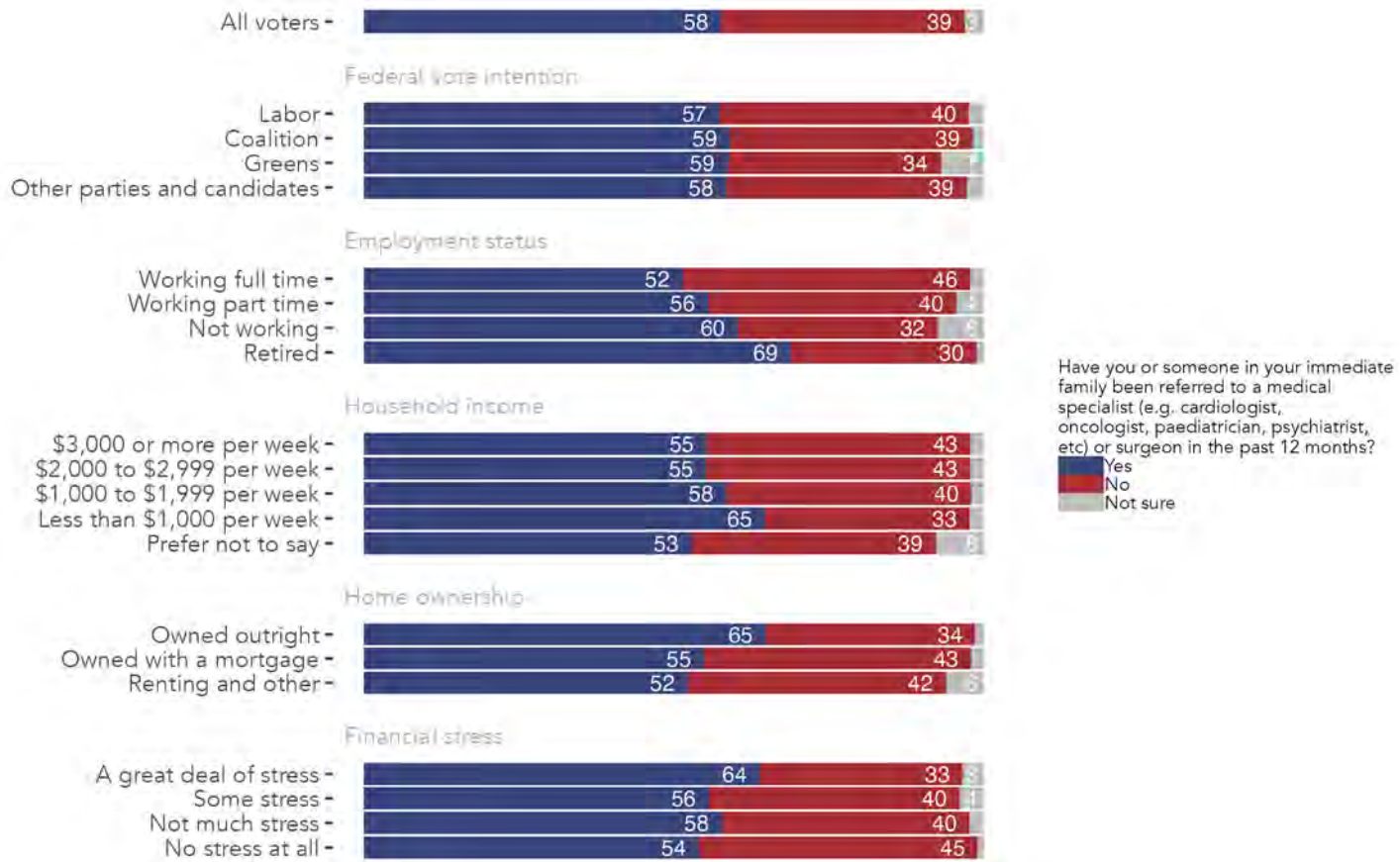


Figure 8: Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 2: Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes	No	Not sure
All voters	58	39	3
Federal vote intention			
Labor	57	40	3
Coalition	59	39	2
Greens	59	34	7
Other parties and candidates	58	39	3
Employment status			
Working full time	52	46	2
Working part time	56	40	4
Not working	60	32	8
Retired	69	30	1
Household income			
\$3,000 or more per week	55	43	2
\$2,000 to \$2,999 per week	55	43	2
\$1,000 to \$1,999 per week	58	40	2
Less than \$1,000 per week	65	33	2
Prefer not to say	53	39	8
Home ownership			
Owned outright	65	34	1
Owned with a mortgage	55	43	2
Renting and other	52	42	6
Financial stress			
A great deal of stress	64	33	3
Some stress	56	40	4
Not much stress	58	40	2
No stress at all	54	45	1

Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months

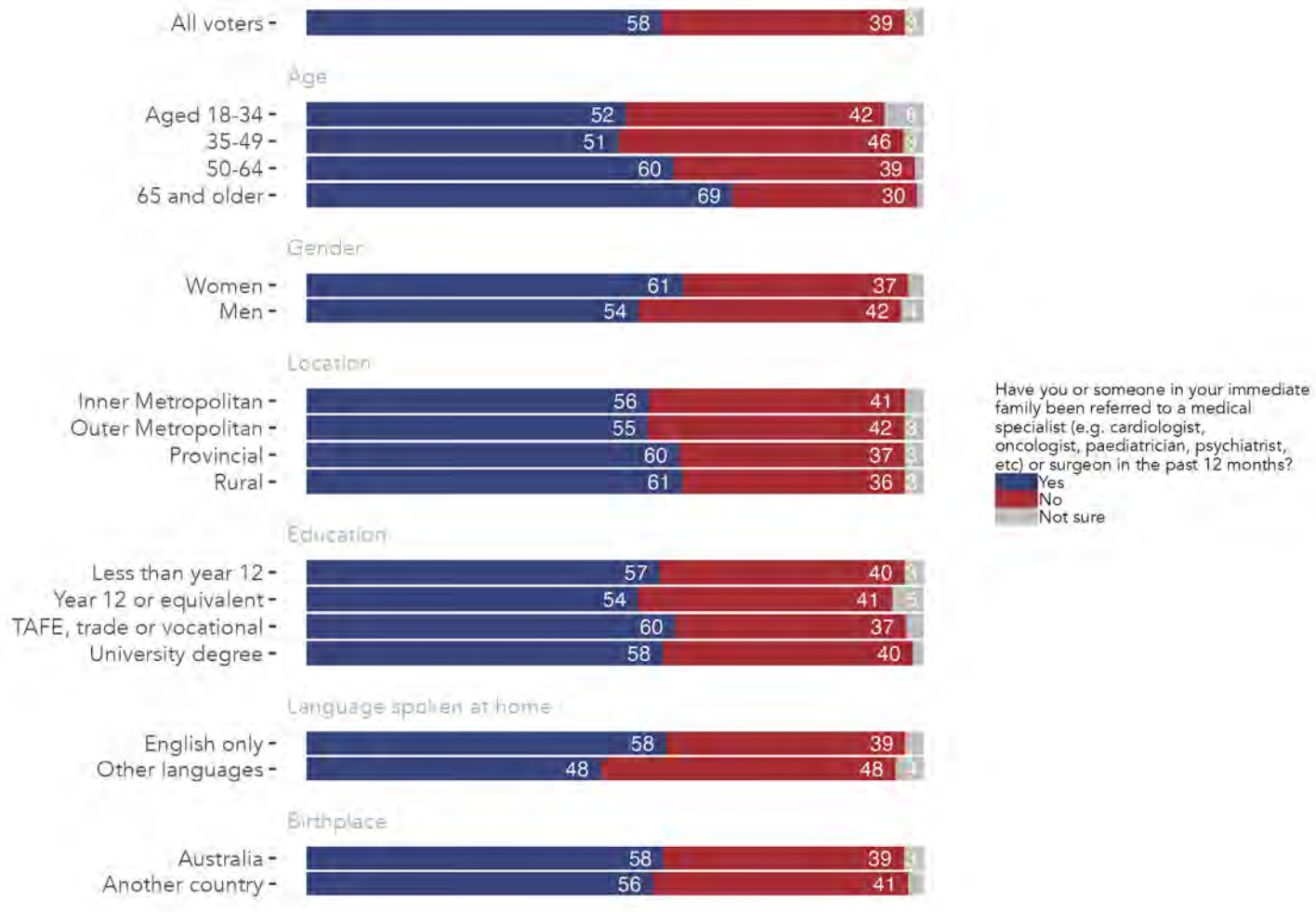


Figure 9: Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months, by demographic characteristics.

Table 3: Share of Australians who say they or their immediate family have been referred to a medical specialist or surgeon in the past 12 months, by demographic characteristics.

	Yes	No	Not sure
All voters	58	39	3
Age			
Aged 18-34	52	42	6
35-49	51	46	3
50-64	60	39	1
65 and older	69	30	1
Gender			
Women	61	37	2
Men	54	42	4
Location			
Inner Metropolitan	56	41	3
Outer Metropolitan	55	42	3
Provincial	60	37	3
Rural	61	36	3
Education			
Less than year 12	57	40	3
Year 12 or equivalent	54	41	5
TAFE, trade or vocational	60	37	3
University degree	58	40	2
Language spoken at home			
English only	58	39	3
Other languages	48	48	4
Birthplace			
Australia	58	39	3
Another country	56	41	3

Are Australians aware of the cost of visiting a specialist or surgeon prior to attending an appointment?

This question was asked of those who said they, or someone in their family, had seen a specialist or surgeon in the past 12 months.

Question text

Before your most recent referral to a medical specialist or surgeon...

Did you or your family member know the cost of the appointment before attending?

Single select; random reverse 1-2

1. Yes
2. No
3. Not sure

Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending

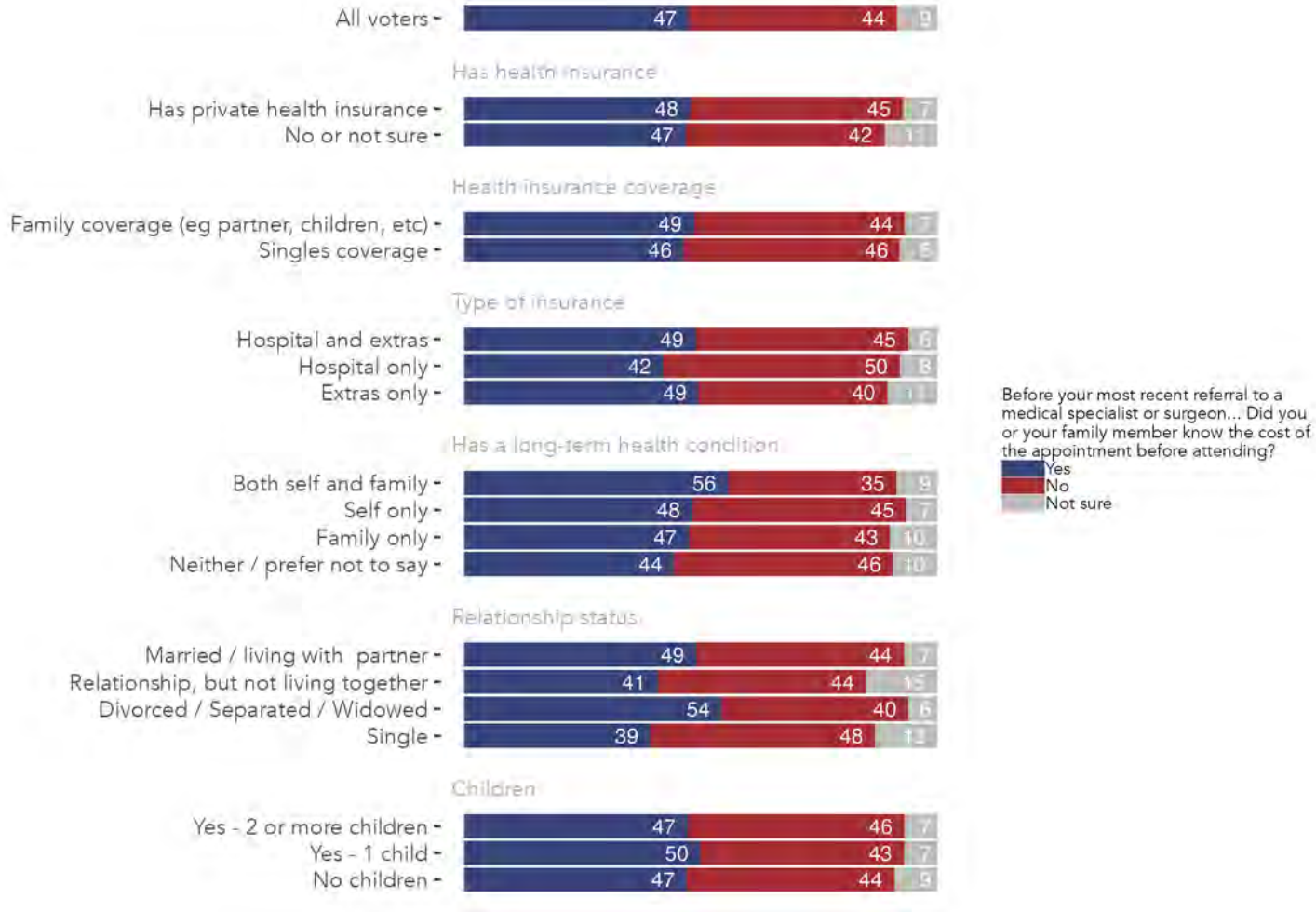
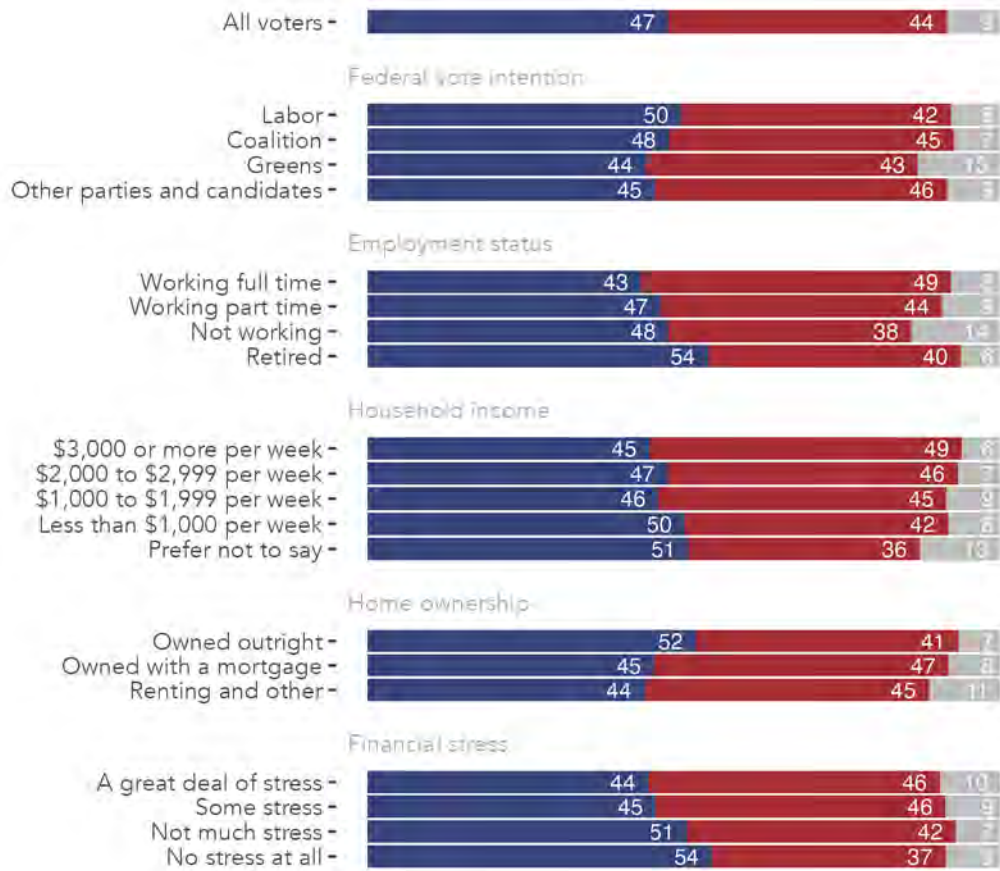


Figure 10: Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending, by private health status, health insurance coverage and type, presence of a long-term health condition, relationship status and parent or guardian status. This question was asked of those who said they, or someone in their family, had seen a specialist or surgeon in the past 12 months (n=2311).

Table 4: Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending, by private health status, health insurance coverage and type, presence of a long-term health condition, relationship status and parent or guardian status.

	Yes	No	Not sure
All voters	47	44	9
Has health insurance			
Has private health insurance	48	45	7
No or not sure	47	42	11
Health insurance coverage			
Family coverage (eg partner, children, etc)	49	44	7
Singles coverage	46	46	8
Type of insurance			
Hospital and extras	49	45	6
Hospital only	42	50	8
Extras only	49	40	11
Has a long-term health condition			
Both self and family	56	35	9
Self only	48	45	7
Family only	47	43	10
Neither / prefer not to say	44	46	10
Relationship status			
Married / living with partner	49	44	7
Relationship, but not living together	41	44	15
Divorced / Separated / Widowed	54	40	6
Single	39	48	13
Children			
Yes - 2 or more children	47	46	7
Yes - 1 child	50	43	7
No children	47	44	9

Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending



Before your most recent referral to a medical specialist or surgeon... Did you or your family member know the cost of the appointment before attending?

Yes
No
Not sure

Figure 11: Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending, by federal vote intention, employment status, household income, home ownership and financial stress. This question was asked of those who said they, or someone in their family, had seen a specialist or surgeon in the past 12 months (n=2311).

Table 5: Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes	No	Not sure
All voters	47	44	9
Federal vote intention			
Labor	50	42	8
Coalition	48	45	7
Greens	44	43	13
Other parties and candidates	45	46	9
Employment status			
Working full time	43	49	8
Working part time	47	44	9
Not working	48	38	14
Retired	54	40	6
Household income			
\$3,000 or more per week	45	49	6
\$2,000 to \$2,999 per week	47	46	7
\$1,000 to \$1,999 per week	46	45	9
Less than \$1,000 per week	50	42	8
Prefer not to say	51	36	13
Home ownership			
Owned outright	52	41	7
Owned with a mortgage	45	47	8
Renting and other	44	45	11
Financial stress			
A great deal of stress	44	46	10
Some stress	45	46	9
Not much stress	51	42	7
No stress at all	54	37	9

Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending

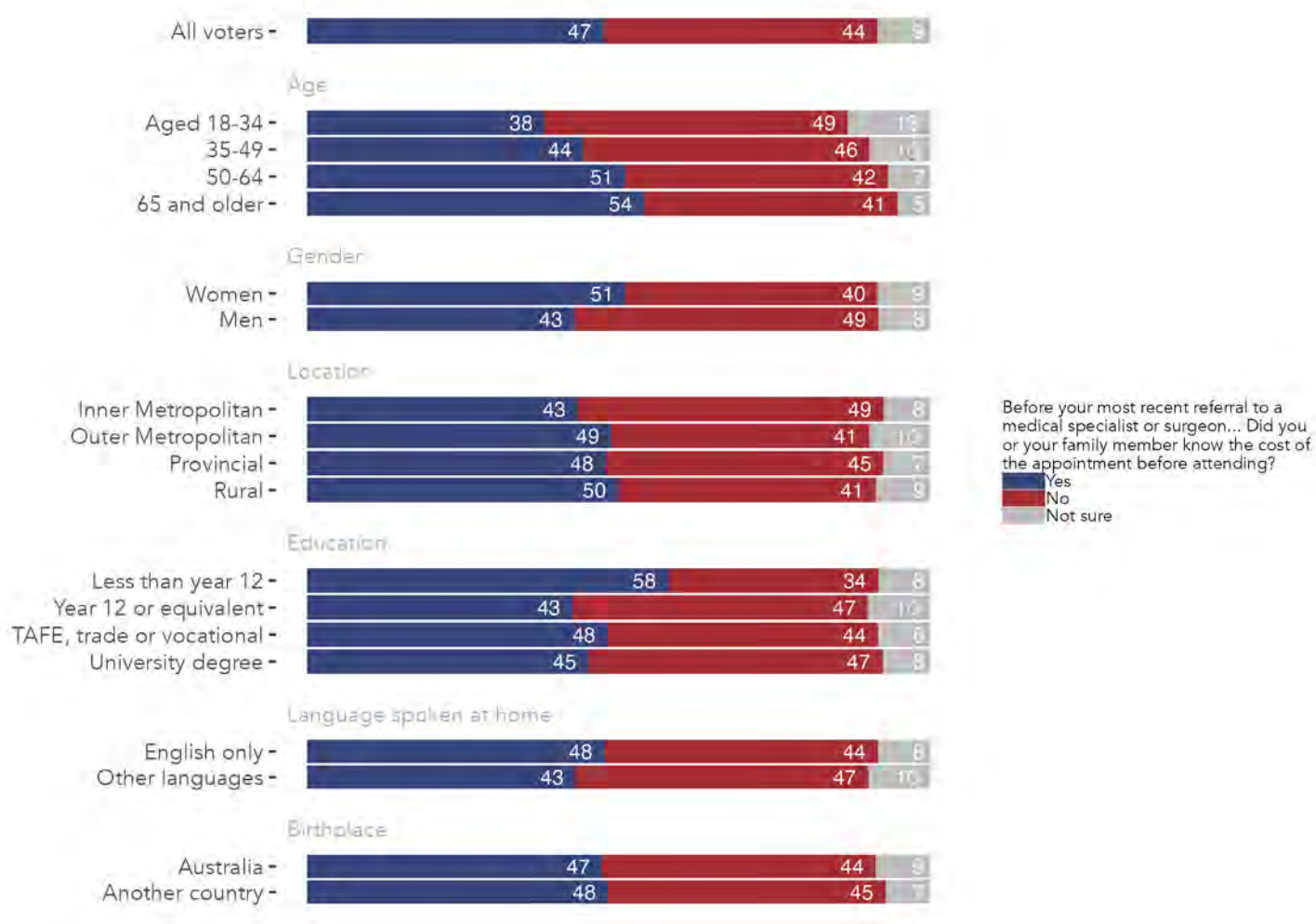


Figure 12: Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending, by demographic characteristics. This question was asked of those who said they, or someone in their family, had seen a specialist or surgeon in the past 12 months (n=2311).

Table 6: Share of Australians who say they were aware of the cost of an appointment with an specialist or surgeon before attending, by demographic characteristics.

	Yes	No	Not sure
All voters	47	44	9
Age			
Aged 18-34	38	49	13
35-49	44	46	10
50-64	51	42	7
65 and older	54	41	5
Gender			
Women	51	40	9
Men	43	49	8
Location			
Inner Metropolitan	43	49	8
Outer Metropolitan	49	41	10
Provincial	48	45	7
Rural	50	41	9
Education			
Less than year 12	58	34	8
Year 12 or equivalent	43	47	10
TAFE, trade or vocational	48	44	8
University degree	45	47	8
Language spoken at home			
English only	48	44	8
Other languages	43	47	10
Birthplace			
Australia	47	44	9
Another country	48	45	7

Are the costs of seeing a specialist or surgeon leading Australians to delay or cancel appointments?

Question text

In the past 3 years, have you delayed or cancelled appointments with medical specialists or surgeons due to the cost?

Single select; random reverse 1-2

1. Yes
2. No
3. Not sure

Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years

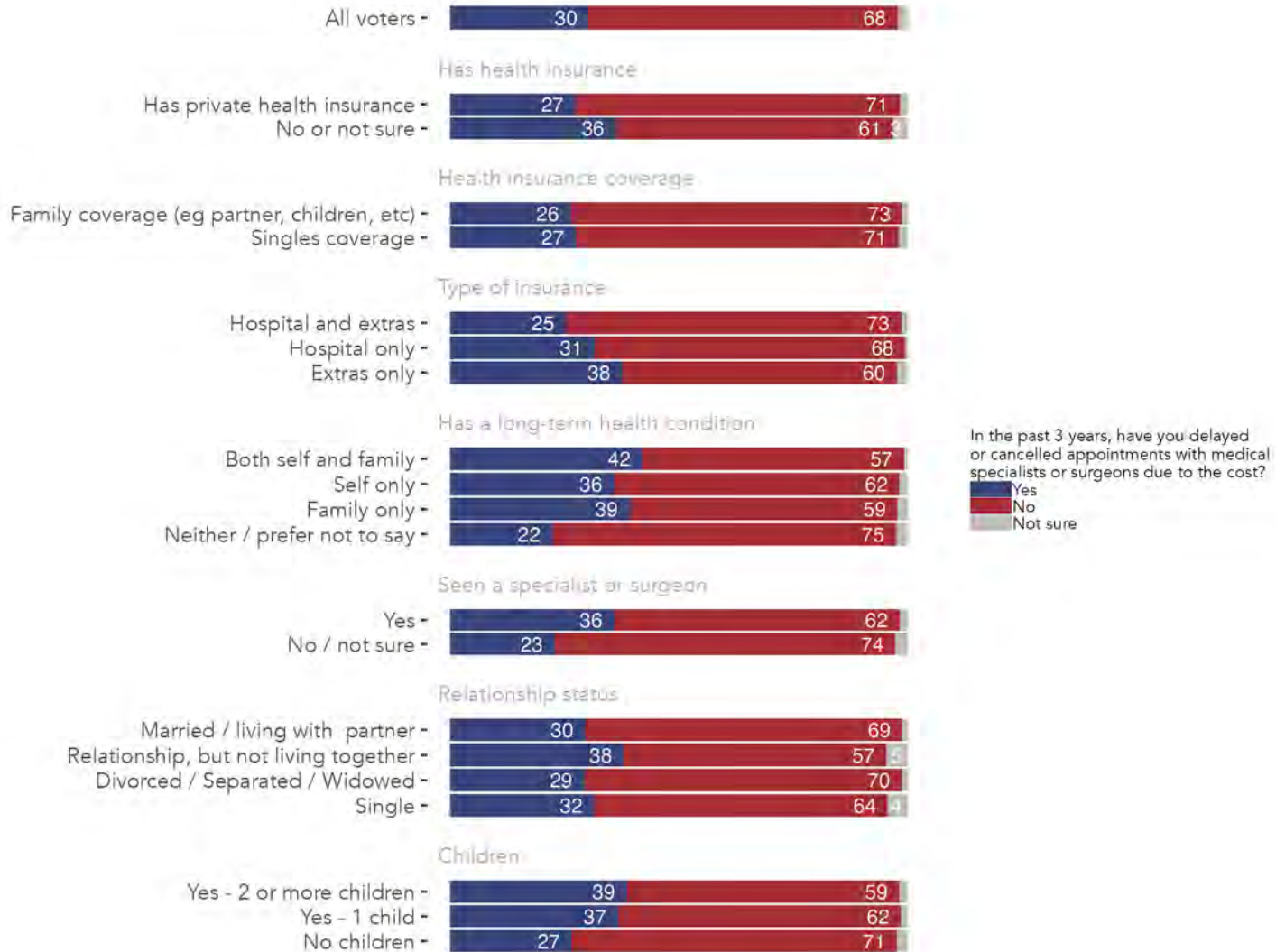


Figure 13: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 7: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes	No	Not sure
All voters	30	68	2
Has health insurance			
Has private health insurance	27	71	2
No or not sure	36	61	3
Health insurance coverage			
Family coverage (eg partner, children, etc)	26	73	1
Singles coverage	27	71	2
Type of insurance			
Hospital and extras	25	73	2
Hospital only	31	68	1
Extras only	38	60	2
Has a long-term health condition			
Both self and family	42	57	1
Self only	36	62	2
Family only	39	59	2
Neither / prefer not to say	22	75	3
Seen a specialist or surgeon			
Yes	36	62	2
No / not sure	23	74	3
Relationship status			
Married / living with partner	30	69	1
Relationship, but not living together	38	57	5
Divorced / Separated / Widowed	29	70	1
Single	32	64	4
Children			
Yes - 2 or more children	39	59	2
Yes - 1 child	37	62	1
No children	27	71	2

Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years

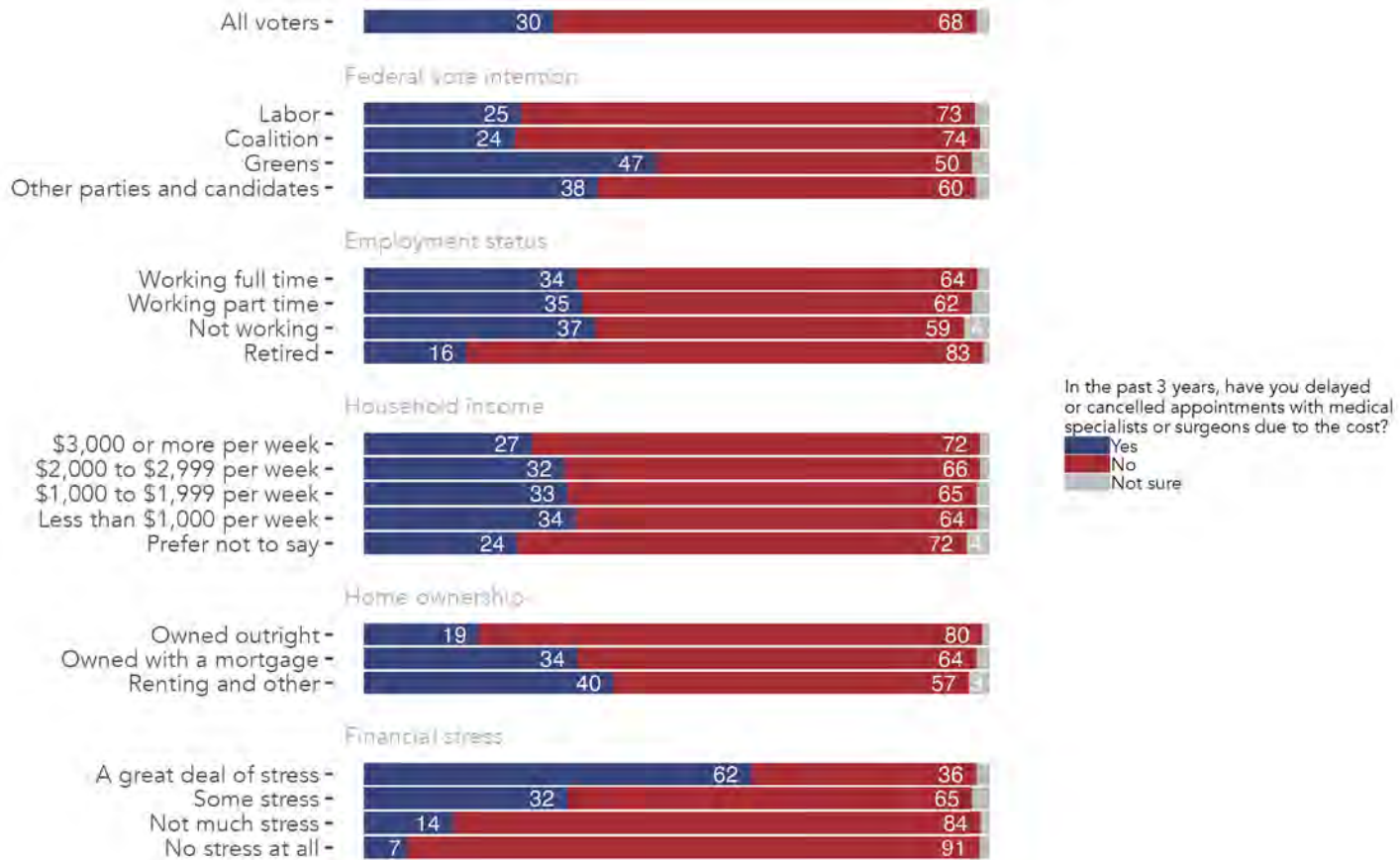


Figure 14: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 8: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes	No	Not sure
All voters	30	68	2
Federal vote intention			
Labor	25	73	2
Coalition	24	74	2
Greens	47	50	3
Other parties and candidates	38	60	2
Employment status			
Working full time	34	64	2
Working part time	35	62	3
Not working	37	59	4
Retired	16	83	1
Household income			
\$3,000 or more per week	27	72	1
\$2,000 to \$2,999 per week	32	66	2
\$1,000 to \$1,999 per week	33	65	2
Less than \$1,000 per week	34	64	2
Prefer not to say	24	72	4
Home ownership			
Owned outright	19	80	1
Owned with a mortgage	34	64	2
Renting and other	40	57	3
Financial stress			
A great deal of stress	62	36	2
Some stress	32	65	3
Not much stress	14	84	2
No stress at all	7	91	2

Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years

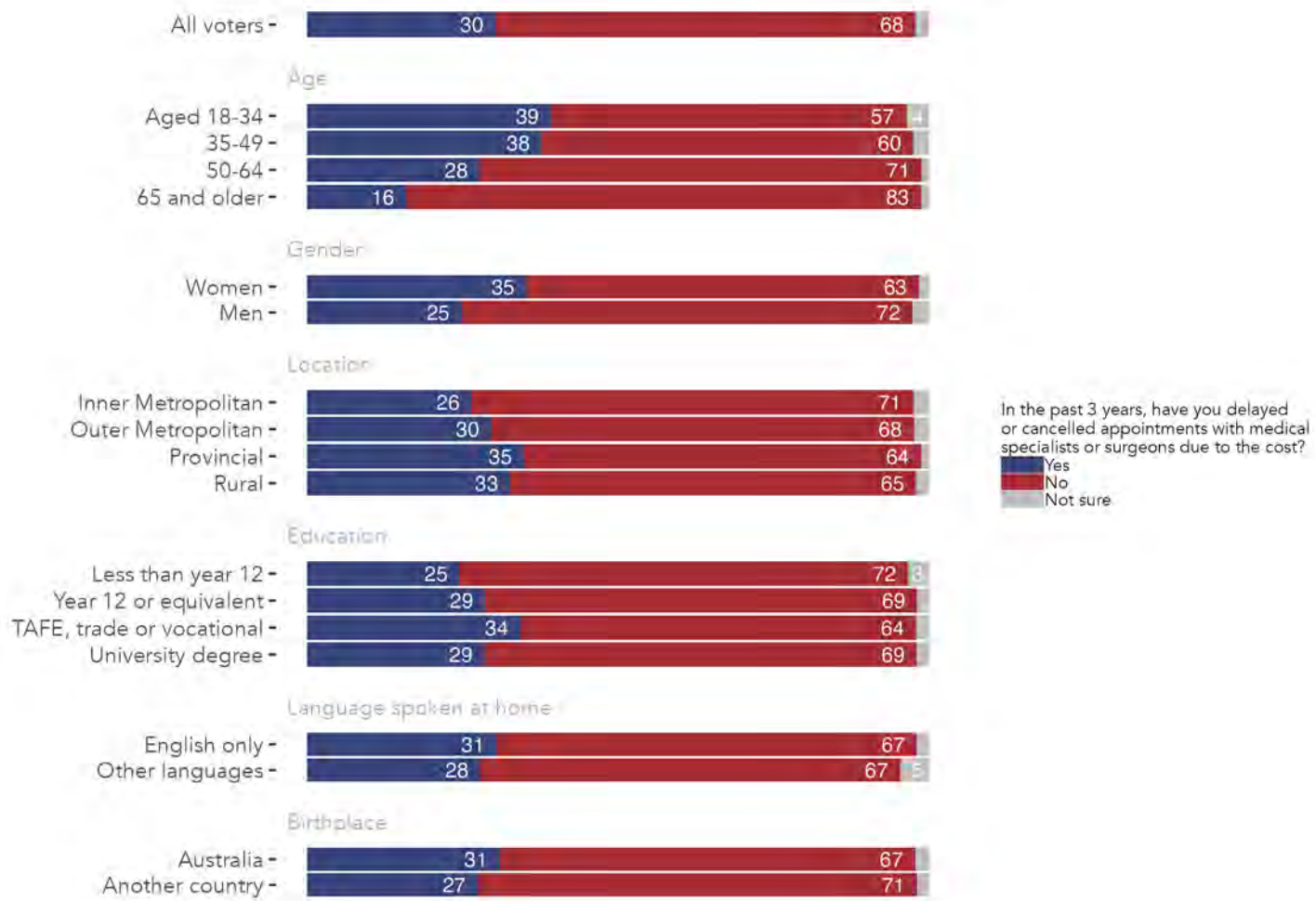


Figure 15: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by demographic characteristics.

Table 9: Share of Australians who have delayed or cancelled appointments with specialists or surgeons due to cost in the past 3 years, by demographic characteristics.

	Yes	No	Not sure
All voters	30	68	2
Age			
Aged 18-34	39	57	4
35-49	38	60	2
50-64	28	71	1
65 and older	16	83	1
Gender			
Women	35	63	2
Men	25	72	3
Location			
Inner Metropolitan	26	71	3
Outer Metropolitan	30	68	2
Provincial	35	64	1
Rural	33	65	2
Education			
Less than year 12	25	72	3
Year 12 or equivalent	29	69	2
TAFE, trade or vocational	34	64	2
University degree	29	69	2
Language spoken at home			
English only	31	67	2
Other languages	28	67	5
Birthplace			
Australia	31	67	2
Another country	27	71	2

Public opinion on the availability and quality of care provided by specialists and surgeons

Question text

Do you agree or disagree with the following?

Carousel; randomise statements

- A. It does not matter which specialist I see, the quality of care is generally the same.
- B. There is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care.
- C. Where I live, you can generally get appointments with specialists/surgeons in a timely manner.
- D. Where I live, we are well served by different types of specialists/surgeons.

Single select; random reverse 1-4

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. Not sure

Do you agree or disagree with the following?

■ Strongly agree
 ■ Agree
 ■ Disagree
 ■ Strongly disagree
 ■ Not sure

Net share that agree

Where I live, we are well served by different types of specialists/surgeons



It does not matter which specialist I see, the quality of care is generally the same



Where I live, you can generally get appointments with specialists/surgeons in a timely manner



There is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care



Figure 16: Public opinion on the availability and quality of care from specialists and surgeons. Figures in black on the right-hand side of the plot indicate the net share who agree with each statement (total share who agree, minus the share who disagree).

It does not matter which specialist I see, the quality of care is generally the same

Share of Australians who agree or disagree with the statement that "it does not matter which specialist I see, the quality of care is generally the same"

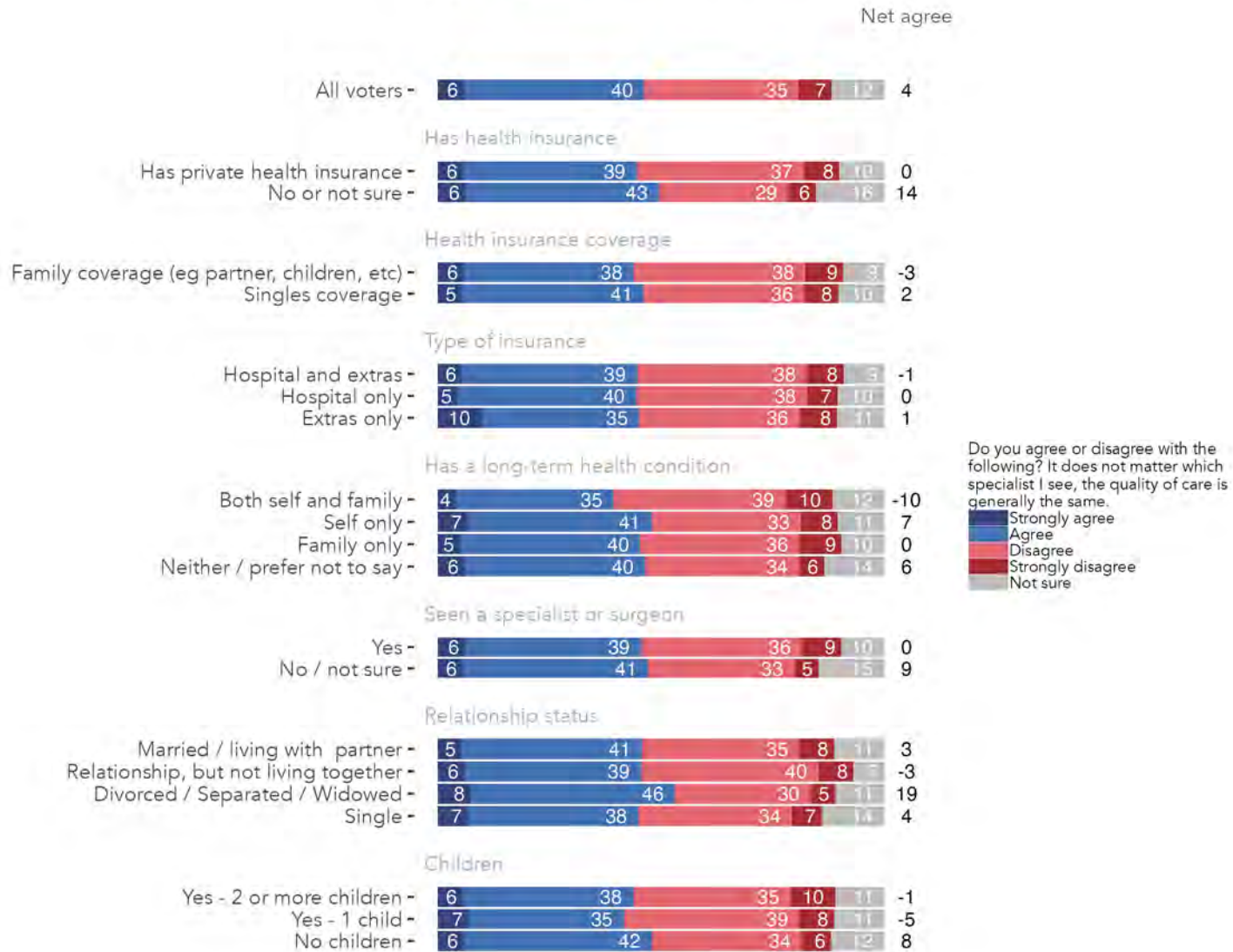


Figure 17: Share of Australians who agree or disagree with the statement that "it does not matter which specialist I see, the quality of care is generally the same", by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 10: Share of Australians who agree or disagree with the statement that “it does not matter which specialist I see, the quality of care is generally the same”, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	6	40	35	7	12	4
Has health insurance						
Has private health insurance	6	39	37	8	10	0
No or not sure	6	43	29	6	16	14
Health insurance coverage						
Family coverage (eg partner, children, etc)	6	38	38	9	9	-3
Singles coverage	5	41	36	8	10	2
Type of insurance						
Hospital and extras	6	39	38	8	9	-1
Hospital only	5	40	38	7	10	0
Extras only	10	35	36	8	11	1
Has a long-term health condition						
Both self and family	4	35	39	10	12	-10
Self only	7	41	33	8	11	7
Family only	5	40	36	9	10	0
Neither / prefer not to say	6	40	34	6	14	6
Seen a specialist or surgeon						
Yes	6	39	36	9	10	0
No / not sure	6	41	33	5	15	9
Relationship status						
Married / living with partner	5	41	35	8	11	3
Relationship, but not living together	6	39	40	8	7	-3
Divorced / Separated / Widowed	8	46	30	5	11	19
Single	7	38	34	7	14	4
Children						
Yes - 2 or more children	6	38	35	10	11	-1
Yes - 1 child	7	35	39	8	11	-5
No children	6	42	34	6	12	8

Share of Australians who agree or disagree with the statement that "it does not matter which specialist I see, the quality of care is generally the same"

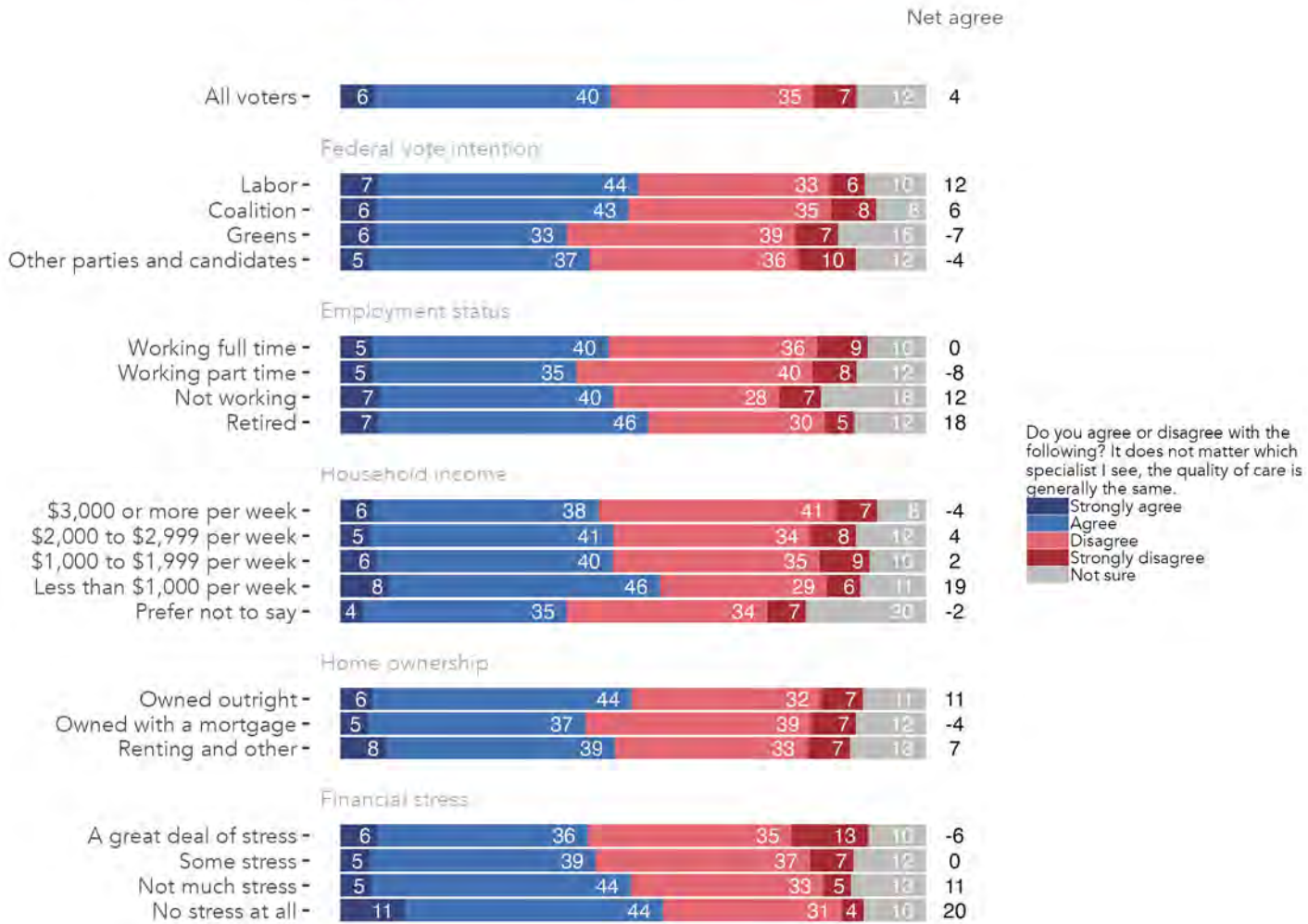


Figure 18: Share of Australians who agree or disagree with the statement that "it does not matter which specialist I see, the quality of care is generally the same", by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 11: Share of Australians who agree or disagree with the statement that “it does not matter which specialist I see, the quality of care is generally the same”, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	6	40	35	7	12	4
Federal vote intention						
Labor	7	44	33	6	10	12
Coalition	6	43	35	8	8	6
Greens	6	33	39	7	15	-7
Other parties and candidates	5	37	36	10	12	-4
Employment status						
Working full time	5	40	36	9	10	0
Working part time	5	35	40	8	12	-8
Not working	7	40	28	7	18	12
Retired	7	46	30	5	12	18
Household income						
\$3,000 or more per week	6	38	41	7	8	-4
\$2,000 to \$2,999 per week	5	41	34	8	12	4
\$1,000 to \$1,999 per week	6	40	35	9	10	2
Less than \$1,000 per week	8	46	29	6	11	19
Prefer not to say	4	35	34	7	20	-2
Home ownership						
Owned outright	6	44	32	7	11	11
Owned with a mortgage	5	37	39	7	12	-4
Renting and other	8	39	33	7	13	7
Financial stress						
A great deal of stress	6	36	35	13	10	-6
Some stress	5	39	37	7	12	0
Not much stress	5	44	33	5	13	11
No stress at all	11	44	31	4	10	20

Share of Australians who agree or disagree with the statement that "it does not matter which specialist I see, the quality of care is generally the same"

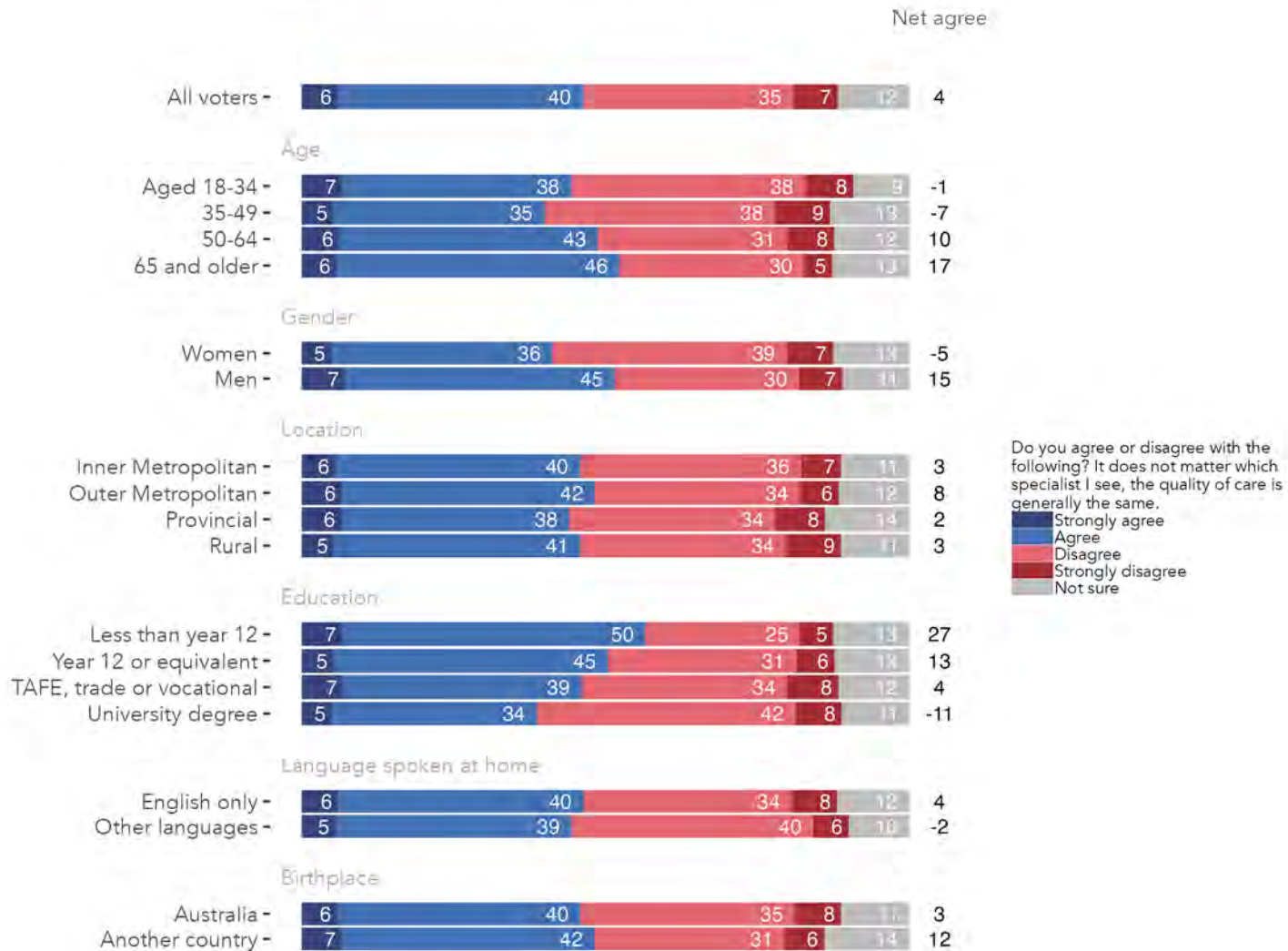


Figure 19: Share of Australians who agree or disagree with the statement that "it does not matter which specialist I see, the quality of care is generally the same", by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 12: Share of Australians who agree or disagree with the statement that “it does not matter which specialist I see, the quality of care is generally the same”, by demographic characteristics.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	6	40	35	7	12	4
Age						
Aged 18-34	7	38	38	8	9	-1
35-49	5	35	38	9	13	-7
50-64	6	43	31	8	12	10
65 and older	6	46	30	5	13	17
Gender						
Women	5	36	39	7	13	-5
Men	7	45	30	7	11	15
Location						
Inner Metropolitan	6	40	36	7	11	3
Outer Metropolitan	6	42	34	6	12	8
Provincial	6	38	34	8	14	2
Rural	5	41	34	9	11	3
Education						
Less than year 12	7	50	25	5	13	27
Year 12 or equivalent	5	45	31	6	13	13
TAFE, trade or vocational	7	39	34	8	12	4
University degree	5	34	42	8	11	-11
Language spoken at home						
English only	6	40	34	8	12	4
Other languages	5	39	40	6	10	-2
Birthplace						
Australia	6	40	35	8	11	3
Another country	7	42	31	6	14	12

There is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care

Share of Australians who agree or disagree with the statement that "there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care"

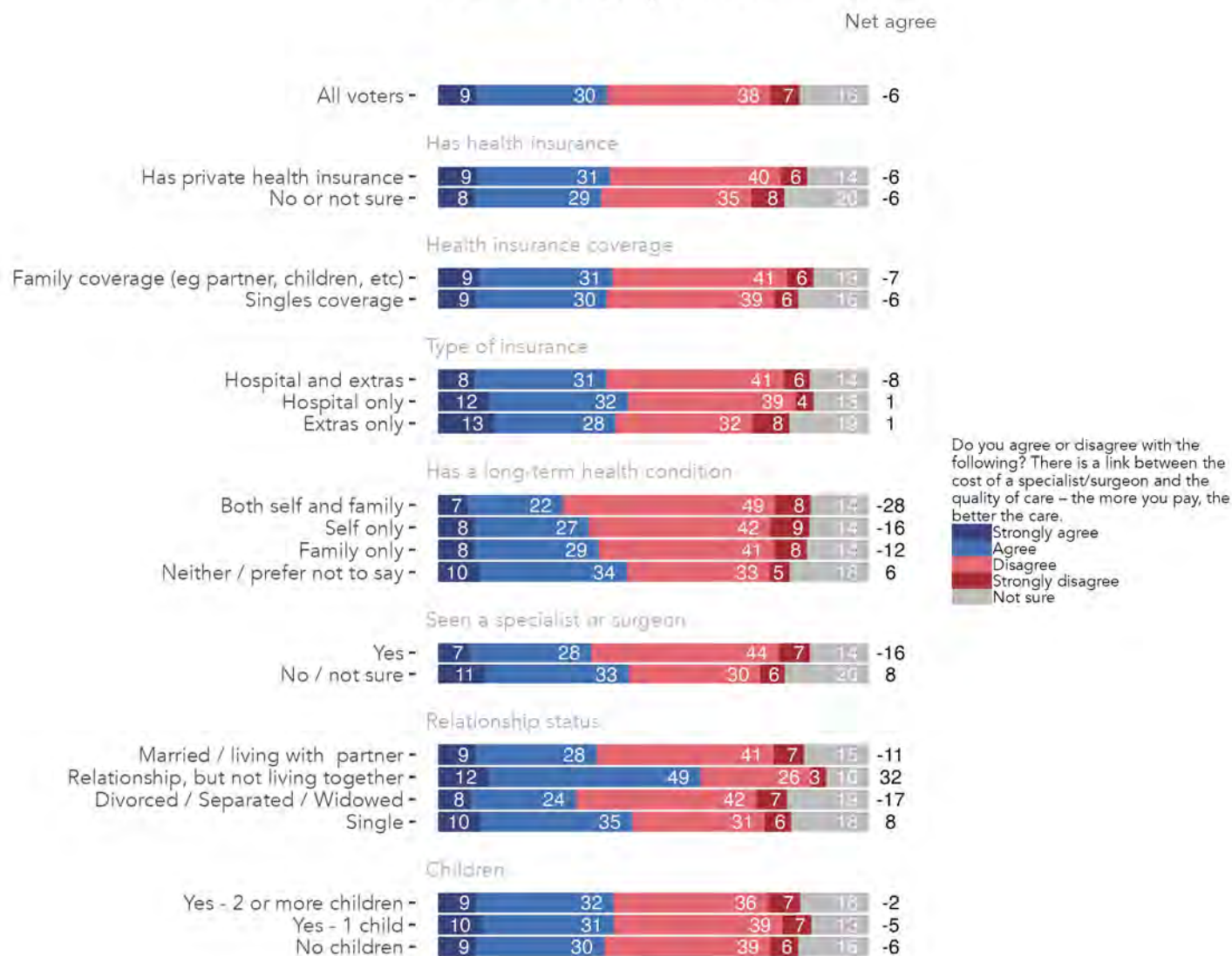


Figure 20: Share of Australians who agree or disagree with the statement that "there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care", by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 13: Share of Australians who agree or disagree with the statement that “there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care”, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	9	30	38	7	16	-6
Has health insurance						
Has private health insurance	9	31	40	6	14	-6
No or not sure	8	29	35	8	20	-6
Health insurance coverage						
Family coverage (eg partner, children, etc)	9	31	41	6	13	-7
Singles coverage	9	30	39	6	16	-6
Type of insurance						
Hospital and extras	8	31	41	6	14	-8
Hospital only	12	32	39	4	13	1
Extras only	13	28	32	8	19	1
Has a long-term health condition						
Both self and family	7	22	49	8	14	-28
Self only	8	27	42	9	14	-16
Family only	8	29	41	8	14	-12
Neither / prefer not to say	10	34	33	5	18	6
Seen a specialist or surgeon						
Yes	7	28	44	7	14	-16
No / not sure	11	33	30	6	20	8
Relationship status						
Married / living with partner	9	28	41	7	15	-11
Relationship, but not living together	12	49	26	3	10	32
Divorced / Separated / Widowed	8	24	42	7	19	-17
Single	10	35	31	6	18	8
Children						
Yes - 2 or more children	9	32	36	7	16	-2
Yes - 1 child	10	31	39	7	13	-5
No children	9	30	39	6	16	-6

Share of Australians who agree or disagree with the statement that "there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care"

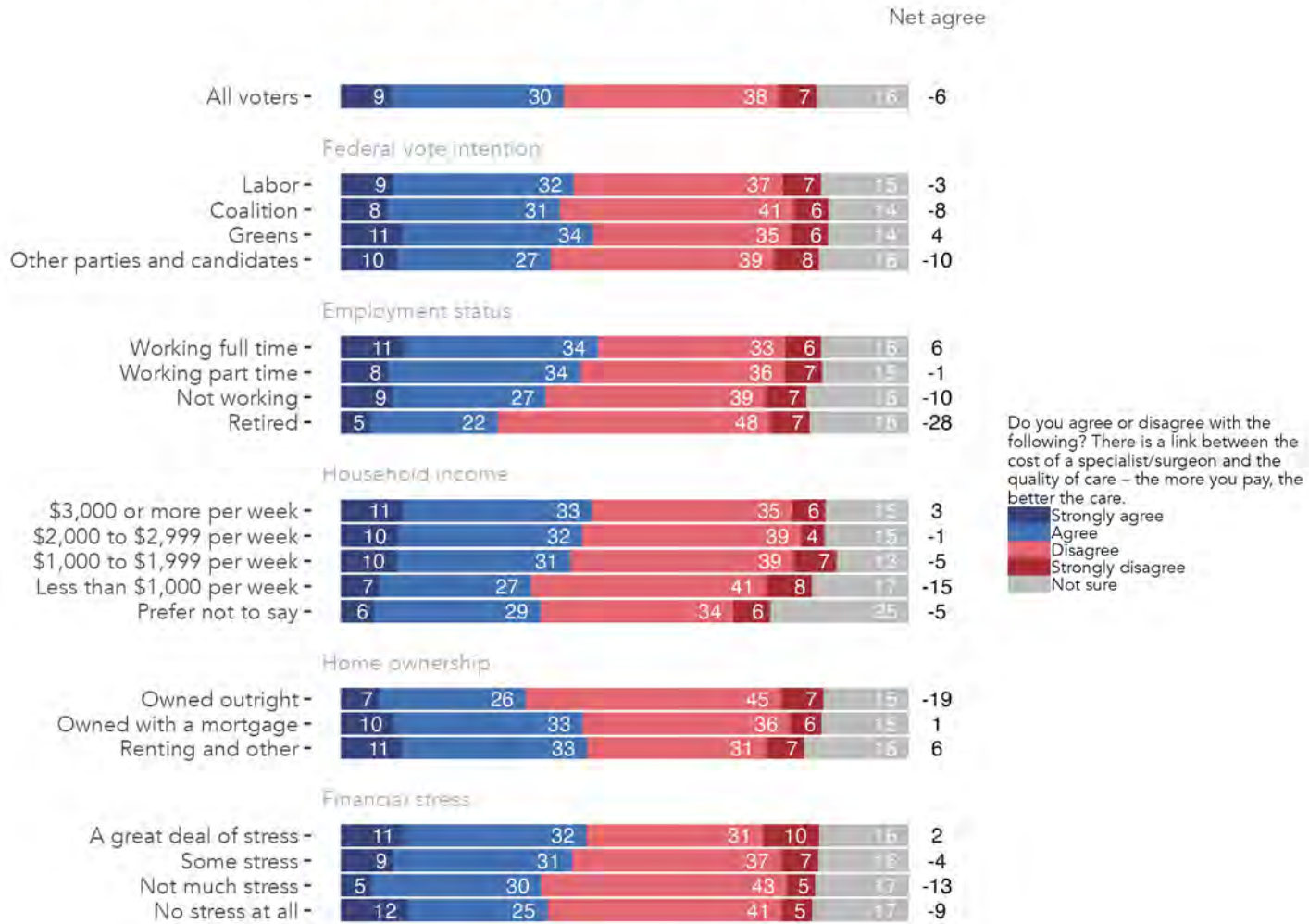


Figure 21: Share of Australians who agree or disagree with the statement that "there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care", by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 14: Share of Australians who agree or disagree with the statement that “there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care”, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	9	30	38	7	16	-6
Federal vote intention						
Labor	9	32	37	7	15	-3
Coalition	8	31	41	6	14	-8
Greens	11	34	35	6	14	4
Other parties and candidates	10	27	39	8	16	-10
Employment status						
Working full time	11	34	33	6	16	6
Working part time	8	34	36	7	15	-1
Not working	9	27	39	7	18	-10
Retired	5	22	48	7	18	-28
Household income						
\$3,000 or more per week	11	33	35	6	15	3
\$2,000 to \$2,999 per week	10	32	39	4	15	-1
\$1,000 to \$1,999 per week	10	31	39	7	13	-5
Less than \$1,000 per week	7	27	41	8	17	-15
Prefer not to say	6	29	34	6	25	-5
Home ownership						
Owned outright	7	26	45	7	15	-19
Owned with a mortgage	10	33	36	6	15	1
Renting and other	11	33	31	7	18	6
Financial stress						
A great deal of stress	11	32	31	10	16	2
Some stress	9	31	37	7	16	-4
Not much stress	5	30	43	5	17	-13
No stress at all	12	25	41	5	17	-9

Share of Australians who agree or disagree with the statement that "there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care"

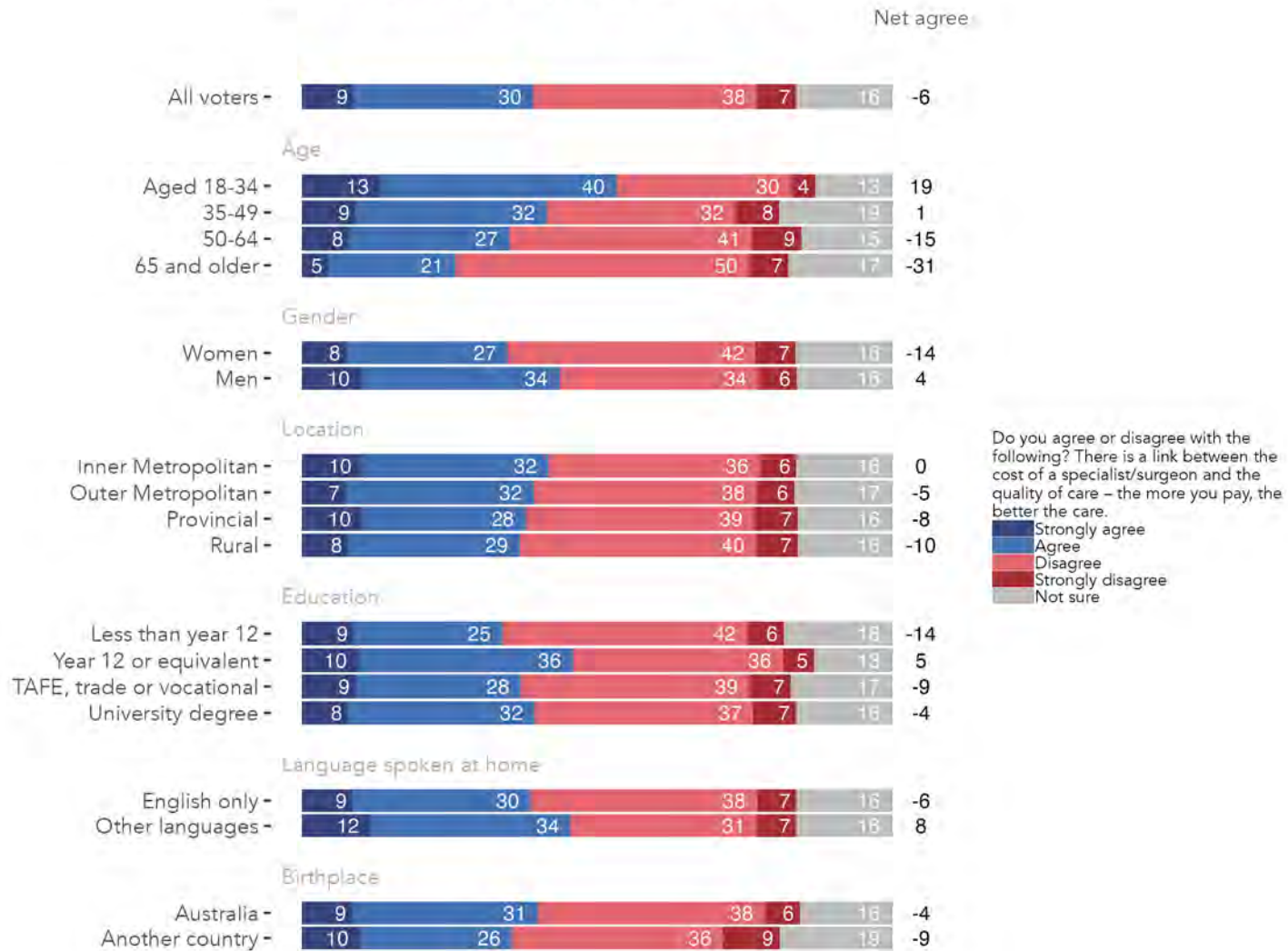


Figure 22: Share of Australians who agree or disagree with the statement that "there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care", by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 15: Share of Australians who agree or disagree with the statement that “there is a link between the cost of a specialist/surgeon and the quality of care – the more you pay, the better the care”, by demographic characteristics.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	9	30	38	7	16	-6
Age						
Aged 18-34	13	40	30	4	13	19
35-49	9	32	32	8	19	1
50-64	8	27	41	9	15	-15
65 and older	5	21	50	7	17	-31
Gender						
Women	8	27	42	7	16	-14
Men	10	34	34	6	16	4
Location						
Inner Metropolitan	10	32	36	6	16	0
Outer Metropolitan	7	32	38	6	17	-5
Provincial	10	28	39	7	16	-8
Rural	8	29	40	7	16	-10
Education						
Less than year 12	9	25	42	6	18	-14
Year 12 or equivalent	10	36	36	5	13	5
TAFE, trade or vocational	9	28	39	7	17	-9
University degree	8	32	37	7	16	-4
Language spoken at home						
English only	9	30	38	7	16	-6
Other languages	12	34	31	7	16	8
Birthplace						
Australia	9	31	38	6	16	-4
Another country	10	26	36	9	19	-9

Where I live, you can generally get appointments with specialists/surgeons in a timely manner

Share of Australians who agree or disagree with the statement that "where I live, you can generally get appointments with specialists/surgeons in a timely manner"

Net agree

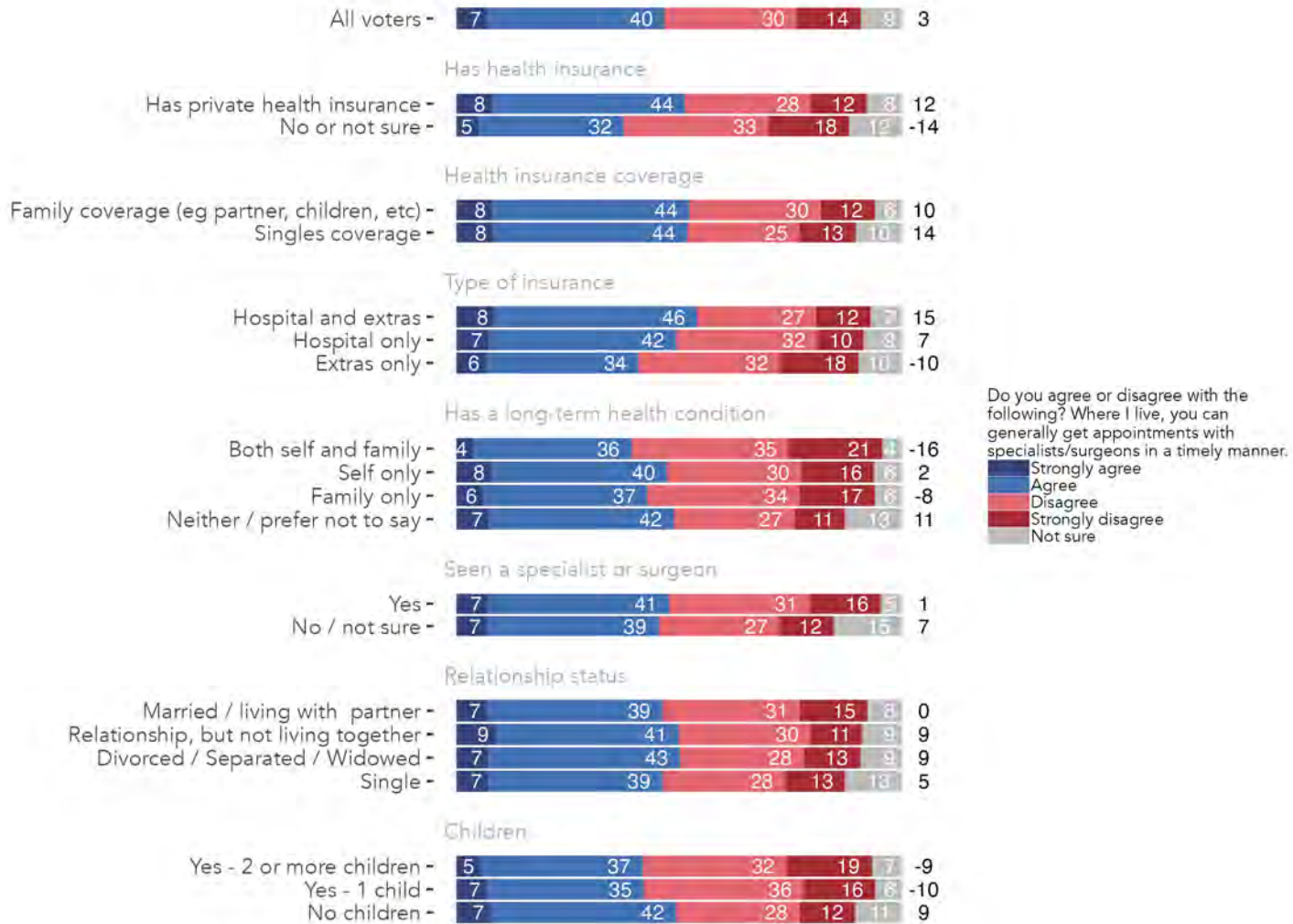


Figure 23: Share of Australians who agree or disagree with the statement that "where I live, you can generally get appointments with specialists/surgeons in a timely manner", by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 16: Share of Australians who agree or disagree with the statement that “where I live, you can generally get appointments with specialists/surgeons in a timely manner”, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	7	40	30	14	9	3
Has health insurance						
Has private health insurance	8	44	28	12	8	12
No or not sure	5	32	33	18	12	-14
Health insurance coverage						
Family coverage (eg partner, children, etc)	8	44	30	12	6	10
Singles coverage	8	44	25	13	10	14
Type of insurance						
Hospital and extras	8	46	27	12	7	15
Hospital only	7	42	32	10	9	7
Extras only	6	34	32	18	10	-10
Has a long-term health condition						
Both self and family	4	36	35	21	4	-16
Self only	8	40	30	16	6	2
Family only	6	37	34	17	6	-8
Neither / prefer not to say	7	42	27	11	13	11
Seen a specialist or surgeon						
Yes	7	41	31	16	5	1
No / not sure	7	39	27	12	15	7
Relationship status						
Married / living with partner	7	39	31	15	8	0
Relationship, but not living together	9	41	30	11	9	9
Divorced / Separated / Widowed	7	43	28	13	9	9
Single	7	39	28	13	13	5
Children						
Yes - 2 or more children	5	37	32	19	7	-9
Yes - 1 child	7	35	36	16	6	-10
No children	7	42	28	12	11	9

Share of Australians who agree or disagree with the statement that "where I live, you can generally get appointments with specialists/surgeons in a timely manner"

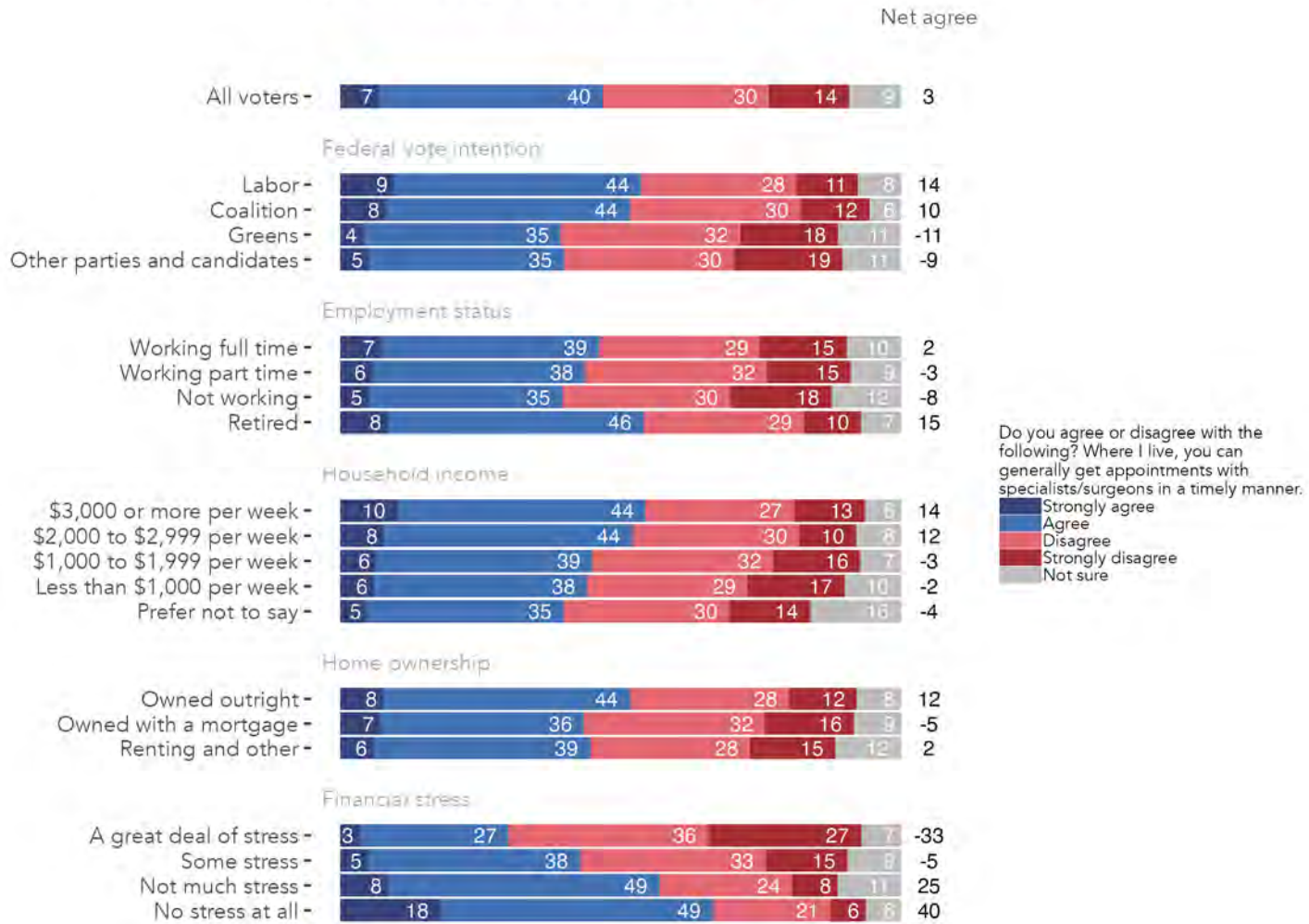


Figure 24: Share of Australians who agree or disagree with the statement that "where I live, you can generally get appointments with specialists/surgeons in a timely manner", by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 17: Share of Australians who agree or disagree with the statement that “where I live, you can generally get appointments with specialists/surgeons in a timely manner”, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	7	40	30	14	9	3
Federal vote intention						
Labor	9	44	28	11	8	14
Coalition	8	44	30	12	6	10
Greens	4	35	32	18	11	-11
Other parties and candidates	5	35	30	19	11	-9
Employment status						
Working full time	7	39	29	15	10	2
Working part time	6	38	32	15	9	-3
Not working	5	35	30	18	12	-8
Retired	8	46	29	10	7	15
Household income						
\$3,000 or more per week	10	44	27	13	6	14
\$2,000 to \$2,999 per week	8	44	30	10	8	12
\$1,000 to \$1,999 per week	6	39	32	16	7	-3
Less than \$1,000 per week	6	38	29	17	10	-2
Prefer not to say	5	35	30	14	16	-4
Home ownership						
Owned outright	8	44	28	12	8	12
Owned with a mortgage	7	36	32	16	9	-5
Renting and other	6	39	28	15	12	2
Financial stress						
A great deal of stress	3	27	36	27	7	-33
Some stress	5	38	33	15	9	-5
Not much stress	8	49	24	8	11	25
No stress at all	18	49	21	6	6	40

Share of Australians who agree or disagree with the statement that "where I live, you can generally get appointments with specialists/surgeons in a timely manner"

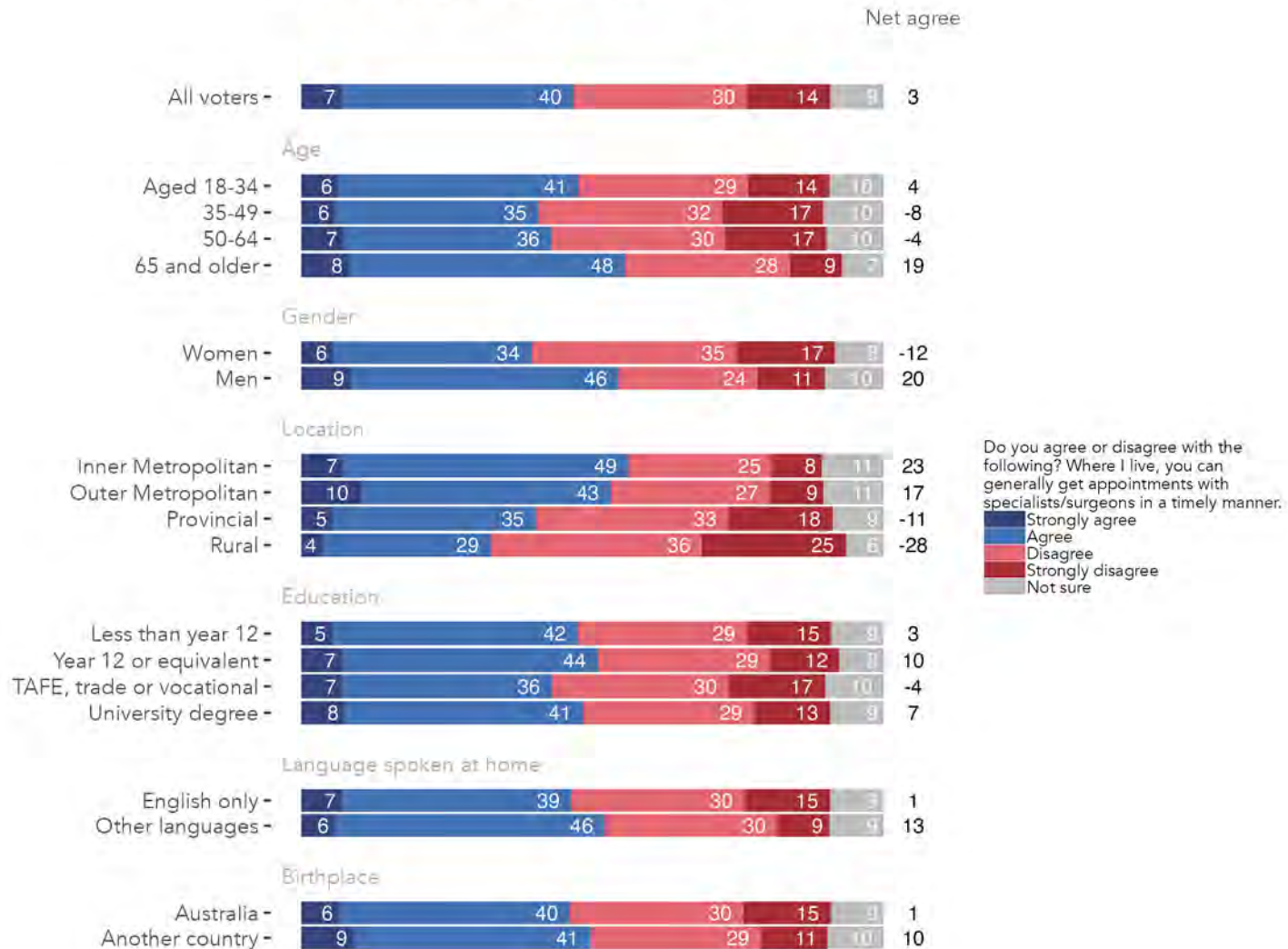


Figure 25: Share of Australians who agree or disagree with the statement that "where I live, you can generally get appointments with specialists/surgeons in a timely manner", by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 18: Share of Australians who agree or disagree with the statement that “where I live, you can generally get appointments with specialists/surgeons in a timely manner”, by demographic characteristics.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	7	40	30	14	9	3
Age						
Aged 18-34	6	41	29	14	10	4
35-49	6	35	32	17	10	-8
50-64	7	36	30	17	10	-4
65 and older	8	48	28	9	7	19
Gender						
Women	6	34	35	17	8	-12
Men	9	46	24	11	10	20
Location						
Inner Metropolitan	7	49	25	8	11	23
Outer Metropolitan	10	43	27	9	11	17
Provincial	5	35	33	18	9	-11
Rural	4	29	36	25	6	-28
Education						
Less than year 12	5	42	29	15	9	3
Year 12 or equivalent	7	44	29	12	8	10
TAFE, trade or vocational	7	36	30	17	10	-4
University degree	8	41	29	13	9	7
Language spoken at home						
English only	7	39	30	15	9	1
Other languages	6	46	30	9	9	13
Birthplace						
Australia	6	40	30	15	9	1
Another country	9	41	29	11	10	10

Where I live, we are well served by different types of specialists/surgeons

Share of Australians who agree or disagree with the statement that "where I live, we are well served by different types of specialists/surgeons"

Net agree

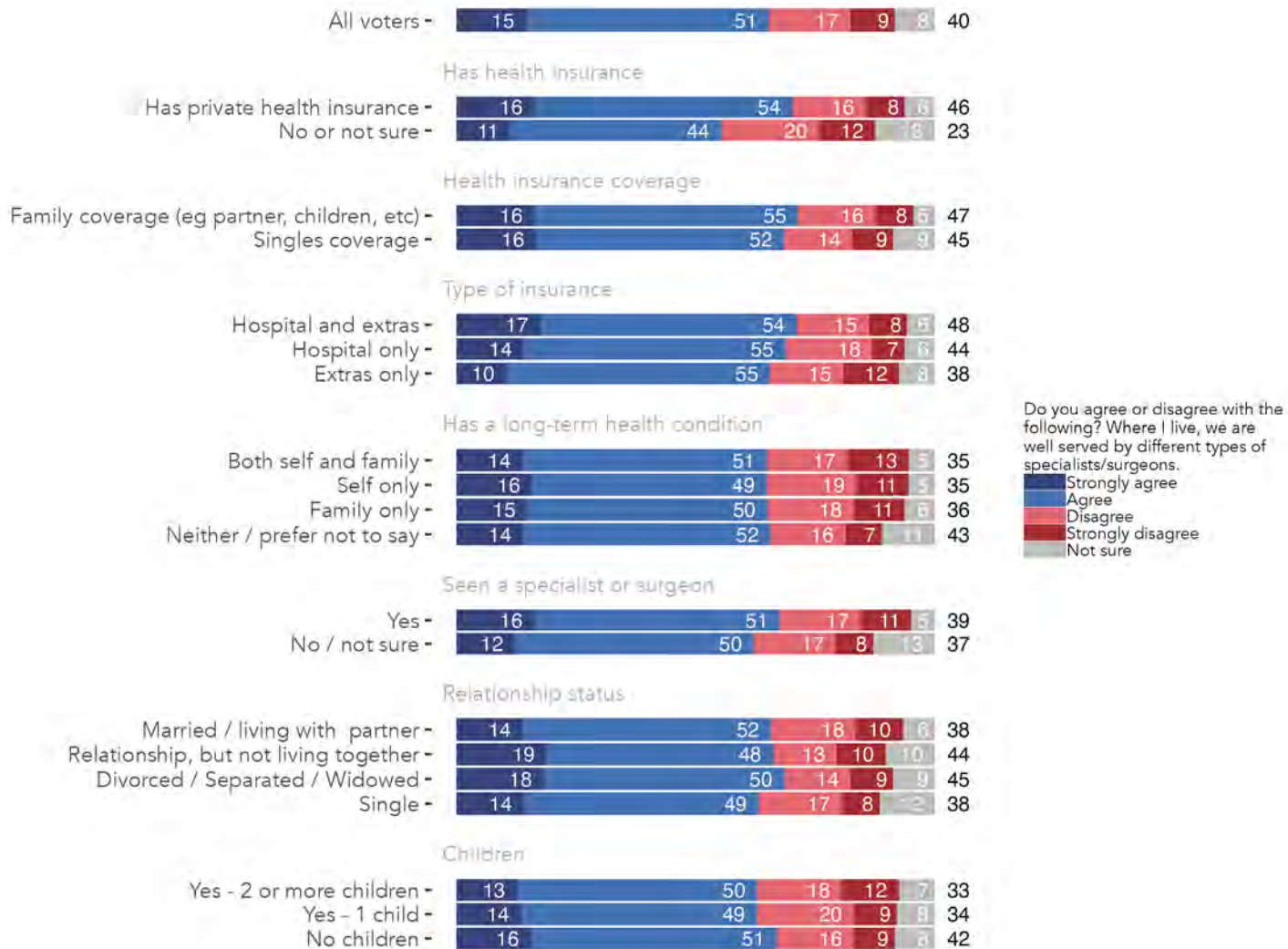


Figure 26: Share of Australians who agree or disagree with the statement that "where I live, we are well served by different types of specialists/surgeons", by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 19: Share of Australians who agree or disagree with the statement that “where I live, we are well served by different types of specialists/surgeons”, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	15	51	17	9	8	40
Has health insurance						
Has private health insurance	16	54	16	8	6	46
No or not sure	11	44	20	12	13	23
Health insurance coverage						
Family coverage (eg partner, children, etc)	16	55	16	8	5	47
Singles coverage	16	52	14	9	9	45
Type of insurance						
Hospital and extras	17	54	15	8	6	48
Hospital only	14	55	18	7	6	44
Extras only	10	55	15	12	8	38
Has a long-term health condition						
Both self and family	14	51	17	13	5	35
Self only	16	49	19	11	5	35
Family only	15	50	18	11	6	36
Neither / prefer not to say	14	52	16	7	11	43
Seen a specialist or surgeon						
Yes	16	51	17	11	5	39
No / not sure	12	50	17	8	13	37
Relationship status						
Married / living with partner	14	52	18	10	6	38
Relationship, but not living together	19	48	13	10	10	44
Divorced / Separated / Widowed	18	50	14	9	9	45
Single	14	49	17	8	12	38
Children						
Yes - 2 or more children	13	50	18	12	7	33
Yes - 1 child	14	49	20	9	8	34
No children	16	51	16	9	8	42

Share of Australians who agree or disagree with the statement that "where I live, we are well served by different types of specialists/surgeons"

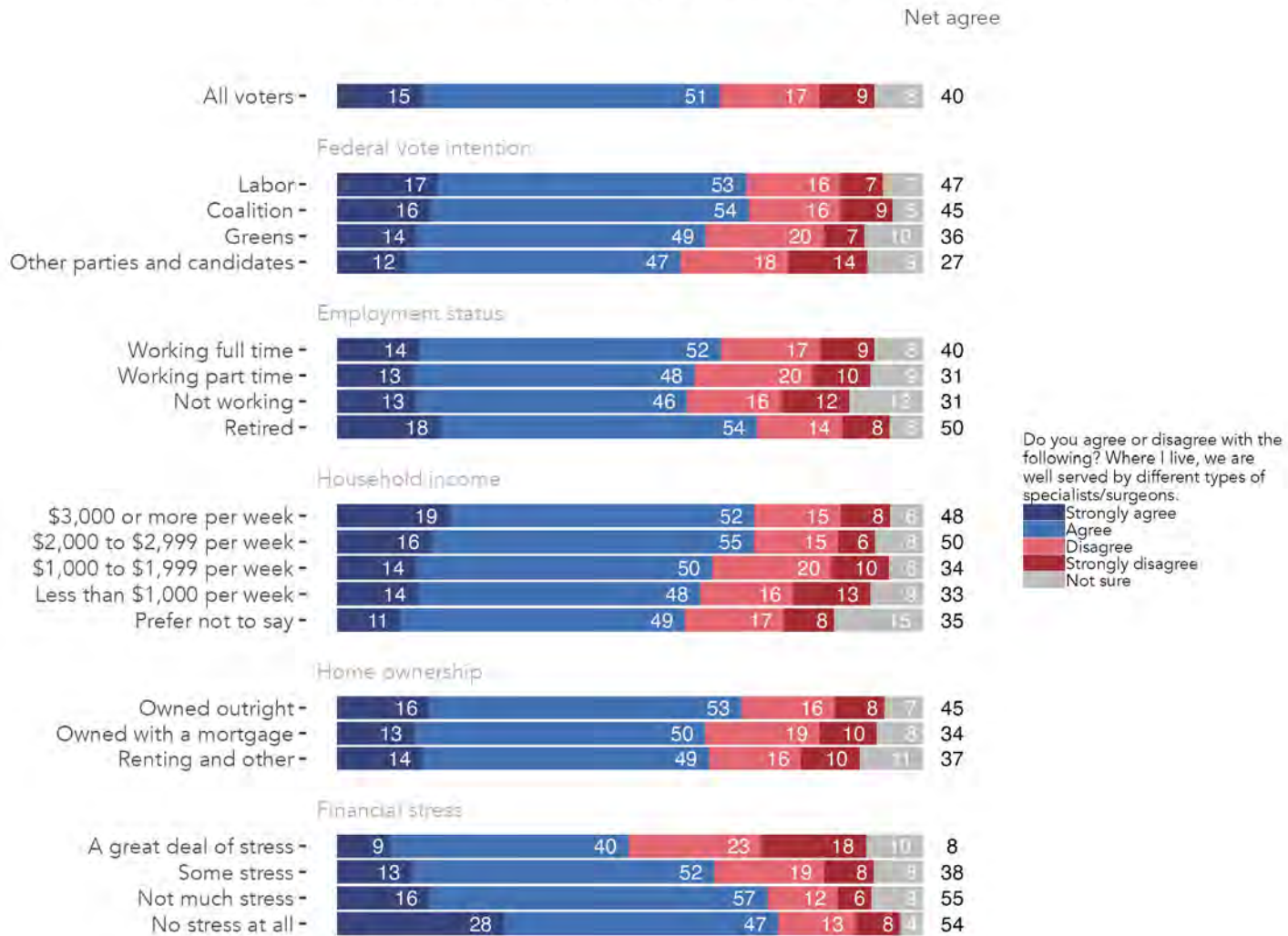


Figure 27: Share of Australians who agree or disagree with the statement that "where I live, we are well served by different types of specialists/surgeons", by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 20: Share of Australians who agree or disagree with the statement that “where I live, we are well served by different types of specialists/surgeons”, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	15	51	17	9	8	40
Federal vote intention						
Labor	17	53	16	7	7	47
Coalition	16	54	16	9	5	45
Greens	14	49	20	7	10	36
Other parties and candidates	12	47	18	14	9	27
Employment status						
Working full time	14	52	17	9	8	40
Working part time	13	48	20	10	9	31
Not working	13	46	16	12	13	31
Retired	18	54	14	8	6	50
Household income						
\$3,000 or more per week	19	52	15	8	6	48
\$2,000 to \$2,999 per week	16	55	15	6	8	50
\$1,000 to \$1,999 per week	14	50	20	10	6	34
Less than \$1,000 per week	14	48	16	13	9	33
Prefer not to say	11	49	17	8	15	35
Home ownership						
Owned outright	16	53	16	8	7	45
Owned with a mortgage	13	50	19	10	8	34
Renting and other	14	49	16	10	11	37
Financial stress						
A great deal of stress	9	40	23	18	10	8
Some stress	13	52	19	8	8	38
Not much stress	16	57	12	6	9	55
No stress at all	28	47	13	8	4	54

Share of Australians who agree or disagree with the statement that "where I live, we are well served by different types of specialists/surgeons"

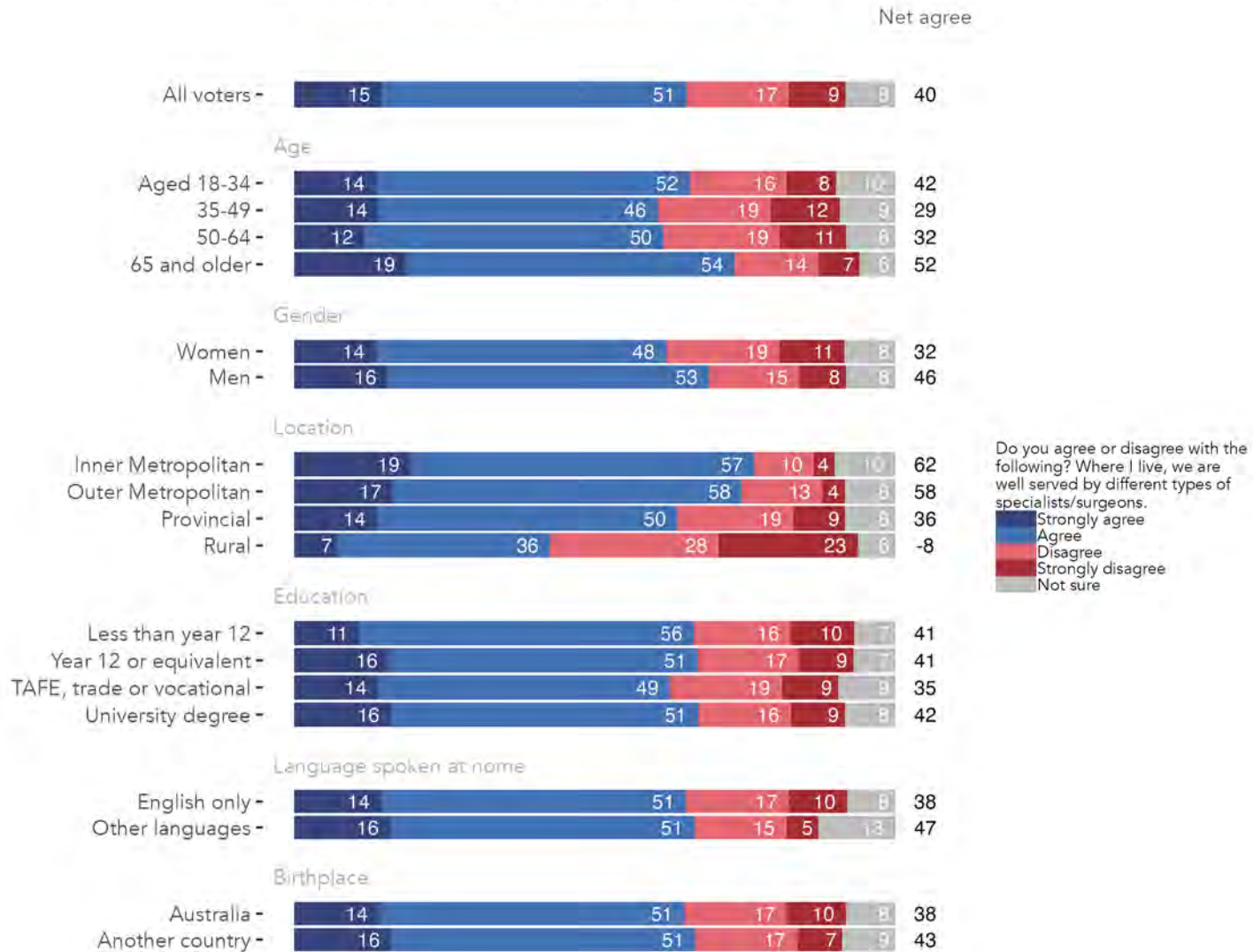


Figure 28: Share of Australians who agree or disagree with the statement that "where I live, we are well served by different types of specialists/surgeons", by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 21: Share of Australians who agree or disagree with the statement that “where I live, we are well served by different types of specialists/surgeons”, by demographic characteristics.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	15	51	17	9	8	40
Age						
Aged 18-34	14	52	16	8	10	42
35-49	14	46	19	12	9	29
50-64	12	50	19	11	8	32
65 and older	19	54	14	7	6	52
Gender						
Women	14	48	19	11	8	32
Men	16	53	15	8	8	46
Location						
Inner Metropolitan	19	57	10	4	10	62
Outer Metropolitan	17	58	13	4	8	58
Provincial	14	50	19	9	8	36
Rural	7	36	28	23	6	-8
Education						
Less than year 12	11	56	16	10	7	41
Year 12 or equivalent	16	51	17	9	7	41
TAFE, trade or vocational	14	49	19	9	9	35
University degree	16	51	16	9	8	42
Language spoken at home						
English only	14	51	17	10	8	38
Other languages	16	51	15	5	13	47
Birthplace						
Australia	14	51	17	10	8	38
Another country	16	51	17	7	9	43

How many Australians have difficulty paying for medical specialists or surgical costs?

Question text

If you or someone in your immediate family were referred to a medical specialist or surgeon today, to what extent would the following be true?

Carousel; randomise statements

- A. I would have to cut spending from the household budget to afford that care
- B. I would have to delay that care until I could afford it
- C. I would have to delay or cancel other health expenses to afford it (e.g. I or someone else in my immediate family would need to skip other doctor's appointments)
- D. I would have to try to find a specialist/surgeon through the public health system
- E. Medical costs do not cause me any stress

Single select; random reverse 1-3

- 1. Very true
- 2. Somewhat true
- 3. Not true
- 4. Not sure
- 5. Prefer not to say

If you or someone in your immediate family were referred to a medical specialist or surgeon today, to what extent would the following be true?

Very true Somewhat true Not true Not sure Prefer not to say

I would have to try to find a specialist/surgeon through the public health system



I would have to cut spending from the household budget to afford that care



I would have to delay that care until I could afford it



I would have to delay or cancel other health expenses to afford it (e.g. I or someone else in my immediate family would need to skip other doctor's appointments)



Medical costs do not cause me any stress



Figure 29: The share of Australians who report each of these statements would be true or false if they or someone in their immediate family were referred to a medical specialist or surgeon.

I would have to cut spending from the household budget to afford that care

Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care

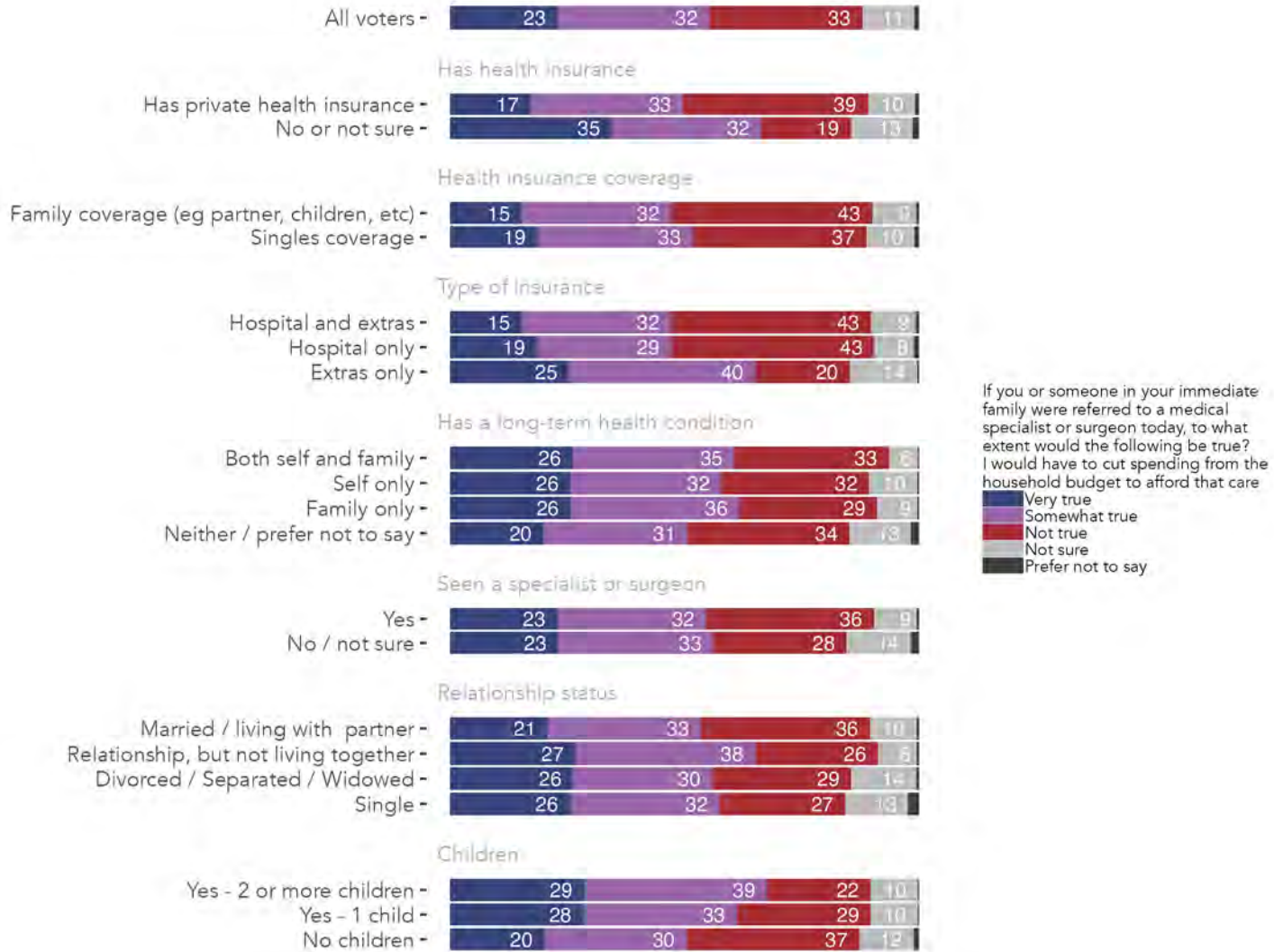


Figure 30: Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 22: Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	23	32	33	11	1
Has health insurance					
Has private health insurance	17	33	39	10	1
No or not sure	35	32	19	13	1
Health insurance coverage					
Family coverage (eg partner, children, etc)	15	32	43	9	1
Singles coverage	19	33	37	10	1
Type of insurance					
Hospital and extras	15	32	43	9	1
Hospital only	19	29	43	8	1
Extras only	25	40	20	14	1
Has a long-term health condition					
Both self and family	26	35	33	6	0
Self only	26	32	32	10	0
Family only	26	36	29	9	0
Neither / prefer not to say	20	31	34	13	2
Seen a specialist or surgeon					
Yes	23	32	36	9	0
No / not sure	23	33	28	14	2
Relationship status					
Married / living with partner	21	33	36	10	0
Relationship, but not living together	27	38	26	8	1
Divorced / Separated / Widowed	26	30	29	14	1
Single	26	32	27	13	2
Children					
Yes - 2 or more children	29	39	22	10	0
Yes - 1 child	28	33	29	10	0
No children	20	30	37	12	1

Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care

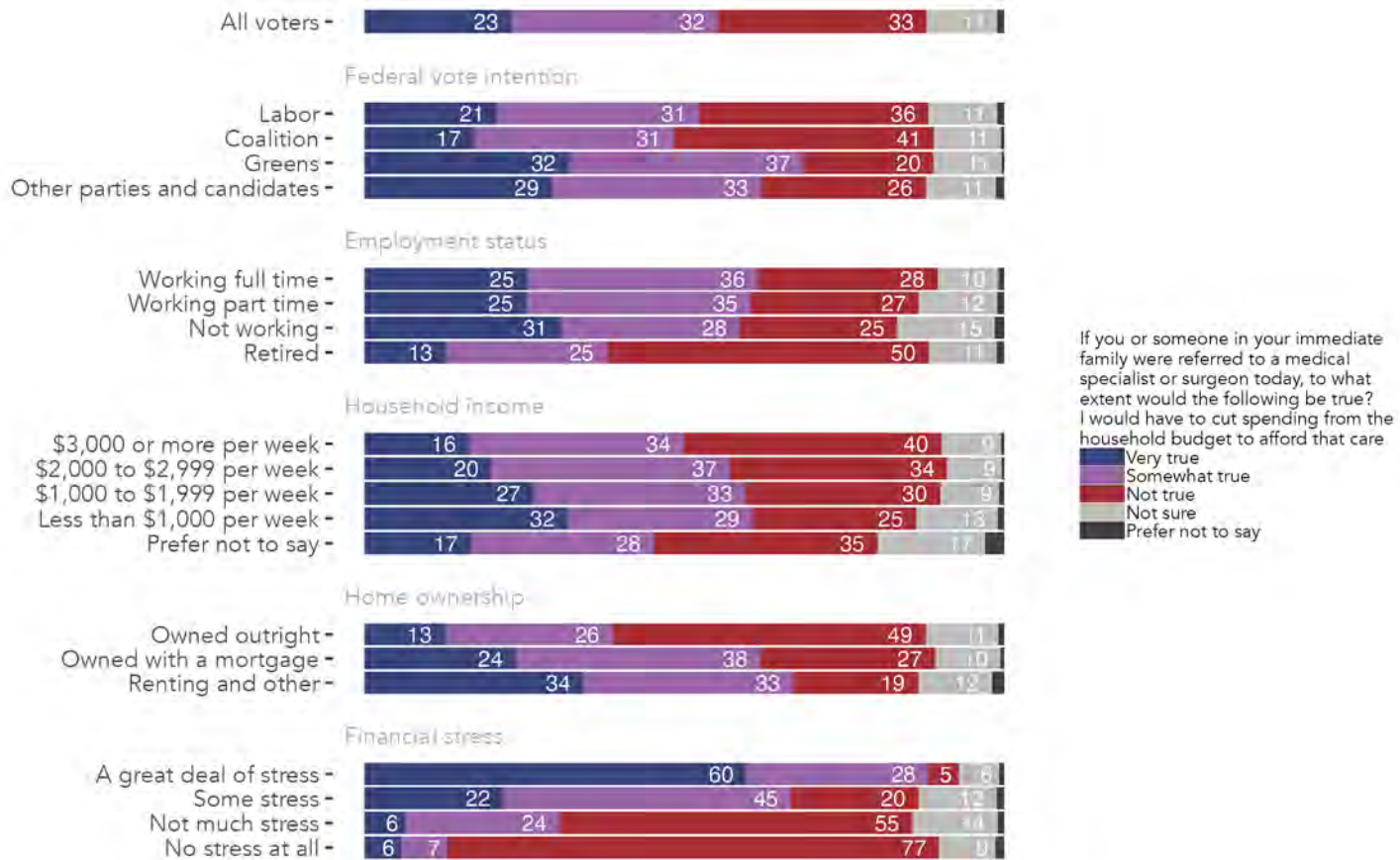


Figure 31: Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 23: Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	23	32	33	11	1
Federal vote intention					
Labor	21	31	36	11	1
Coalition	17	31	41	11	0
Greens	32	37	20	11	0
Other parties and candidates	29	33	26	11	1
Employment status					
Working full time	25	36	28	10	1
Working part time	25	35	27	12	1
Not working	31	28	25	15	1
Retired	13	25	50	11	1
Household income					
\$3,000 or more per week	16	34	40	9	1
\$2,000 to \$2,999 per week	20	37	34	9	0
\$1,000 to \$1,999 per week	27	33	30	9	1
Less than \$1,000 per week	32	29	25	13	1
Prefer not to say	17	28	35	17	3
Home ownership					
Owned outright	13	26	49	11	1
Owned with a mortgage	24	38	27	10	1
Renting and other	34	33	19	12	2
Financial stress					
A great deal of stress	60	28	5	6	1
Some stress	22	45	20	12	1
Not much stress	6	24	55	14	1
No stress at all	6	7	77	9	1

Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care

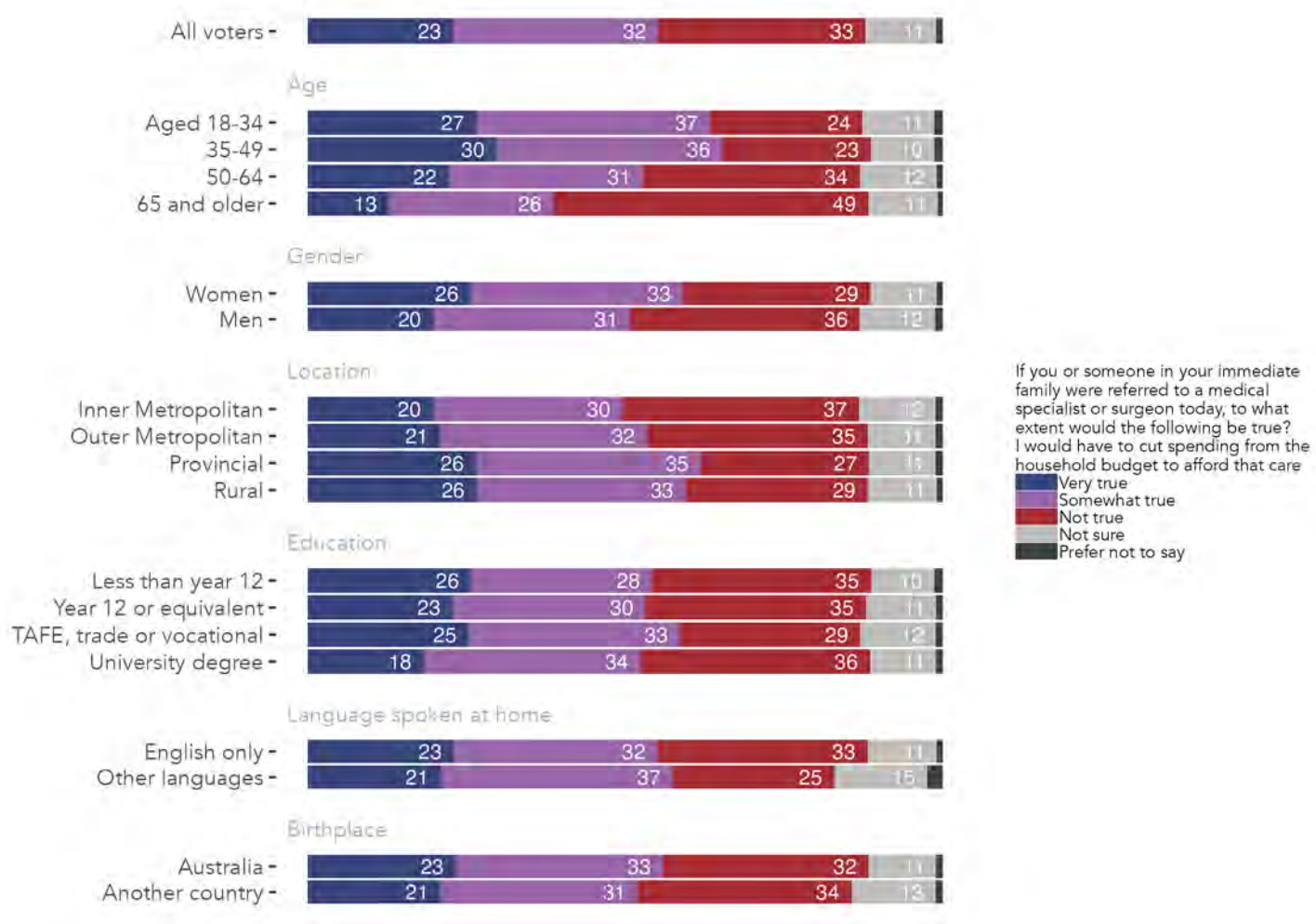


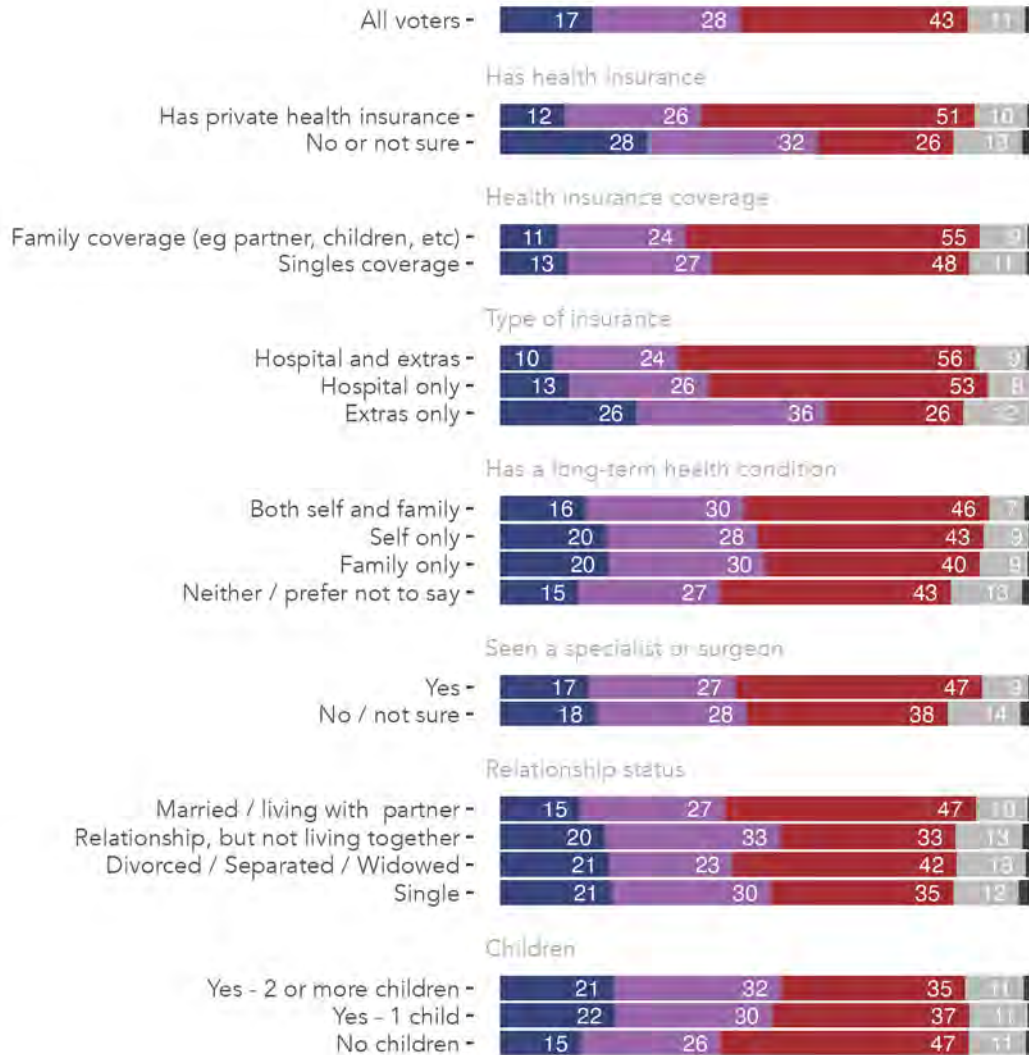
Figure 32: Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care, by demographic characteristics.

Table 24: Share of Australians who say they would have to cut spending from the household budget to afford medical specialist or surgical care, by demographic characteristics.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	23	32	33	11	1
Age					
Aged 18-34	27	37	24	11	1
35-49	30	36	23	10	1
50-64	22	31	34	12	1
65 and older	13	26	49	11	1
Gender					
Women	26	33	29	11	1
Men	20	31	36	12	1
Location					
Inner Metropolitan	20	30	37	12	1
Outer Metropolitan	21	32	35	11	1
Provincial	26	35	27	11	1
Rural	26	33	29	11	1
Education					
Less than year 12	26	28	35	10	1
Year 12 or equivalent	23	30	35	11	1
TAFE, trade or vocational	25	33	29	12	1
University degree	18	34	36	11	1
Language spoken at home					
English only	23	32	33	11	1
Other languages	21	37	25	15	2
Birthplace					
Australia	23	33	32	11	1
Another country	21	31	34	13	1

I would have to delay that care until I could afford it

Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it



If you or someone in your immediate family were referred to a medical specialist or surgeon today, to what extent would the following be true? I would have to delay that care until I could afford it

- Very true
- Somewhat true
- Not true
- Not sure
- Prefer not to say

Figure 33: Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 25: Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	17	28	43	11	1
Has health insurance					
Has private health insurance	12	26	51	10	1
No or not sure	28	32	26	13	1
Health insurance coverage					
Family coverage (eg partner, children, etc)	11	24	55	9	1
Singles coverage	13	27	48	11	1
Type of insurance					
Hospital and extras	10	24	56	9	1
Hospital only	13	26	53	8	0
Extras only	26	36	26	12	0
Has a long-term health condition					
Both self and family	16	30	46	7	1
Self only	20	28	43	9	0
Family only	20	30	40	9	1
Neither / prefer not to say	15	27	43	13	2
Seen a specialist or surgeon					
Yes	17	27	47	9	0
No / not sure	18	28	38	14	2
Relationship status					
Married / living with partner	15	27	47	10	1
Relationship, but not living together	20	33	33	13	1
Divorced / Separated / Widowed	21	23	42	13	1
Single	21	30	35	12	2
Children					
Yes - 2 or more children	21	32	35	11	1
Yes - 1 child	22	30	37	11	0
No children	15	26	47	11	1

Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it

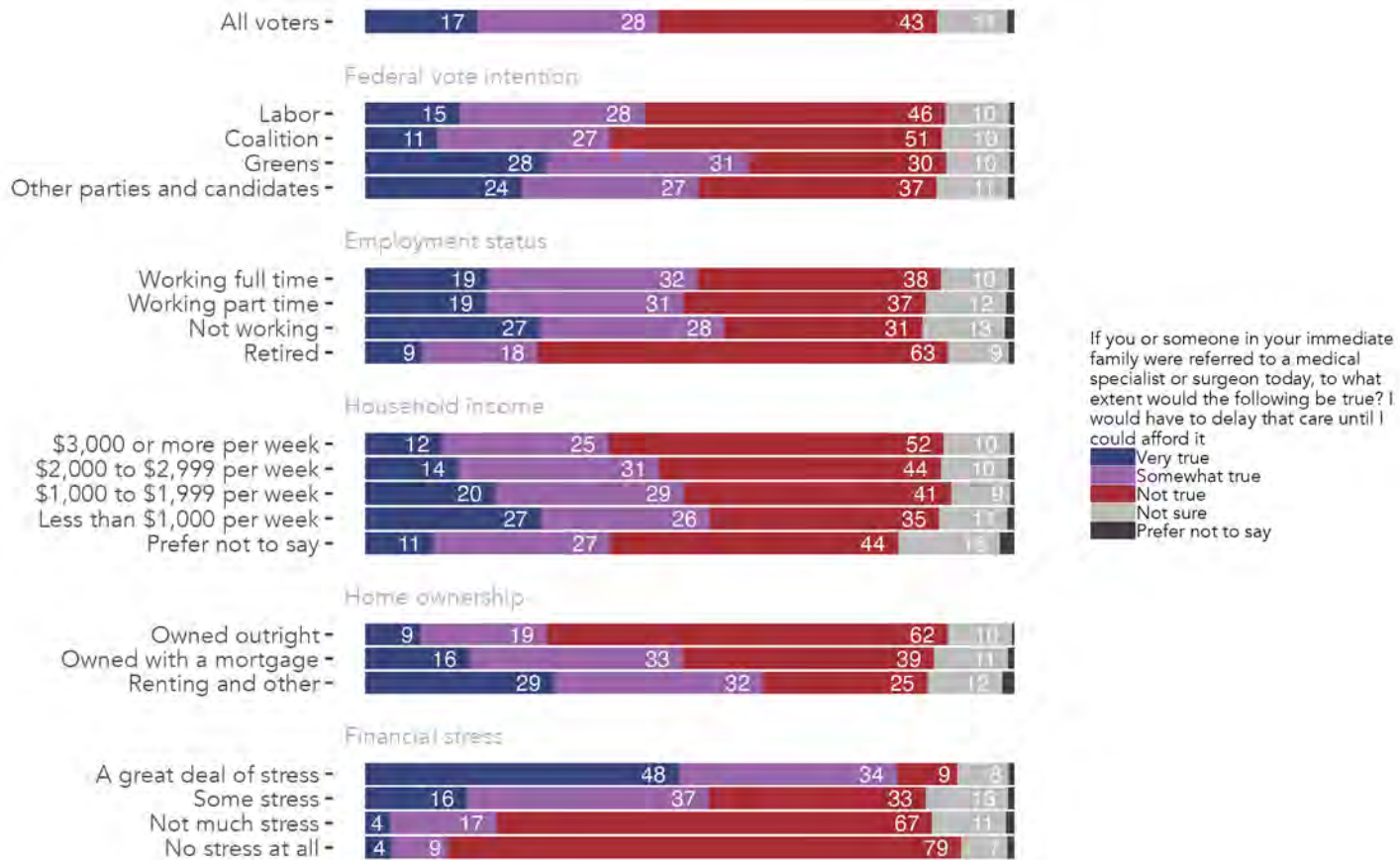


Figure 34: Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 26: Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	17	28	43	11	1
Federal vote intention					
Labor	15	28	46	10	1
Coalition	11	27	51	10	1
Greens	28	31	30	10	1
Other parties and candidates	24	27	37	11	1
Employment status					
Working full time	19	32	38	10	1
Working part time	19	31	37	12	1
Not working	27	28	31	13	1
Retired	9	18	63	9	1
Household income					
\$3,000 or more per week	12	25	52	10	1
\$2,000 to \$2,999 per week	14	31	44	10	1
\$1,000 to \$1,999 per week	20	29	41	9	1
Less than \$1,000 per week	27	26	35	11	1
Prefer not to say	11	27	44	16	2
Home ownership					
Owned outright	9	19	62	10	0
Owned with a mortgage	16	33	39	11	1
Renting and other	29	32	25	12	2
Financial stress					
A great deal of stress	48	34	9	8	1
Some stress	16	37	33	13	1
Not much stress	4	17	67	11	1
No stress at all	4	9	79	7	1

Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it

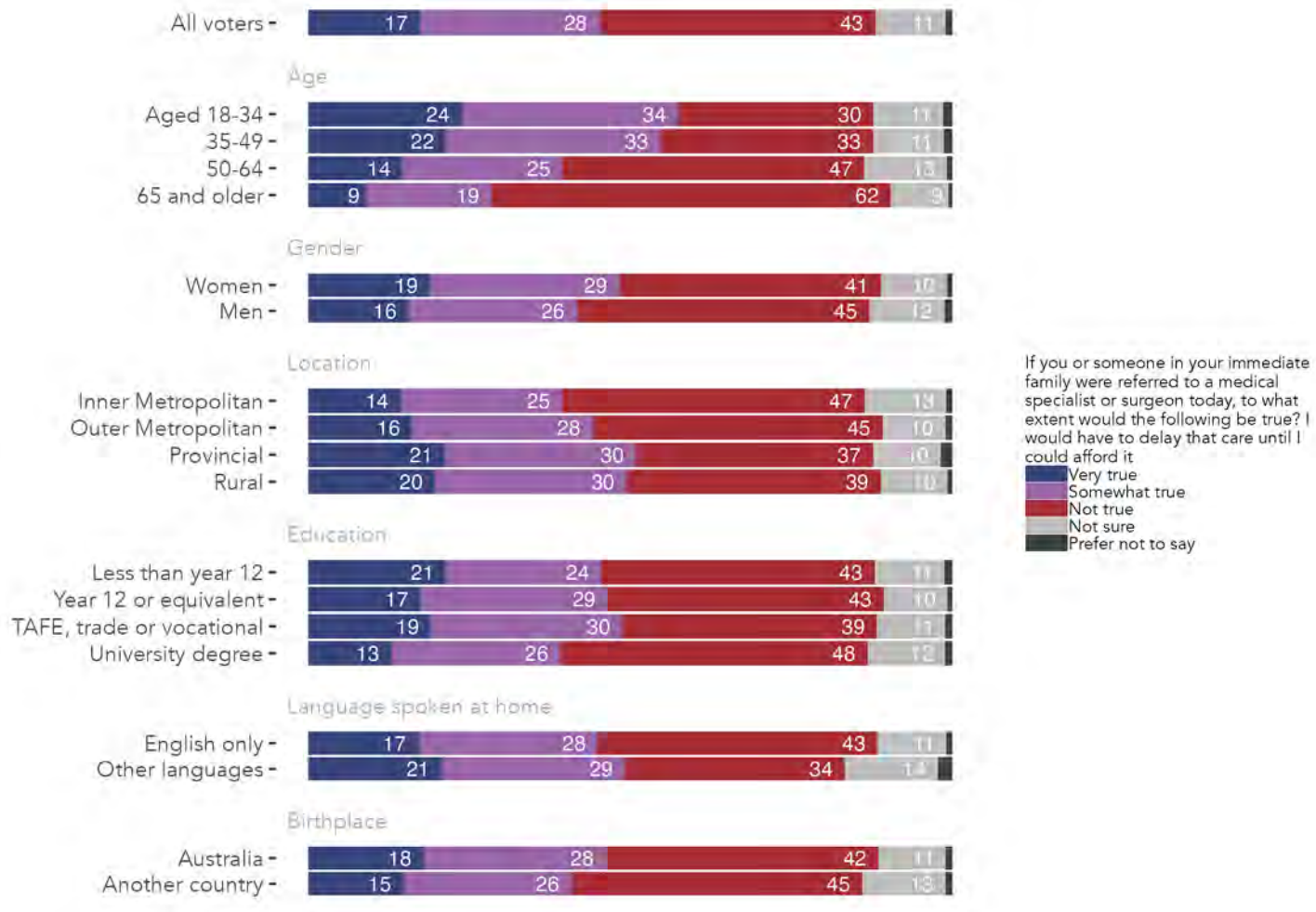


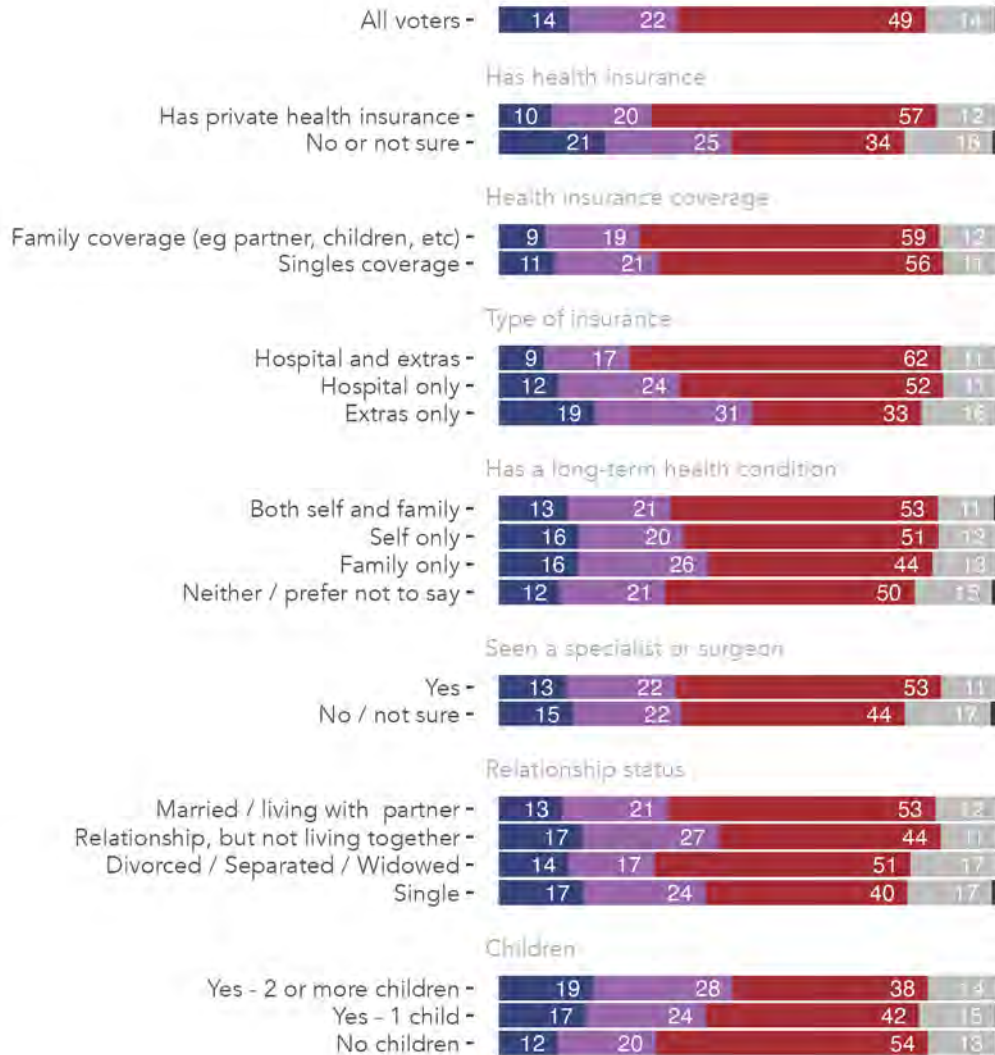
Figure 35: Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it, by demographic characteristics.

Table 27: Share of Australians who say they would have to delay medical specialist or surgical care until they could afford it, by demographic characteristics.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	17	28	43	11	1
Age					
Aged 18-34	24	34	30	11	1
35-49	22	33	33	11	1
50-64	14	25	47	13	1
65 and older	9	19	62	9	1
Gender					
Women	19	29	41	10	1
Men	16	26	45	12	1
Location					
Inner Metropolitan	14	25	47	13	1
Outer Metropolitan	16	28	45	10	1
Provincial	21	30	37	10	2
Rural	20	30	39	10	1
Education					
Less than year 12	21	24	43	11	1
Year 12 or equivalent	17	29	43	10	1
TAFE, trade or vocational	19	30	39	11	1
University degree	13	26	48	12	1
Language spoken at home					
English only	17	28	43	11	1
Other languages	21	29	34	14	2
Birthplace					
Australia	18	28	42	11	1
Another country	15	26	45	13	1

I would have to delay or cancel other health expenses to afford it

Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care



If you or someone in your immediate family were referred to a medical specialist or surgeon today, to what extent would the following be true? I would have to delay or cancel other health expenses to afford it (e.g. I or someone else in my immediate family would need to skip other doctor's appointments)

- Very true
- Somewhat true
- Not true
- Not sure
- Prefer not to say

Figure 36: Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 28: Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	14	22	49	14	1
Has health insurance					
Has private health insurance	10	20	57	12	1
No or not sure	21	25	34	18	2
Health insurance coverage					
Family coverage (eg partner, children, etc)	9	19	59	12	1
Singles coverage	11	21	56	11	1
Type of insurance					
Hospital and extras	9	17	62	11	1
Hospital only	12	24	52	11	1
Extras only	19	31	33	16	1
Has a long-term health condition					
Both self and family	13	21	53	11	2
Self only	16	20	51	12	1
Family only	16	26	44	13	1
Neither / prefer not to say	12	21	50	15	2
Seen a specialist or surgeon					
Yes	13	22	53	11	1
No / not sure	15	22	44	17	2
Relationship status					
Married / living with partner	13	21	53	12	1
Relationship, but not living together	17	27	44	11	1
Divorced / Separated / Widowed	14	17	51	17	1
Single	17	24	40	17	2
Children					
Yes - 2 or more children	19	28	38	14	1
Yes - 1 child	17	24	42	15	2
No children	12	20	54	13	1

Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care

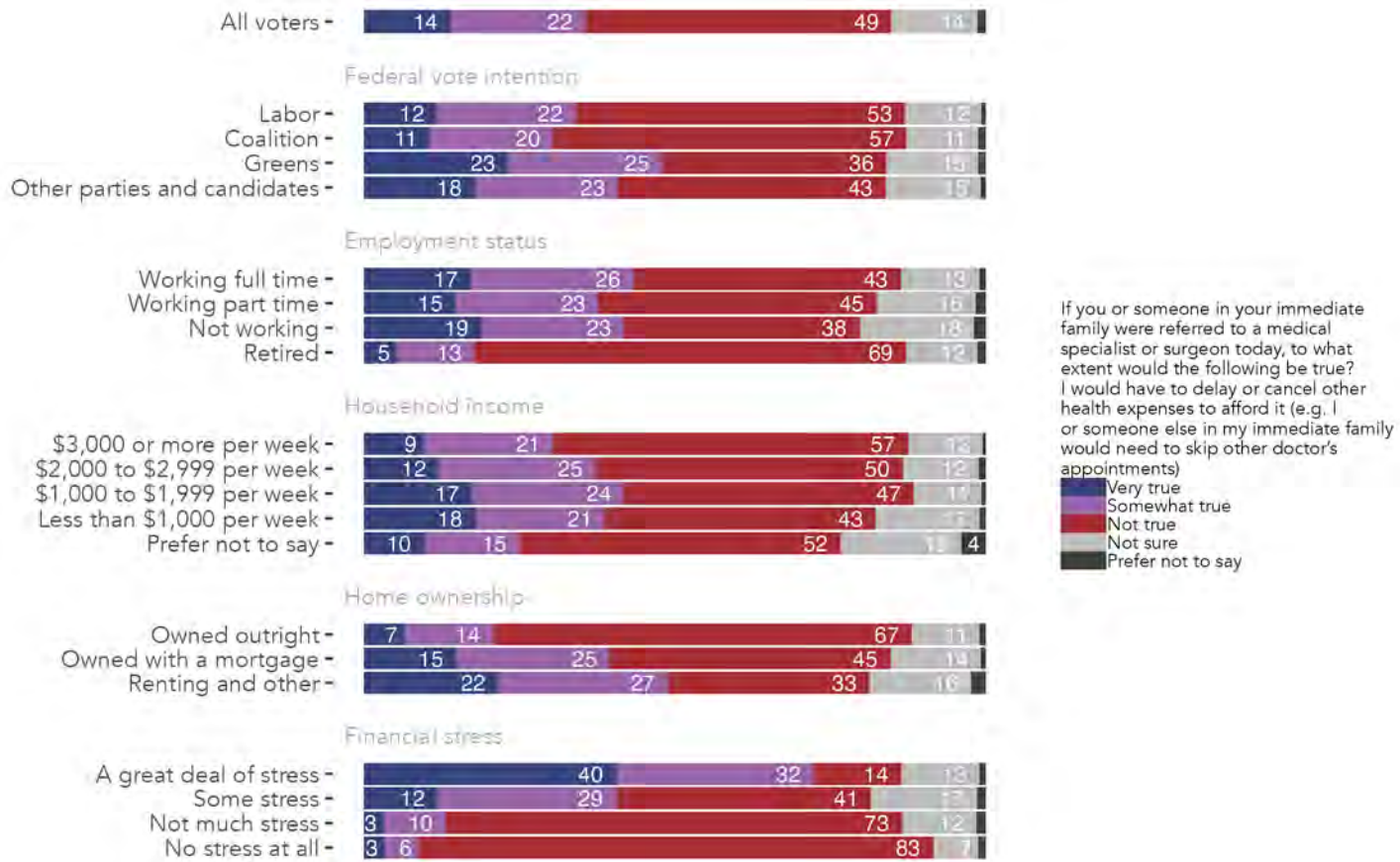


Figure 37: Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 29: Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	14	22	49	14	1
Federal vote intention					
Labor	12	22	53	12	1
Coalition	11	20	57	11	1
Greens	23	25	36	15	1
Other parties and candidates	18	23	43	15	1
Employment status					
Working full time	17	26	43	13	1
Working part time	15	23	45	16	1
Not working	19	23	38	18	2
Retired	5	13	69	12	1
Household income					
\$3,000 or more per week	9	21	57	12	1
\$2,000 to \$2,999 per week	12	25	50	12	1
\$1,000 to \$1,999 per week	17	24	47	11	1
Less than \$1,000 per week	18	21	43	17	1
Prefer not to say	10	15	52	19	4
Home ownership					
Owned outright	7	14	67	11	1
Owned with a mortgage	15	25	45	14	1
Renting and other	22	27	33	16	2
Financial stress					
A great deal of stress	40	32	14	13	1
Some stress	12	29	41	17	1
Not much stress	3	10	73	12	2
No stress at all	3	6	83	7	1

Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care

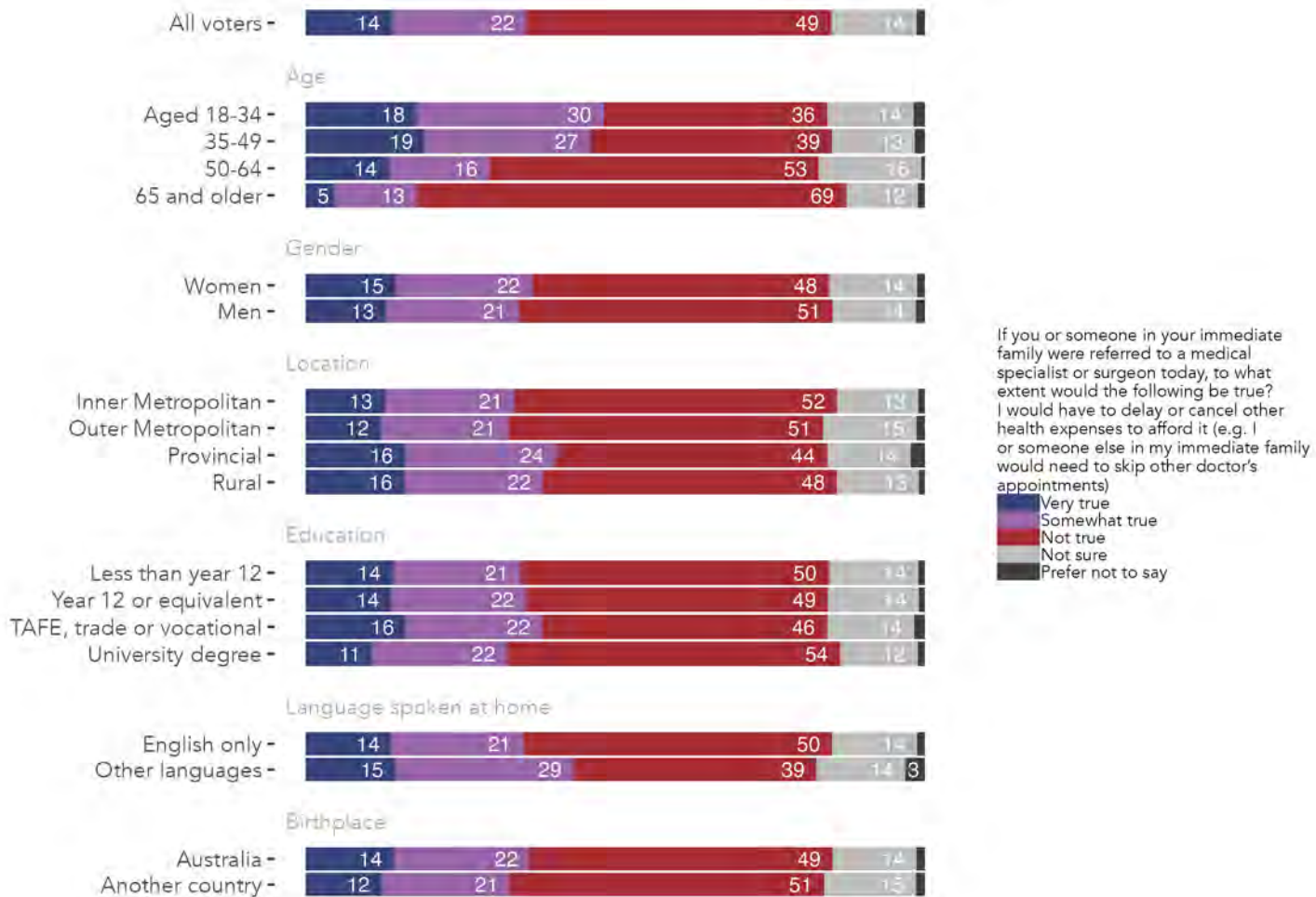


Figure 38: Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care, by demographic characteristics.

Table 30: Share of Australians who say they would have to delay or cancel other health expenses to afford medical specialist or surgical care, by demographic characteristics.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	14	22	49	14	1
Age					
Aged 18-34	18	30	36	14	2
35-49	19	27	39	13	2
50-64	14	16	53	16	1
65 and older	5	13	69	12	1
Gender					
Women	15	22	48	14	1
Men	13	21	51	14	1
Location					
Inner Metropolitan	13	21	52	13	1
Outer Metropolitan	12	21	51	15	1
Provincial	16	24	44	14	2
Rural	16	22	48	13	1
Education					
Less than year 12	14	21	50	14	1
Year 12 or equivalent	14	22	49	14	1
TAFE, trade or vocational	16	22	46	14	2
University degree	11	22	54	12	1
Language spoken at home					
English only	14	21	50	14	1
Other languages	15	29	39	14	3
Birthplace					
Australia	14	22	49	14	1
Another country	12	21	51	15	1

I would have to try to find a specialist/surgeon through the public health system

Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon

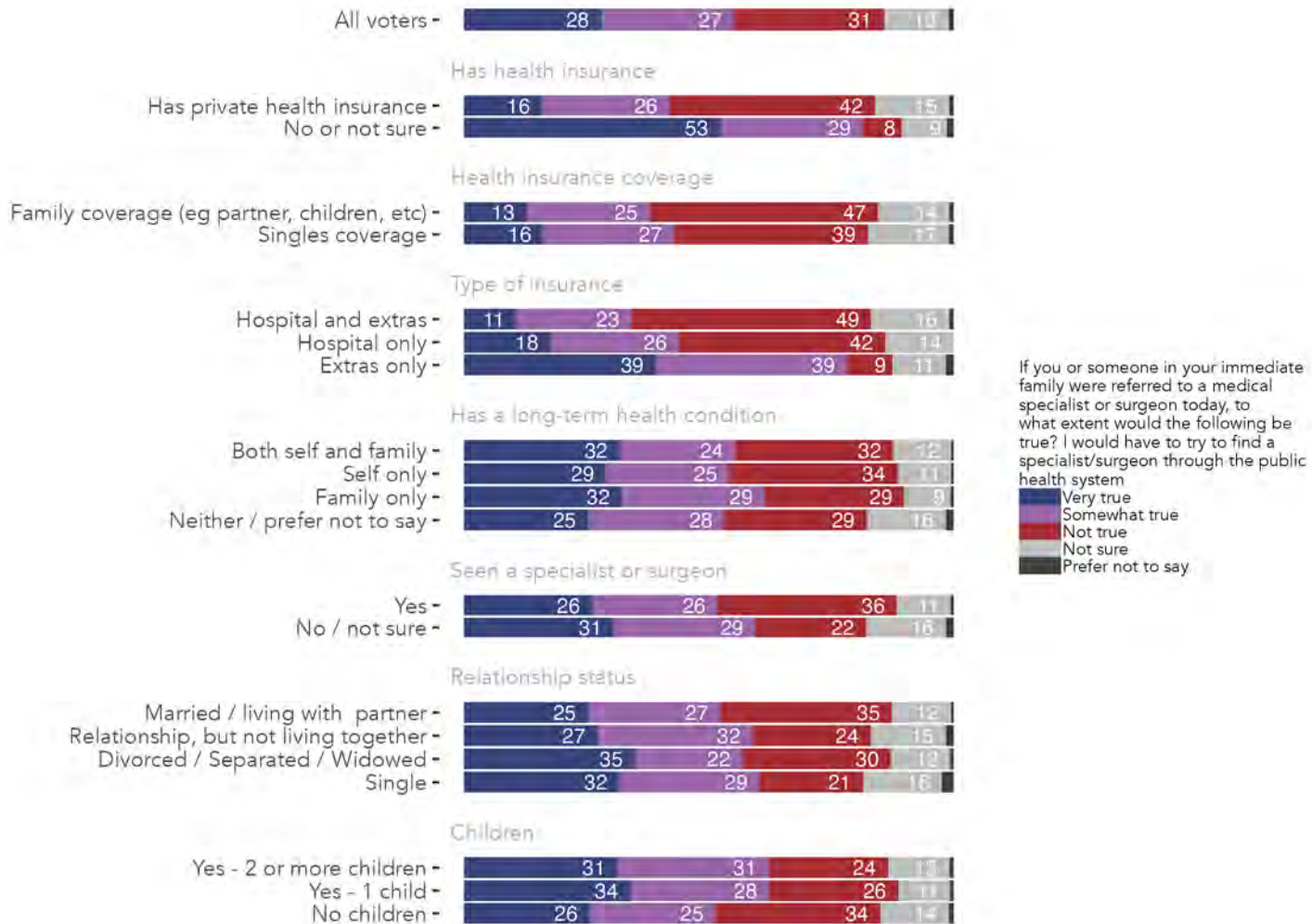


Figure 39: Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 31: Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	28	27	31	13	1
Has health insurance					
Has private health insurance	16	26	42	15	1
No or not sure	53	29	8	9	1
Health insurance coverage					
Family coverage (eg partner, children, etc)	13	25	47	14	1
Singles coverage	16	27	39	17	1
Type of insurance					
Hospital and extras	11	23	49	16	1
Hospital only	18	26	42	14	0
Extras only	39	39	9	11	2
Has a long-term health condition					
Both self and family	32	24	32	12	0
Self only	29	25	34	11	1
Family only	32	29	29	9	1
Neither / prefer not to say	25	28	29	16	2
Seen a specialist or surgeon					
Yes	26	26	36	11	1
No / not sure	31	29	22	16	2
Relationship status					
Married / living with partner	25	27	35	12	1
Relationship, but not living together	27	32	24	15	2
Divorced / Separated / Widowed	35	22	30	12	1
Single	32	29	21	16	2
Children					
Yes - 2 or more children	31	31	24	13	1
Yes - 1 child	34	28	26	11	1
No children	26	25	34	14	1

Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon

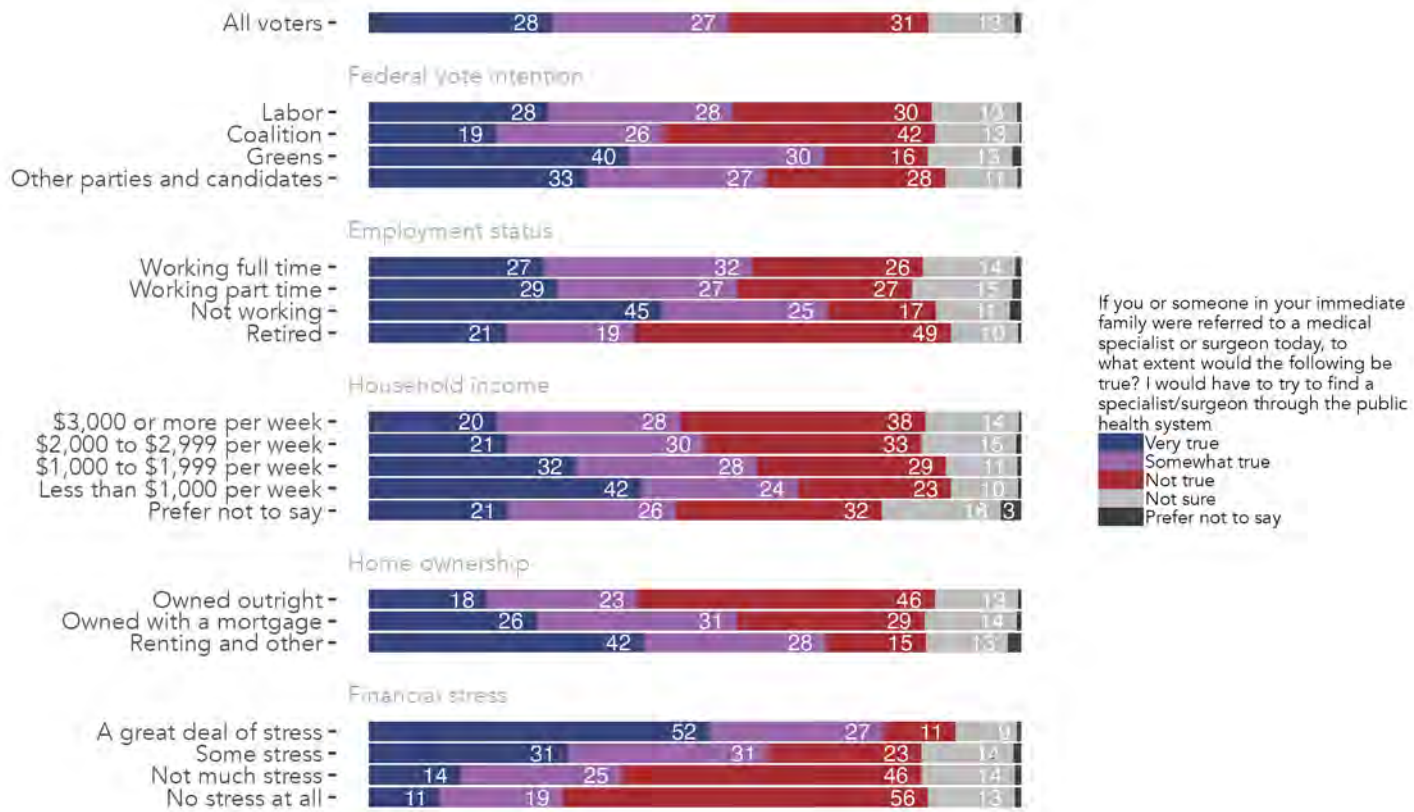


Figure 40: Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 32: Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	28	27	31	13	1
Federal vote intention					
Labor	28	28	30	13	1
Coalition	19	26	42	13	0
Greens	40	30	16	13	1
Other parties and candidates	33	27	28	11	1
Employment status					
Working full time	27	32	26	14	1
Working part time	29	27	27	15	2
Not working	45	25	17	11	2
Retired	21	19	49	10	1
Household income					
\$3,000 or more per week	20	28	38	14	0
\$2,000 to \$2,999 per week	21	30	33	15	1
\$1,000 to \$1,999 per week	32	28	29	11	0
Less than \$1,000 per week	42	24	23	10	1
Prefer not to say	21	26	32	18	3
Home ownership					
Owned outright	18	23	46	13	0
Owned with a mortgage	26	31	29	14	0
Renting and other	42	28	15	13	2
Financial stress					
A great deal of stress	52	27	11	9	1
Some stress	31	31	23	14	1
Not much stress	14	25	46	14	1
No stress at all	11	19	56	13	1

Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon

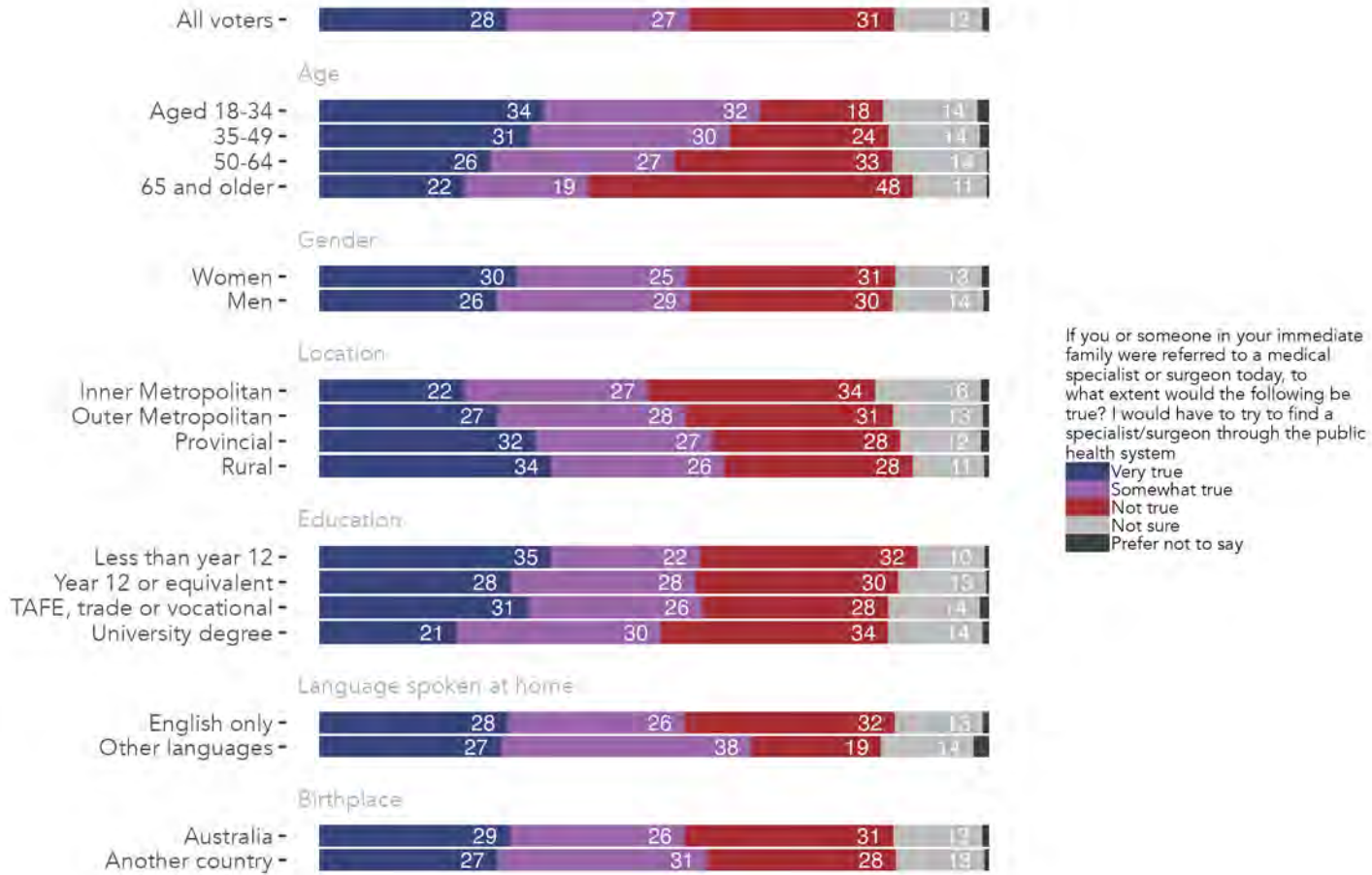


Figure 41: Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon, by demographic characteristics.

Table 33: Share of Australians who say they would have to try and find a specialist/surgeon through the public health system if they or someone in their family were referred to a medical specialist or surgeon, by demographic characteristics.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	28	27	31	13	1
Age					
Aged 18-34	34	32	18	14	2
35-49	31	30	24	14	1
50-64	26	27	33	14	0
65 and older	22	19	48	11	0
Gender					
Women	30	25	31	13	1
Men	26	29	30	14	1
Location					
Inner Metropolitan	22	27	34	16	1
Outer Metropolitan	27	28	31	13	1
Provincial	32	27	28	12	1
Rural	34	26	28	11	1
Education					
Less than year 12	35	22	32	10	1
Year 12 or equivalent	28	28	30	13	1
TAFE, trade or vocational	31	26	28	14	1
University degree	21	30	34	14	1
Language spoken at home					
English only	28	26	32	13	1
Other languages	27	38	19	14	2
Birthplace					
Australia	29	26	31	13	1
Another country	27	31	28	13	1

Medical costs do not cause me any stress

Share of Australians who say that medical costs do not cause them any stress

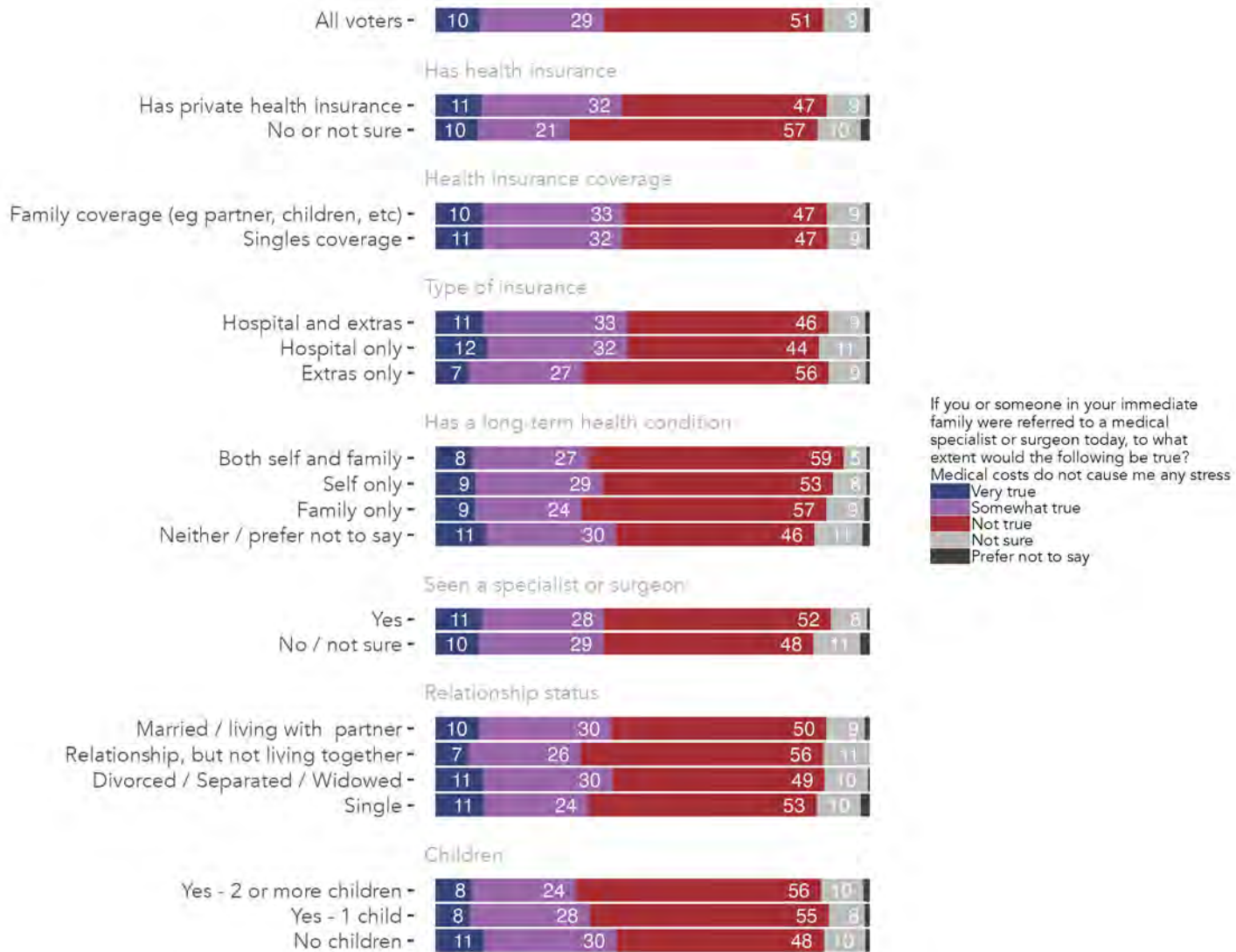


Figure 42: Share of Australians who say that medical costs do not cause them any stress, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 34: Share of Australians who say that medical costs do not cause them any stress, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	10	29	51	9	1
Has health insurance					
Has private health insurance	11	32	47	9	1
No or not sure	10	21	57	10	2
Health insurance coverage					
Family coverage (eg partner, children, etc)	10	33	47	9	1
Singles coverage	11	32	47	9	1
Type of insurance					
Hospital and extras	11	33	46	9	1
Hospital only	12	32	44	11	1
Extras only	7	27	56	9	1
Has a long-term health condition					
Both self and family	8	27	59	5	1
Self only	9	29	53	8	1
Family only	9	24	57	9	1
Neither / prefer not to say	11	30	46	11	2
Seen a specialist or surgeon					
Yes	11	28	52	8	1
No / not sure	10	29	48	11	2
Relationship status					
Married / living with partner	10	30	50	9	1
Relationship, but not living together	7	26	56	11	0
Divorced / Separated / Widowed	11	30	49	10	0
Single	11	24	53	10	2
Children					
Yes - 2 or more children	8	24	56	10	2
Yes - 1 child	8	28	55	8	1
No children	11	30	48	10	1

Share of Australians who say that medical costs do not cause them any stress

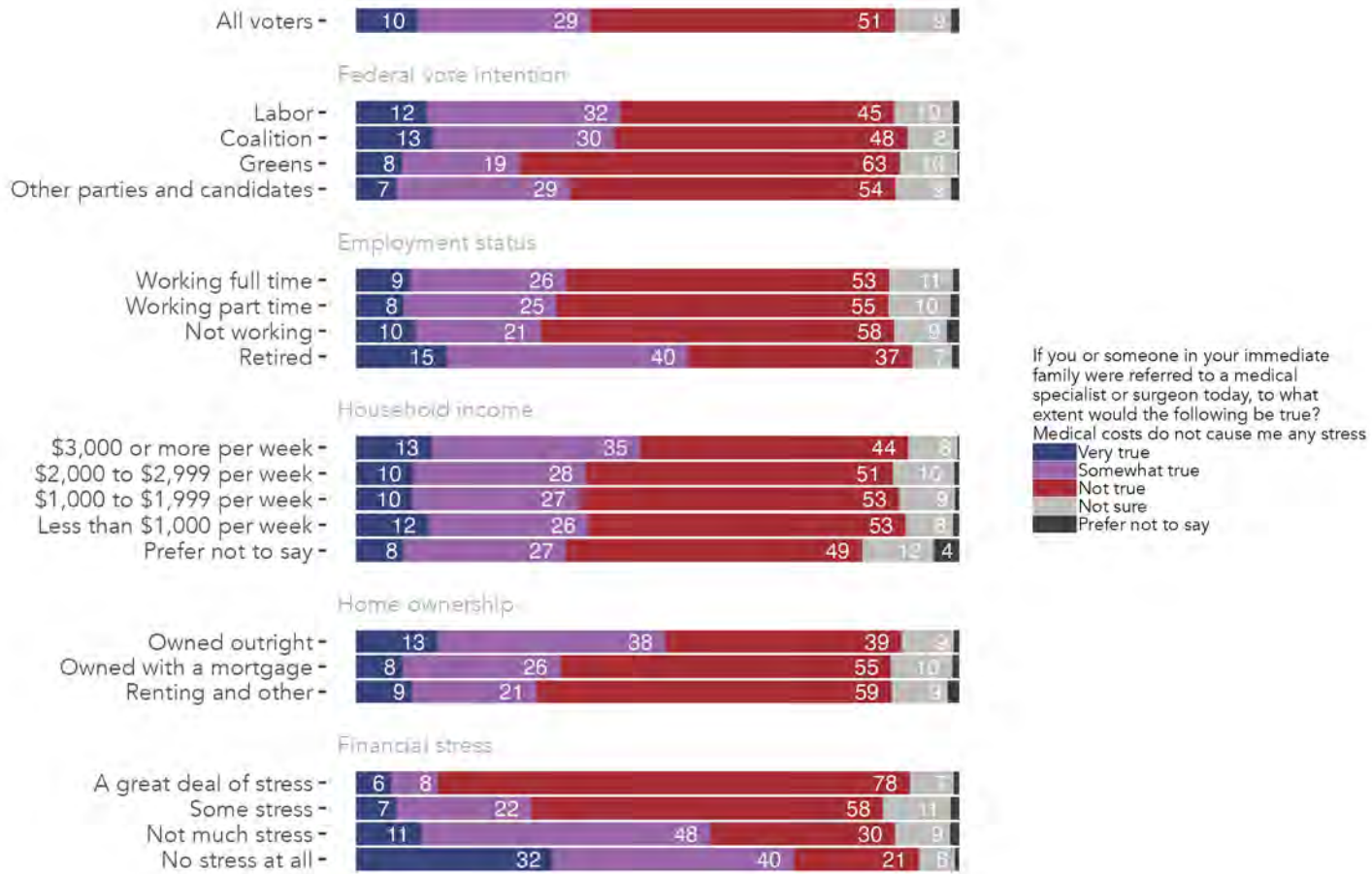


Figure 43: Share of Australians who say that medical costs do not cause them any stress, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 35: Share of Australians who say that medical costs do not cause them any stress, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	10	29	51	9	1
Federal vote intention					
Labor	12	32	45	10	1
Coalition	13	30	48	8	1
Greens	8	19	63	10	0
Other parties and candidates	7	29	54	9	1
Employment status					
Working full time	9	26	53	11	1
Working part time	8	25	55	10	2
Not working	10	21	58	9	2
Retired	15	40	37	7	1
Household income					
\$3,000 or more per week	13	35	44	8	0
\$2,000 to \$2,999 per week	10	28	51	10	1
\$1,000 to \$1,999 per week	10	27	53	9	1
Less than \$1,000 per week	12	26	53	8	1
Prefer not to say	8	27	49	12	4
Home ownership					
Owned outright	13	38	39	9	1
Owned with a mortgage	8	26	55	10	1
Renting and other	9	21	59	9	2
Financial stress					
A great deal of stress	6	8	78	7	1
Some stress	7	22	58	11	2
Not much stress	11	48	30	9	2
No stress at all	32	40	21	6	1

Share of Australians who say that medical costs do not cause them any stress

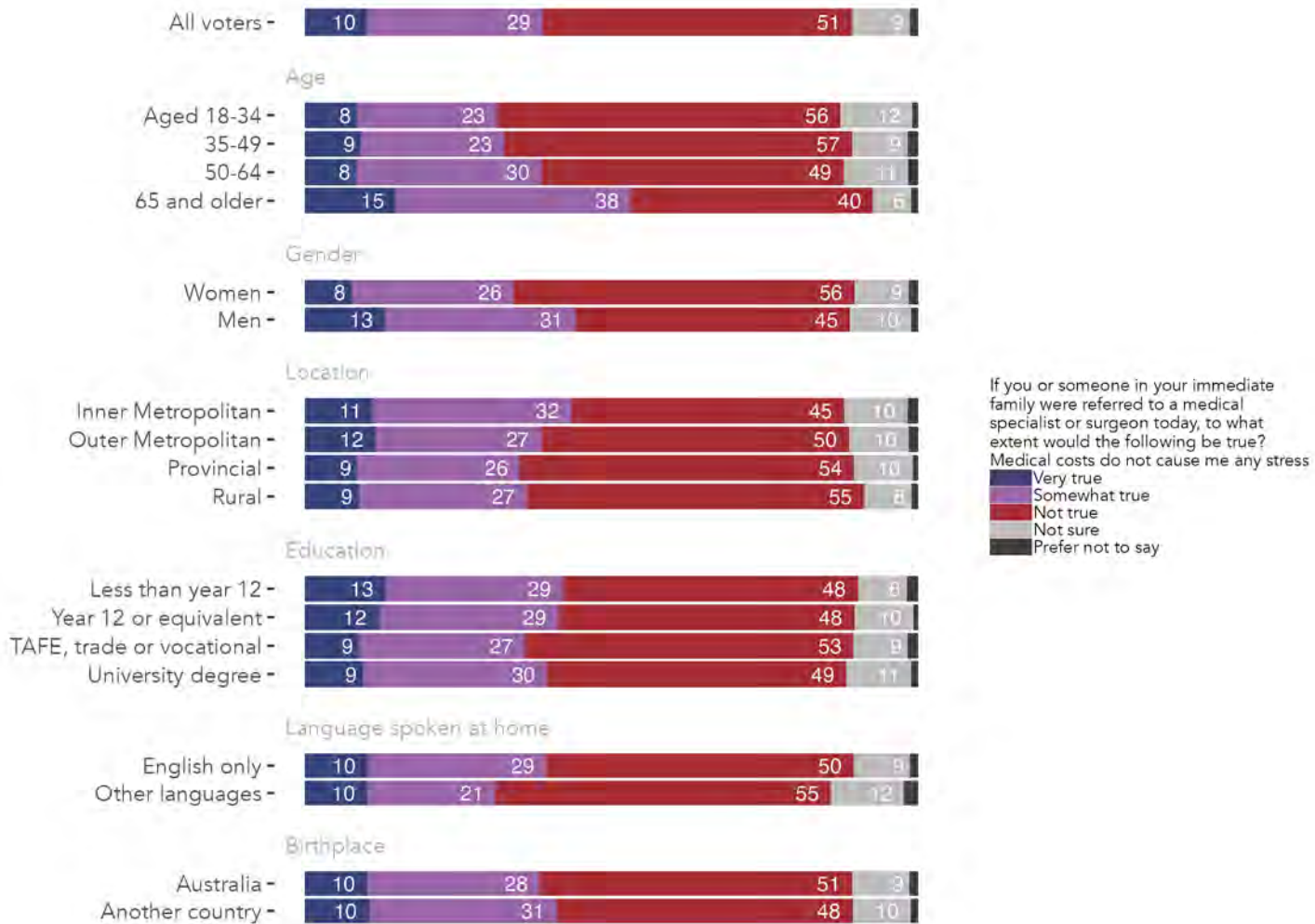


Figure 44: Share of Australians who say that medical costs do not cause them any stress, by demographic characteristics.

Table 36: Share of Australians who say that medical costs do not cause them any stress, by demographic characteristics.

	Very true	Somewhat true	Not true	Not sure	Prefer not to say
All voters	10	29	51	9	1
Age					
Aged 18-34	8	23	56	12	1
35-49	9	23	57	9	2
50-64	8	30	49	11	2
65 and older	15	38	40	6	1
Gender					
Women	8	26	56	9	1
Men	13	31	45	10	1
Location					
Inner Metropolitan	11	32	45	10	2
Outer Metropolitan	12	27	50	10	1
Provincial	9	26	54	10	1
Rural	9	27	55	8	1
Education					
Less than year 12	13	29	48	8	2
Year 12 or equivalent	12	29	48	10	1
TAFE, trade or vocational	9	27	53	9	2
University degree	9	30	49	11	1
Language spoken at home					
English only	10	29	50	9	2
Other languages	10	21	55	12	2
Birthplace					
Australia	10	28	51	9	2
Another country	10	31	48	10	1

Are out of pocket costs for specialist care made clear to patients upfront?

Question text

Based on your experiences, do you agree or disagree that the out of pocket costs for specialist care (e.g. appointments, tests, treatments and procedures) are usually made clear to patients upfront?

Single select; random reverse 1-4

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Not sure

Share of Australians who agree or disagree with the statement "out of pocket costs for specialist care are usually made clear to patients upfront"

Net agree

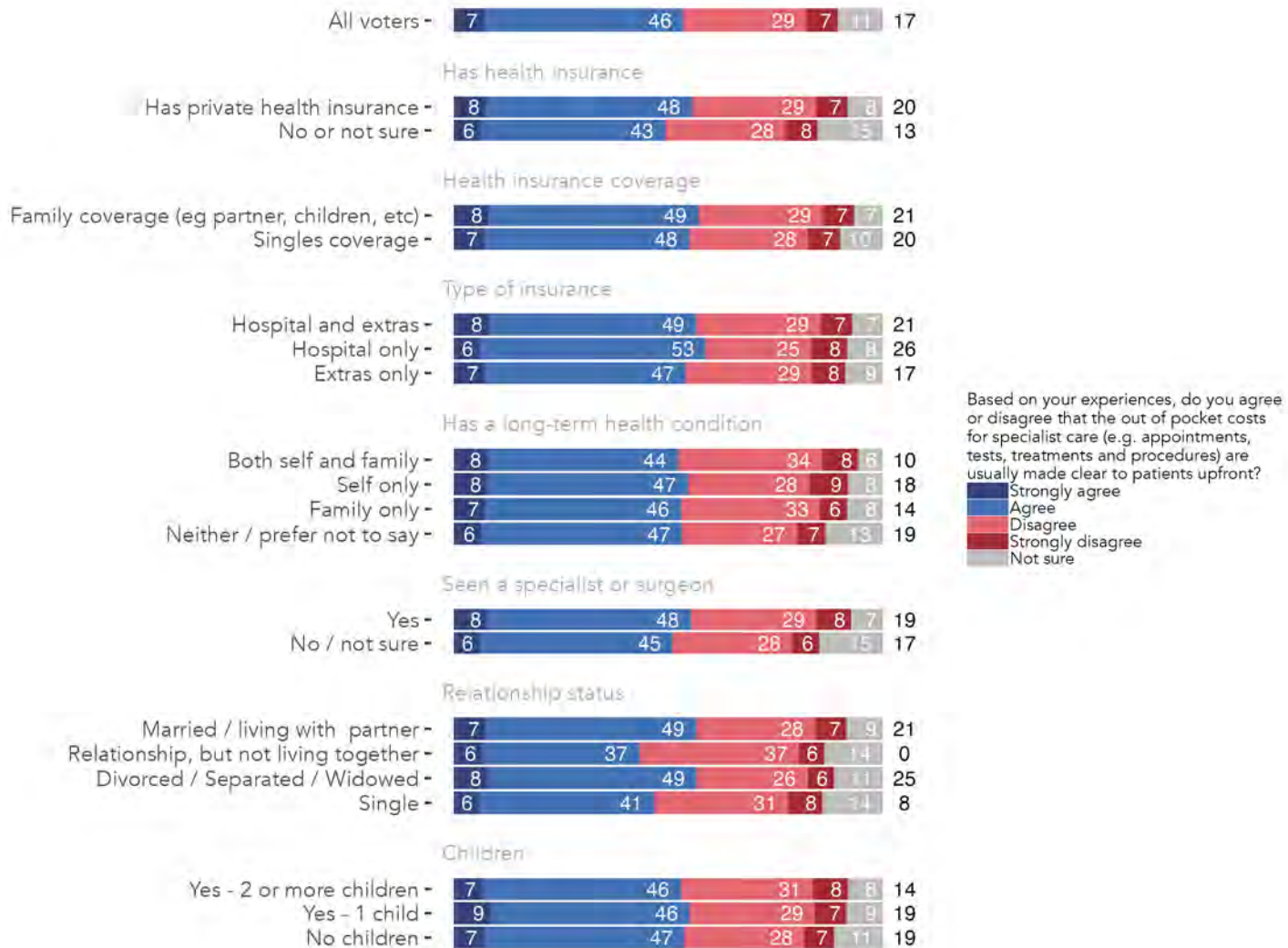


Figure 45: Share of Australians who agree or disagree with the statement "out of pocket costs for specialist care are usually made clear to patients upfront", by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 37: Share of Australians who agree or disagree with the statement “out of pocket costs for specialist care are usually made clear to patients upfront”, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	7	46	29	7	11	17
Has health insurance						
Has private health insurance	8	48	29	7	8	20
No or not sure	6	43	28	8	15	13
Health insurance coverage						
Family coverage (eg partner, children, etc)	8	49	29	7	7	21
Singles coverage	7	48	28	7	10	20
Type of insurance						
Hospital and extras	8	49	29	7	7	21
Hospital only	6	53	25	8	8	26
Extras only	7	47	29	8	9	17
Has a long-term health condition						
Both self and family	8	44	34	8	6	10
Self only	8	47	28	9	8	18
Family only	7	46	33	6	8	14
Neither / prefer not to say	6	47	27	7	13	19
Seen a specialist or surgeon						
Yes	8	48	29	8	7	19
No / not sure	6	45	28	6	15	17
Relationship status						
Married / living with partner	7	49	28	7	9	21
Relationship, but not living together	6	37	37	6	14	0
Divorced / Separated / Widowed	8	49	26	6	11	25
Single	6	41	31	8	14	8
Children						
Yes - 2 or more children	7	46	31	8	8	14
Yes - 1 child	9	46	29	7	9	19
No children	7	47	28	7	11	19

Share of Australians who agree or disagree with the statement "out of pocket costs for specialist care are usually made clear to patients upfront"

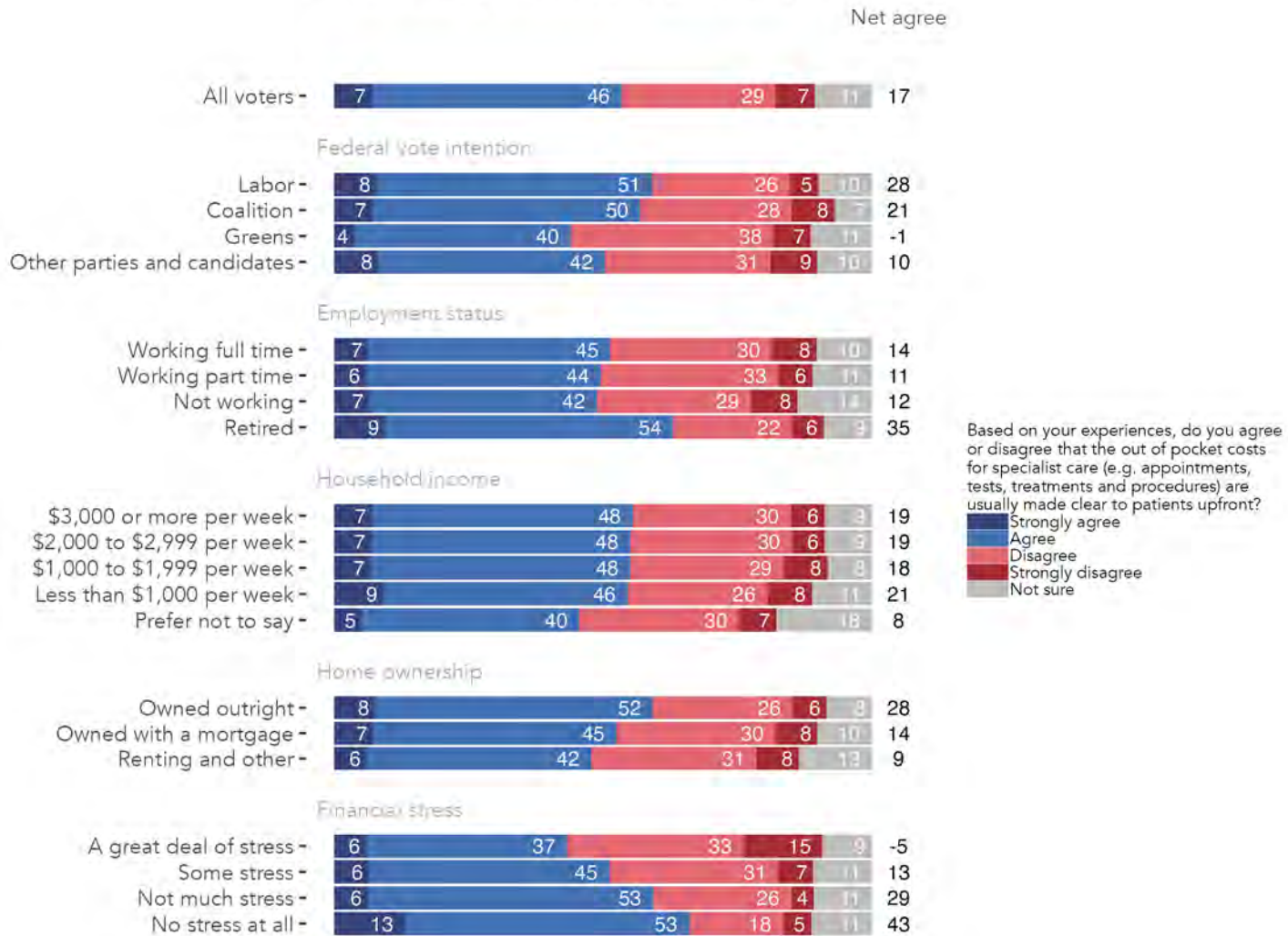


Figure 46: Share of Australians who agree or disagree with the statement "out of pocket costs for specialist care are usually made clear to patients upfront", by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 38: Share of Australians who agree or disagree with the statement “out of pocket costs for specialist care are usually made clear to patients upfront”, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	7	46	29	7	11	17
Federal vote intention						
Labor	8	51	26	5	10	28
Coalition	7	50	28	8	7	21
Greens	4	40	38	7	11	-1
Other parties and candidates	8	42	31	9	10	10
Employment status						
Working full time	7	45	30	8	10	14
Working part time	6	44	33	6	11	11
Not working	7	42	29	8	14	12
Retired	9	54	22	6	9	35
Household income						
\$3,000 or more per week	7	48	30	6	9	19
\$2,000 to \$2,999 per week	7	48	30	6	9	19
\$1,000 to \$1,999 per week	7	48	29	8	8	18
Less than \$1,000 per week	9	46	26	8	11	21
Prefer not to say	5	40	30	7	18	8
Home ownership						
Owned outright	8	52	26	6	8	28
Owned with a mortgage	7	45	30	8	10	14
Renting and other	6	42	31	8	13	9
Financial stress						
A great deal of stress	6	37	33	15	9	-5
Some stress	6	45	31	7	11	13
Not much stress	6	53	26	4	11	29
No stress at all	13	53	18	5	11	43

Share of Australians who agree or disagree with the statement "out of pocket costs for specialist care are usually made clear to patients upfront"

Net agree

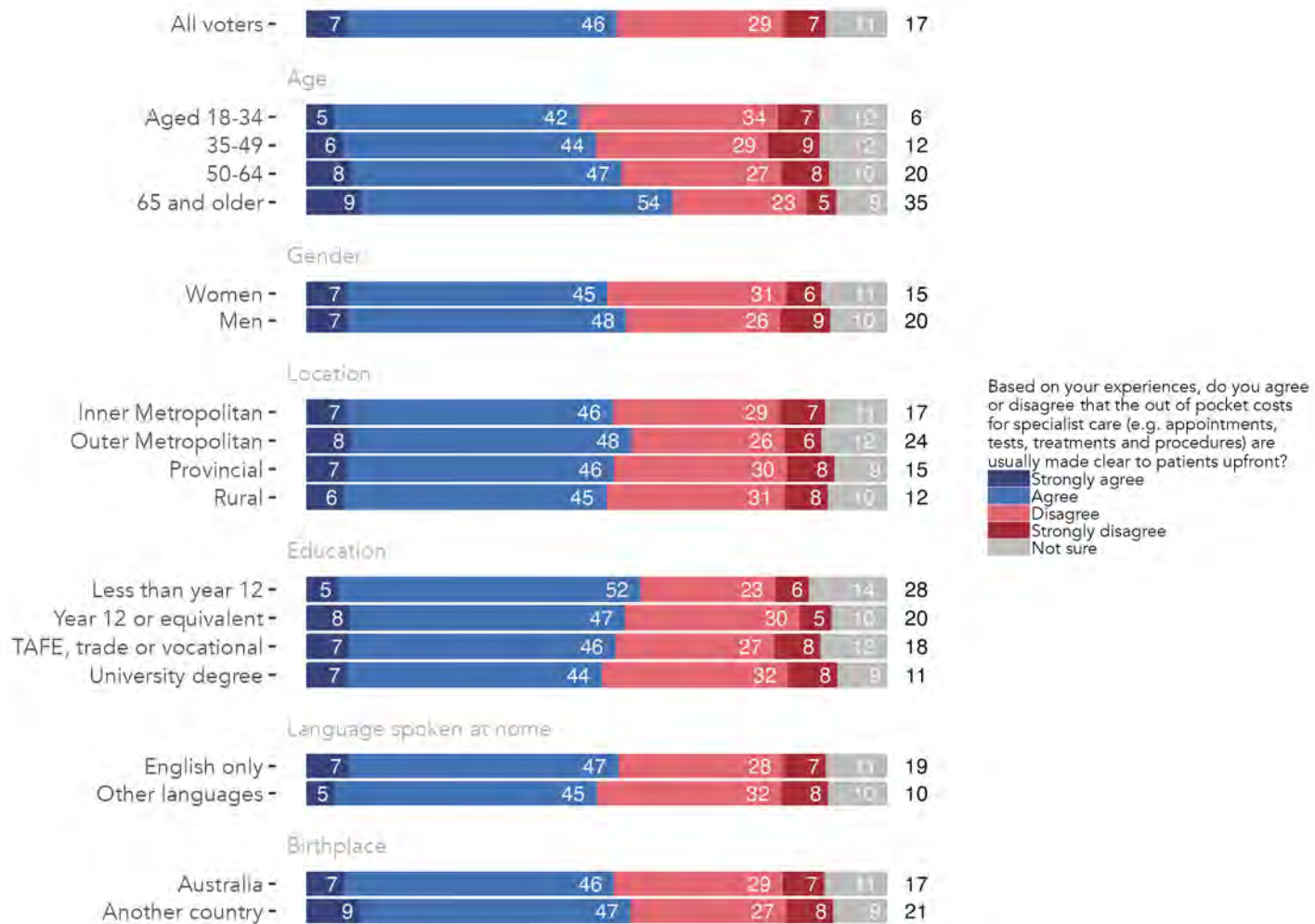


Figure 47: Share of Australians who agree or disagree with the statement "out of pocket costs for specialist care are usually made clear to patients upfront", by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who agree with the statement (total share that agree, minus the share who disagree).

Table 39: Share of Australians who agree or disagree with the statement “out of pocket costs for specialist care are usually made clear to patients upfront”, by demographic characteristics.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Net agree
All voters	7	46	29	7	11	17
Age						
Aged 18-34	5	42	34	7	12	6
35-49	6	44	29	9	12	12
50-64	8	47	27	8	10	20
65 and older	9	54	23	5	9	35
Gender						
Women	7	45	31	6	11	15
Men	7	48	26	9	10	20
Location						
Inner Metropolitan	7	46	29	7	11	17
Outer Metropolitan	8	48	26	6	12	24
Provincial	7	46	30	8	9	15
Rural	6	45	31	8	10	12
Education						
Less than year 12	5	52	23	6	14	28
Year 12 or equivalent	8	47	30	5	10	20
TAFE, trade or vocational	7	46	27	8	12	18
University degree	7	44	32	8	9	11
Language spoken at home						
English only	7	47	28	7	11	19
Other languages	5	45	32	8	10	10
Birthplace						
Australia	7	46	29	7	11	17
Another country	9	47	27	8	9	21

Most Australians have experienced some kind of bill shock from medical specialist and surgeons

Question text

Have you ever received a bill from a medical specialist or surgeon that...

Carousel; randomise statements

- A. You were not expecting
- B. Was bigger than you expected
- C. Included an 'admin fee', a 'booking fee' or any other fee that seemed unrelated to your care

Single select; random reverse 1-3

- 1. Yes – almost every time
- 2. Yes – some of the time
- 3. No – this has not happened to me
- 4. Not sure
- 5. Not applicable

Have you ever received a bill from a medical specialist or surgeon that...

Was bigger than you expected



Included an 'admin fee', a 'booking fee' or any other fee that seemed unrelated to your care



- Yes – almost every time
- Yes – some of the time
- No – this has not happened to me
- Not sure
- Not applicable

You were not expecting



Figure 48: Reported billing problems experienced with specialists and surgeons.

Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting

Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting

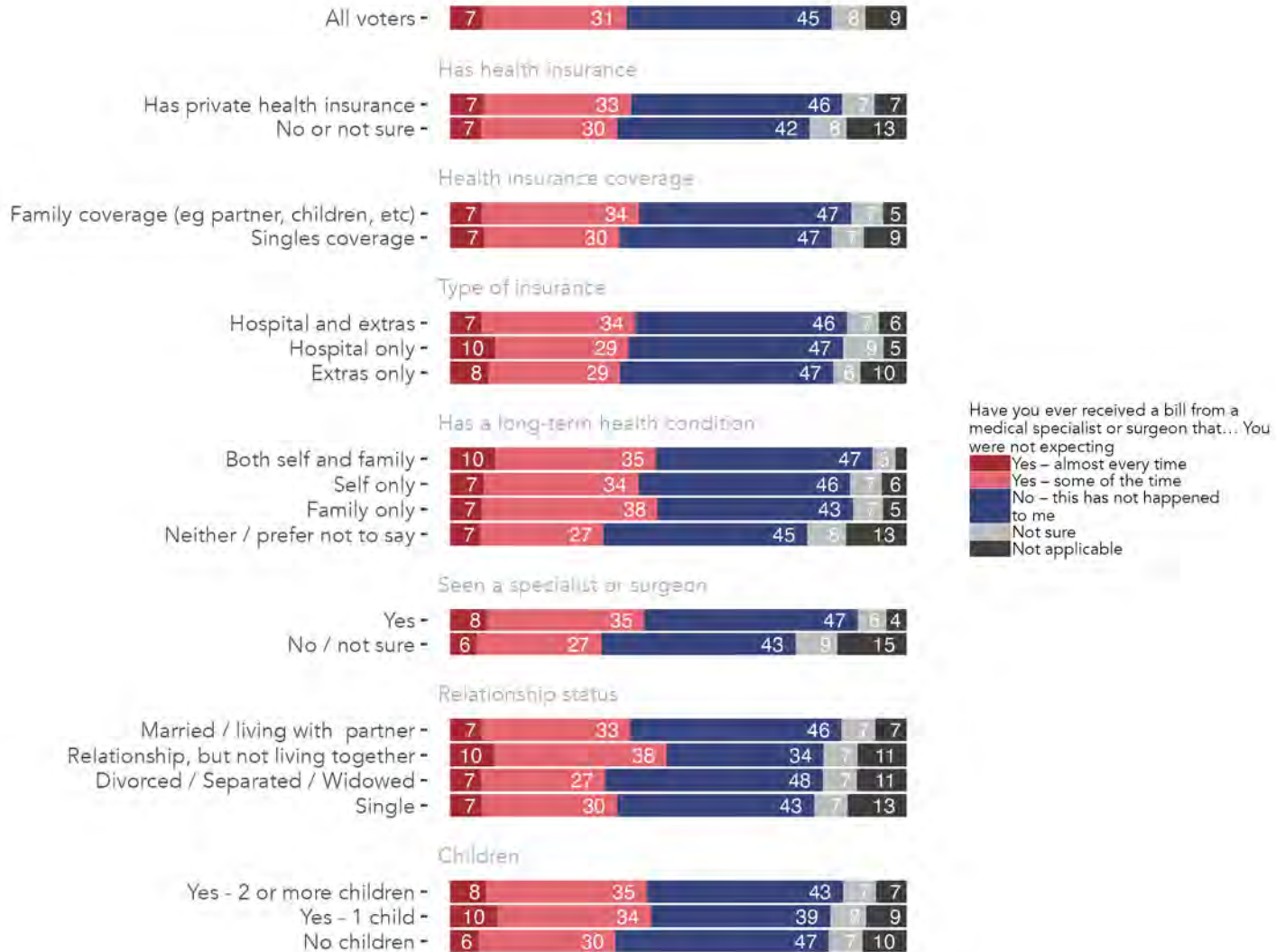


Figure 49: Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 40: Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	7	31	45	8	9
Has health insurance					
Has private health insurance	7	33	46	7	7
No or not sure	7	30	42	8	13
Health insurance coverage					
Family coverage (eg partner, children, etc)	7	34	47	7	5
Singles coverage	7	30	47	7	9
Type of insurance					
Hospital and extras	7	34	46	7	6
Hospital only	10	29	47	9	5
Extras only	8	29	47	6	10
Has a long-term health condition					
Both self and family	10	35	47	5	3
Self only	7	34	46	7	6
Family only	7	38	43	7	5
Neither / prefer not to say	7	27	45	8	13
Seen a specialist or surgeon					
Yes	8	35	47	6	4
No / not sure	6	27	43	9	15
Relationship status					
Married / living with partner	7	33	46	7	7
Relationship, but not living together	10	38	34	7	11
Divorced / Separated / Widowed	7	27	48	7	11
Single	7	30	43	7	13
Children					
Yes - 2 or more children	8	35	43	7	7
Yes - 1 child	10	34	39	8	9
No children	6	30	47	7	10

Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting

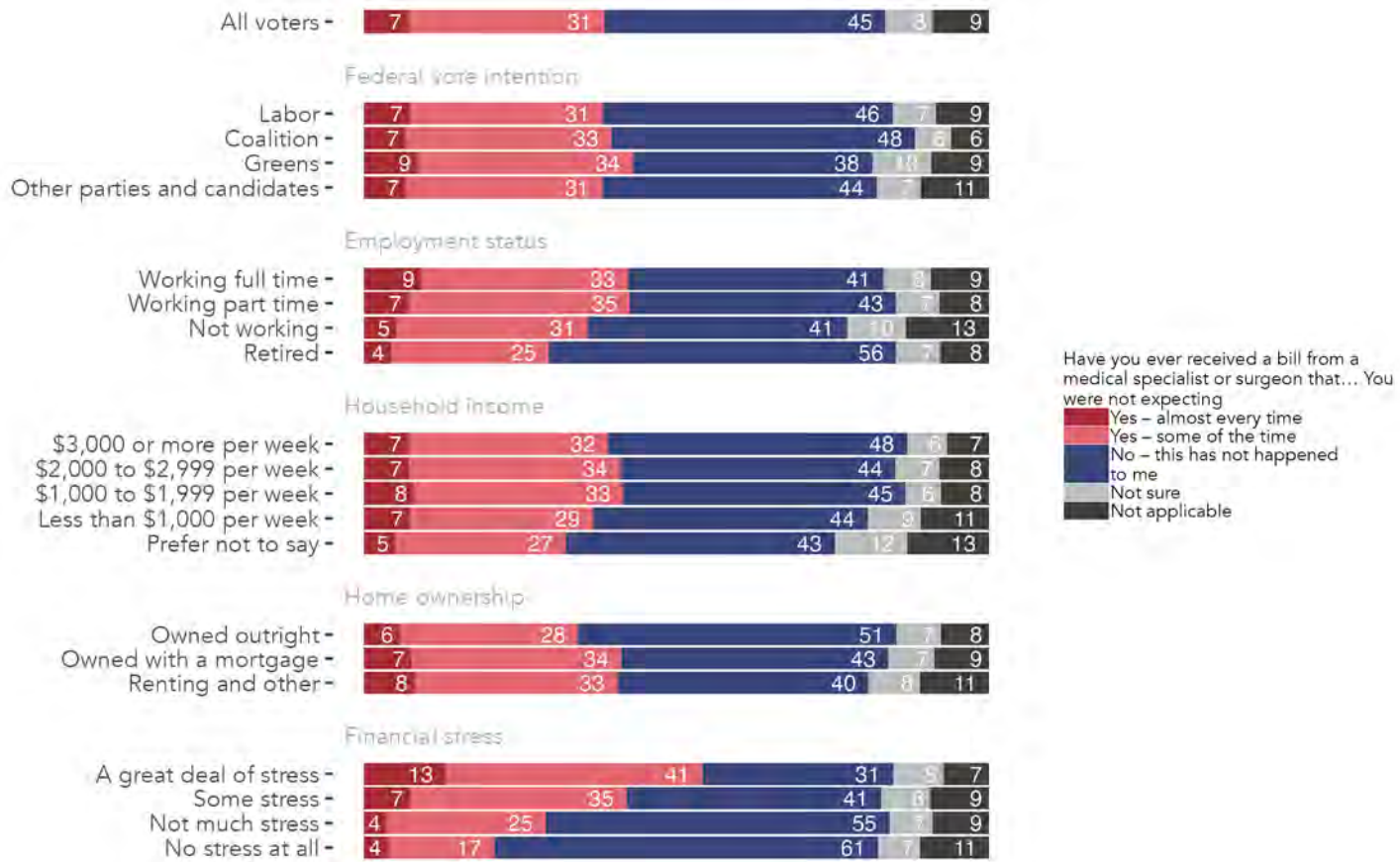


Figure 50: Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 41: Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	7	31	45	8	9
Federal vote intention					
Labor	7	31	46	7	9
Coalition	7	33	48	6	6
Greens	9	34	38	10	9
Other parties and candidates	7	31	44	7	11
Employment status					
Working full time	9	33	41	8	9
Working part time	7	35	43	7	8
Not working	5	31	41	10	13
Retired	4	25	56	7	8
Household income					
\$3,000 or more per week	7	32	48	6	7
\$2,000 to \$2,999 per week	7	34	44	7	8
\$1,000 to \$1,999 per week	8	33	45	6	8
Less than \$1,000 per week	7	29	44	9	11
Prefer not to say	5	27	43	12	13
Home ownership					
Owned outright	6	28	51	7	8
Owned with a mortgage	7	34	43	7	9
Renting and other	8	33	40	8	11
Financial stress					
A great deal of stress	13	41	31	8	7
Some stress	7	35	41	8	9
Not much stress	4	25	55	7	9
No stress at all	4	17	61	7	11

Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting

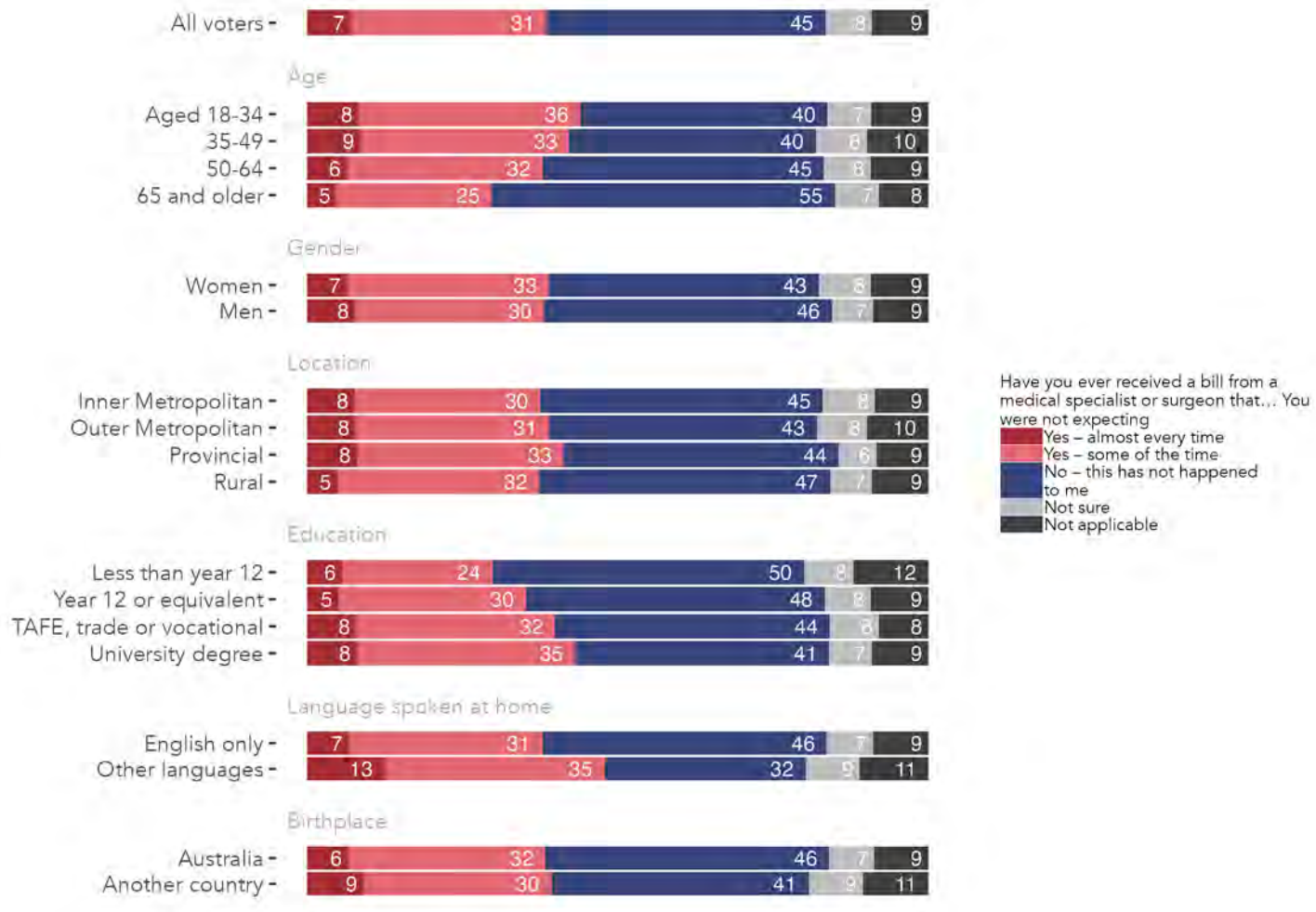


Figure 51: Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting, by demographic characteristics.

Table 42: Share of Australians who report that they have received a bill from a medical specialist or surgeon that they were not expecting, by demographic characteristics.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	7	31	45	8	9
Age					
Aged 18-34	8	36	40	7	9
35-49	9	33	40	8	10
50-64	6	32	45	8	9
65 and older	5	25	55	7	8
Gender					
Women	7	33	43	8	9
Men	8	30	46	7	9
Location					
Inner Metropolitan	8	30	45	8	9
Outer Metropolitan	8	31	43	8	10
Provincial	8	33	44	6	9
Rural	5	32	47	7	9
Education					
Less than year 12	6	24	50	8	12
Year 12 or equivalent	5	30	48	8	9
TAFE, trade or vocational	8	32	44	8	8
University degree	8	35	41	7	9
Language spoken at home					
English only	7	31	46	7	9
Other languages	13	35	32	9	11
Birthplace					
Australia	6	32	46	7	9
Another country	9	30	41	9	11

Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected

Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected

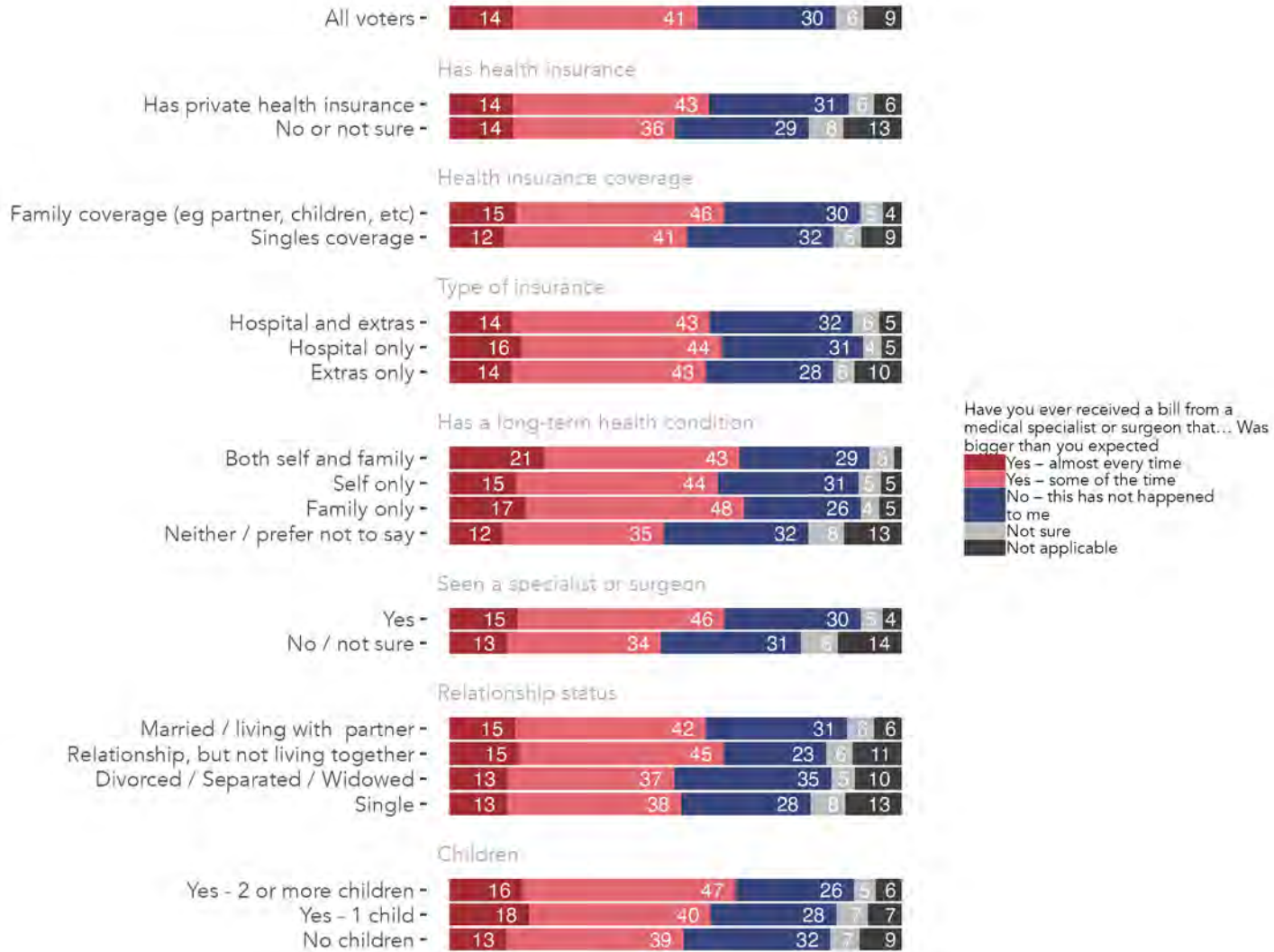


Figure 52: Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 43: Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	14	41	30	6	9
Has health insurance					
Has private health insurance	14	43	31	6	6
No or not sure	14	36	29	8	13
Health insurance coverage					
Family coverage (eg partner, children, etc)	15	46	30	5	4
Singles coverage	12	41	32	6	9
Type of insurance					
Hospital and extras	14	43	32	6	5
Hospital only	16	44	31	4	5
Extras only	14	43	28	5	10
Has a long-term health condition					
Both self and family	21	43	29	5	2
Self only	15	44	31	5	5
Family only	17	48	26	4	5
Neither / prefer not to say	12	35	32	8	13
Seen a specialist or surgeon					
Yes	15	46	30	5	4
No / not sure	13	34	31	8	14
Relationship status					
Married / living with partner	15	42	31	6	6
Relationship, but not living together	15	45	23	6	11
Divorced / Separated / Widowed	13	37	35	5	10
Single	13	38	28	8	13
Children					
Yes - 2 or more children	16	47	26	5	6
Yes - 1 child	18	40	28	7	7
No children	13	39	32	7	9

Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected

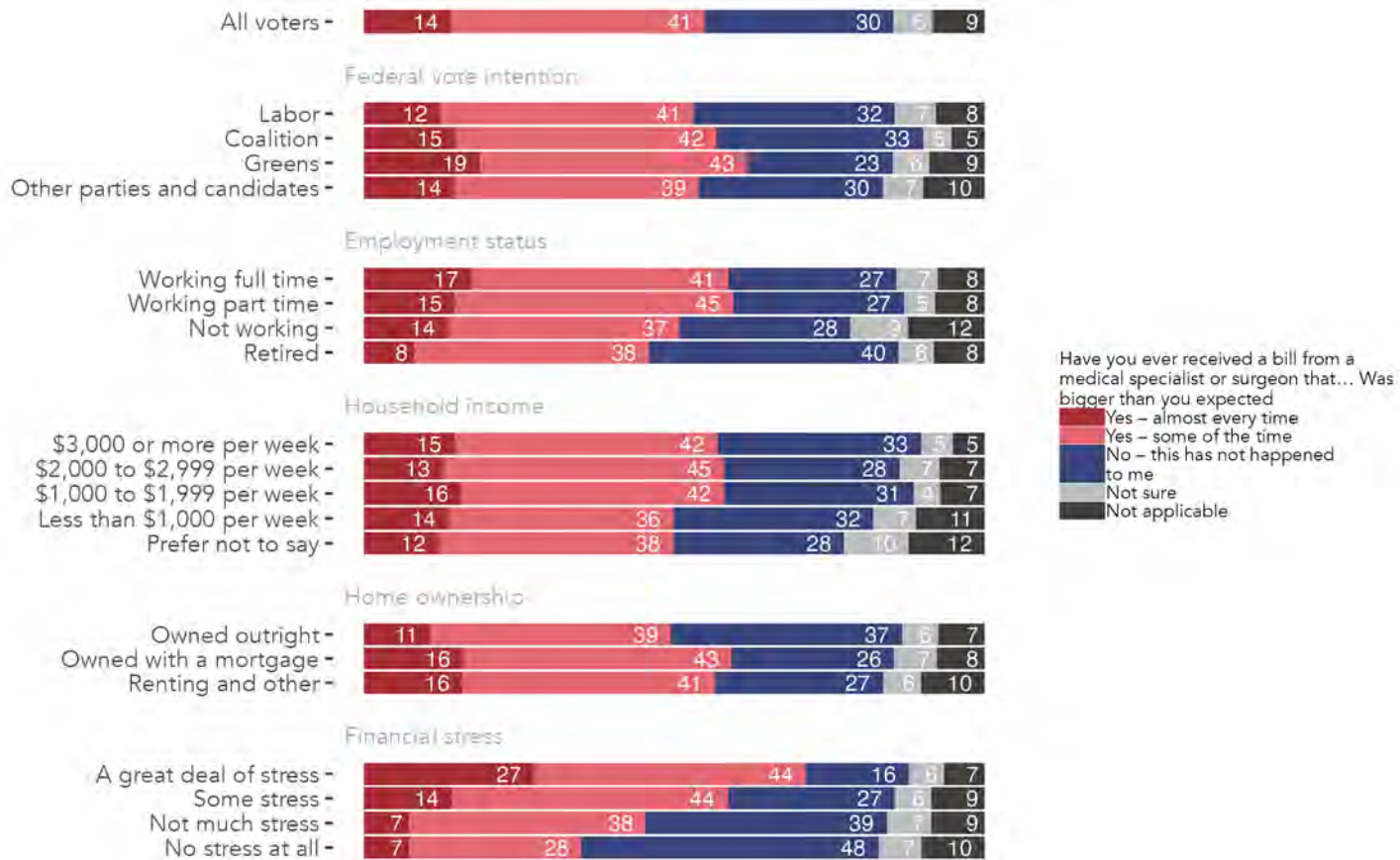


Figure 53: Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 44: Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	14	41	30	6	9
Federal vote intention					
Labor	12	41	32	7	8
Coalition	15	42	33	5	5
Greens	19	43	23	6	9
Other parties and candidates	14	39	30	7	10
Employment status					
Working full time	17	41	27	7	8
Working part time	15	45	27	5	8
Not working	14	37	28	9	12
Retired	8	38	40	6	8
Household income					
\$3,000 or more per week	15	42	33	5	5
\$2,000 to \$2,999 per week	13	45	28	7	7
\$1,000 to \$1,999 per week	16	42	31	4	7
Less than \$1,000 per week	14	36	32	7	11
Prefer not to say	12	38	28	10	12
Home ownership					
Owned outright	11	39	37	6	7
Owned with a mortgage	16	43	26	7	8
Renting and other	16	41	27	6	10
Financial stress					
A great deal of stress	27	44	16	6	7
Some stress	14	44	27	6	9
Not much stress	7	38	39	7	9
No stress at all	7	28	48	7	10

Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected

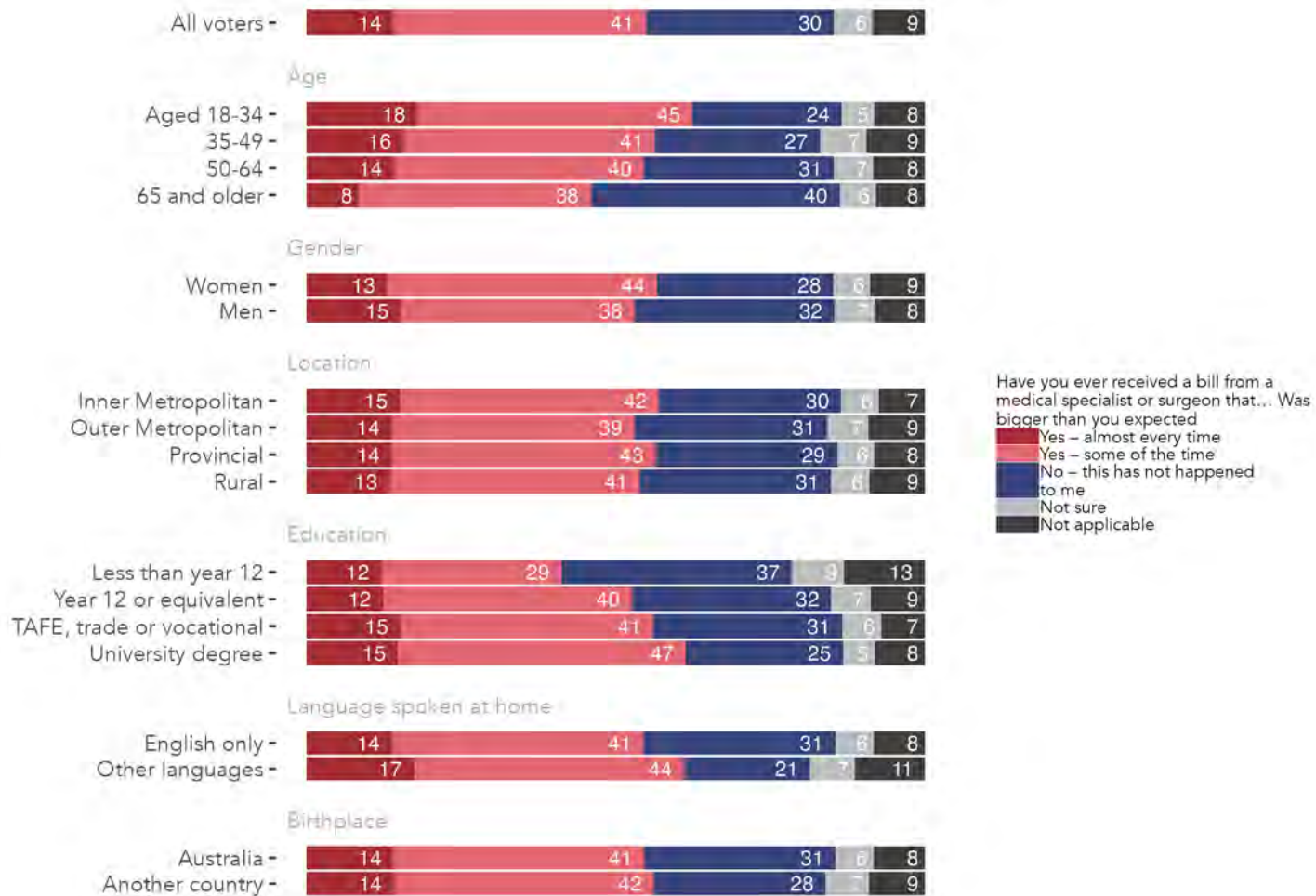


Figure 54: Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected, by demographic characteristics.

Table 45: Share of Australians who report that they have received a bill from a medical specialist or surgeon that was bigger than they expected, by demographic characteristics.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	14	41	30	6	9
Age					
Aged 18-34	18	45	24	5	8
35-49	16	41	27	7	9
50-64	14	40	31	7	8
65 and older	8	38	40	6	8
Gender					
Women	13	44	28	6	9
Men	15	38	32	7	8
Location					
Inner Metropolitan	15	42	30	6	7
Outer Metropolitan	14	39	31	7	9
Provincial	14	43	29	6	8
Rural	13	41	31	6	9
Education					
Less than year 12	12	29	37	9	13
Year 12 or equivalent	12	40	32	7	9
TAFE, trade or vocational	15	41	31	6	7
University degree	15	47	25	5	8
Language spoken at home					
English only	14	41	31	6	8
Other languages	17	44	21	7	11
Birthplace					
Australia	14	41	31	6	8
Another country	14	42	28	7	9

Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care

Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care

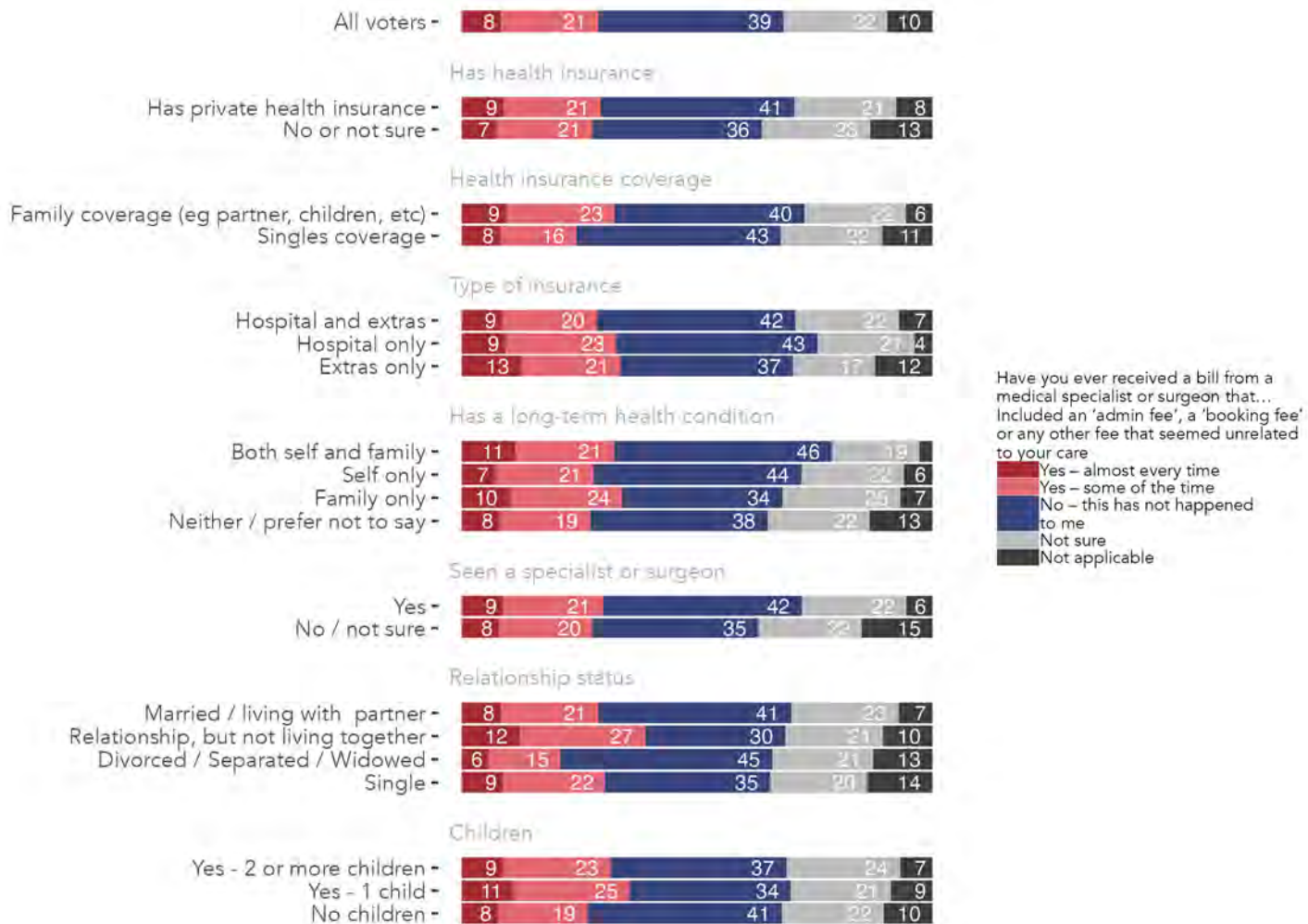


Figure 55: Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 46: Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	8	21	39	22	10
Has health insurance					
Has private health insurance	9	21	41	21	8
No or not sure	7	21	36	23	13
Health insurance coverage					
Family coverage (eg partner, children, etc)	9	23	40	22	6
Singles coverage	8	16	43	22	11
Type of insurance					
Hospital and extras	9	20	42	22	7
Hospital only	9	23	43	21	4
Extras only	13	21	37	17	12
Has a long-term health condition					
Both self and family	11	21	46	19	3
Self only	7	21	44	22	6
Family only	10	24	34	25	7
Neither / prefer not to say	8	19	38	22	13
Seen a specialist or surgeon					
Yes	9	21	42	22	6
No / not sure	8	20	35	22	15
Relationship status					
Married / living with partner	8	21	41	23	7
Relationship, but not living together	12	27	30	21	10
Divorced / Separated / Widowed	6	15	45	21	13
Single	9	22	35	20	14
Children					
Yes - 2 or more children	9	23	37	24	7
Yes - 1 child	11	25	34	21	9
No children	8	19	41	22	10

Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care

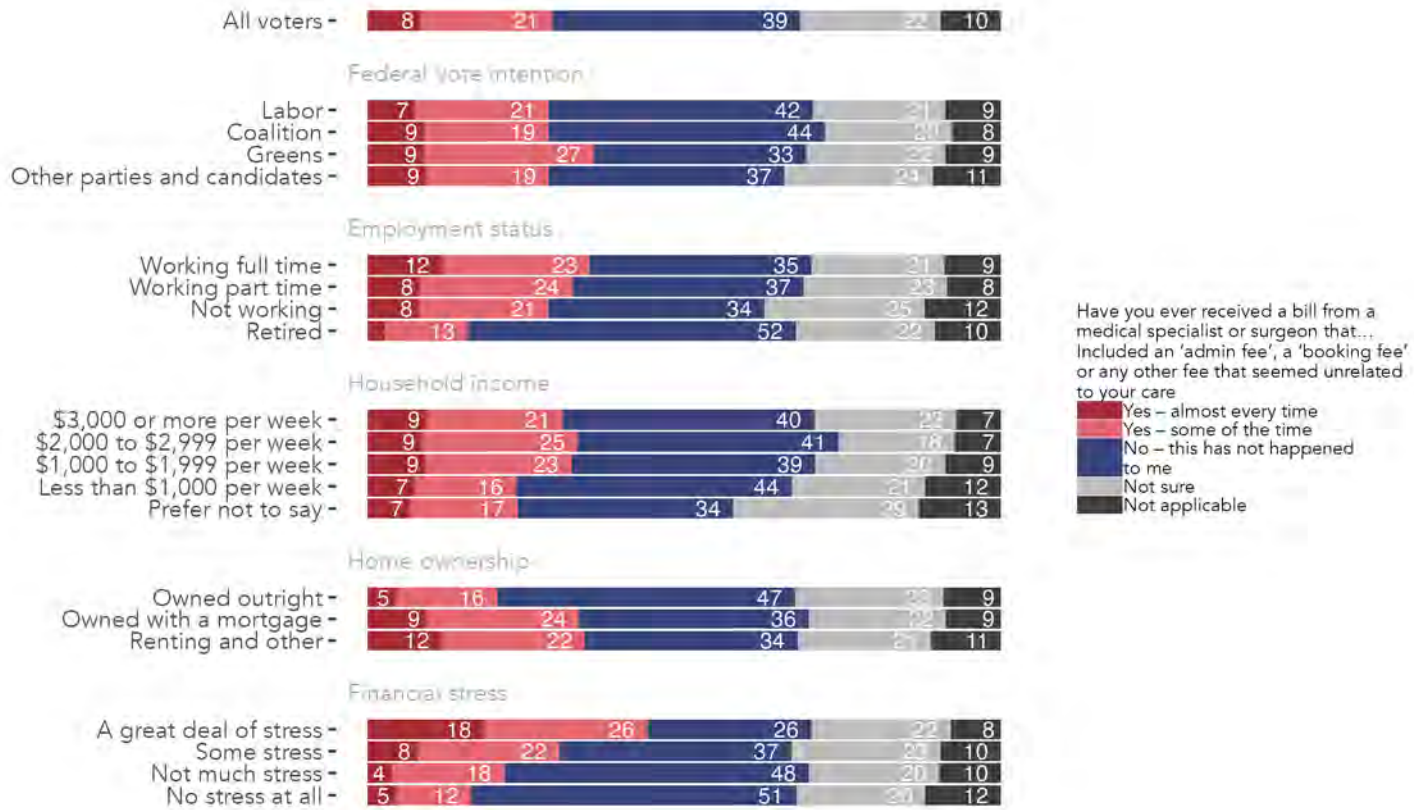


Figure 56: Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 47: Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	8	21	39	22	10
Federal vote intention					
Labor	7	21	42	21	9
Coalition	9	19	44	20	8
Greens	9	27	33	22	9
Other parties and candidates	9	19	37	24	11
Employment status					
Working full time	12	23	35	21	9
Working part time	8	24	37	23	8
Not working	8	21	34	25	12
Retired	3	13	52	22	10
Household income					
\$3,000 or more per week	9	21	40	23	7
\$2,000 to \$2,999 per week	9	25	41	18	7
\$1,000 to \$1,999 per week	9	23	39	20	9
Less than \$1,000 per week	7	16	44	21	12
Prefer not to say	7	17	34	29	13
Home ownership					
Owned outright	5	16	47	23	9
Owned with a mortgage	9	24	36	22	9
Renting and other	12	22	34	21	11
Financial stress					
A great deal of stress	18	26	26	22	8
Some stress	8	22	37	23	10
Not much stress	4	18	48	20	10
No stress at all	5	12	51	20	12

Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care

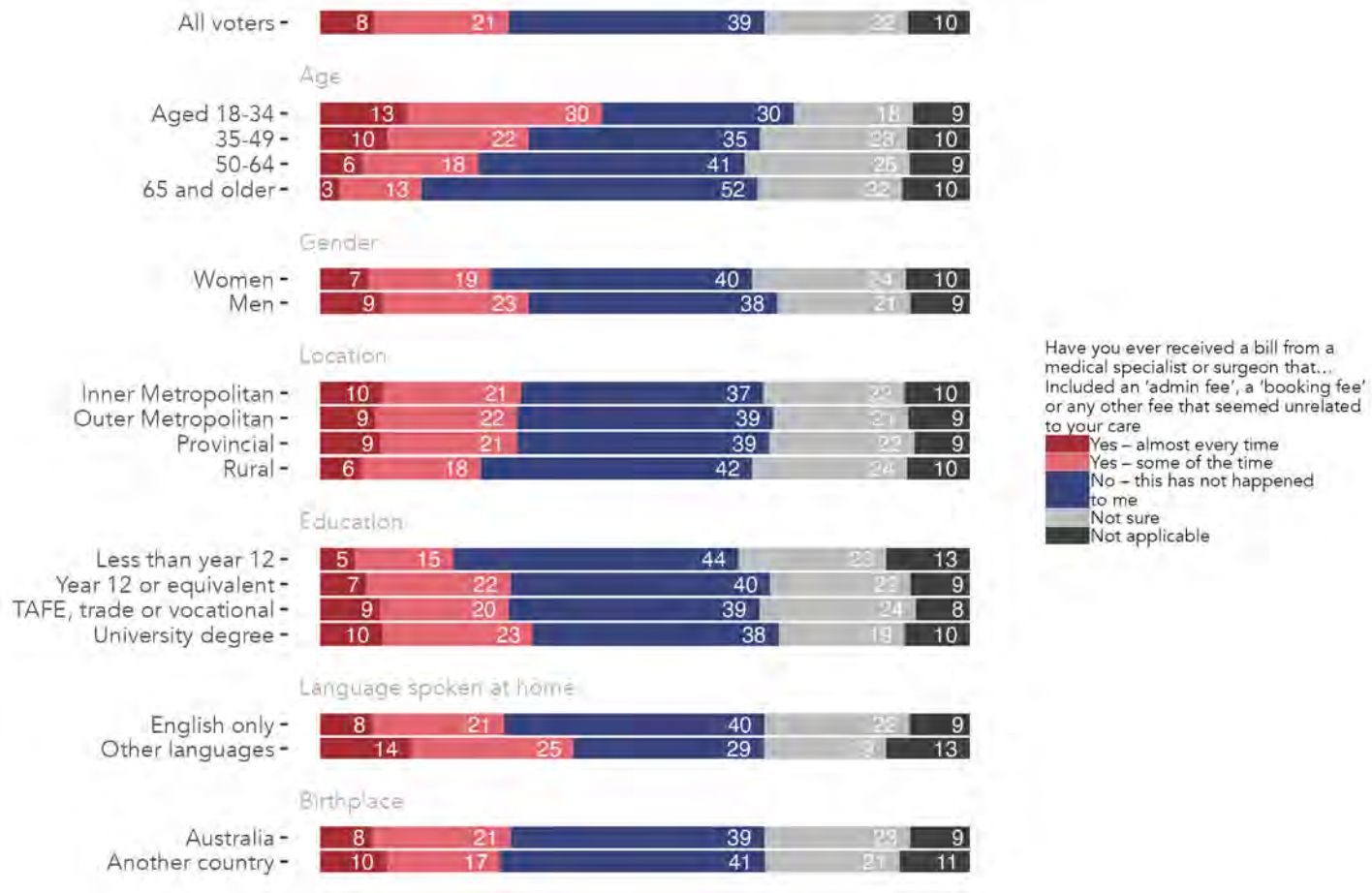


Figure 57: Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care, by demographic characteristics.

Table 48: Share of Australians who report that they have received a bill from a medical specialist or surgeon that included an 'admin fee', 'booking fee' or another fee that seemed unrelated to their care, by demographic characteristics.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	8	21	39	22	10
Age					
Aged 18-34	13	30	30	18	9
35-49	10	22	35	23	10
50-64	6	18	41	26	9
65 and older	3	13	52	22	10
Gender					
Women	7	19	40	24	10
Men	9	23	38	21	9
Location					
Inner Metropolitan	10	21	37	22	10
Outer Metropolitan	9	22	39	21	9
Provincial	9	21	39	22	9
Rural	6	18	42	24	10
Education					
Less than year 12	5	15	44	23	13
Year 12 or equivalent	7	22	40	22	9
TAFE, trade or vocational	9	20	39	24	8
University degree	10	23	38	19	10
Language spoken at home					
English only	8	21	40	22	9
Other languages	14	25	29	19	13
Birthplace					
Australia	8	21	39	23	9
Another country	10	17	41	21	11

How many Australians have had to pay a non-refundable deposit to see a specialist or surgeon?

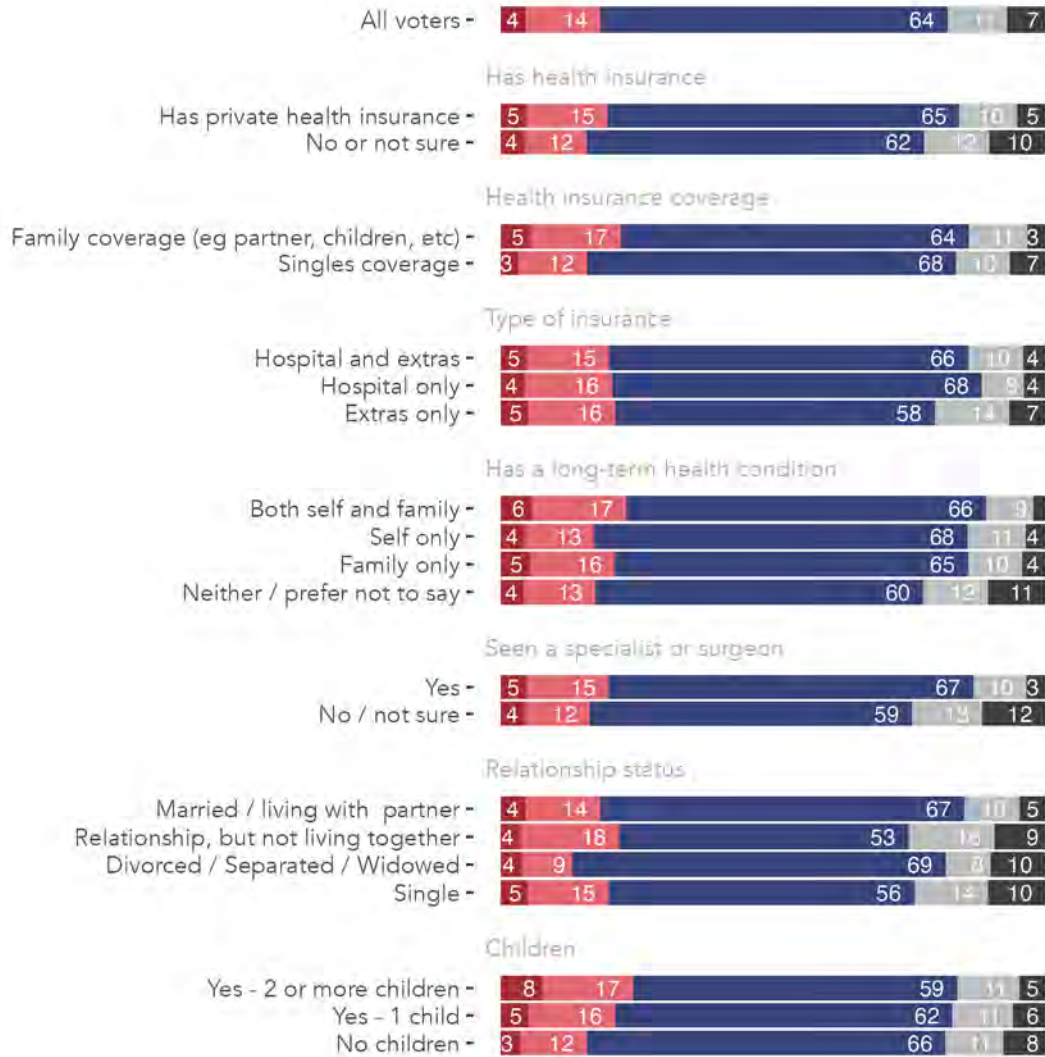
Question text

Have you ever had to pay a non-refundable deposit to secure an appointment with a specialist or surgeon?

Single select; random reverse 1-3

1. Yes – almost every time
2. Yes – some of the time
3. No – this has not happened to me
4. Not sure
5. Not applicable

Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon



Have you ever had to pay a non-refundable deposit to secure an appointment with a specialist or surgeon?

- Yes - almost every time
- Yes - some of the time
- No - this has not happened to me
- Not sure
- Not applicable

Figure 58: Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 49: Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	4	14	64	11	7
Has health insurance					
Has private health insurance	5	15	65	10	5
No or not sure	4	12	62	12	10
Health insurance coverage					
Family coverage (eg partner, children, etc)	5	17	64	11	3
Singles coverage	3	12	68	10	7
Type of insurance					
Hospital and extras	5	15	66	10	4
Hospital only	4	16	68	8	4
Extras only	5	16	58	14	7
Has a long-term health condition					
Both self and family	6	17	66	9	2
Self only	4	13	68	11	4
Family only	5	16	65	10	4
Neither / prefer not to say	4	13	60	12	11
Seen a specialist or surgeon					
Yes	5	15	67	10	3
No / not sure	4	12	59	13	12
Relationship status					
Married / living with partner	4	14	67	10	5
Relationship, but not living together	4	18	53	16	9
Divorced / Separated / Widowed	4	9	69	8	10
Single	5	15	56	14	10
Children					
Yes - 2 or more children	8	17	59	11	5
Yes - 1 child	5	16	62	11	6
No children	3	12	66	11	8

Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon

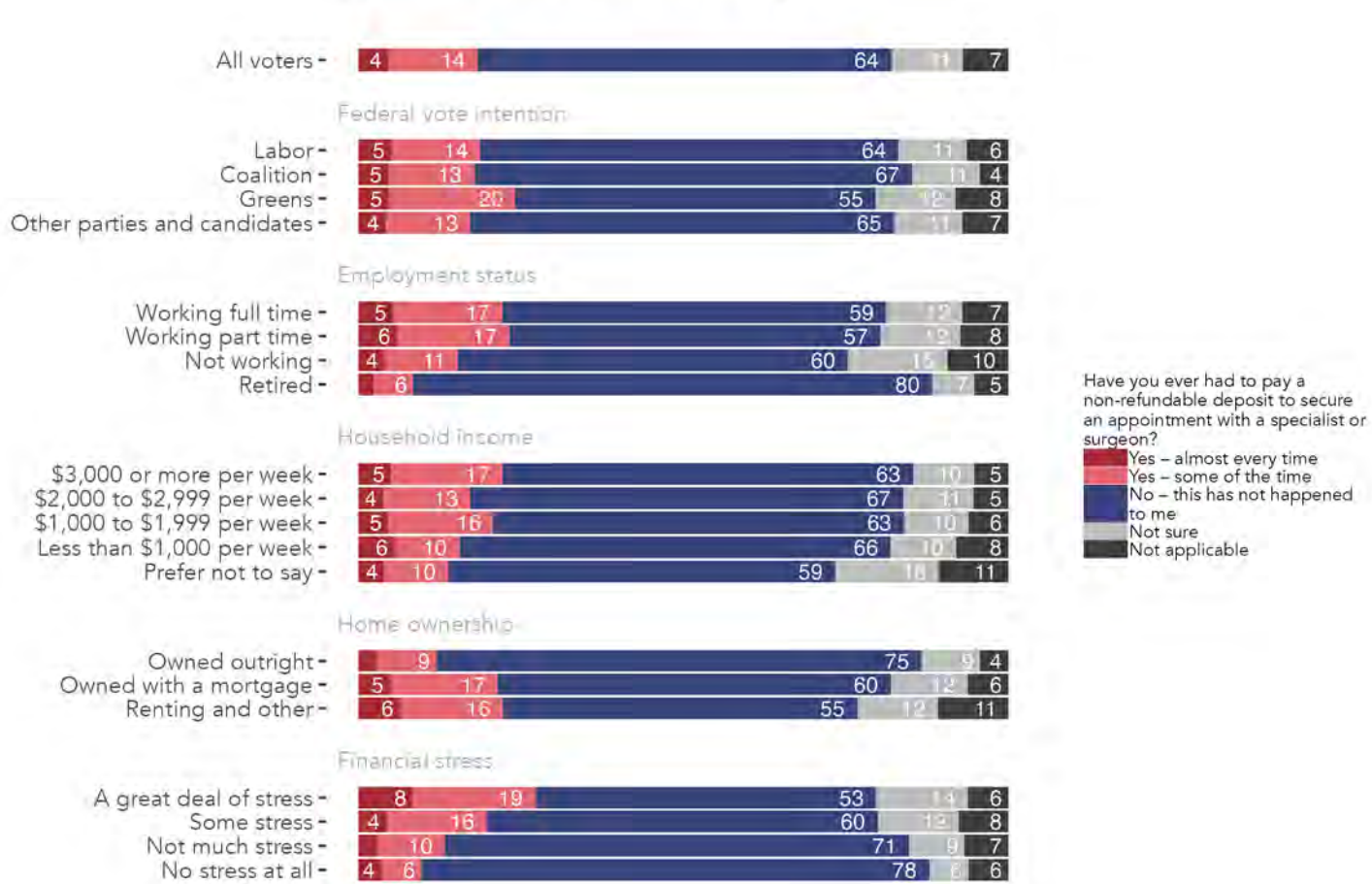


Figure 59: Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 50: Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	4	14	64	11	7
Federal vote intention					
Labor	5	14	64	11	6
Coalition	5	13	67	11	4
Greens	5	20	55	12	8
Other parties and candidates	4	13	65	11	7
Employment status					
Working full time	5	17	59	12	7
Working part time	6	17	57	12	8
Not working	4	11	60	15	10
Retired	2	6	80	7	5
Household income					
\$3,000 or more per week	5	17	63	10	5
\$2,000 to \$2,999 per week	4	13	67	11	5
\$1,000 to \$1,999 per week	5	16	63	10	6
Less than \$1,000 per week	6	10	66	10	8
Prefer not to say	4	10	59	16	11
Home ownership					
Owned outright	3	9	75	9	4
Owned with a mortgage	5	17	60	12	6
Renting and other	6	16	55	12	11
Financial stress					
A great deal of stress	8	19	53	14	6
Some stress	4	16	60	12	8
Not much stress	3	10	71	9	7
No stress at all	4	6	78	6	6

Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon

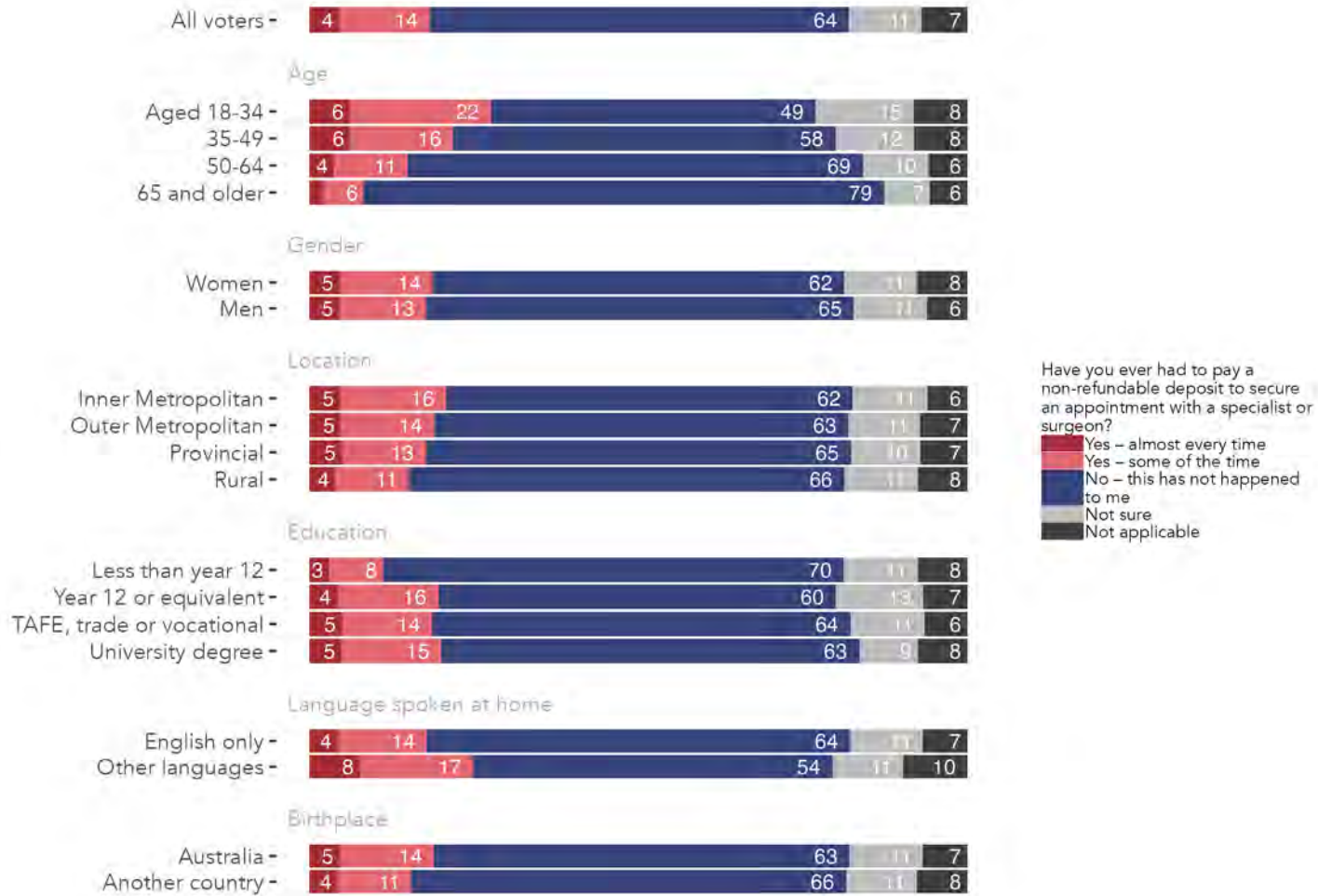


Figure 60: Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon, by demographic characteristics.

Table 51: Share of Australians who report being required to pay a non-refundable deposit to secure an appointment with a specialist or surgeon, by demographic characteristics.

	Yes – almost every time	Yes – some of the time	No – this has not happened to me	Not sure	Not applicable
All voters	4	14	64	11	7
Age					
Aged 18-34	6	22	49	15	8
35-49	6	16	58	12	8
50-64	4	11	69	10	6
65 and older	2	6	79	7	6
Gender					
Women	5	14	62	11	8
Men	5	13	65	11	6
Location					
Inner Metropolitan	5	16	62	11	6
Outer Metropolitan	5	14	63	11	7
Provincial	5	13	65	10	7
Rural	4	11	66	11	8
Education					
Less than year 12	3	8	70	11	8
Year 12 or equivalent	4	16	60	13	7
TAFE, trade or vocational	5	14	64	11	6
University degree	5	15	63	9	8
Language spoken at home					
English only	4	14	64	11	7
Other languages	8	17	54	11	10
Birthplace					
Australia	5	14	63	11	7
Another country	4	11	66	11	8

Do Australians understand bills from medical specialists and surgeons?

Question text

Which of these is closest to your experience with bills from a medical specialist or surgeon?

Would you say that you...

Single select; random reverse 1-4

1. Never understand the bill
2. Rarely understand the bill
3. Usually understand the bill
4. Always understand the bill
5. Not applicable

Reported understanding of bills from medical specialists and surgeons

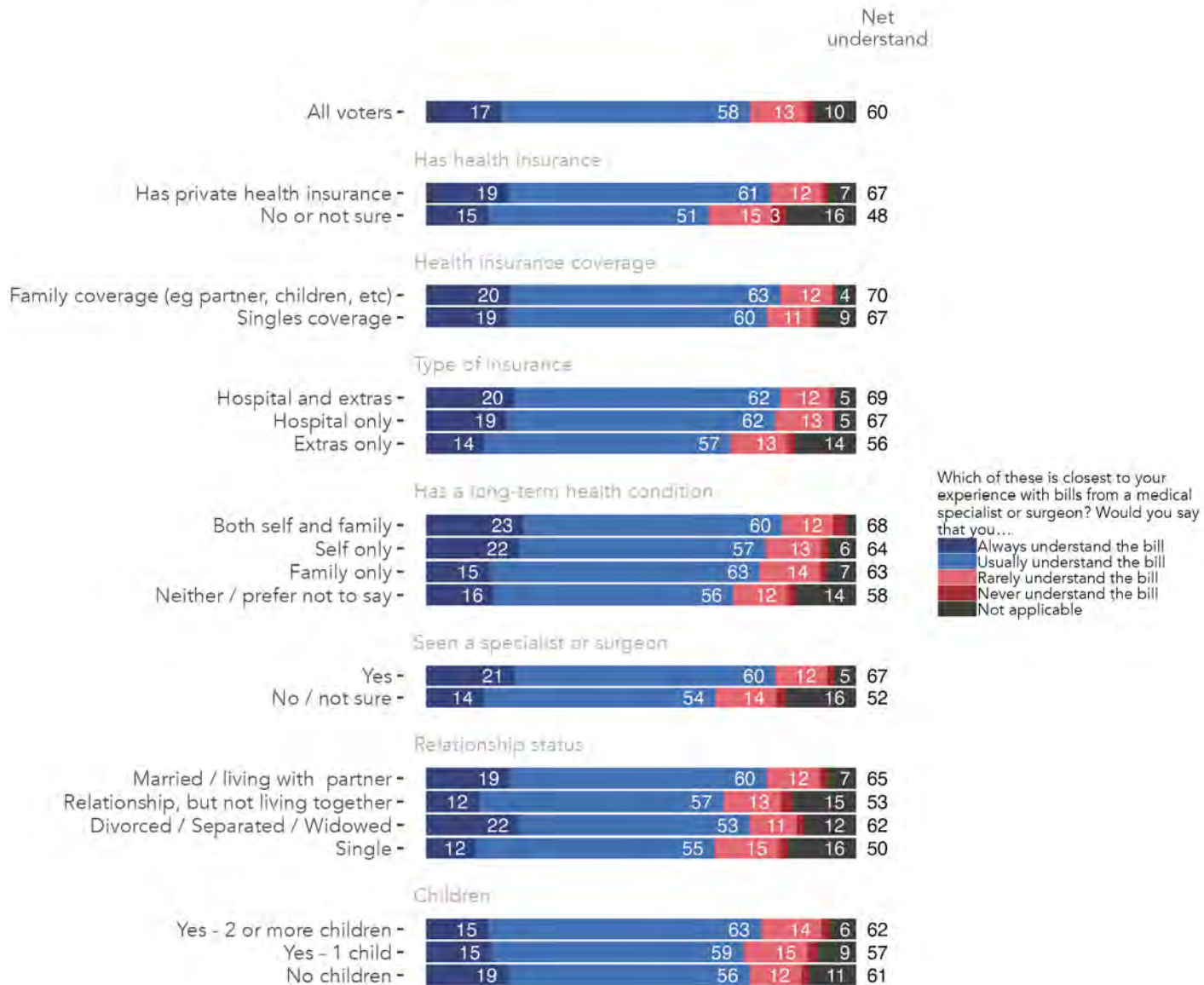


Figure 61: Reported understanding of bills from medical specialists and surgeons, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who say they understand the bill (total share that 'always' or 'usually' understand it, minus the share who say they 'rarely' or 'never' understand it).

Table 52: Reported understanding of bills from medical specialists and surgeons, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Always understand the bill	Usually understand the bill	Rarely understand the bill	Never understand the bill	Not applicable	Net understand
All voters	17	58	13	2	10	60
Has health insurance						
Has private health insurance	19	61	12	1	7	67
No or not sure	15	51	15	3	16	48
Health insurance coverage						
Family coverage (eg partner, children, etc)	20	63	12	1	4	70
Singles coverage	19	60	11	1	9	67
Type of insurance						
Hospital and extras	20	62	12	1	5	69
Hospital only	19	62	13	1	5	67
Extras only	14	57	13	2	14	56
Has a long-term health condition						
Both self and family	23	60	12	3	2	68
Self only	22	57	13	2	6	64
Family only	15	63	14	1	7	63
Neither / prefer not to say	16	56	12	2	14	58
Seen a specialist or surgeon						
Yes	21	60	12	2	5	67
No / not sure	14	54	14	2	16	52
Relationship status						
Married / living with partner	19	60	12	2	7	65
Relationship, but not living together	12	57	13	3	15	53
Divorced / Separated / Widowed	22	53	11	2	12	62
Single	12	55	15	2	16	50
Children						
Yes - 2 or more children	15	63	14	2	6	62
Yes - 1 child	15	59	15	2	9	57
No children	19	56	12	2	11	61

Reported understanding of bills from medical specialists and surgeons

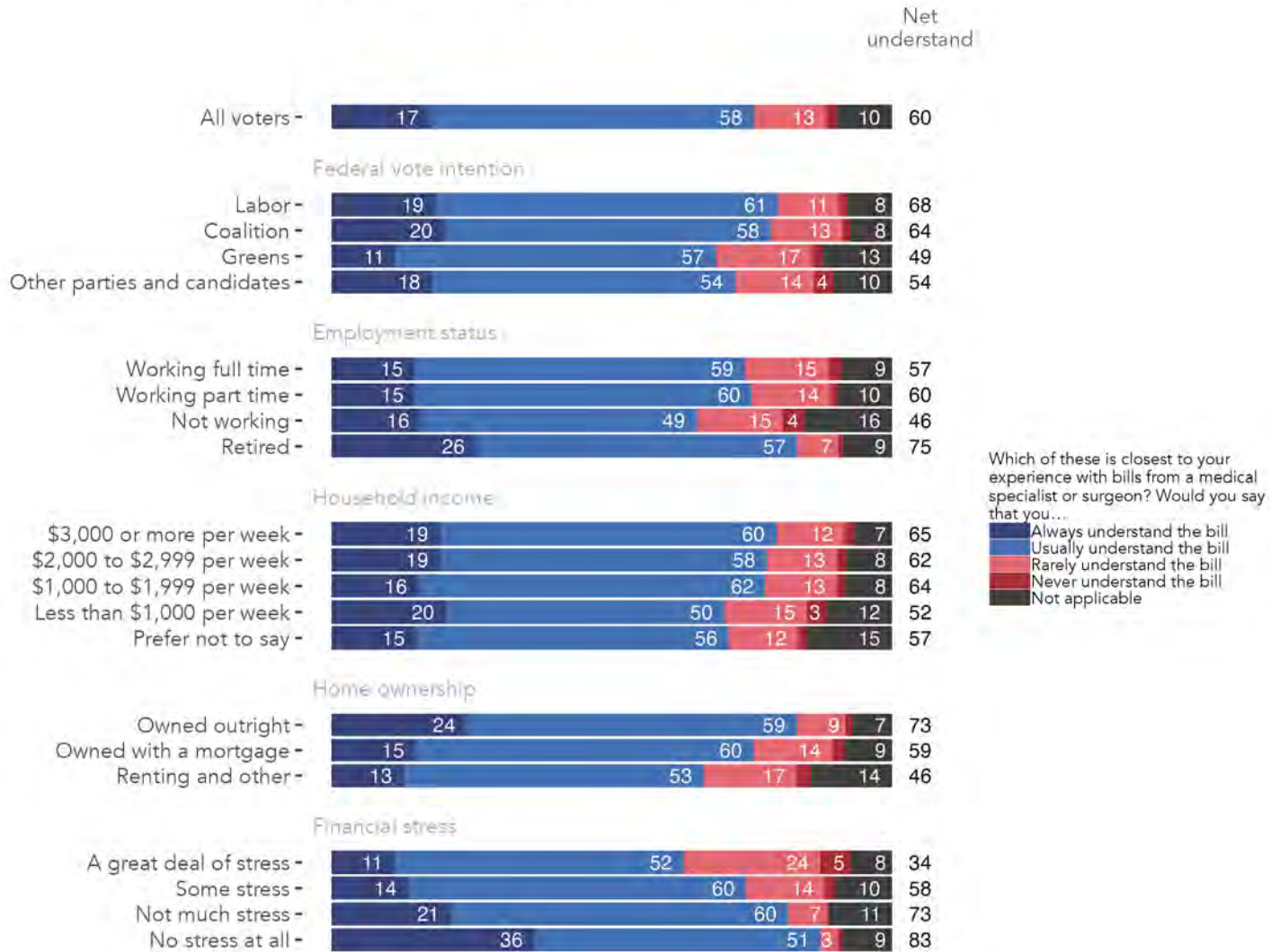


Figure 62: Reported understanding of bills from medical specialists and surgeons, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who say they understand the bill (total share that 'always' or 'usually' understand it, minus the share who say they 'rarely' or 'never' understand it).

Table 53: Reported understanding of bills from medical specialists and surgeons, by federal vote intention, employment status, household income, home ownership and financial stress.

	Always understand the bill	Usually understand the bill	Rarely understand the bill	Never understand the bill	Not applicable	Net understand
All voters	17	58	13	2	10	60
Federal vote intention						
Labor	19	61	11	1	8	68
Coalition	20	58	13	1	8	64
Greens	11	57	17	2	13	49
Other parties and candidates	18	54	14	4	10	54
Employment status						
Working full time	15	59	15	2	9	57
Working part time	15	60	14	1	10	60
Not working	16	49	15	4	16	46
Retired	26	57	7	1	9	75
Household income						
\$3,000 or more per week	19	60	12	2	7	65
\$2,000 to \$2,999 per week	19	58	13	2	8	62
\$1,000 to \$1,999 per week	16	62	13	1	8	64
Less than \$1,000 per week	20	50	15	3	12	52
Prefer not to say	15	56	12	2	15	57
Home ownership						
Owned outright	24	59	9	1	7	73
Owned with a mortgage	15	60	14	2	9	59
Renting and other	13	53	17	3	14	46
Financial stress						
A great deal of stress	11	52	24	5	8	34
Some stress	14	60	14	2	10	58
Not much stress	21	60	7	1	11	73
No stress at all	36	51	3	1	9	83

Reported understanding of bills from medical specialists and surgeons

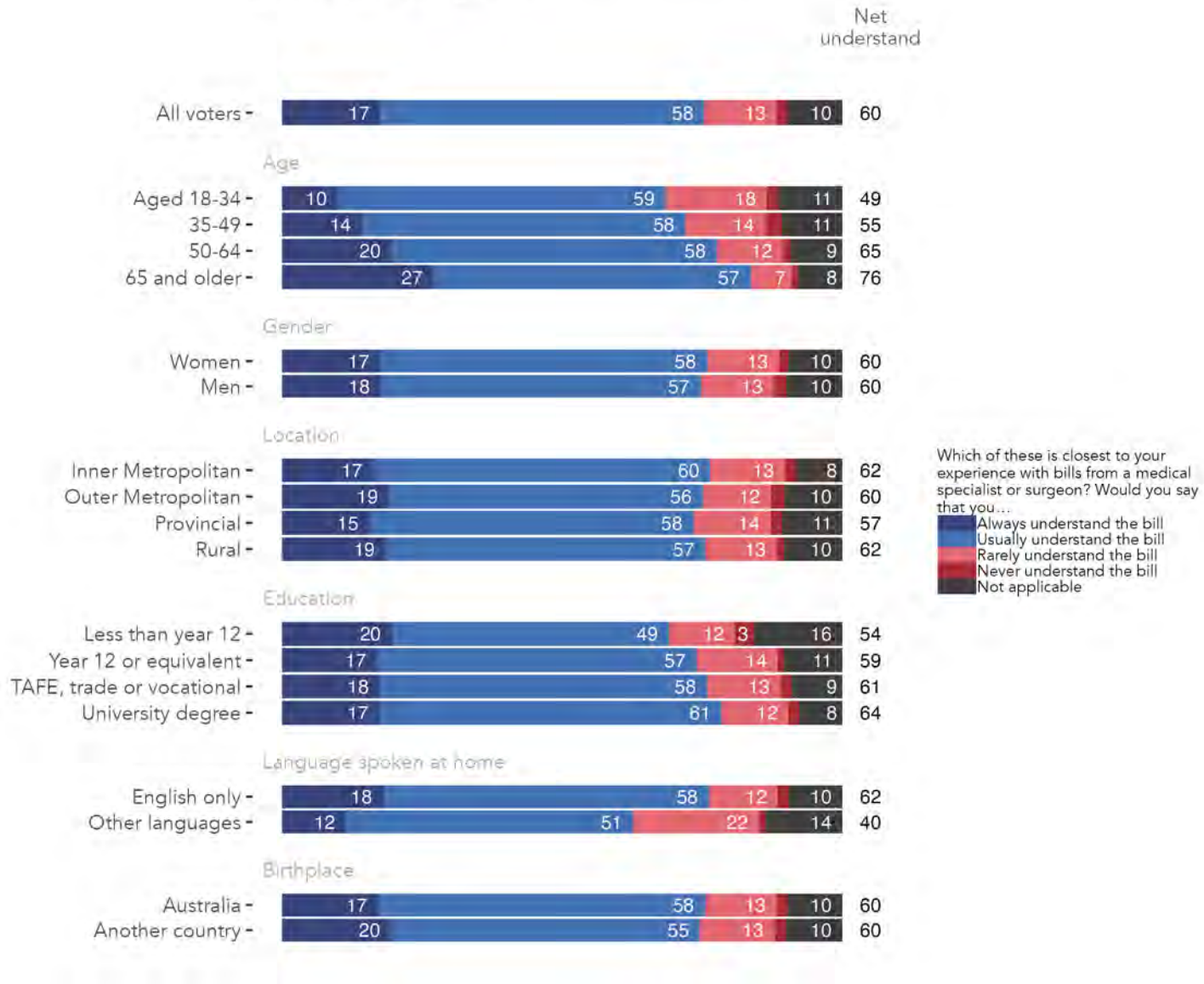


Figure 63: Reported understanding of bills from medical specialists and surgeons, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who say they understand the bill (total share that 'always' or 'usually' understand it, minus the share who say they 'rarely' or 'never' understand it).

Table 54: Reported understanding of bills from medical specialists and surgeons, by demographic characteristics.

	Always understand the bill	Usually understand the bill	Rarely understand the bill	Never understand the bill	Not applicable	Net understand
All voters	17	58	13	2	10	60
Age						
Aged 18-34	10	59	18	2	11	49
35-49	14	58	14	3	11	55
50-64	20	58	12	1	9	65
65 and older	27	57	7	1	8	76
Gender						
Women	17	58	13	2	10	60
Men	18	57	13	2	10	60
Location						
Inner Metropolitan	17	60	13	2	8	62
Outer Metropolitan	19	56	12	3	10	60
Provincial	15	58	14	2	11	57
Rural	19	57	13	1	10	62
Education						
Less than year 12	20	49	12	3	16	54
Year 12 or equivalent	17	57	14	1	11	59
TAFE, trade or vocational	18	58	13	2	9	61
University degree	17	61	12	2	8	64
Language spoken at home						
English only	18	58	12	2	10	62
Other languages	12	51	22	1	14	40
Birthplace						
Australia	17	58	13	2	10	60
Another country	20	55	13	2	10	60

Are the out of pocket fees charged by specialist seen as reasonable?

Question text

Do you think the out of pocket fees charged for specialist care are reasonable?

Single select; random reverse 1-4

1. Yes - definitely
2. Yes - probably
3. No - probably not
4. No - definitely not
5. Not sure

Do Australians perceive out of pocket fees for specialist care to be reasonable?

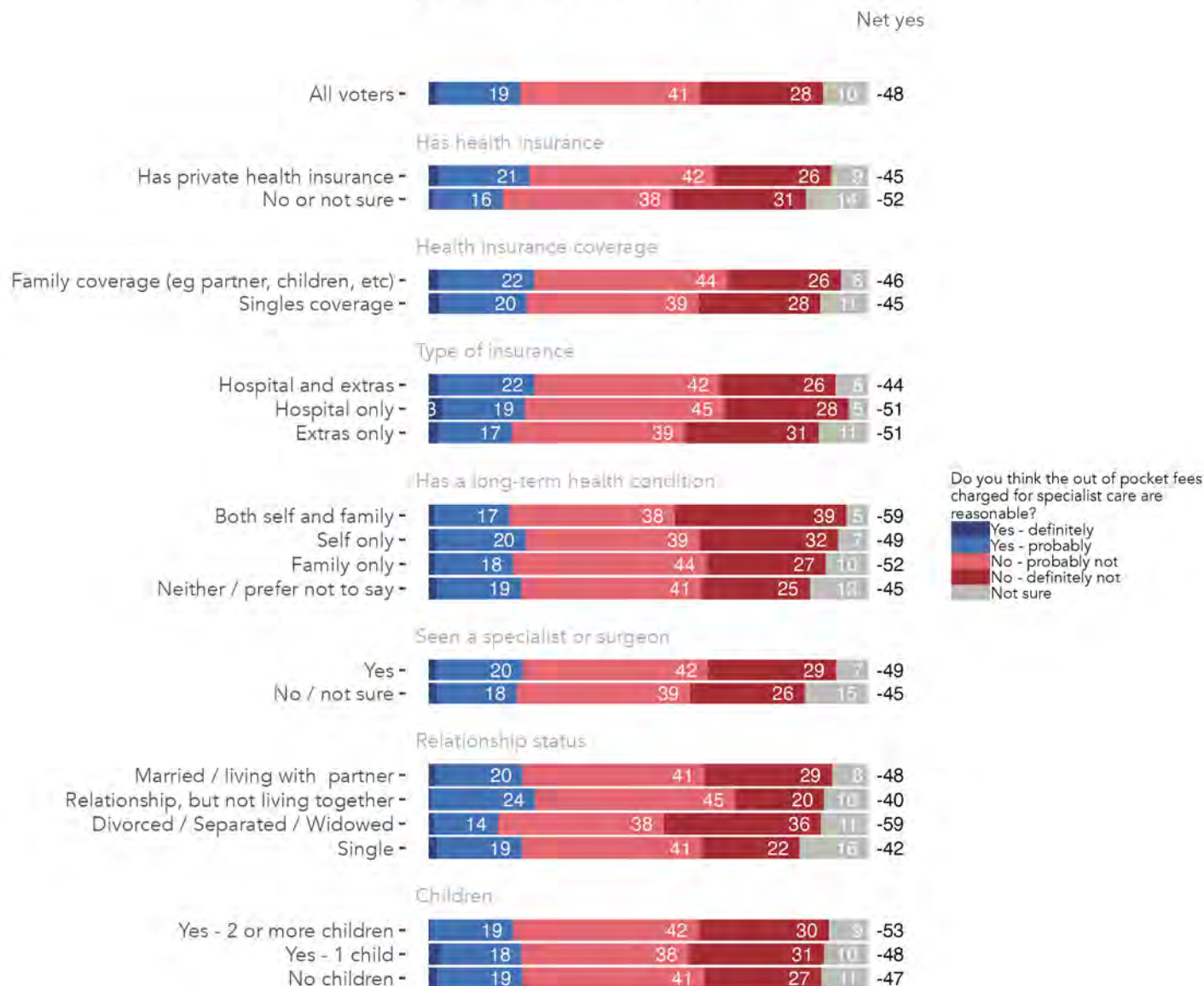


Figure 64: Do Australians perceive out of pocket fees for specialist care to be reasonable?, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who think the out of pocket fees are reasonable (total share that say yes, minus the share who say no).

Table 55: Do Australians perceive out of pocket fees for specialist care to be reasonable?, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes - definitely	Yes - probably	No - probably not	No - definitely not	Not sure	Net yes
All voters	2	19	41	28	10	-48
Has health insurance						
Has private health insurance	2	21	42	26	9	-45
No or not sure	1	16	38	31	14	-52
Health insurance coverage						
Family coverage (eg partner, children, etc)	2	22	44	26	6	-46
Singles coverage	2	20	39	28	11	-45
Type of insurance						
Hospital and extras	2	22	42	26	8	-44
Hospital only	3	19	45	28	5	-51
Extras only	2	17	39	31	11	-51
Has a long-term health condition						
Both self and family	1	17	38	39	5	-59
Self only	2	20	39	32	7	-49
Family only	1	18	44	27	10	-52
Neither / prefer not to say	2	19	41	25	13	-45
Seen a specialist or surgeon						
Yes	2	20	42	29	7	-49
No / not sure	2	18	39	26	15	-45
Relationship status						
Married / living with partner	2	20	41	29	8	-48
Relationship, but not living together	1	24	45	20	10	-40
Divorced / Separated / Widowed	1	14	38	36	11	-59
Single	2	19	41	22	16	-42
Children						
Yes - 2 or more children	0	19	42	30	9	-53
Yes - 1 child	3	18	38	31	10	-48
No children	2	19	41	27	11	-47

Do Australians perceive out of pocket fees for specialist care to be reasonable?

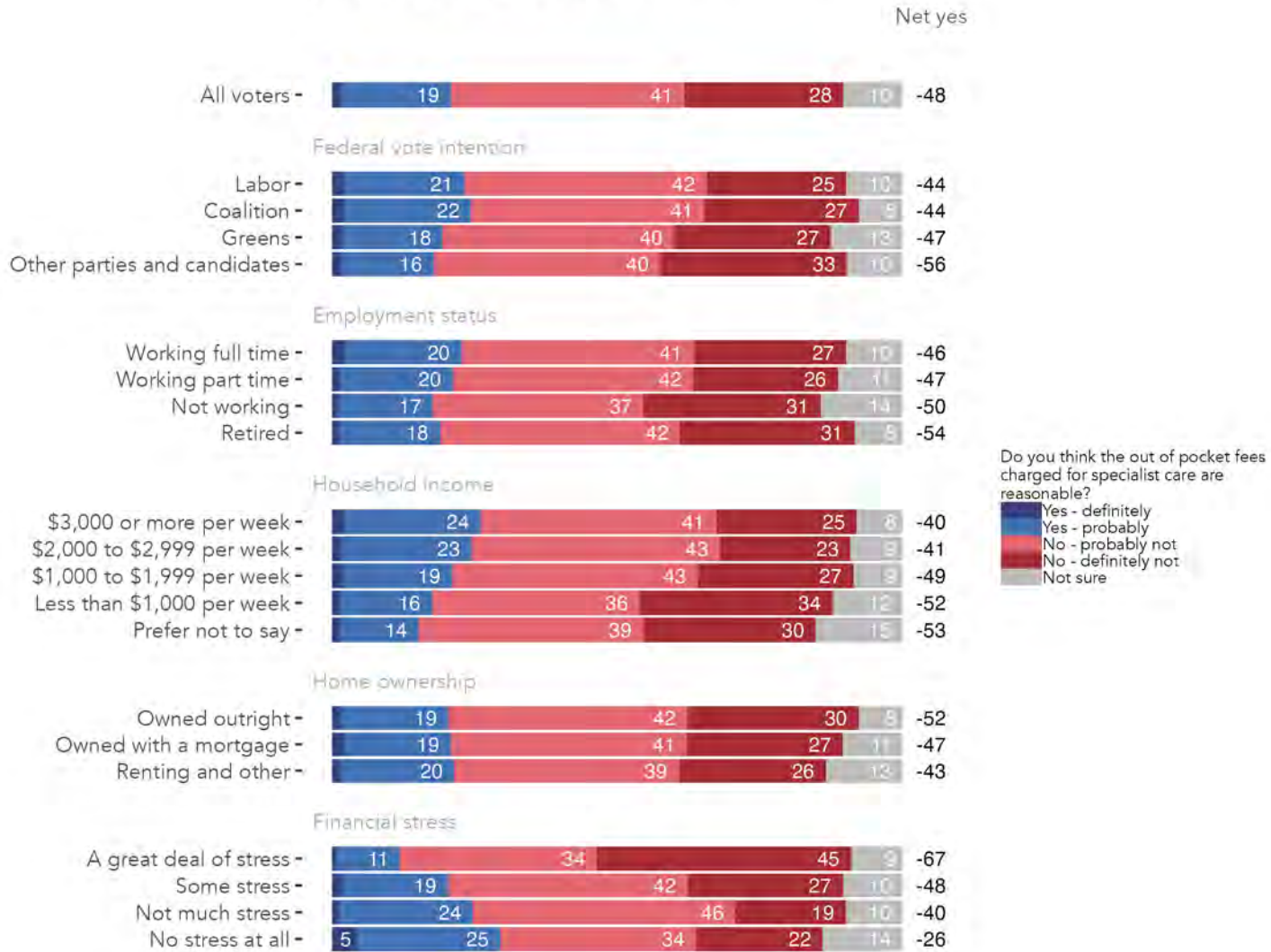


Figure 65: Do Australians perceive out of pocket fees for specialist care to be reasonable?, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who think the out of pocket fees are reasonable (total share that say yes, minus the share who say no).

Table 56: Do Australians perceive out of pocket fees for specialist care to be reasonable?, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes - definitely	Yes - probably	No - probably not	No - definitely not	Not sure	Net yes
All voters	2	19	41	28	10	-48
Federal vote intention						
Labor	2	21	42	25	10	-44
Coalition	2	22	41	27	8	-44
Greens	2	18	40	27	13	-47
Other parties and candidates	1	16	40	33	10	-56
Employment status						
Working full time	2	20	41	27	10	-46
Working part time	1	20	42	26	11	-47
Not working	1	17	37	31	14	-50
Retired	1	18	42	31	8	-54
Household income						
\$3,000 or more per week	2	24	41	25	8	-40
\$2,000 to \$2,999 per week	2	23	43	23	9	-41
\$1,000 to \$1,999 per week	2	19	43	27	9	-49
Less than \$1,000 per week	2	16	36	34	12	-52
Prefer not to say	2	14	39	30	15	-53
Home ownership						
Owned outright	1	19	42	30	8	-52
Owned with a mortgage	2	19	41	27	11	-47
Renting and other	2	20	39	26	13	-43
Financial stress						
A great deal of stress	1	11	34	45	9	-67
Some stress	2	19	42	27	10	-48
Not much stress	1	24	46	19	10	-40
No stress at all	5	25	34	22	14	-26

Do Australians perceive out of pocket fees for specialist care to be reasonable?

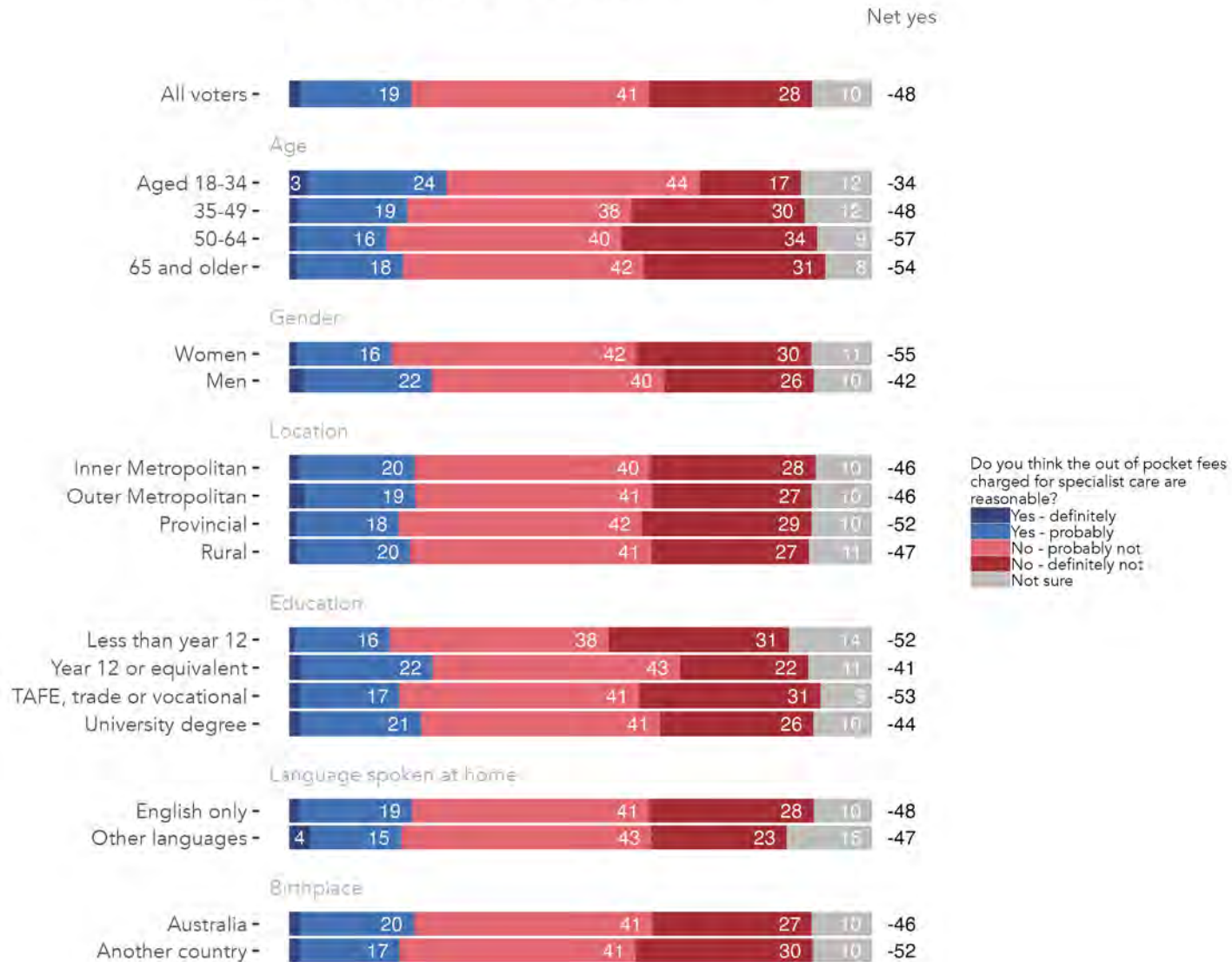


Figure 66: Do Australians perceive out of pocket fees for specialist care to be reasonable?, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who think the out of pocket fees are reasonable (total share that say yes, minus the share who say no).

Table 57: Do Australians perceive out of pocket fees for specialist care to be reasonable?, by demographic characteristics.

	Yes - definitely	Yes - probably	No - probably not	No - definitely not	Not sure	Net yes
All voters	2	19	41	28	10	-48
Age						
Aged 18-34	3	24	44	17	12	-34
35-49	1	19	38	30	12	-48
50-64	1	16	40	34	9	-57
65 and older	1	18	42	31	8	-54
Gender						
Women	1	16	42	30	11	-55
Men	2	22	40	26	10	-42
Location						
Inner Metropolitan	2	20	40	28	10	-46
Outer Metropolitan	3	19	41	27	10	-46
Provincial	1	18	42	29	10	-52
Rural	1	20	41	27	11	-47
Education						
Less than year 12	1	16	38	31	14	-52
Year 12 or equivalent	2	22	43	22	11	-41
TAFE, trade or vocational	2	17	41	31	9	-53
University degree	2	21	41	26	10	-44
Language spoken at home						
English only	2	19	41	28	10	-48
Other languages	4	15	43	23	15	-47
Birthplace						
Australia	2	20	41	27	10	-46
Another country	2	17	41	30	10	-52

The perceived drivers of the out of pocket costs paid by patients for specialist care

Question text

Which of these are the main reasons for the amount patients pay in out of pocket fees for specialist care?

Please rank your 3 main reasons, where the main reason is ranked 1, the second most important is ranked 2, and the third is ranked 3.

Ranking tool; min 3, max 3; randomise 1-9

1. Medicare rebate is too low
2. General inflation
3. Lack of competition between specialists
4. Costs of running a practice or clinic
5. No limits on what specialists can charge
6. Not enough specialists to meet demand
7. Cost of medical education
8. Not enough information for patients to make informed choices about costs
9. Amounts paid to doctors by private health insurers are too low
10. Something else
11. None of these

Which of these are the main reasons for the amount patients pay in out of pocket fees for specialist care?

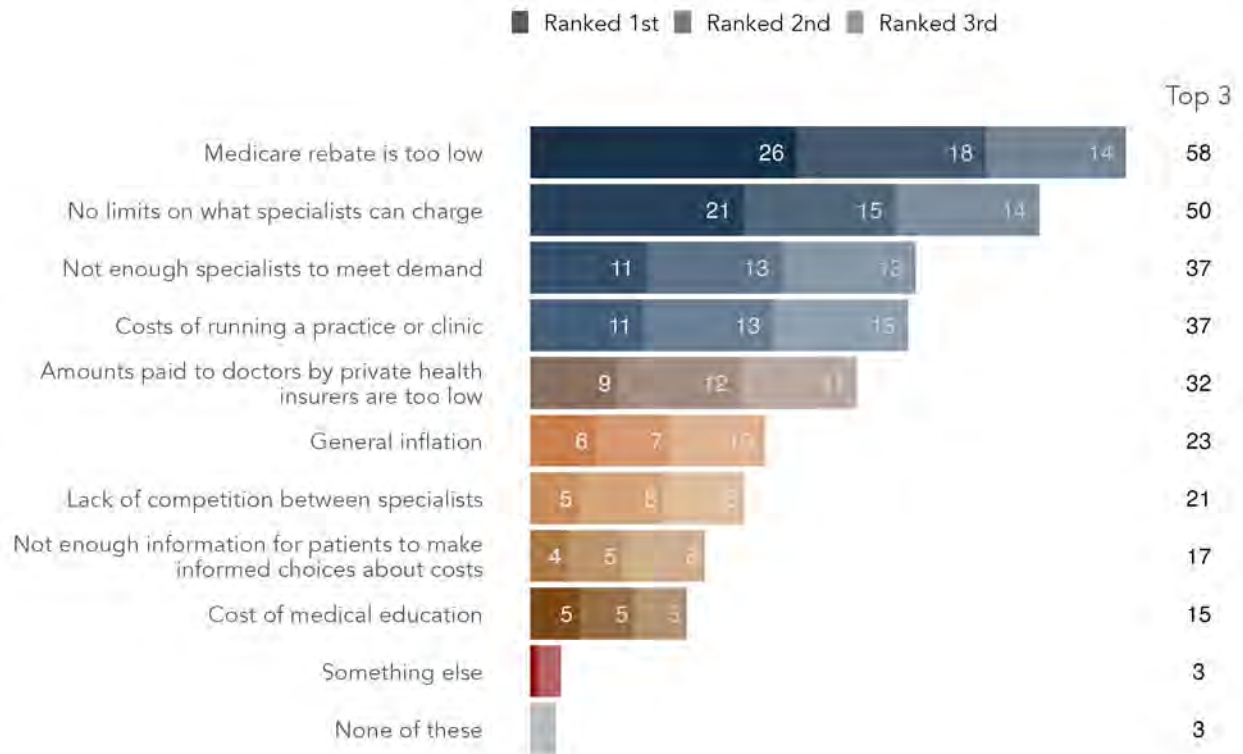


Figure 67: The factors that Australians believe to be the main drivers of the out of pocket costs paid by patients for specialist care.

Medicare rebate is too low

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low

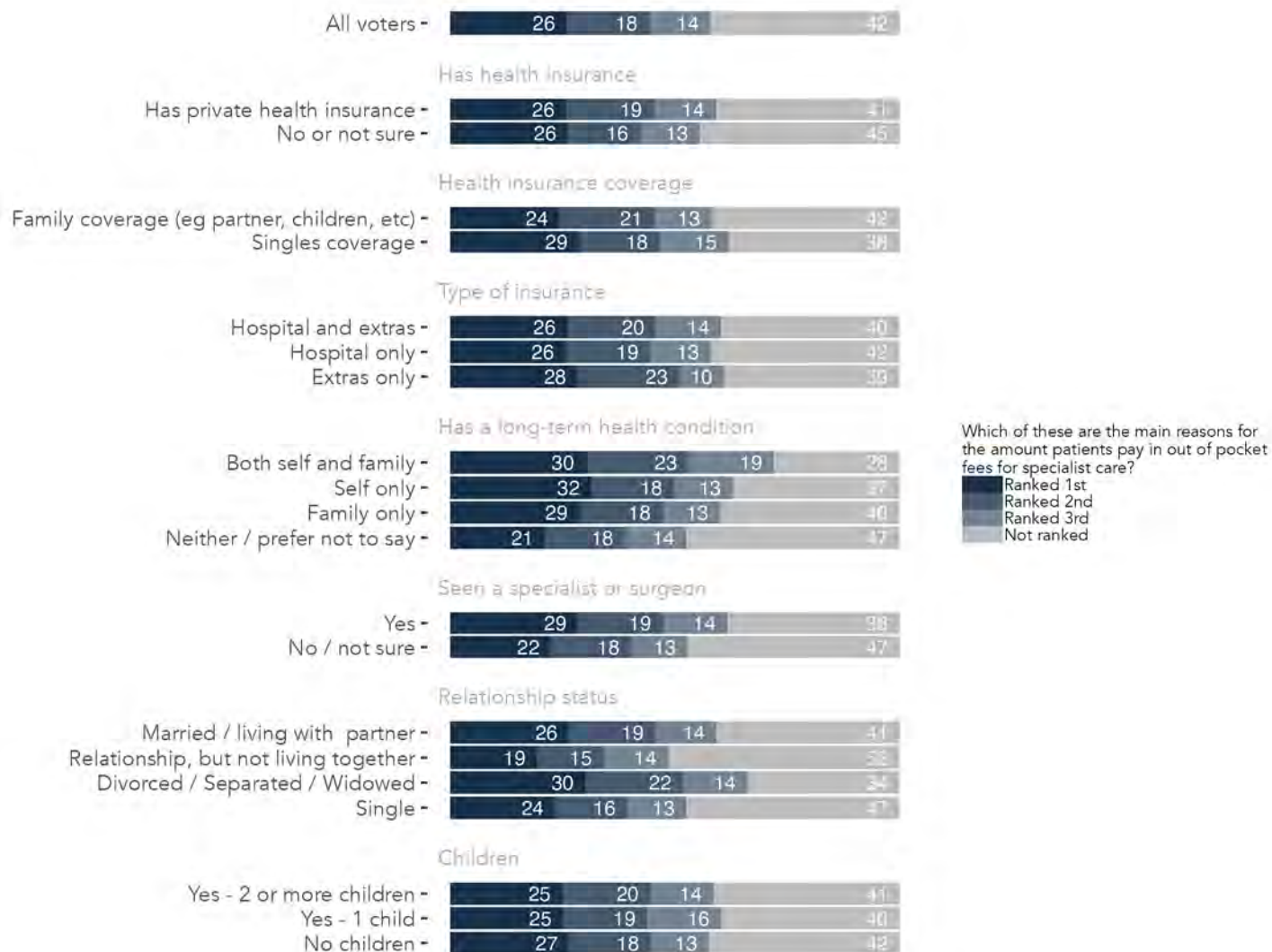


Figure 68: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 58: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	26	18	14	42
Has health insurance				
Has private health insurance	26	19	14	41
No or not sure	26	16	13	45
Health insurance coverage				
Family coverage (eg partner, children, etc)	24	21	13	42
Singles coverage	29	18	15	38
Type of insurance				
Hospital and extras	26	20	14	40
Hospital only	26	19	13	42
Extras only	28	23	10	39
Has a long-term health condition				
Both self and family	30	23	19	28
Self only	32	18	13	37
Family only	29	18	13	40
Neither / prefer not to say	21	18	14	47
Seen a specialist or surgeon				
Yes	29	19	14	38
No / not sure	22	18	13	47
Relationship status				
Married / living with partner	26	19	14	41
Relationship, but not living together	19	15	14	52
Divorced / Separated / Widowed	30	22	14	34
Single	24	16	13	47
Children				
Yes - 2 or more children	25	20	14	41
Yes - 1 child	25	19	16	40
No children	27	18	13	42

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low

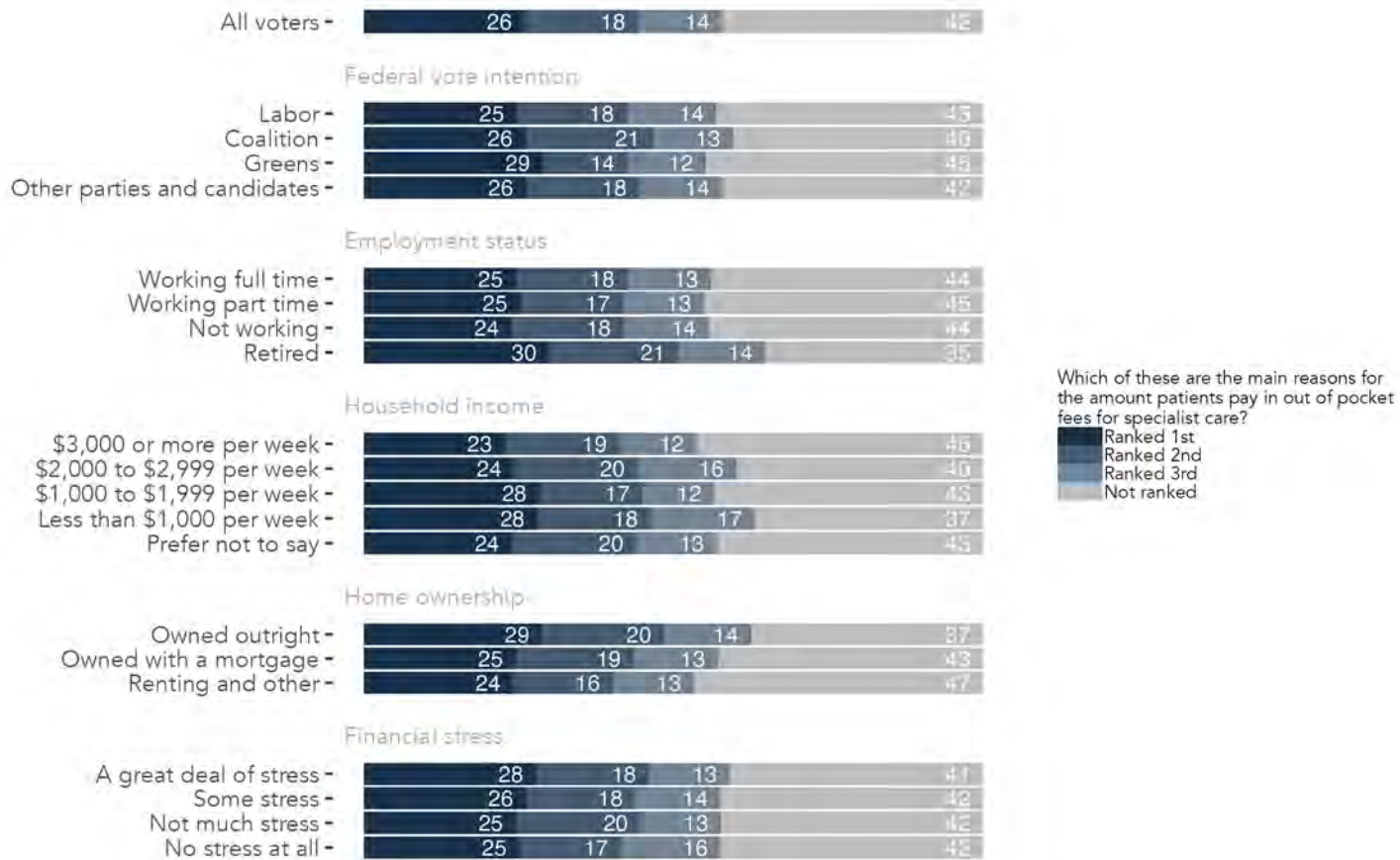


Figure 69: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 59: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low, by federal vote intention, employment status, household income, home ownership and financial stress.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	26	18	14	42
Federal vote intention				
Labor	25	18	14	43
Coalition	26	21	13	40
Greens	29	14	12	45
Other parties and candidates	26	18	14	42
Employment status				
Working full time	25	18	13	44
Working part time	25	17	13	45
Not working	24	18	14	44
Retired	30	21	14	35
Household income				
\$3,000 or more per week	23	19	12	46
\$2,000 to \$2,999 per week	24	20	16	40
\$1,000 to \$1,999 per week	28	17	12	43
Less than \$1,000 per week	28	18	17	37
Prefer not to say	24	20	13	43
Home ownership				
Owned outright	29	20	14	37
Owned with a mortgage	25	19	13	43
Renting and other	24	16	13	47
Financial stress				
A great deal of stress	28	18	13	41
Some stress	26	18	14	42
Not much stress	25	20	13	42
No stress at all	25	17	16	42

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low

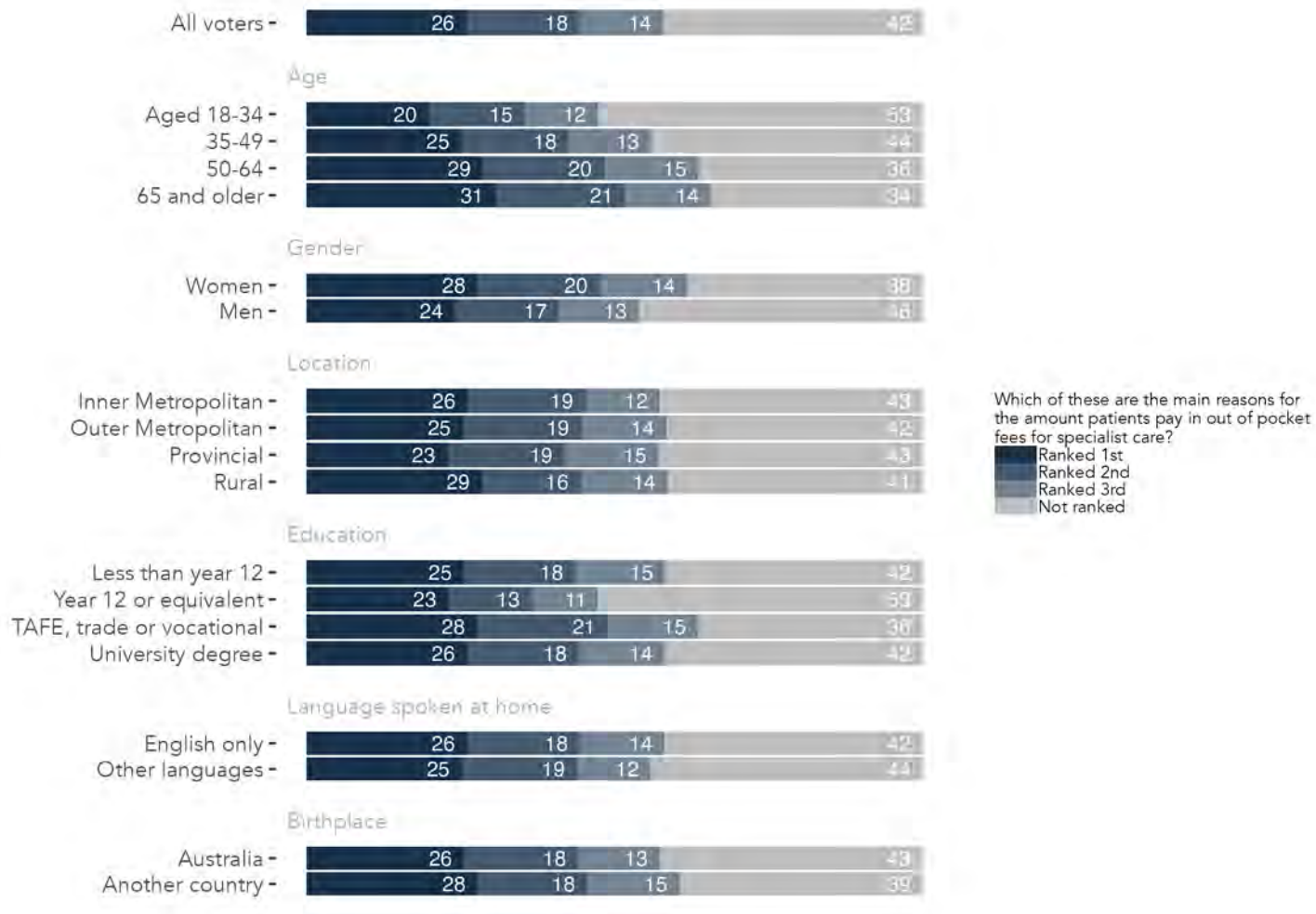


Figure 70: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low, by demographic characteristics.

Table 60: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the Medicare rebate is too low, by demographic characteristics.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	26	18	14	42
Age				
Aged 18-34	20	15	12	53
35-49	25	18	13	44
50-64	29	20	15	36
65 and older	31	21	14	34
Gender				
Women	28	20	14	38
Men	24	17	13	46
Location				
Inner Metropolitan	26	19	12	43
Outer Metropolitan	25	19	14	42
Provincial	23	19	15	43
Rural	29	16	14	41
Education				
Less than year 12	25	18	15	42
Year 12 or equivalent	23	13	11	53
TAFE, trade or vocational	28	21	15	36
University degree	26	18	14	42
Language spoken at home				
English only	26	18	14	42
Other languages	25	19	12	44
Birthplace				
Australia	26	18	13	43
Another country	28	18	15	39

No limits on what specialists can charge

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge

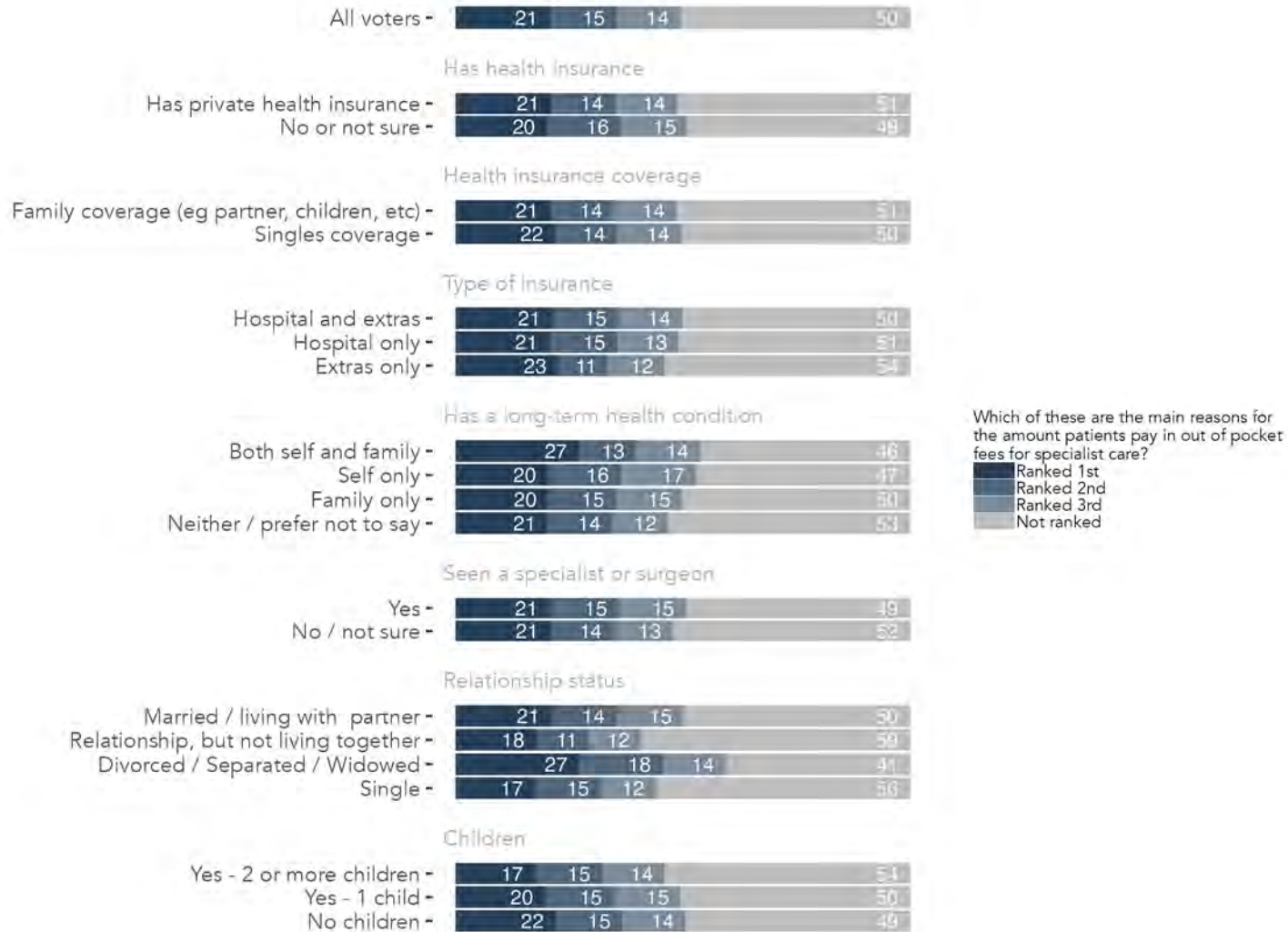


Figure 71: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 61: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	21	15	14	50
Has health insurance				
Has private health insurance	21	14	14	51
No or not sure	20	16	15	49
Health insurance coverage				
Family coverage (eg partner, children, etc)	21	14	14	51
Singles coverage	22	14	14	50
Type of insurance				
Hospital and extras	21	15	14	50
Hospital only	21	15	13	51
Extras only	23	11	12	54
Has a long-term health condition				
Both self and family	27	13	14	46
Self only	20	16	17	47
Family only	20	15	15	50
Neither / prefer not to say	21	14	12	53
Seen a specialist or surgeon				
Yes	21	15	15	49
No / not sure	21	14	13	52
Relationship status				
Married / living with partner	21	14	15	50
Relationship, but not living together	18	11	12	59
Divorced / Separated / Widowed	27	18	14	41
Single	17	15	12	56
Children				
Yes - 2 or more children	17	15	14	54
Yes - 1 child	20	15	15	50
No children	22	15	14	49

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge

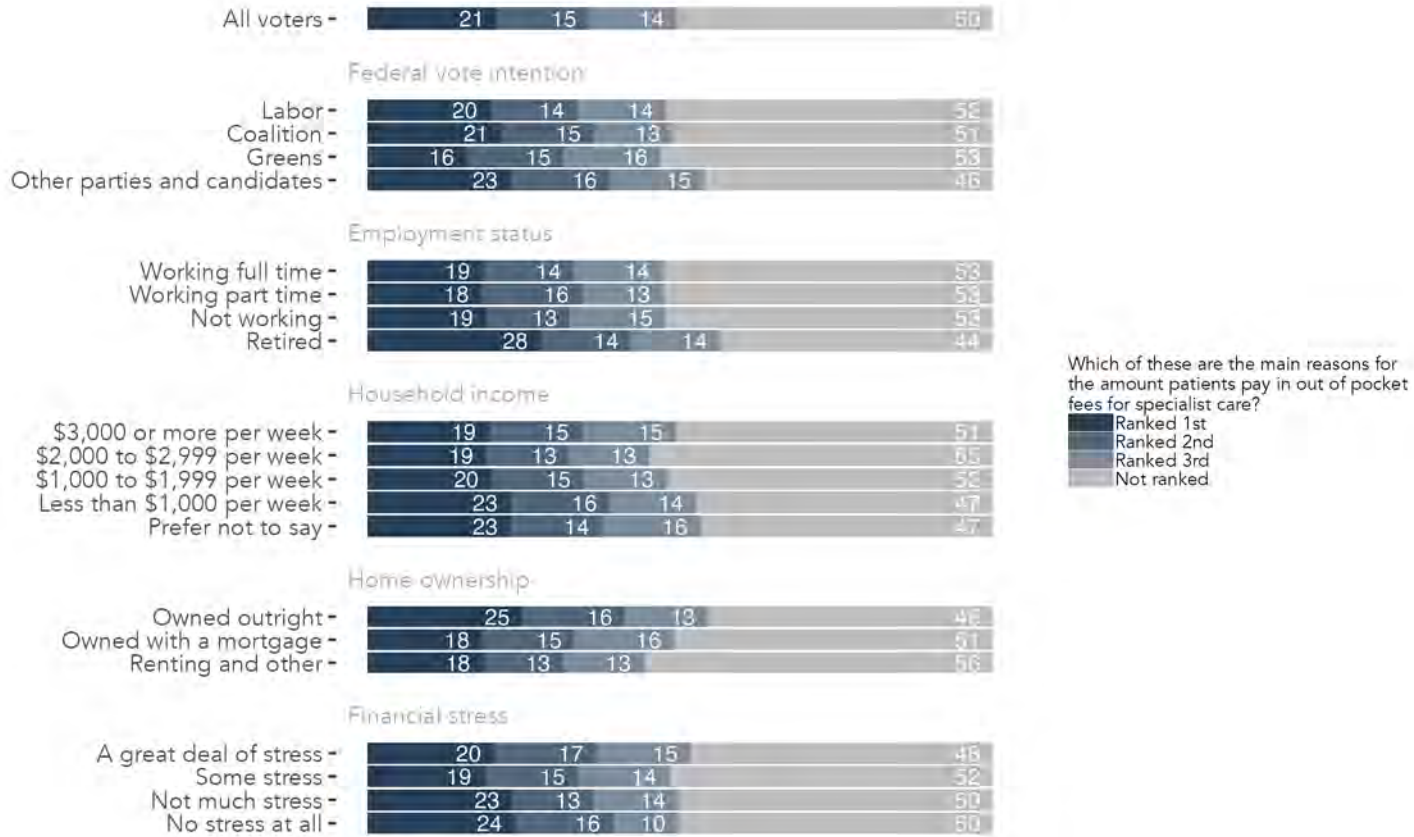


Figure 72: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 62: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge, by federal vote intention, employment status, household income, home ownership and financial stress.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	21	15	14	50
Federal vote intention				
Labor	20	14	14	52
Coalition	21	15	13	51
Greens	16	15	16	53
Other parties and candidates	23	16	15	46
Employment status				
Working full time	19	14	14	53
Working part time	18	16	13	53
Not working	19	13	15	53
Retired	28	14	14	44
Household income				
\$3,000 or more per week	19	15	15	51
\$2,000 to \$2,999 per week	19	13	13	55
\$1,000 to \$1,999 per week	20	15	13	52
Less than \$1,000 per week	23	16	14	47
Prefer not to say	23	14	16	47
Home ownership				
Owned outright	25	16	13	46
Owned with a mortgage	18	15	16	51
Renting and other	18	13	13	56
Financial stress				
A great deal of stress	20	17	15	48
Some stress	19	15	14	52
Not much stress	23	13	14	50
No stress at all	24	16	10	50

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge

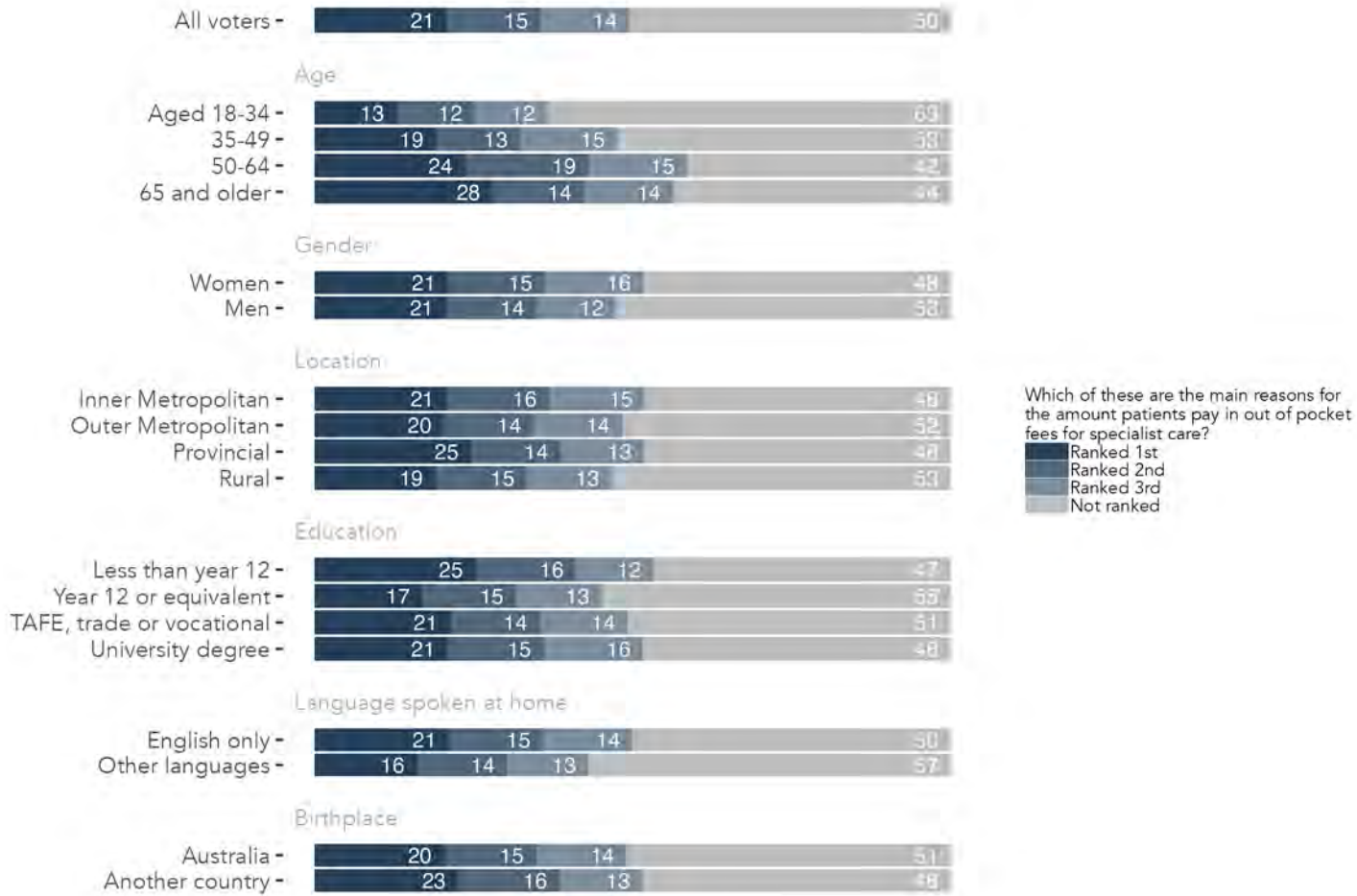


Figure 73: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge, by demographic characteristics.

Table 63: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are no limits on what specialists can charge, by demographic characteristics.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	21	15	14	50
Age				
Aged 18-34	13	12	12	63
35-49	19	13	15	53
50-64	24	19	15	42
65 and older	28	14	14	44
Gender				
Women	21	15	16	48
Men	21	14	12	53
Location				
Inner Metropolitan	21	16	15	48
Outer Metropolitan	20	14	14	52
Provincial	25	14	13	48
Rural	19	15	13	53
Education				
Less than year 12	25	16	12	47
Year 12 or equivalent	17	15	13	55
TAFE, trade or vocational	21	14	14	51
University degree	21	15	16	48
Language spoken at home				
English only	21	15	14	50
Other languages	16	14	13	57
Birthplace				
Australia	20	15	14	51
Another country	23	16	13	48

Not enough specialists to meet demand

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand

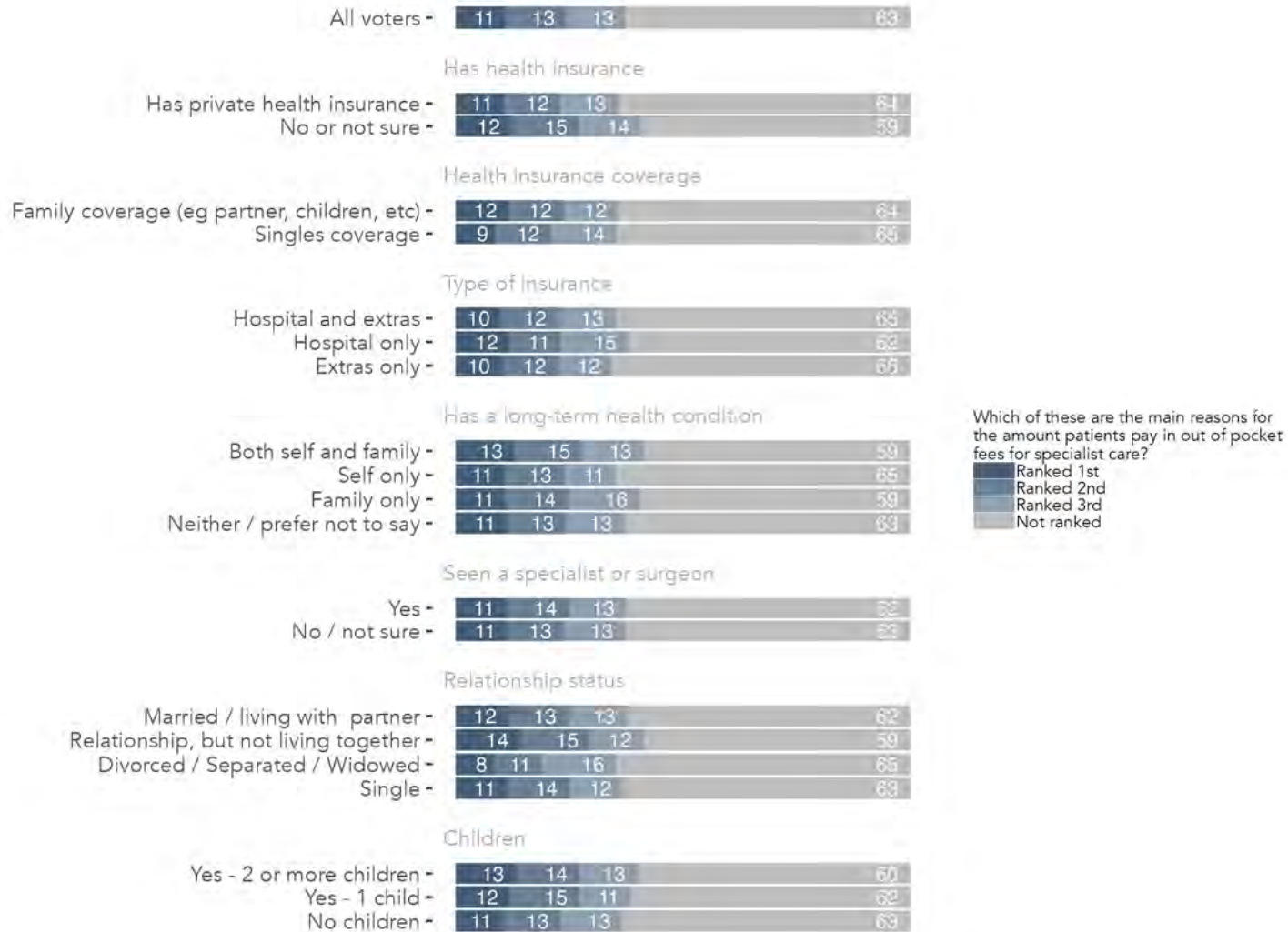


Figure 74: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 64: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	11	13	13	63
Has health insurance				
Has private health insurance	11	12	13	64
No or not sure	12	15	14	59
Health insurance coverage				
Family coverage (eg partner, children, etc)	12	12	12	64
Singles coverage	9	12	14	65
Type of insurance				
Hospital and extras	10	12	13	65
Hospital only	12	11	15	62
Extras only	10	12	12	66
Has a long-term health condition				
Both self and family	13	15	13	59
Self only	11	13	11	65
Family only	11	14	16	59
Neither / prefer not to say	11	13	13	63
Seen a specialist or surgeon				
Yes	11	14	13	62
No / not sure	11	13	13	63
Relationship status				
Married / living with partner	12	13	13	62
Relationship, but not living together	14	15	12	59
Divorced / Separated / Widowed	8	11	16	65
Single	11	14	12	63
Children				
Yes - 2 or more children	13	14	13	60
Yes - 1 child	12	15	11	62
No children	11	13	13	63

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand

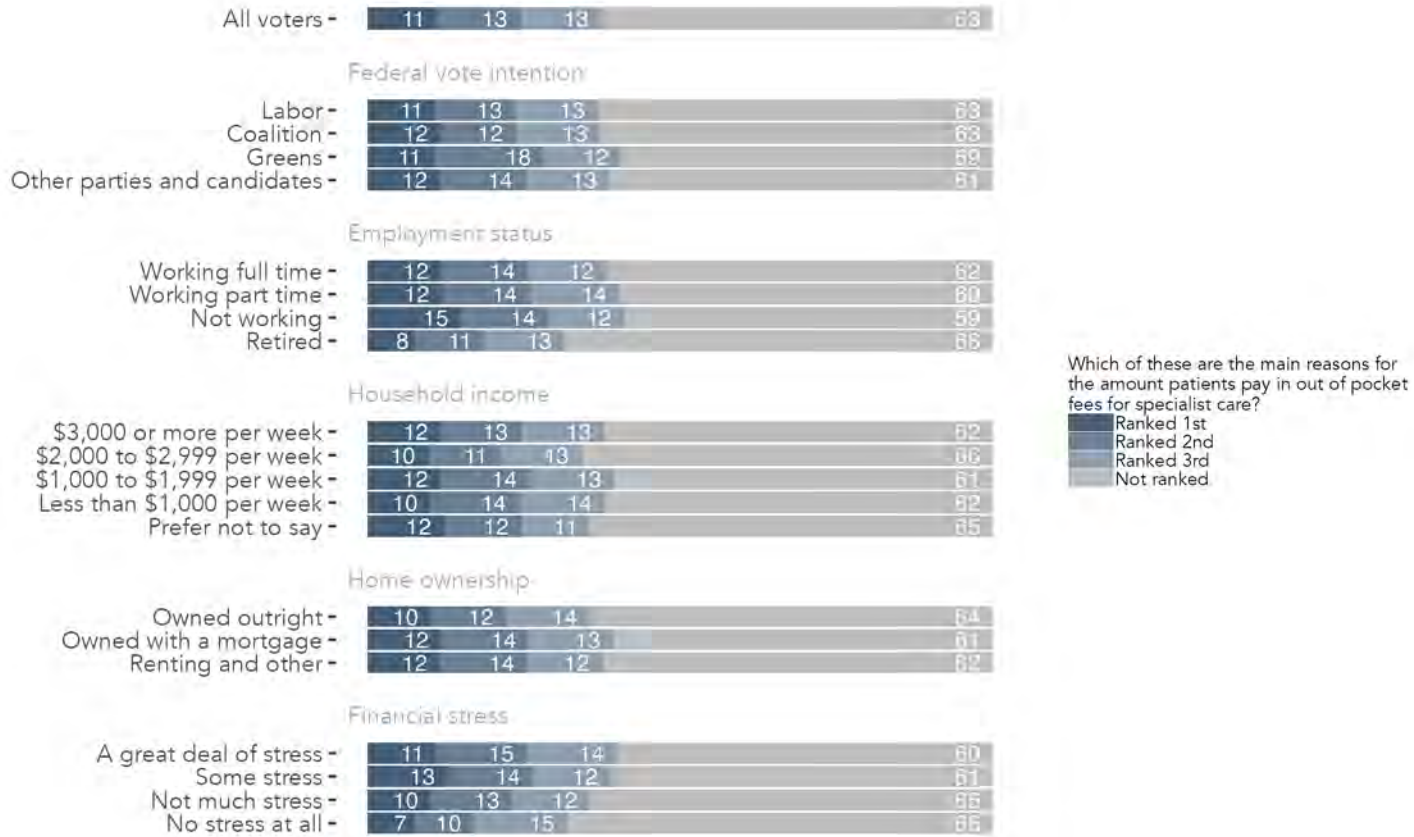


Figure 75: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 65: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand, by federal vote intention, employment status, household income, home ownership and financial stress.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	11	13	13	63
Federal vote intention				
Labor	11	13	13	63
Coalition	12	12	13	63
Greens	11	18	12	59
Other parties and candidates	12	14	13	61
Employment status				
Working full time	12	14	12	62
Working part time	12	14	14	60
Not working	15	14	12	59
Retired	8	11	13	68
Household income				
\$3,000 or more per week	12	13	13	62
\$2,000 to \$2,999 per week	10	11	13	66
\$1,000 to \$1,999 per week	12	14	13	61
Less than \$1,000 per week	10	14	14	62
Prefer not to say	12	12	11	65
Home ownership				
Owned outright	10	12	14	64
Owned with a mortgage	12	14	13	61
Renting and other	12	14	12	62
Financial stress				
A great deal of stress	11	15	14	60
Some stress	13	14	12	61
Not much stress	10	13	12	65
No stress at all	7	10	15	68

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand

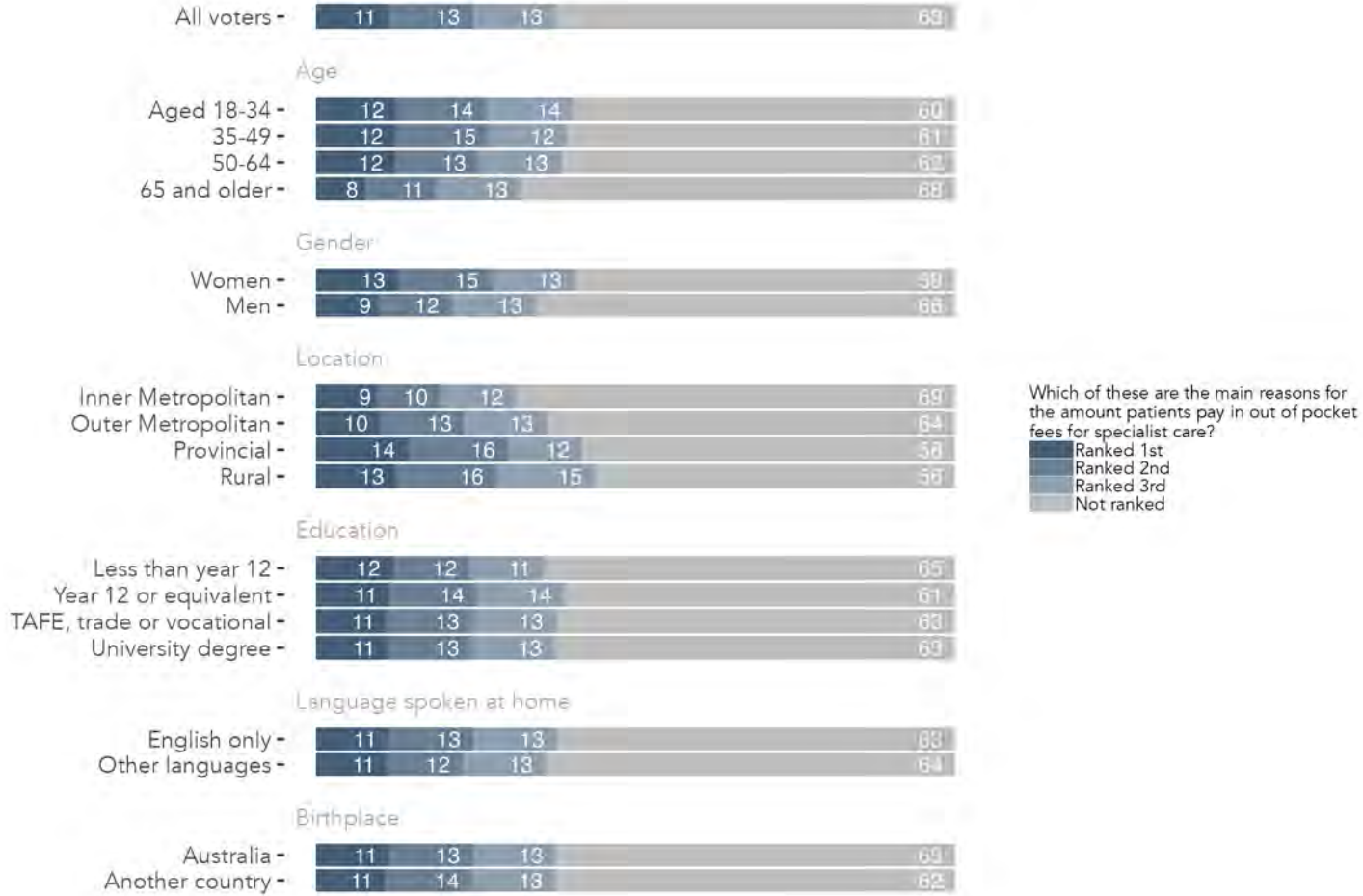


Figure 76: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand, by demographic characteristics.

Table 66: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that there are not enough specialists to meet demand, by demographic characteristics.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	11	13	13	63
Age				
Aged 18-34	12	14	14	60
35-49	12	15	12	61
50-64	12	13	13	62
65 and older	8	11	13	68
Gender				
Women	13	15	13	59
Men	9	12	13	66
Location				
Inner Metropolitan	9	10	12	69
Outer Metropolitan	10	13	13	64
Provincial	14	16	12	58
Rural	13	16	15	56
Education				
Less than year 12	12	12	11	65
Year 12 or equivalent	11	14	14	61
TAFE, trade or vocational	11	13	13	63
University degree	11	13	13	63
Language spoken at home				
English only	11	13	13	63
Other languages	11	12	13	64
Birthplace				
Australia	11	13	13	63
Another country	11	14	13	62

Costs of running a practice or clinic

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic

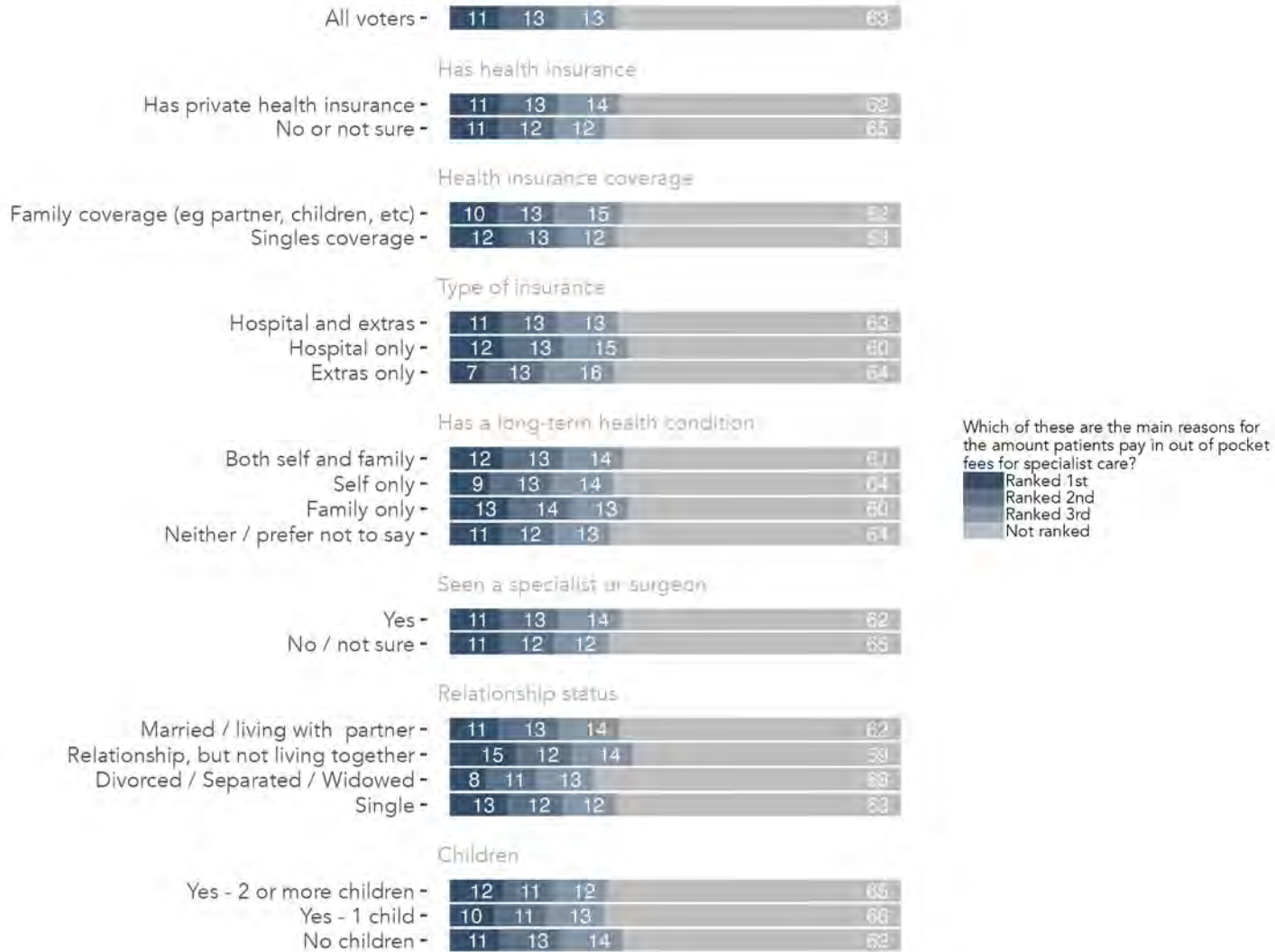


Figure 77: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 67: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	11	13	13	63
Has health insurance				
Has private health insurance	11	13	14	62
No or not sure	11	12	12	65
Health insurance coverage				
Family coverage (eg partner, children, etc)	10	13	15	62
Singles coverage	12	13	12	63
Type of insurance				
Hospital and extras	11	13	13	63
Hospital only	12	13	15	60
Extras only	7	13	16	64
Has a long-term health condition				
Both self and family	12	13	14	61
Self only	9	13	14	64
Family only	13	14	13	60
Neither / prefer not to say	11	12	13	64
Seen a specialist or surgeon				
Yes	11	13	14	62
No / not sure	11	12	12	65
Relationship status				
Married / living with partner	11	13	14	62
Relationship, but not living together	15	12	14	59
Divorced / Separated / Widowed	8	11	13	68
Single	13	12	12	63
Children				
Yes - 2 or more children	12	11	12	65
Yes - 1 child	10	11	13	66
No children	11	13	14	62

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic

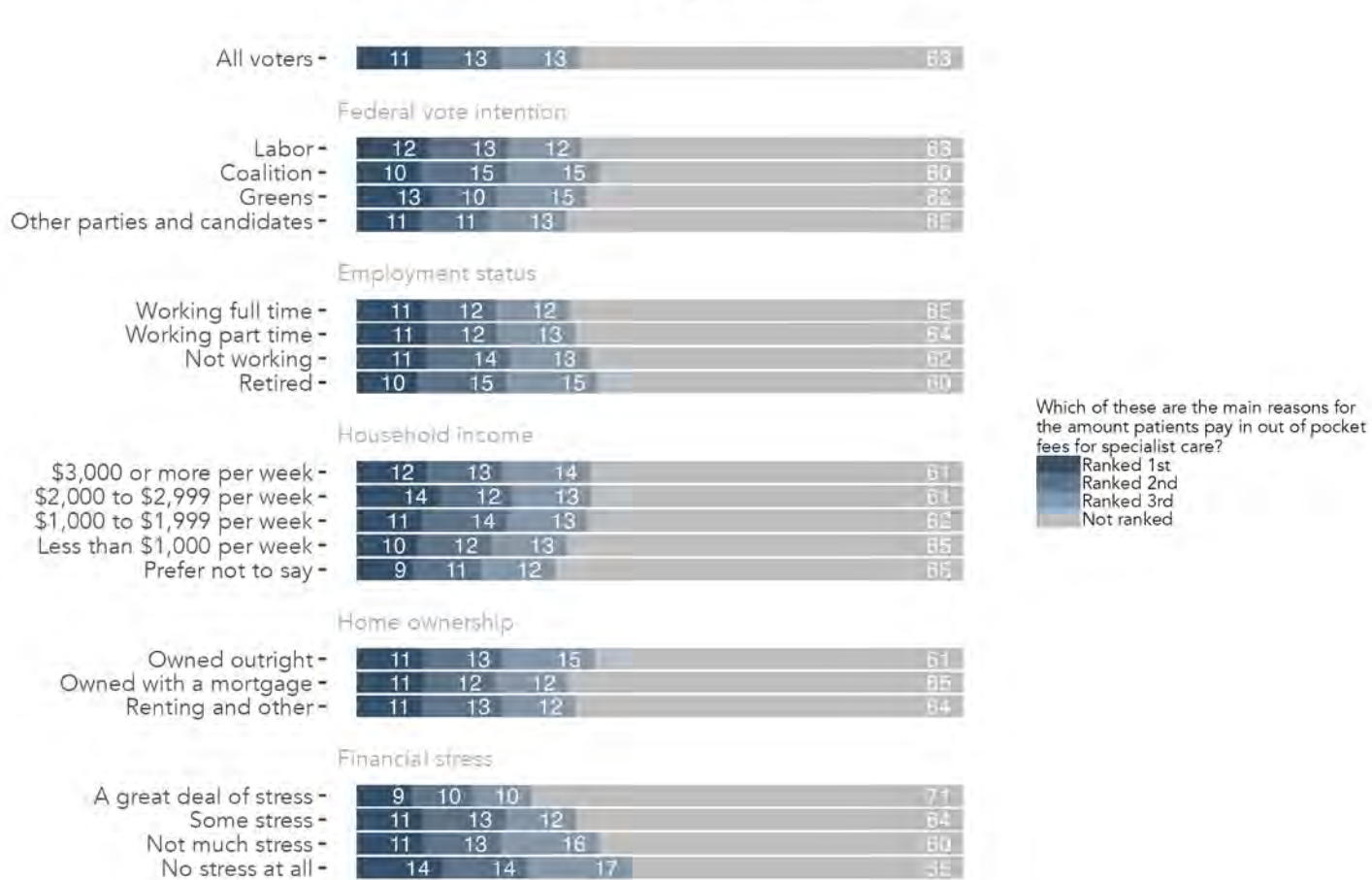


Figure 78: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 68: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic, by federal vote intention, employment status, household income, home ownership and financial stress.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	11	13	13	63
Federal vote intention				
Labor	12	13	12	63
Coalition	10	15	15	60
Greens	13	10	15	62
Other parties and candidates	11	11	13	65
Employment status				
Working full time	11	12	12	65
Working part time	11	12	13	64
Not working	11	14	13	62
Retired	10	15	15	60
Household income				
\$3,000 or more per week	12	13	14	61
\$2,000 to \$2,999 per week	14	12	13	61
\$1,000 to \$1,999 per week	11	14	13	62
Less than \$1,000 per week	10	12	13	65
Prefer not to say	9	11	12	68
Home ownership				
Owned outright	11	13	15	61
Owned with a mortgage	11	12	12	65
Renting and other	11	13	12	64
Financial stress				
A great deal of stress	9	10	10	71
Some stress	11	13	12	64
Not much stress	11	13	16	60
No stress at all	14	14	17	55

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic

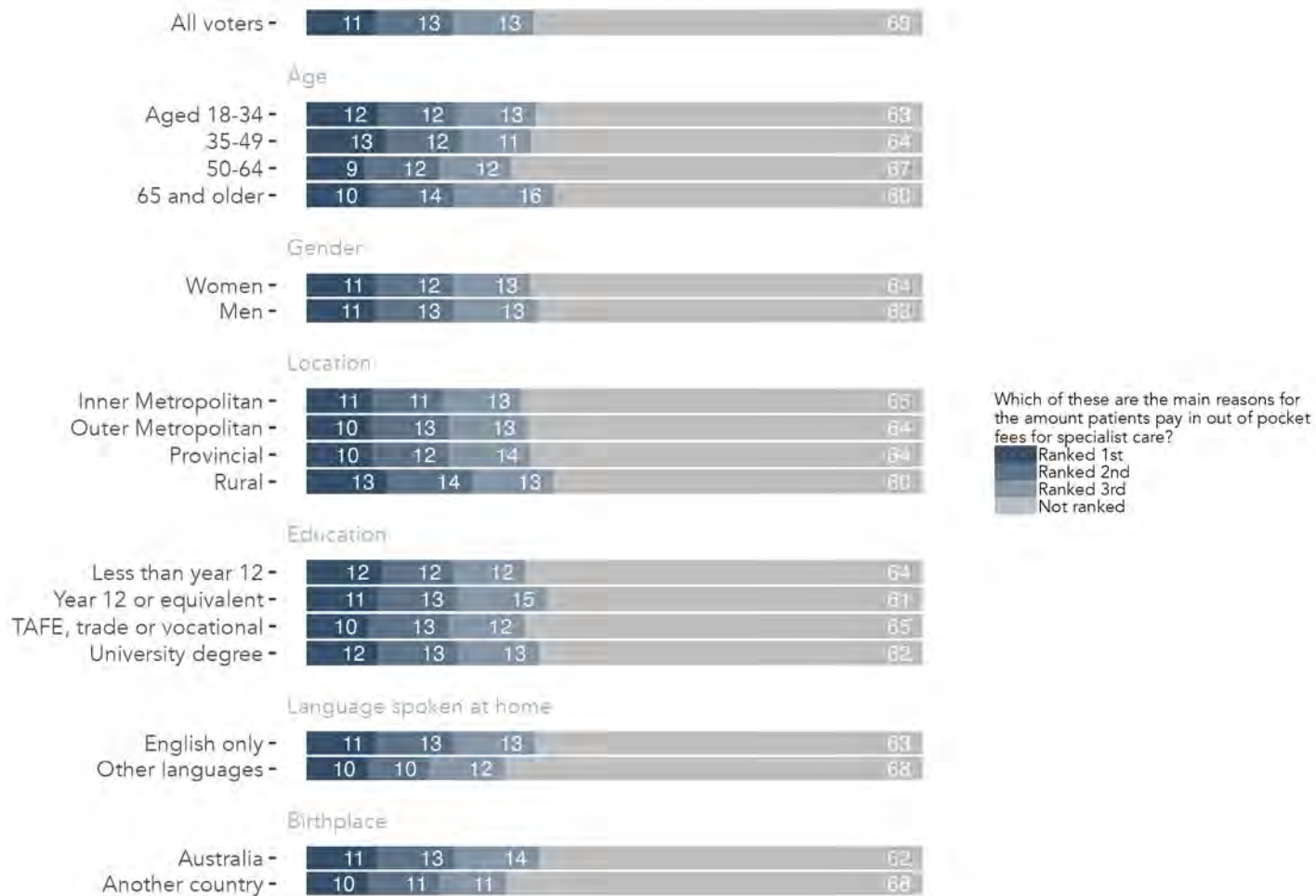


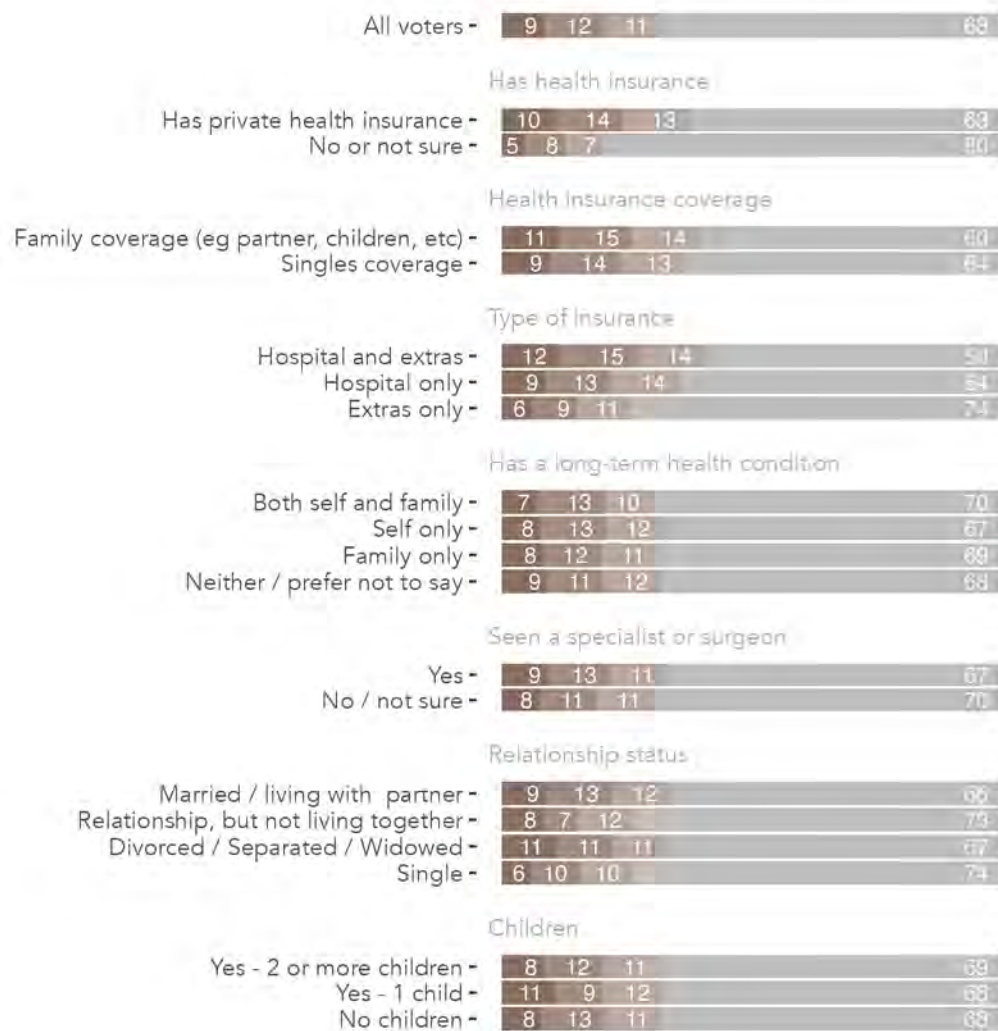
Figure 79: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic, by demographic characteristics.

Table 69: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is the costs of running a practice or clinic, by demographic characteristics.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	11	13	13	63
Age				
Aged 18-34	12	12	13	63
35-49	13	12	11	64
50-64	9	12	12	67
65 and older	10	14	16	60
Gender				
Women	11	12	13	64
Men	11	13	13	63
Location				
Inner Metropolitan	11	11	13	65
Outer Metropolitan	10	13	13	64
Provincial	10	12	14	64
Rural	13	14	13	60
Education				
Less than year 12	12	12	12	64
Year 12 or equivalent	11	13	15	61
TAFE, trade or vocational	10	13	12	65
University degree	12	13	13	62
Language spoken at home				
English only	11	13	13	63
Other languages	10	10	12	68
Birthplace				
Australia	11	13	14	62
Another country	10	11	11	68

Amounts paid to doctors by private health insurers are too low

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low



Which of these are the main reasons for the amount patients pay in out of pocket fees for specialist care?

Ranked 1st
Ranked 2nd
Ranked 3rd
Not ranked

Figure 80: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 70: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	9	12	11	68
Has health insurance				
Has private health insurance	10	14	13	63
No or not sure	5	8	7	80
Health insurance coverage				
Family coverage (eg partner, children, etc)	11	15	14	60
Singles coverage	9	14	13	64
Type of insurance				
Hospital and extras	12	15	14	59
Hospital only	9	13	14	64
Extras only	6	9	11	74
Has a long-term health condition				
Both self and family	7	13	10	70
Self only	8	13	12	67
Family only	8	12	11	69
Neither / prefer not to say	9	11	12	68
Seen a specialist or surgeon				
Yes	9	13	11	67
No / not sure	8	11	11	70
Relationship status				
Married / living with partner	9	13	12	66
Relationship, but not living together	8	7	12	73
Divorced / Separated / Widowed	11	11	11	67
Single	6	10	10	74
Children				
Yes - 2 or more children	8	12	11	69
Yes - 1 child	11	9	12	68
No children	8	13	11	68

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low

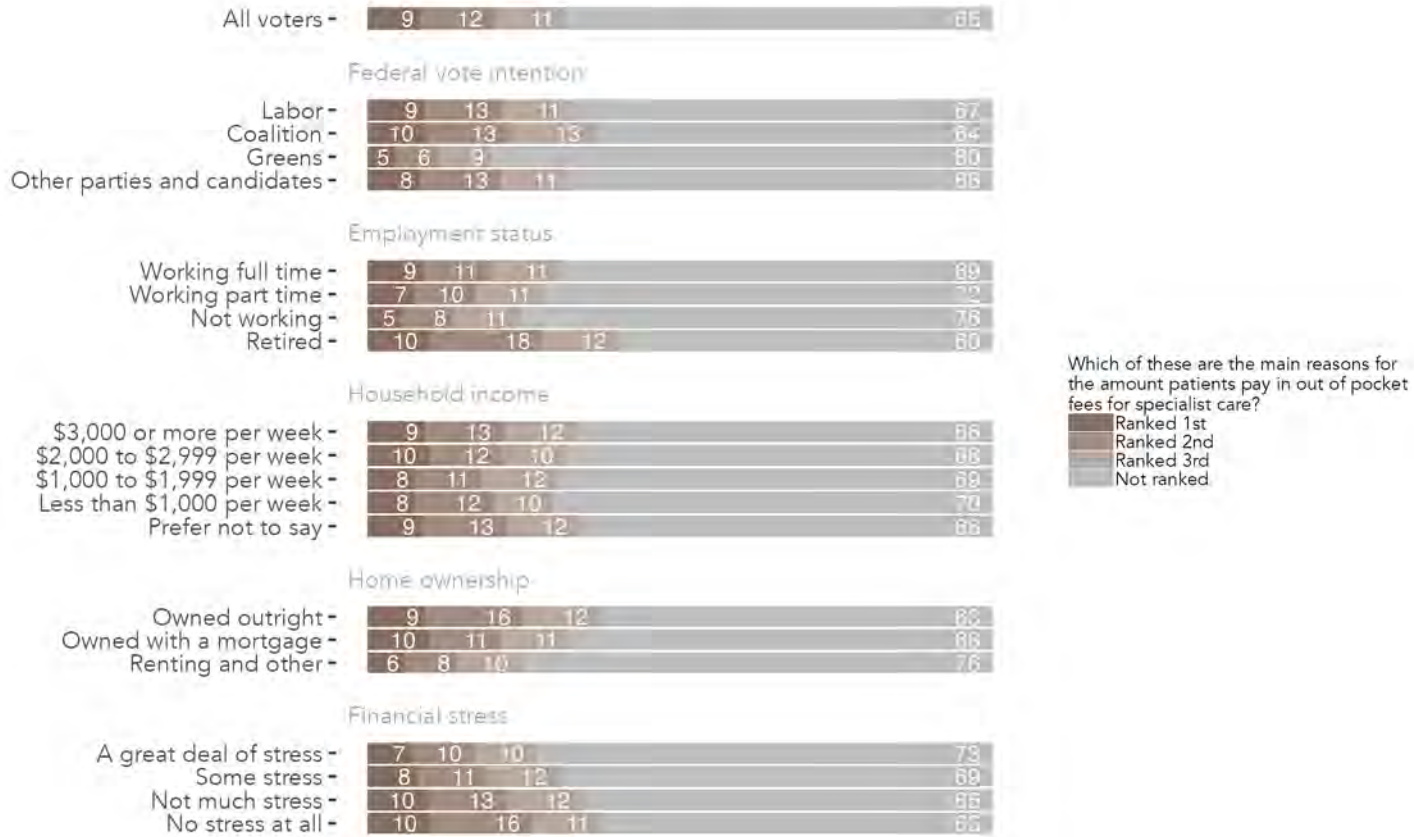


Figure 81: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 71: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low, by federal vote intention, employment status, household income, home ownership and financial stress.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	9	12	11	68
Federal vote intention				
Labor	9	13	11	67
Coalition	10	13	13	64
Greens	5	6	9	80
Other parties and candidates	8	13	11	68
Employment status				
Working full time	9	11	11	69
Working part time	7	10	11	72
Not working	5	8	11	76
Retired	10	18	12	60
Household income				
\$3,000 or more per week	9	13	12	66
\$2,000 to \$2,999 per week	10	12	10	68
\$1,000 to \$1,999 per week	8	11	12	69
Less than \$1,000 per week	8	12	10	70
Prefer not to say	9	13	12	66
Home ownership				
Owned outright	9	16	12	63
Owned with a mortgage	10	11	11	68
Renting and other	6	8	10	76
Financial stress				
A great deal of stress	7	10	10	73
Some stress	8	11	12	69
Not much stress	10	13	12	65
No stress at all	10	16	11	63

The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low

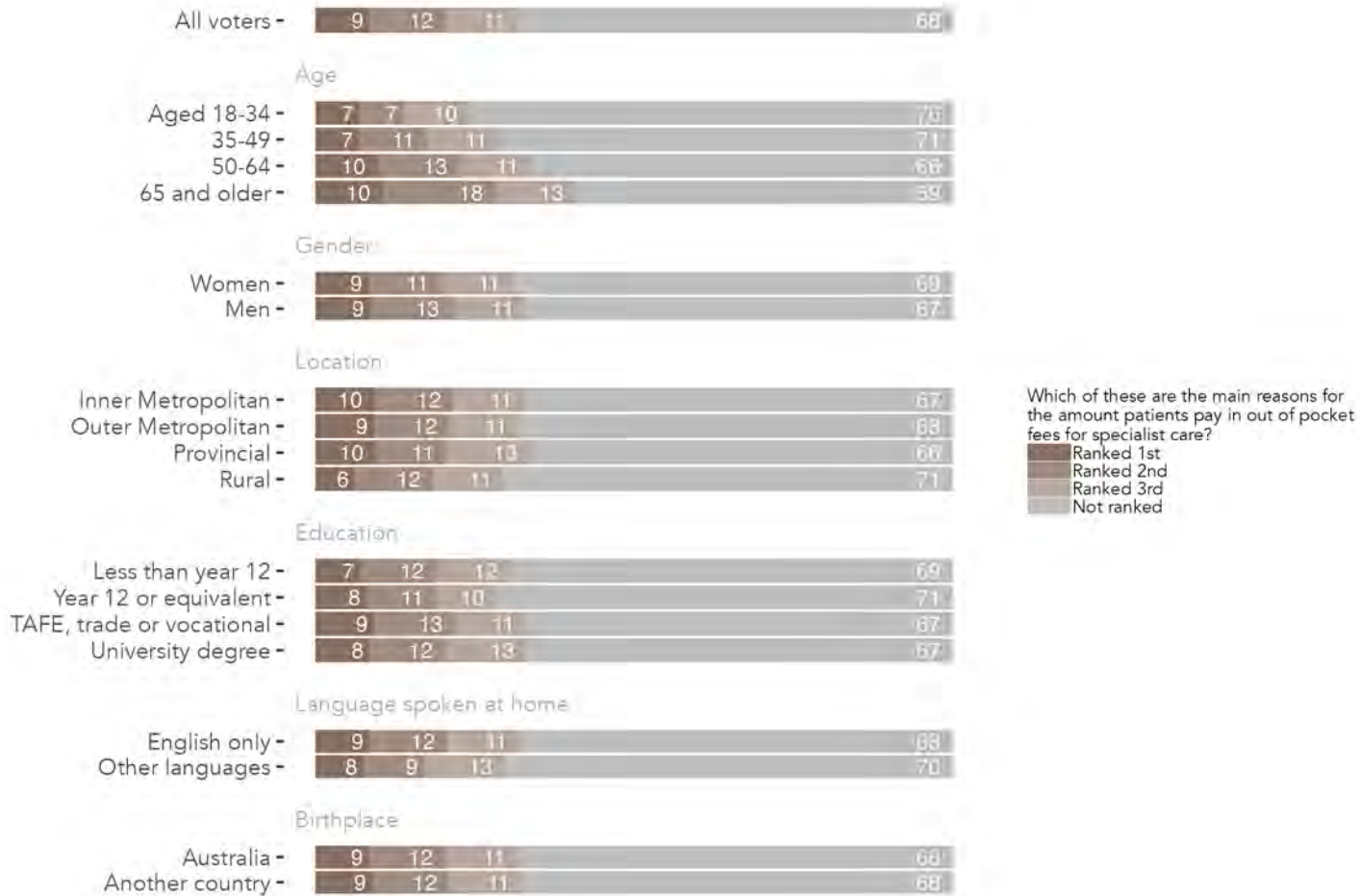


Figure 82: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low, by demographic characteristics.

Table 72: The share of Australians who believe the main reason for the out of pocket fees patients have to pay is that the amounts paid to doctors by private health insurers are too low, by demographic characteristics.

	Ranked 1st	Ranked 2nd	Ranked 3rd	Not ranked
All voters	9	12	11	68
Age				
Aged 18-34	7	7	10	76
35-49	7	11	11	71
50-64	10	13	11	66
65 and older	10	18	13	59
Gender				
Women	9	11	11	69
Men	9	13	11	67
Location				
Inner Metropolitan	10	12	11	67
Outer Metropolitan	9	12	11	68
Provincial	10	11	13	66
Rural	6	12	11	71
Education				
Less than year 12	7	12	12	69
Year 12 or equivalent	8	11	10	71
TAFE, trade or vocational	9	13	11	67
University degree	8	12	13	67
Language spoken at home				
English only	9	12	11	68
Other languages	8	9	13	70
Birthplace				
Australia	9	12	11	68
Another country	9	12	11	68

Most Australians are not aware that private health insurance cannot cover specialist fees outside a hospital

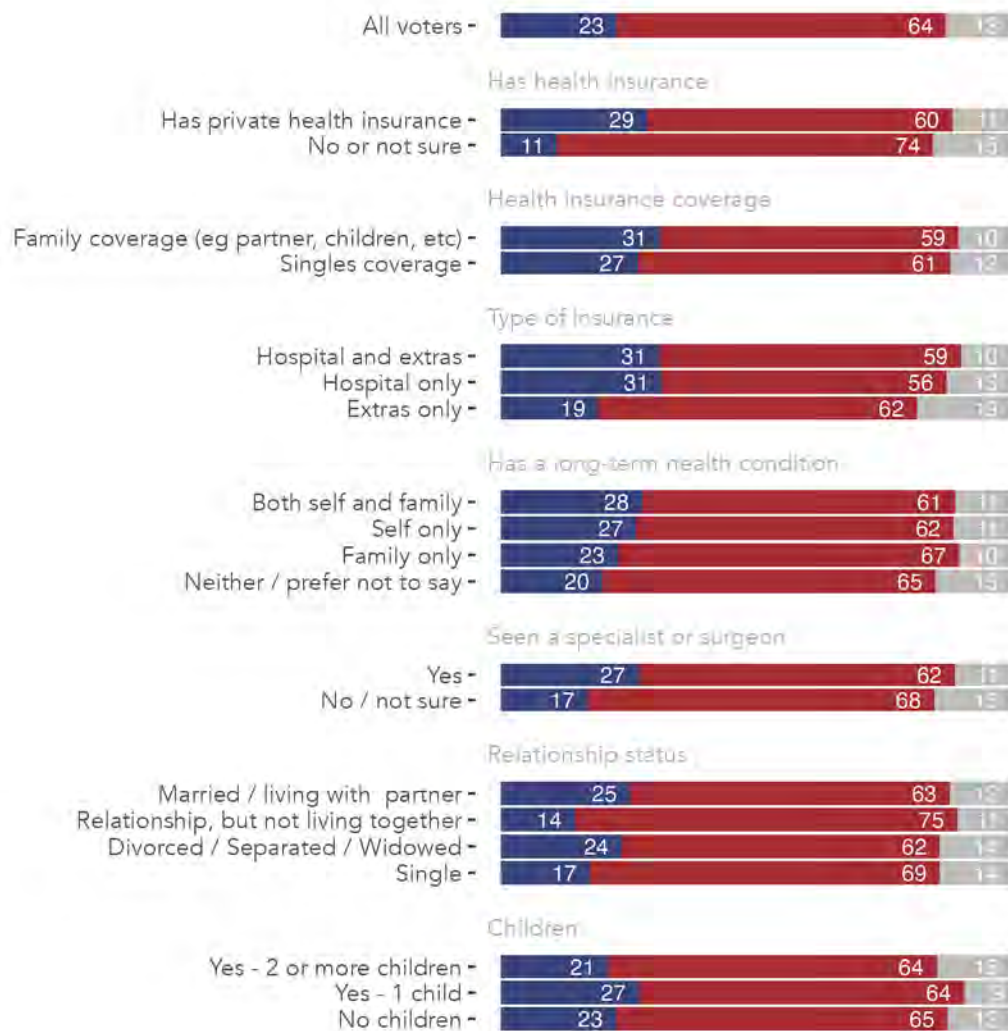
Question text

Were you aware that, by law, private health insurance cannot cover the cost of care provided by a medical specialist (including tests) outside of a hospital?

Single select; random reverse 1-2

1. Yes
2. No
3. Not sure

Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital



Were you aware that, by law, private health insurance cannot cover the cost of care provided by a medical specialist (including tests) outside of a hospital?

Yes
No
Not sure

Figure 83: Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 73: Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Yes	No	Not sure
All voters	23	64	13
Has health insurance			
Has private health insurance	29	60	11
No or not sure	11	74	15
Health insurance coverage			
Family coverage (eg partner, children, etc)	31	59	10
Singles coverage	27	61	12
Type of insurance			
Hospital and extras	31	59	10
Hospital only	31	56	13
Extras only	19	62	19
Has a long-term health condition			
Both self and family	28	61	11
Self only	27	62	11
Family only	23	67	10
Neither / prefer not to say	20	65	15
Seen a specialist or surgeon			
Yes	27	62	11
No / not sure	17	68	15
Relationship status			
Married / living with partner	25	63	12
Relationship, but not living together	14	75	11
Divorced / Separated / Widowed	24	62	14
Single	17	69	14
Children			
Yes - 2 or more children	21	64	15
Yes - 1 child	27	64	9
No children	23	65	12

Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital

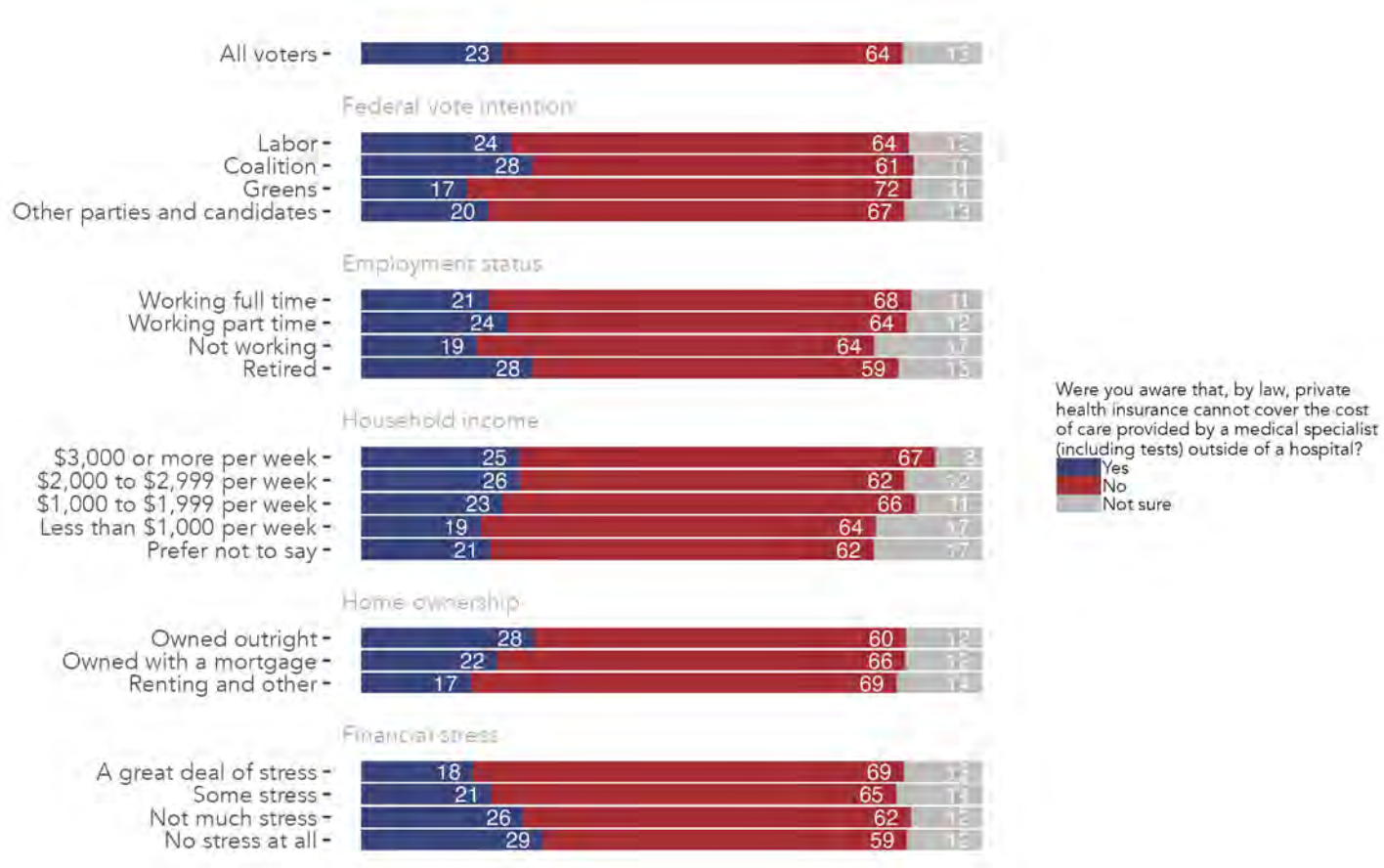


Figure 84: Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 74: Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital, by federal vote intention, employment status, household income, home ownership and financial stress.

	Yes	No	Not sure
All voters	23	64	13
Federal vote intention			
Labor	24	64	12
Coalition	28	61	11
Greens	17	72	11
Other parties and candidates	20	67	13
Employment status			
Working full time	21	68	11
Working part time	24	64	12
Not working	19	64	17
Retired	28	59	13
Household income			
\$3,000 or more per week	25	67	8
\$2,000 to \$2,999 per week	26	62	12
\$1,000 to \$1,999 per week	23	66	11
Less than \$1,000 per week	19	64	17
Prefer not to say	21	62	17
Home ownership			
Owned outright	28	60	12
Owned with a mortgage	22	66	12
Renting and other	17	69	14
Financial stress			
A great deal of stress	18	69	13
Some stress	21	65	14
Not much stress	26	62	12
No stress at all	29	59	12

Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital

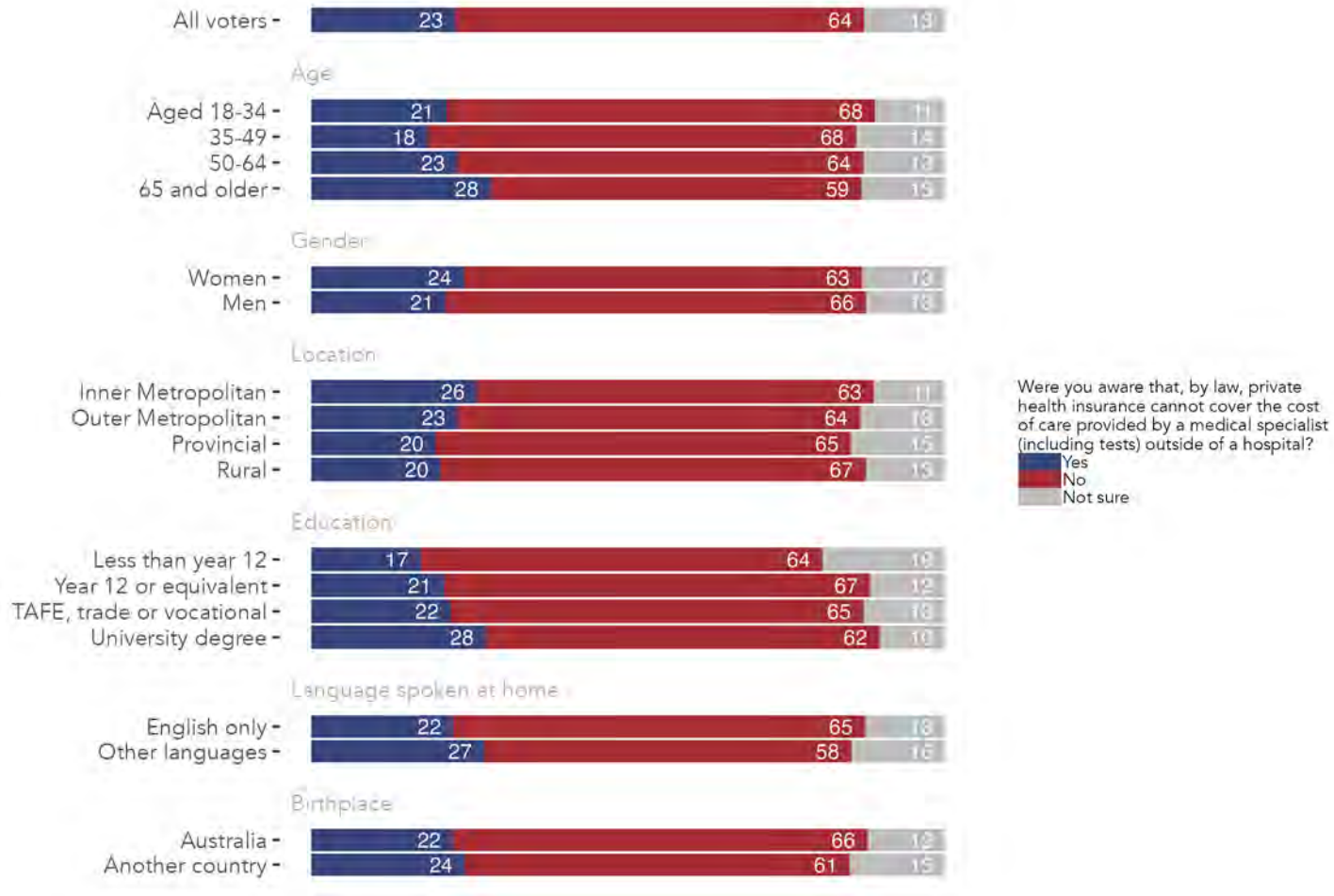


Figure 85: Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital, by demographic characteristics.

Table 75: Share of Australians who are aware that private health insurance cannot cover the cost of care of a medical specialist when it is provided outside a hospital, by demographic characteristics.

	Yes	No	Not sure
All voters	23	64	13
Age			
Aged 18-34	21	68	11
35-49	18	68	14
50-64	23	64	13
65 and older	28	59	13
Gender			
Women	24	63	13
Men	21	66	13
Location			
Inner Metropolitan	26	63	11
Outer Metropolitan	23	64	13
Provincial	20	65	15
Rural	20	67	13
Education			
Less than year 12	17	64	19
Year 12 or equivalent	21	67	12
TAFE, trade or vocational	22	65	13
University degree	28	62	10
Language spoken at home			
English only	22	65	13
Other languages	27	58	15
Birthplace			
Australia	22	66	12
Another country	24	61	15

Most Australians believe it is important for the Australian Government to improve the quality and reduce the cost of medical care

Question text

How important is it for the Australian Government to act on the following?

Carousel; randomise statements

- A. Reducing out of pocket costs for specialist and surgical care
- B. Making it easier for patients to understand what they'll be charged
- C. Improving patients' ability to make an informed choice of specialist or surgeon
- D. Improving quality of specialist or surgical care

Single select; random reverse 1-3

- 1. Very important
- 2. Somewhat important
- 3. Not important
- 4. Not sure

How important is it for the Australian Government to act on the following?

Very important Somewhat important Not important Not sure



Figure 86: Perceived importance for the Australian Government to improve the quality and reduce the cost of medical care.

Reducing out of pocket costs for specialist and surgical care

The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care

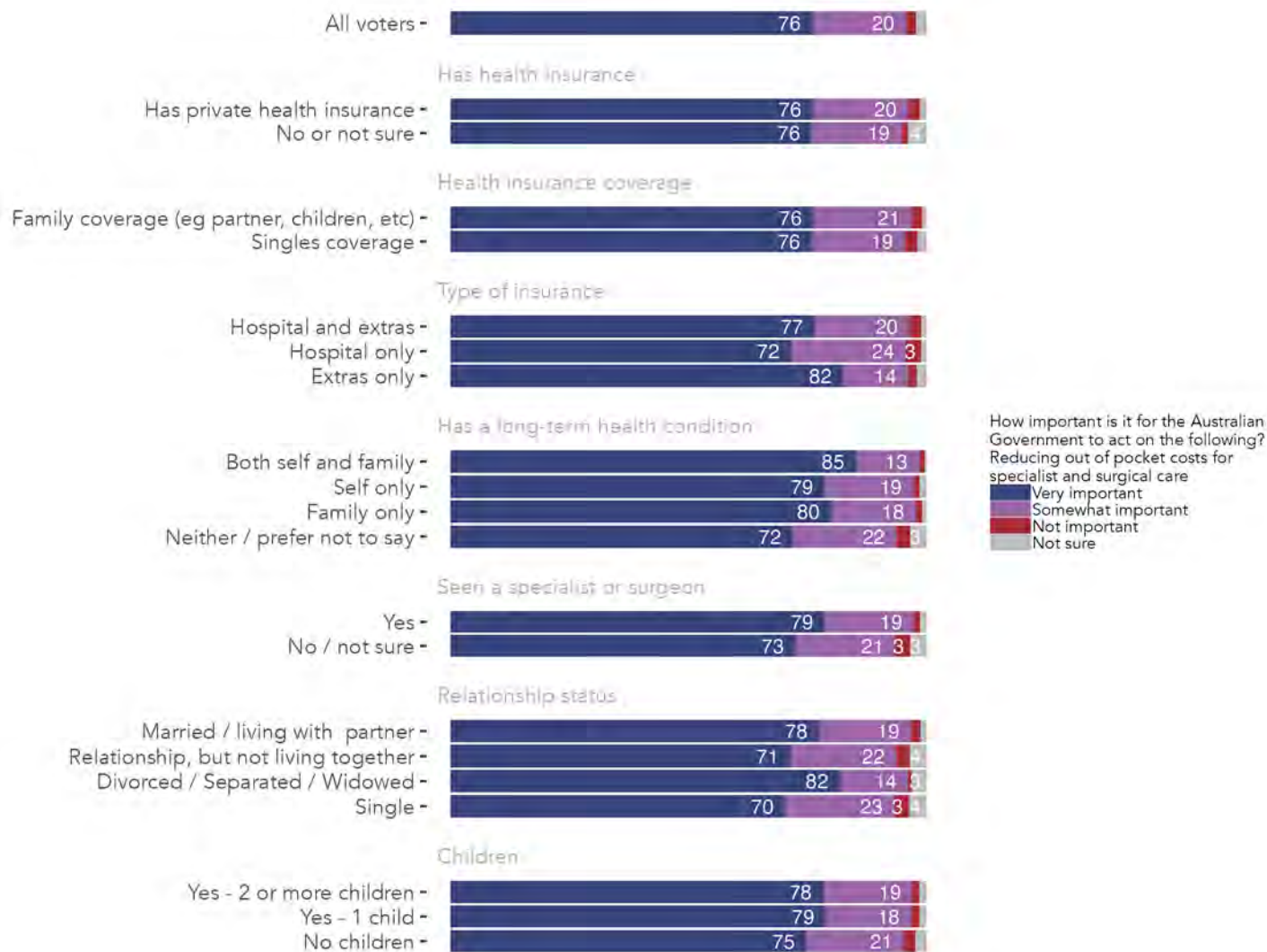


Figure 87: The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 76: The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very important	Somewhat important	Not important	Not sure
All voters	76	20	2	2
Has health insurance				
Has private health insurance	76	20	3	1
No or not sure	76	19	1	4
Health insurance coverage				
Family coverage (eg partner, children, etc)	76	21	2	1
Singles coverage	76	19	3	2
Type of insurance				
Hospital and extras	77	20	2	1
Hospital only	72	24	3	1
Extras only	82	14	2	2
Has a long-term health condition				
Both self and family	85	13	1	1
Self only	79	19	1	1
Family only	80	18	1	1
Neither / prefer not to say	72	22	3	3
Seen a specialist or surgeon				
Yes	79	19	1	1
No / not sure	73	21	3	3
Relationship status				
Married / living with partner	78	19	2	1
Relationship, but not living together	71	22	3	4
Divorced / Separated / Widowed	82	14	1	3
Single	70	23	3	4
Children				
Yes - 2 or more children	78	19	1	2
Yes - 1 child	79	18	2	1
No children	75	21	2	2

The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care

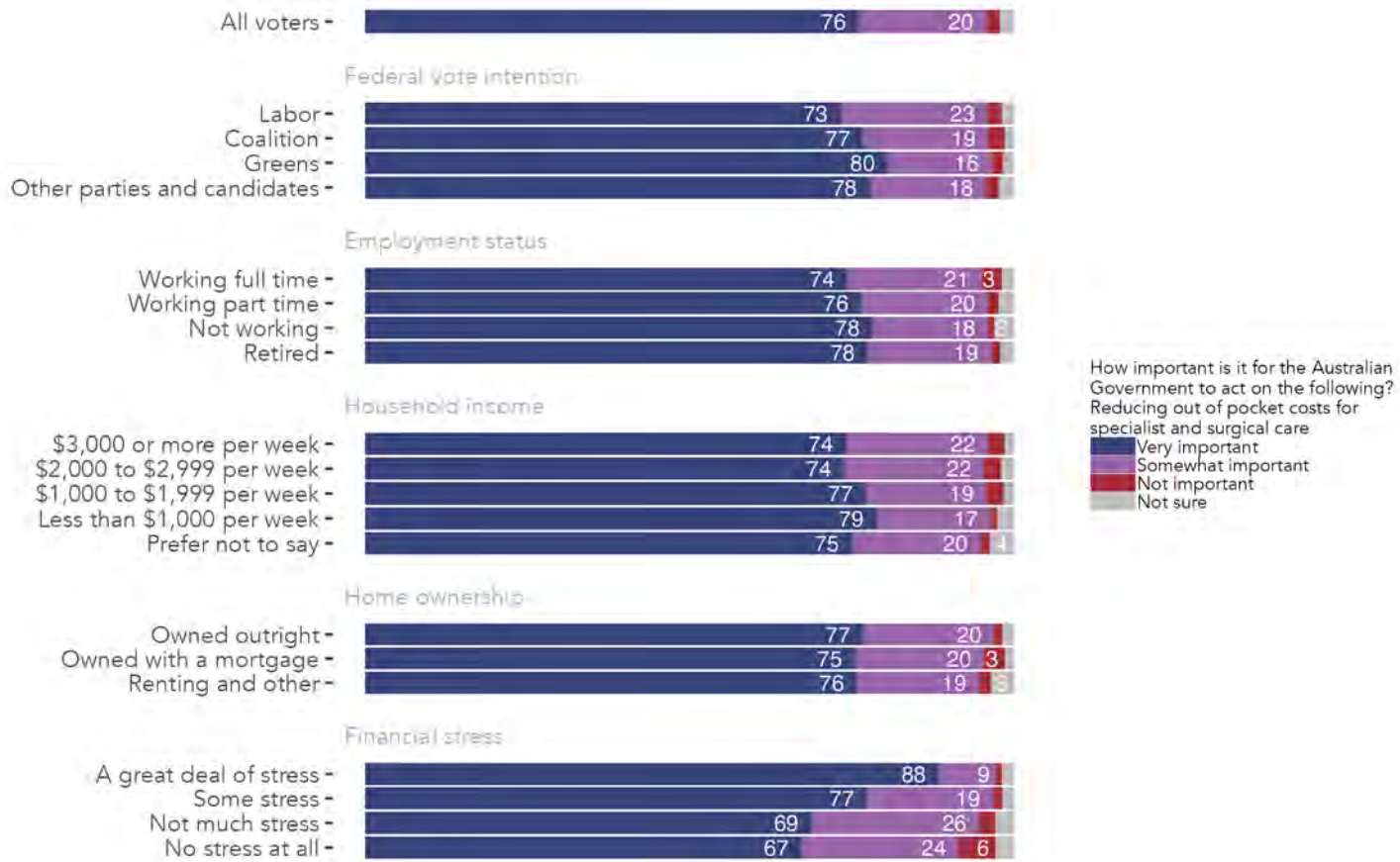


Figure 88: The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 77: The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very important	Somewhat important	Not important	Not sure
All voters	76	20	2	2
Federal vote intention				
Labor	73	23	2	2
Coalition	77	19	3	1
Greens	80	16	2	2
Other parties and candidates	78	18	2	2
Employment status				
Working full time	74	21	3	2
Working part time	76	20	2	2
Not working	78	18	1	3
Retired	78	19	1	2
Household income				
\$3,000 or more per week	74	22	3	1
\$2,000 to \$2,999 per week	74	22	2	2
\$1,000 to \$1,999 per week	77	19	3	1
Less than \$1,000 per week	79	17	1	3
Prefer not to say	75	20	1	4
Home ownership				
Owned outright	77	20	1	2
Owned with a mortgage	75	20	3	2
Renting and other	76	19	2	3
Financial stress				
A great deal of stress	88	9	1	2
Some stress	77	19	2	2
Not much stress	69	26	2	3
No stress at all	67	24	6	3

The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care

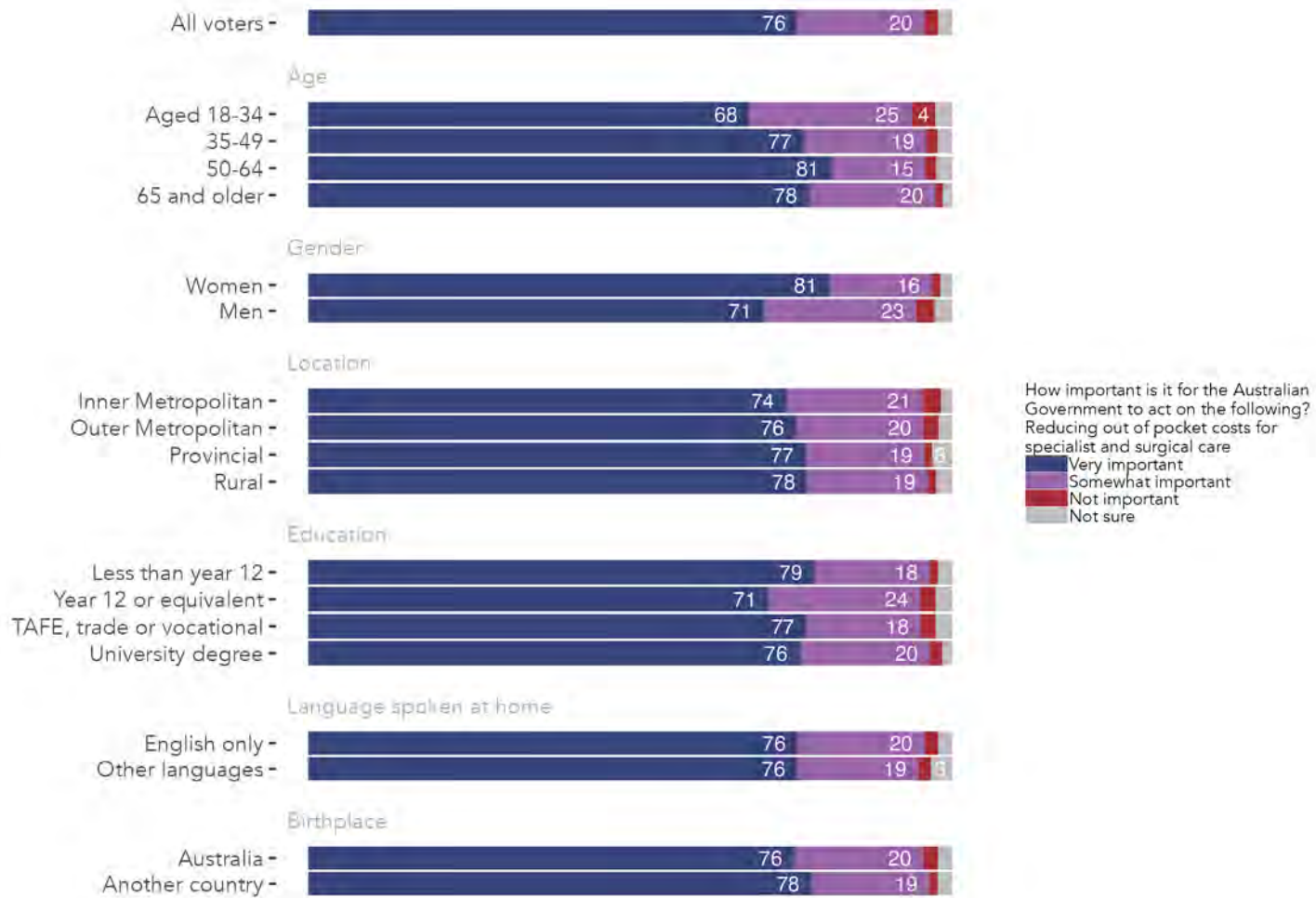


Figure 89: The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care, by demographic characteristics.

Table 78: The perceived importance of the Australian Government reducing out of pocket costs for specialist and surgical care, by demographic characteristics.

	Very important	Somewhat important	Not important	Not sure
All voters	76	20	2	2
Age				
Aged 18-34	68	25	4	3
35-49	77	19	2	2
50-64	81	15	2	2
65 and older	78	20	1	1
Gender				
Women	81	16	1	2
Men	71	23	3	3
Location				
Inner Metropolitan	74	21	3	2
Outer Metropolitan	76	20	2	2
Provincial	77	19	1	3
Rural	78	19	1	2
Education				
Less than year 12	79	18	1	2
Year 12 or equivalent	71	24	2	3
TAFE, trade or vocational	77	18	2	3
University degree	76	20	2	2
Language spoken at home				
English only	76	20	2	2
Other languages	76	19	2	3
Birthplace				
Australia	76	20	2	2
Another country	78	19	1	2

Making it easier for patients to understand what they'll be charged

The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged

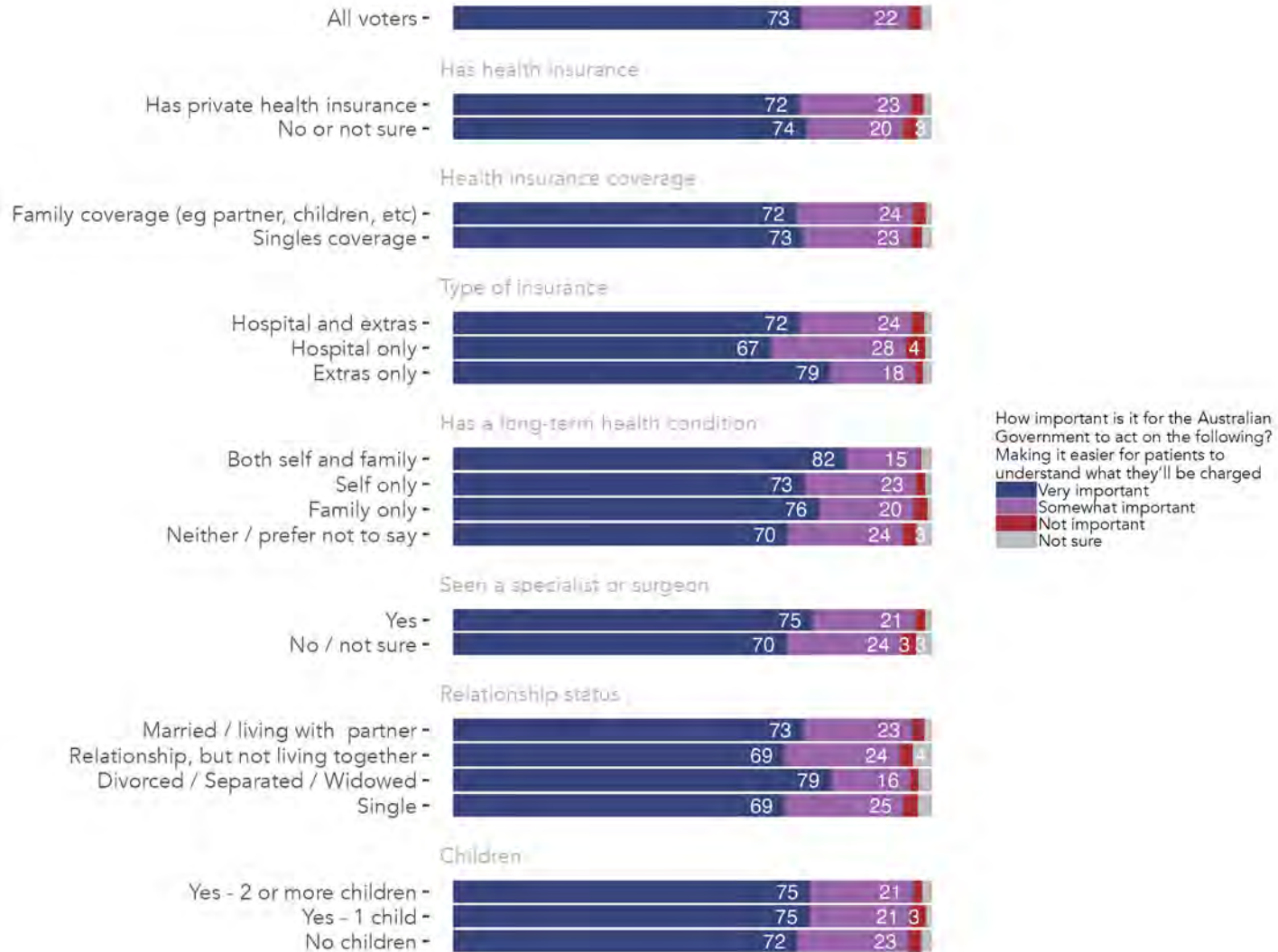


Figure 90: The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 79: The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very important	Somewhat important	Not important	Not sure
All voters	73	22	3	2
Has health insurance				
Has private health insurance	72	23	3	2
No or not sure	74	20	3	3
Health insurance coverage				
Family coverage (eg partner, children, etc)	72	24	3	1
Singles coverage	73	23	2	2
Type of insurance				
Hospital and extras	72	24	2	2
Hospital only	67	28	4	1
Extras only	79	18	1	2
Has a long-term health condition				
Both self and family	82	15	1	2
Self only	73	23	2	2
Family only	76	20	3	1
Neither / prefer not to say	70	24	3	3
Seen a specialist or surgeon				
Yes	75	21	2	2
No / not sure	70	24	3	3
Relationship status				
Married / living with partner	73	23	2	2
Relationship, but not living together	69	24	3	4
Divorced / Separated / Widowed	79	16	2	3
Single	69	25	3	3
Children				
Yes - 2 or more children	75	21	2	2
Yes - 1 child	75	21	3	1
No children	72	23	3	2

The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged

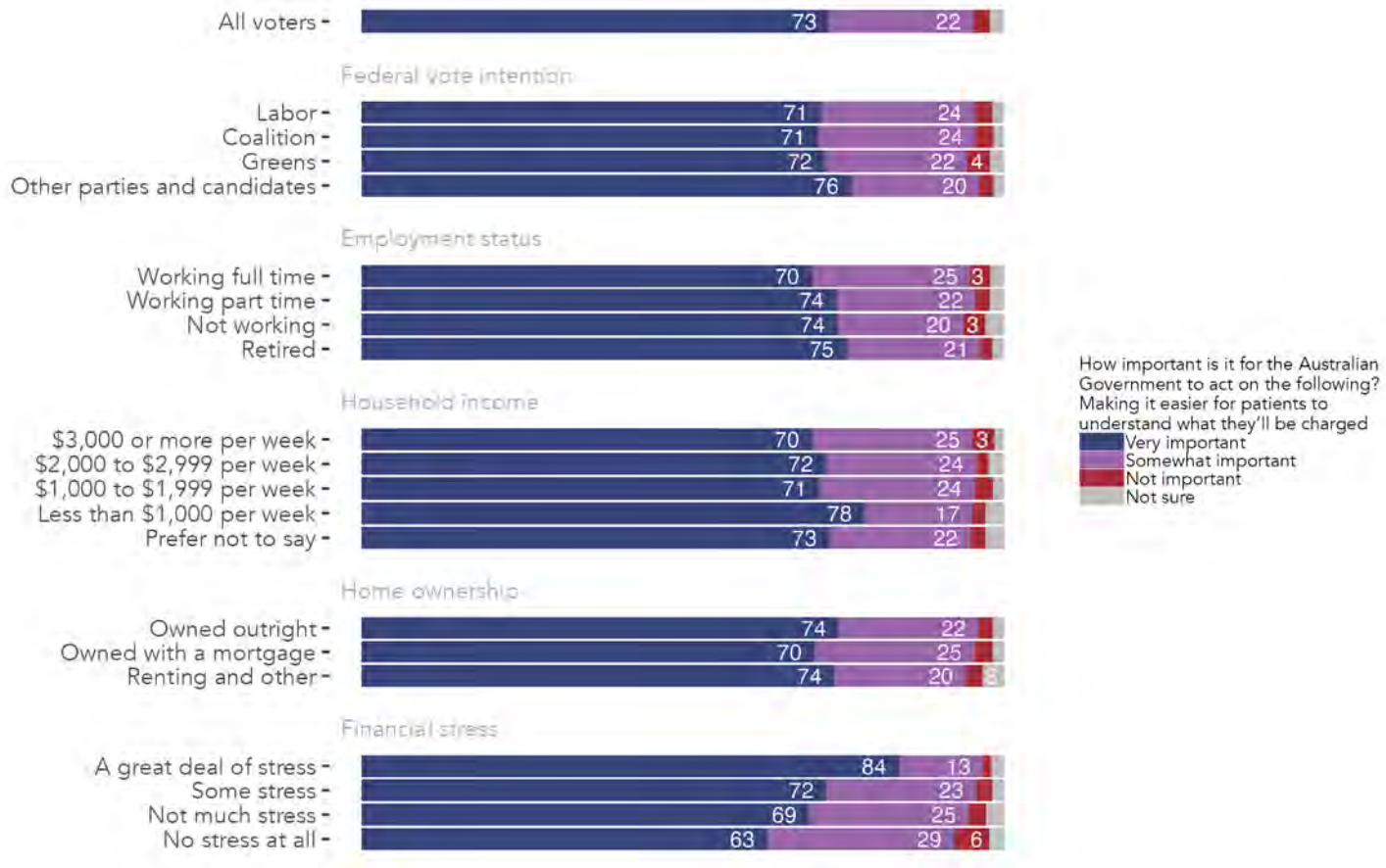


Figure 91: The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 80: The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very important	Somewhat important	Not important	Not sure
All voters	73	22	3	2
Federal vote intention				
Labor	71	24	3	2
Coalition	71	24	3	2
Greens	72	22	4	2
Other parties and candidates	76	20	2	2
Employment status				
Working full time	70	25	3	2
Working part time	74	22	2	2
Not working	74	20	3	3
Retired	75	21	2	2
Household income				
\$3,000 or more per week	70	25	3	2
\$2,000 to \$2,999 per week	72	24	2	2
\$1,000 to \$1,999 per week	71	24	3	2
Less than \$1,000 per week	78	17	2	3
Prefer not to say	73	22	2	3
Home ownership				
Owned outright	74	22	2	2
Owned with a mortgage	70	25	3	2
Renting and other	74	20	3	3
Financial stress				
A great deal of stress	84	13	1	2
Some stress	72	23	3	2
Not much stress	69	25	3	3
No stress at all	63	29	6	2

The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged

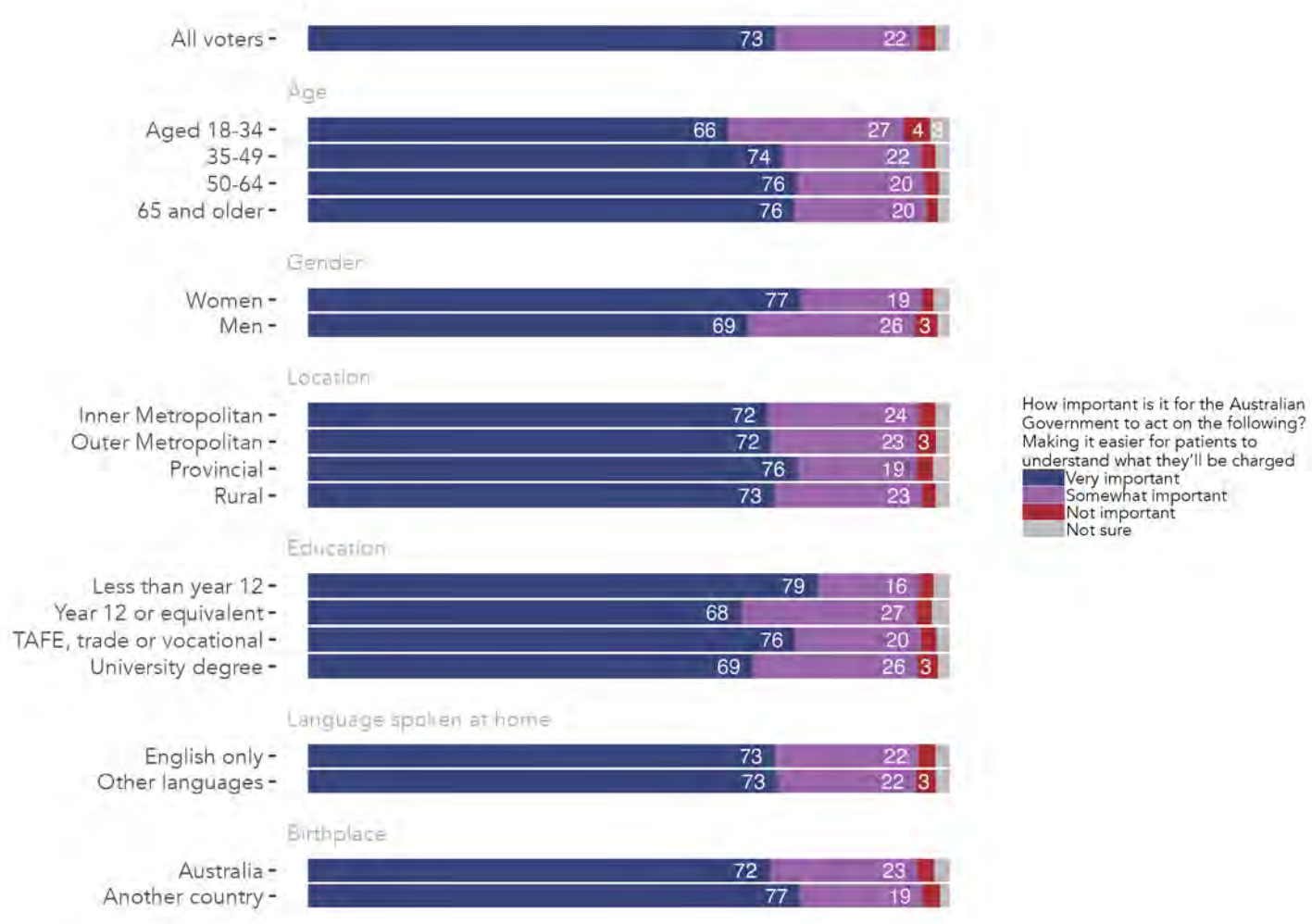


Figure 92: The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged, by demographic characteristics.

Table 81: The perceived importance of the Australian Government making it easier for patients to understand what they'll be charged, by demographic characteristics.

	Very important	Somewhat important	Not important	Not sure
All voters	73	22	3	2
Age				
Aged 18-34	66	27	4	3
35-49	74	22	2	2
50-64	76	20	2	2
65 and older	76	20	2	2
Gender				
Women	77	19	2	2
Men	69	26	3	2
Location				
Inner Metropolitan	72	24	2	2
Outer Metropolitan	72	23	3	2
Provincial	76	19	2	3
Rural	73	23	2	2
Education				
Less than year 12	79	16	2	3
Year 12 or equivalent	68	27	2	3
TAFE, trade or vocational	76	20	2	2
University degree	69	26	3	2
Language spoken at home				
English only	73	22	3	2
Other languages	73	22	3	2
Birthplace				
Australia	72	23	3	2
Another country	77	19	3	1

Improving patients' ability to make an informed choice of specialist or surgeon

The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon

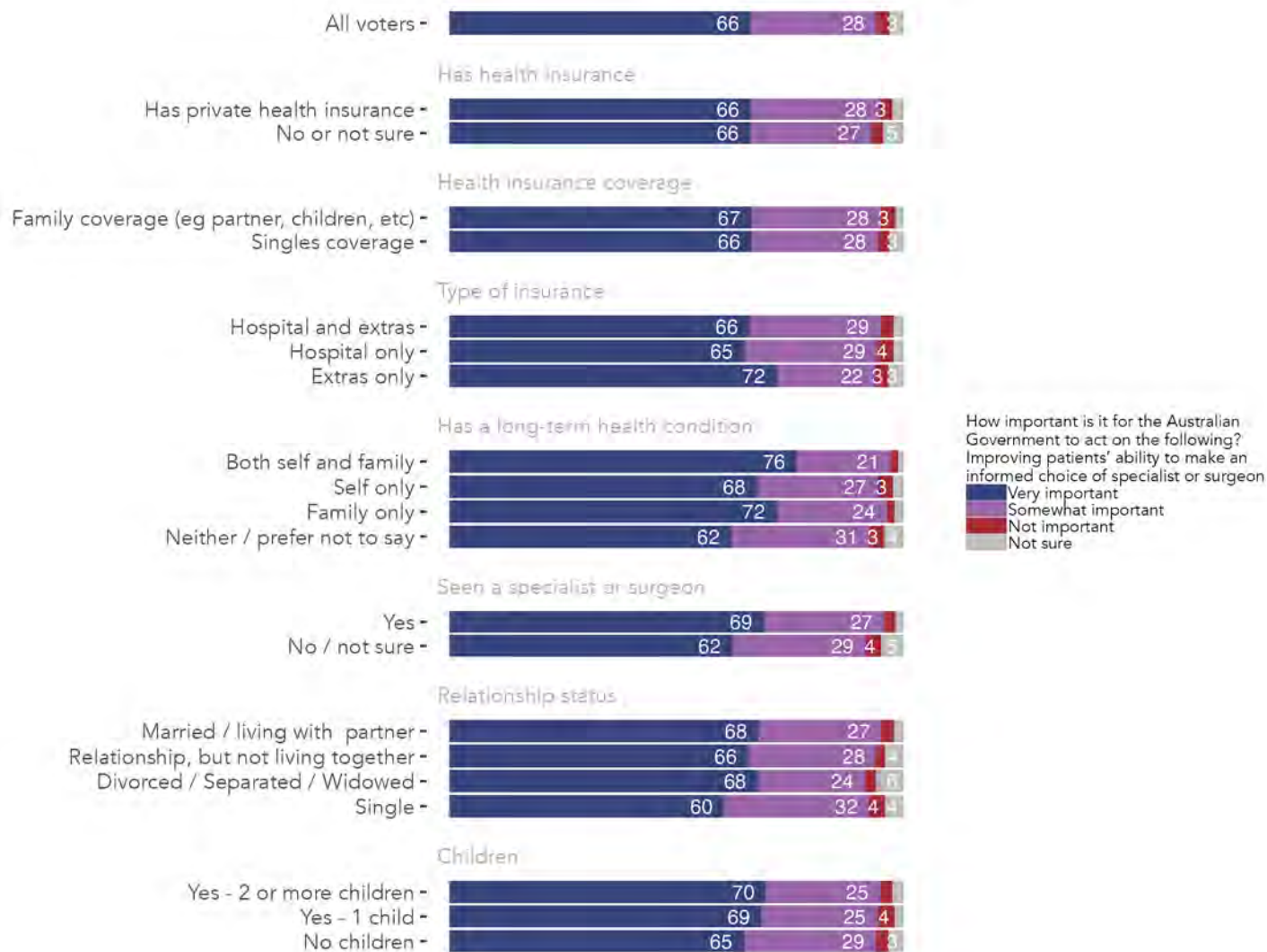


Figure 93: The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 82: The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very important	Somewhat important	Not important	Not sure
All voters	66	28	3	3
Has health insurance				
Has private health insurance	66	28	3	3
No or not sure	66	27	2	5
Health insurance coverage				
Family coverage (eg partner, children, etc)	67	28	3	2
Singles coverage	66	28	3	3
Type of insurance				
Hospital and extras	66	29	3	2
Hospital only	65	29	4	2
Extras only	72	22	3	3
Has a long-term health condition				
Both self and family	76	21	2	1
Self only	68	27	3	2
Family only	72	24	2	2
Neither / prefer not to say	62	31	3	4
Seen a specialist or surgeon				
Yes	69	27	2	2
No / not sure	62	29	4	5
Relationship status				
Married / living with partner	68	27	3	2
Relationship, but not living together	66	28	2	4
Divorced / Separated / Widowed	68	24	2	6
Single	60	32	4	4
Children				
Yes - 2 or more children	70	25	3	2
Yes - 1 child	69	25	4	2
No children	65	29	3	3

The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon

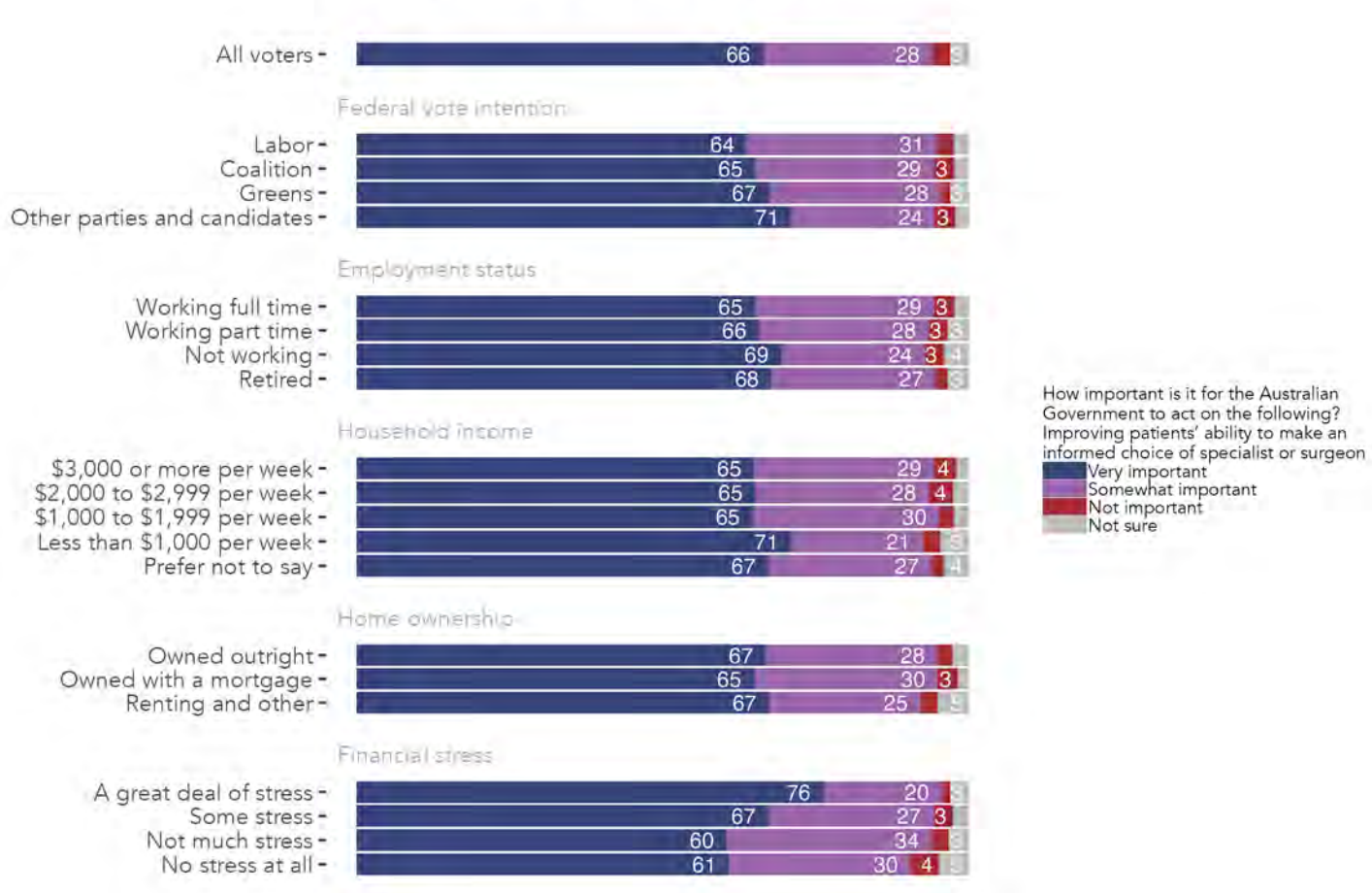


Figure 94: The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 83: The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very important	Somewhat important	Not important	Not sure
All voters	66	28	3	3
Federal vote intention				
Labor	64	31	3	2
Coalition	65	29	3	3
Greens	67	28	2	3
Other parties and candidates	71	24	3	2
Employment status				
Working full time	65	29	3	3
Working part time	66	28	3	3
Not working	69	24	3	4
Retired	68	27	2	3
Household income				
\$3,000 or more per week	65	29	4	2
\$2,000 to \$2,999 per week	65	28	4	3
\$1,000 to \$1,999 per week	65	30	2	3
Less than \$1,000 per week	71	21	3	5
Prefer not to say	67	27	2	4
Home ownership				
Owned outright	67	28	2	3
Owned with a mortgage	65	30	3	2
Renting and other	67	25	3	5
Financial stress				
A great deal of stress	76	20	1	3
Some stress	67	27	3	3
Not much stress	60	34	3	3
No stress at all	61	30	4	5

The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon

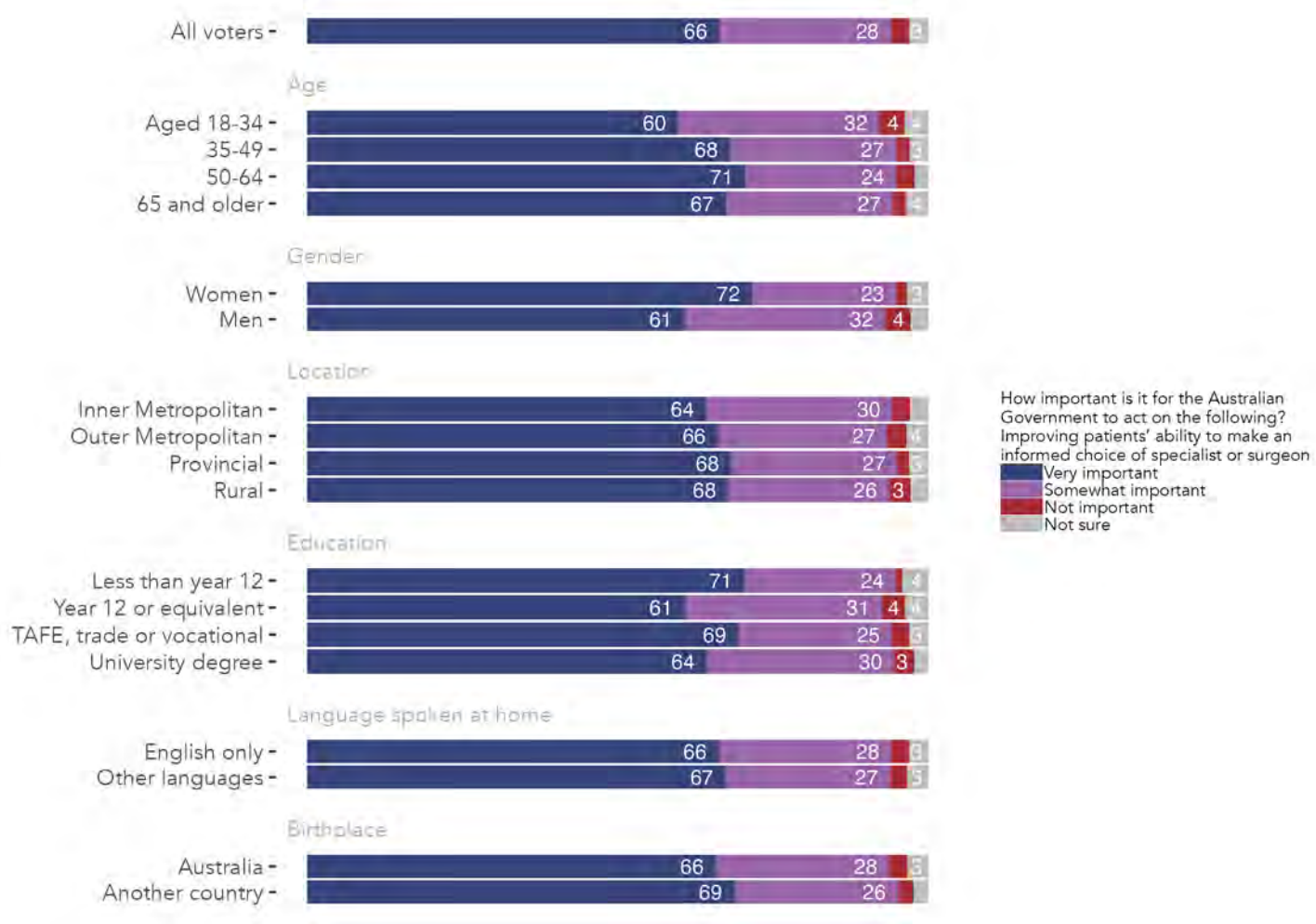


Figure 95: The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon, by demographic characteristics.

Table 84: The perceived importance of the Australian Government improving patients' ability to make an informed choice of specialist or surgeon, by demographic characteristics.

	Very important	Somewhat important	Not important	Not sure
All voters	66	28	3	3
Age				
Aged 18-34	60	32	4	4
35-49	68	27	2	3
50-64	71	24	3	2
65 and older	67	27	2	4
Gender				
Women	72	23	2	3
Men	61	32	4	3
Location				
Inner Metropolitan	64	30	3	3
Outer Metropolitan	66	27	3	4
Provincial	68	27	2	3
Rural	68	26	3	3
Education				
Less than year 12	71	24	1	4
Year 12 or equivalent	61	31	4	4
TAFE, trade or vocational	69	25	3	3
University degree	64	30	3	3
Language spoken at home				
English only	66	28	3	3
Other languages	67	27	3	3
Birthplace				
Australia	66	28	3	3
Another country	69	26	3	2

Improving quality of specialist or surgical care

The perceived importance of the Australian Government improving the quality of specialist or surgical care

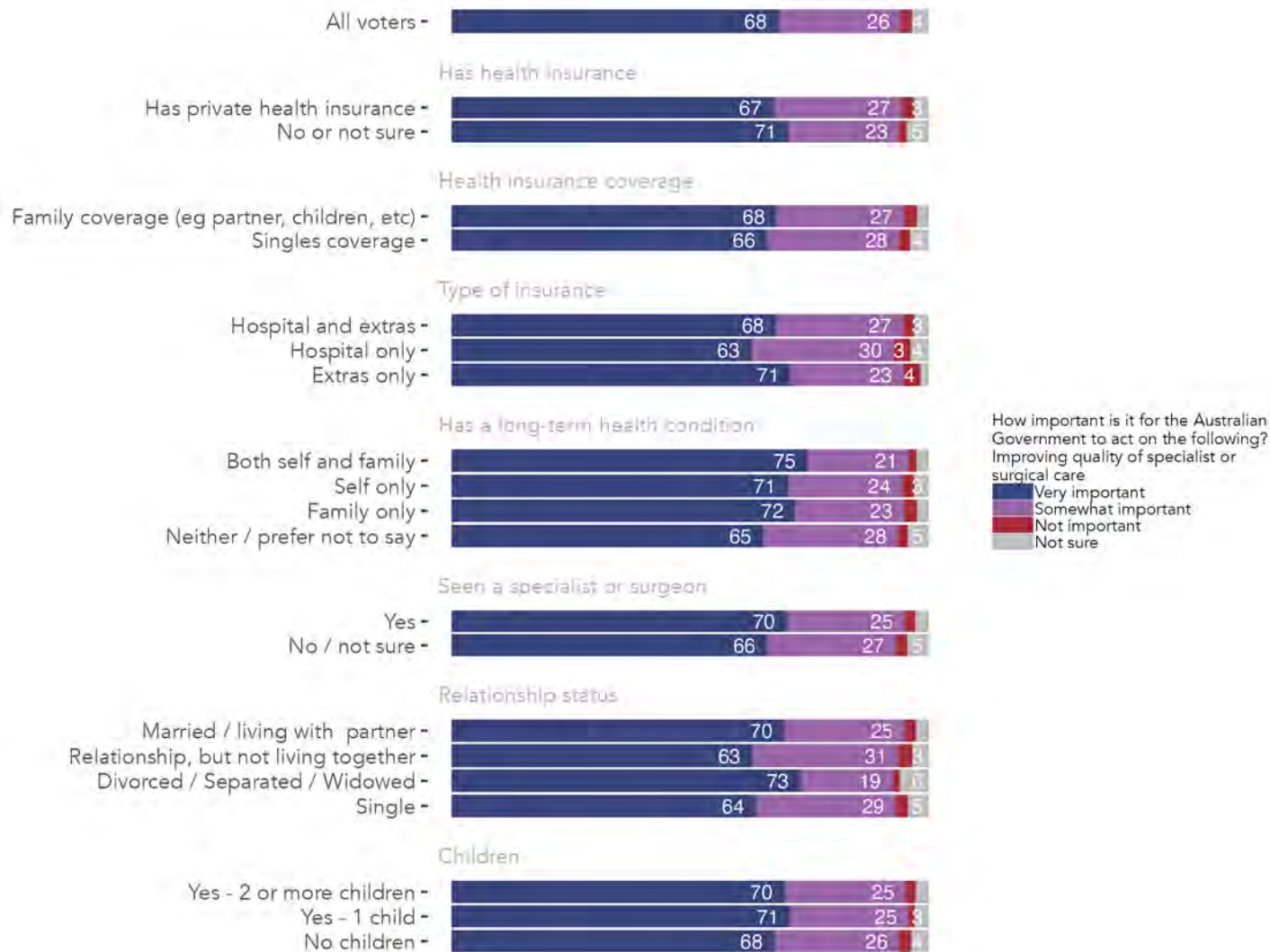


Figure 96: The perceived importance of the Australian Government improving the quality of specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

Table 85: The perceived importance of the Australian Government improving the quality of specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very important	Somewhat important	Not important	Not sure
All voters	68	26	2	4
Has health insurance				
Has private health insurance	67	27	3	3
No or not sure	71	23	1	5
Health insurance coverage				
Family coverage (eg partner, children, etc)	68	27	3	2
Singles coverage	66	28	2	4
Type of insurance				
Hospital and extras	68	27	2	3
Hospital only	63	30	3	4
Extras only	71	23	4	2
Has a long-term health condition				
Both self and family	75	21	1	3
Self only	71	24	2	3
Family only	72	23	3	2
Neither / prefer not to say	65	28	2	5
Seen a specialist or surgeon				
Yes	70	25	2	3
No / not sure	66	27	2	5
Relationship status				
Married / living with partner	70	25	2	3
Relationship, but not living together	63	31	3	3
Divorced / Separated / Widowed	73	19	2	6
Single	64	29	2	5
Children				
Yes - 2 or more children	70	25	2	3
Yes - 1 child	71	25	1	3
No children	68	26	2	4

The perceived importance of the Australian Government improving the quality of specialist or surgical care



Figure 97: The perceived importance of the Australian Government improving the quality of specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

Table 86: The perceived importance of the Australian Government improving the quality of specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very important	Somewhat important	Not important	Not sure
All voters	68	26	2	4
Federal vote intention				
Labor	66	28	3	3
Coalition	68	27	2	3
Greens	70	25	3	2
Other parties and candidates	72	23	2	3
Employment status				
Working full time	67	28	2	3
Working part time	68	26	2	4
Not working	70	23	2	5
Retired	70	24	2	4
Household income				
\$3,000 or more per week	66	28	3	3
\$2,000 to \$2,999 per week	67	28	2	3
\$1,000 to \$1,999 per week	70	25	2	3
Less than \$1,000 per week	72	22	1	5
Prefer not to say	67	27	2	4
Home ownership				
Owned outright	69	25	3	3
Owned with a mortgage	68	28	2	2
Renting and other	69	24	2	5
Financial stress				
A great deal of stress	80	16	1	3
Some stress	69	26	2	3
Not much stress	63	29	3	5
No stress at all	60	30	4	6

The perceived importance of the Australian Government improving the quality of specialist or surgical care

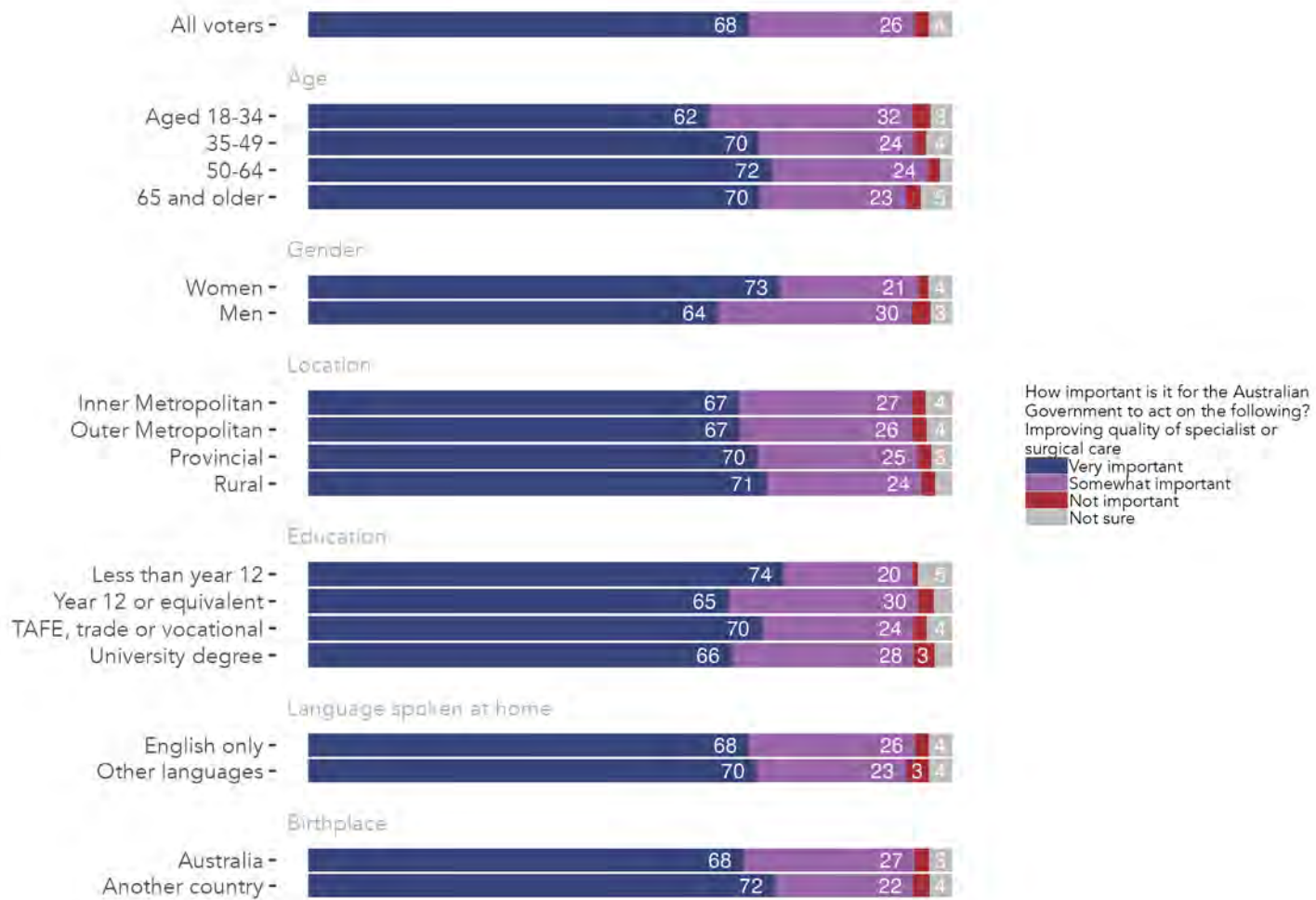


Figure 98: The perceived importance of the Australian Government improving the quality of specialist or surgical care, by demographic characteristics.

Table 87: The perceived importance of the Australian Government improving the quality of specialist or surgical care, by demographic characteristics.

	Very important	Somewhat important	Not important	Not sure
All voters	68	26	2	4
Age				
Aged 18-34	62	32	3	3
35-49	70	24	2	4
50-64	72	24	2	2
65 and older	70	23	2	5
Gender				
Women	73	21	2	4
Men	64	30	3	3
Location				
Inner Metropolitan	67	27	2	4
Outer Metropolitan	67	26	3	4
Provincial	70	25	2	3
Rural	71	24	2	3
Education				
Less than year 12	74	20	1	5
Year 12 or equivalent	65	30	2	3
TAFE, trade or vocational	70	24	2	4
University degree	66	28	3	3
Language spoken at home				
English only	68	26	2	4
Other languages	70	23	3	4
Birthplace				
Australia	68	27	2	3
Another country	72	22	2	4

Support for reforms to help improve access to and the cost of specialists and surgeons

This question and the following two were all shown on the same page.

Question text

Several changes have been proposed by health organisations to address out of pocket fees, patient choice of care provider, and the quality of care available to Australians.

Do you support or oppose the following changes?

Grid; randomise statements

- A. Attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, to increase the supply of specialists and promote healthy competition on fees.
- B. Changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment. There would be exceptions for urgent or emergency care but in most cases, if consent is not obtained, the patient would not have to pay the cost.
- C. The Australian Government currently runs a website, Medical Cost Finder, where specialists can voluntarily list their fees. To provide patients with clarity on costs, this would become mandatory: all specialists would have to list their fees and this would be available freely on the site.
- D. Some specialists and surgeons charge things like 'admin' or 'booking' fees which operate in a grey area – not covered under Medicare or private health insurance. To ensure patients know what they are paying for and are only paying for the care they receive, the law would be changed to ban these fees.
- E. Increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets.
- F. To increase accountability, doctors who are caught deliberately over-charging patients would be banned from Medicare. That is, they would no longer be able to access payments or benefits through Medicare.

Single select; random reverse 1-4

- 1. Strongly support
- 2. Support
- 3. Oppose
- 4. Strongly oppose
- 5. Not sure

Do you support or oppose the following changes?

■ Strongly support
 ■ Support
 ■ Oppose
 ■ Strongly oppose
 ■ Not sure

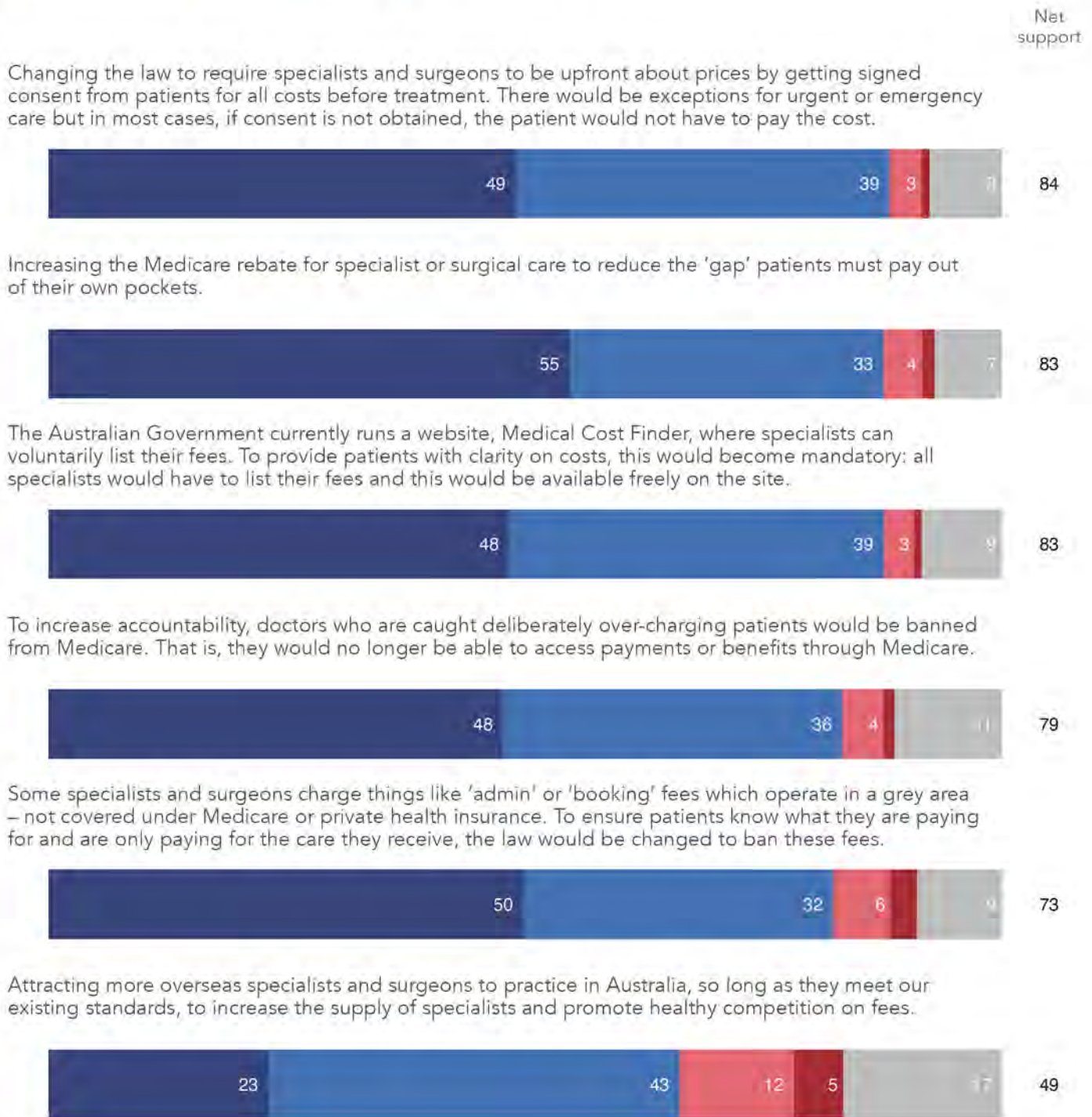


Figure 99: Support for and opposition to reforms to improve access to care and the cost to see a specialist or surgeon. Figures in black on the right-hand side of the plot indicate the net share who support each proposal (total share who support, minus the share who oppose).

Attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, to increase the supply of specialists and promote healthy competition on fees

Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards

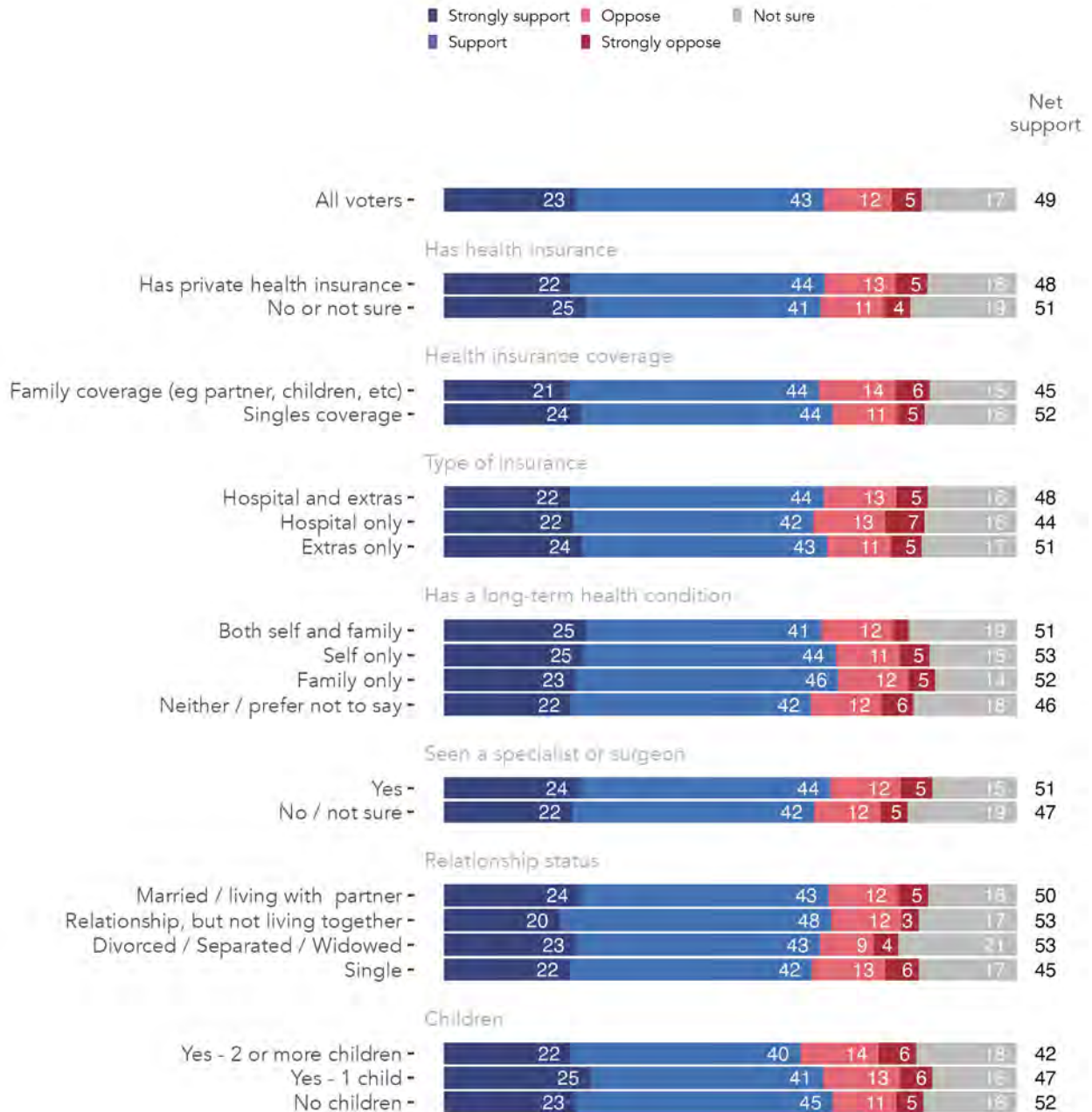


Figure 100: Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 88: Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	23	43	12	5	17	49
Has health insurance						
Has private health insurance	22	44	13	5	16	48
No or not sure	25	41	11	4	19	51
Health insurance coverage						
Family coverage (eg partner, children, etc)	21	44	14	6	15	45
Singles coverage	24	44	11	5	16	52
Type of insurance						
Hospital and extras	22	44	13	5	16	48
Hospital only	22	42	13	7	16	44
Extras only	24	43	11	5	17	51
Has a long-term health condition						
Both self and family	25	41	12	3	19	51
Self only	25	44	11	5	15	53
Family only	23	46	12	5	14	52
Neither / prefer not to say	22	42	12	6	18	46
Seen a specialist or surgeon						
Yes	24	44	12	5	15	51
No / not sure	22	42	12	5	19	47
Relationship status						
Married / living with partner	24	43	12	5	16	50
Relationship, but not living together	20	48	12	3	17	53
Divorced / Separated / Widowed	23	43	9	4	21	53
Single	22	42	13	6	17	45
Children						
Yes - 2 or more children	22	40	14	6	18	42
Yes - 1 child	25	41	13	6	15	47
No children	23	45	11	5	16	52

Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards

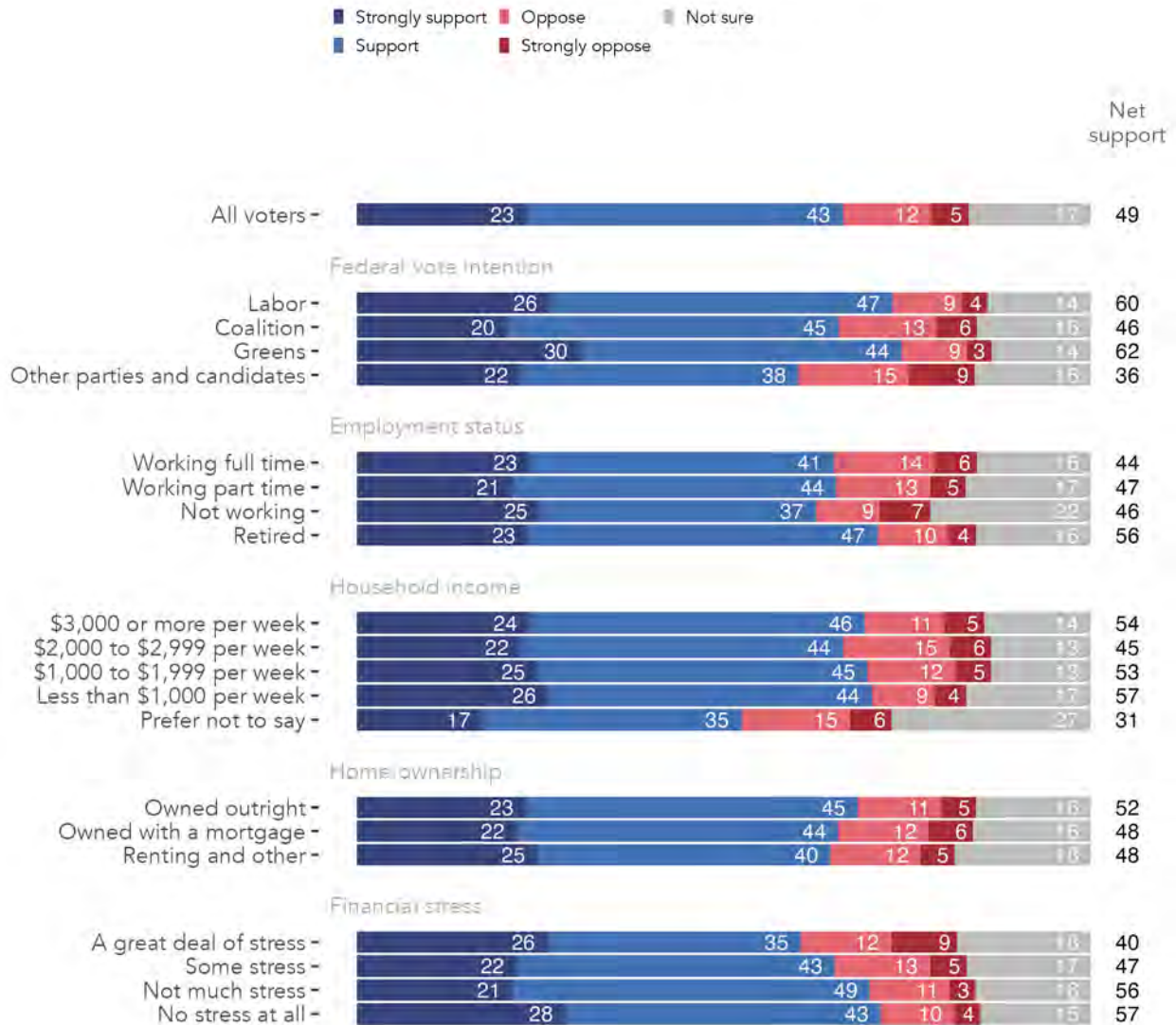


Figure 101: Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 89: Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	23	43	12	5	17	49
Federal vote intention						
Labor	26	47	9	4	14	60
Coalition	20	45	13	6	16	46
Greens	30	44	9	3	14	62
Other parties and candidates	22	38	15	9	16	36
Employment status						
Working full time	23	41	14	6	16	44
Working part time	21	44	13	5	17	47
Not working	25	37	9	7	22	46
Retired	23	47	10	4	16	56
Household income						
\$3,000 or more per week	24	46	11	5	14	54
\$2,000 to \$2,999 per week	22	44	15	6	13	45
\$1,000 to \$1,999 per week	25	45	12	5	13	53
Less than \$1,000 per week	26	44	9	4	17	57
Prefer not to say	17	35	15	6	27	31
Home ownership						
Owned outright	23	45	11	5	16	52
Owned with a mortgage	22	44	12	6	16	48
Renting and other	25	40	12	5	18	48
Financial stress						
A great deal of stress	26	35	12	9	18	40
Some stress	22	43	13	5	17	47
Not much stress	21	49	11	3	16	56
No stress at all	28	43	10	4	15	57

Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards

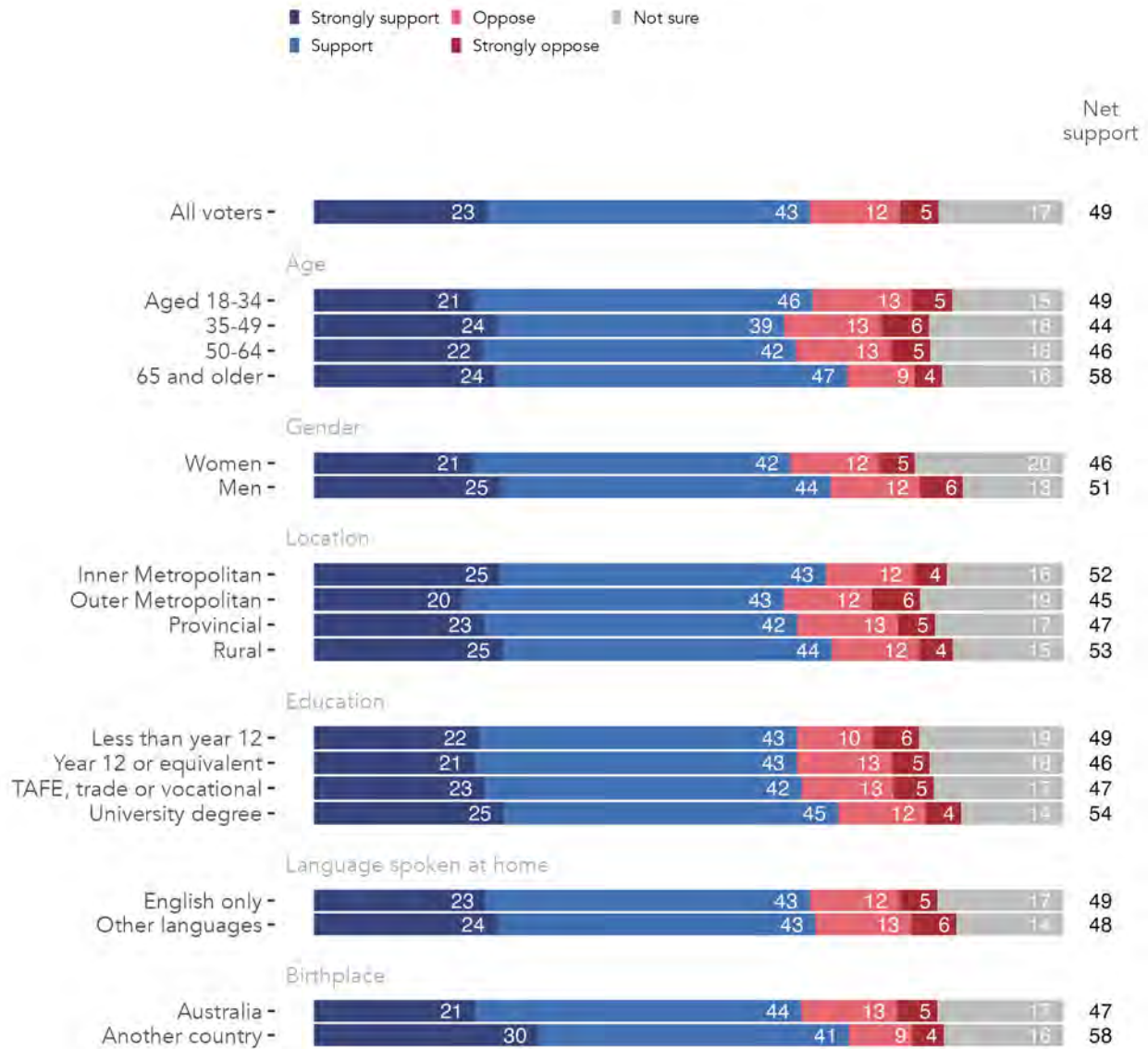


Figure 102: Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 90: Support for and opposition to attracting more overseas specialists and surgeons to practice in Australia, so long as they meet our existing standards, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	23	43	12	5	17	49
Age						
Aged 18-34	21	46	13	5	15	49
35-49	24	39	13	6	18	44
50-64	22	42	13	5	18	46
65 and older	24	47	9	4	16	58
Gender						
Women	21	42	12	5	20	46
Men	25	44	12	6	13	51
Location						
Inner Metropolitan	25	43	12	4	16	52
Outer Metropolitan	20	43	12	6	19	45
Provincial	23	42	13	5	17	47
Rural	25	44	12	4	15	53
Education						
Less than year 12	22	43	10	6	19	49
Year 12 or equivalent	21	43	13	5	18	46
TAFE, trade or vocational	23	42	13	5	17	47
University degree	25	45	12	4	14	54
Language spoken at home						
English only	23	43	12	5	17	49
Other languages	24	43	13	6	14	48
Birthplace						
Australia	21	44	13	5	17	47
Another country	30	41	9	4	16	58

Changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment. There would be exceptions for urgent or emergency care but in most cases, if consent is not obtained, the patient would not have to pay the cost

Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment

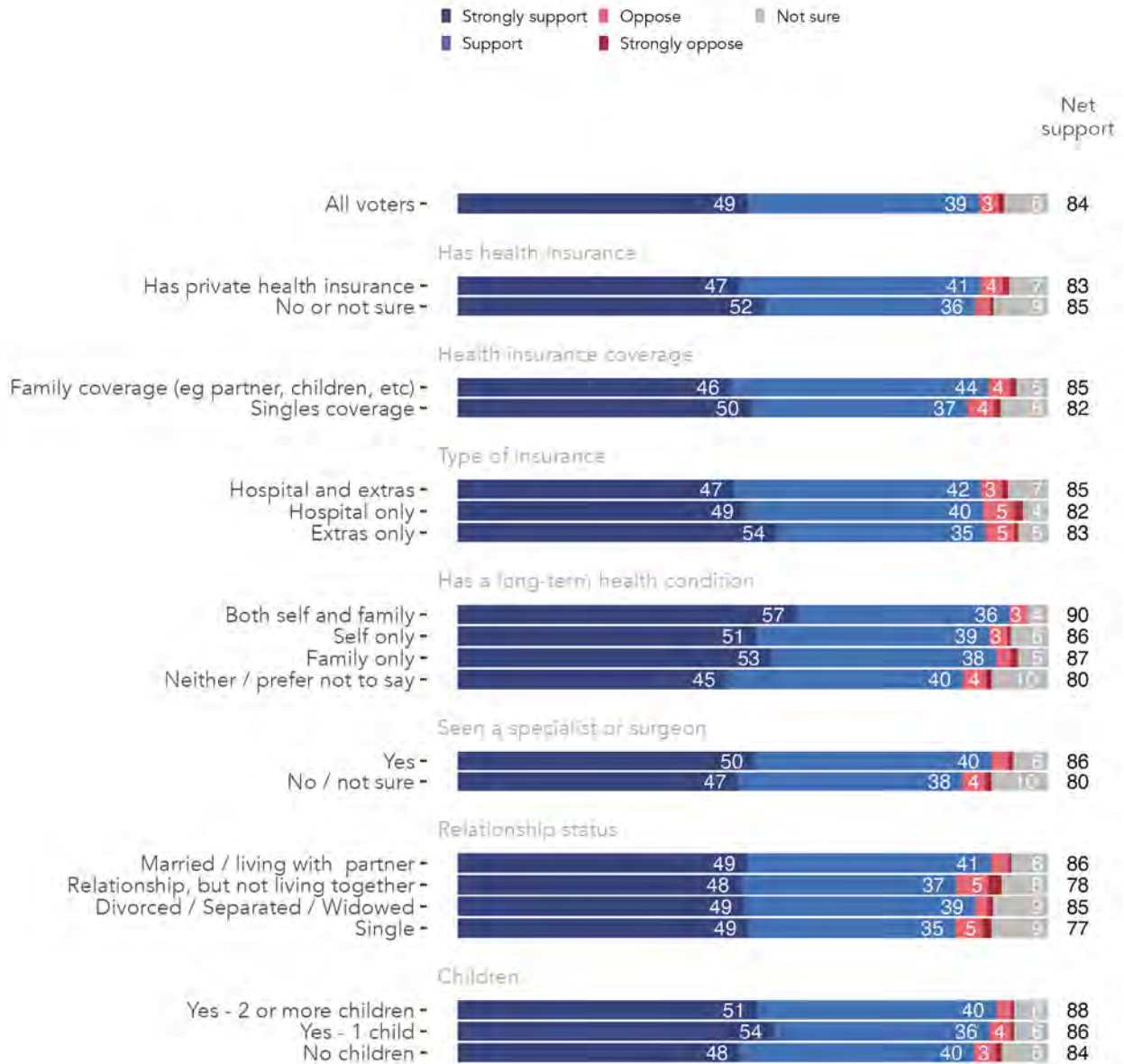


Figure 103: Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 91: Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	49	39	3	1	8	84
Has health insurance						
Has private health insurance	47	41	4	1	7	83
No or not sure	52	36	2	1	9	85
Health insurance coverage						
Family coverage (eg partner, children, etc)	46	44	4	1	5	85
Singles coverage	50	37	4	1	8	82
Type of insurance						
Hospital and extras	47	42	3	1	7	85
Hospital only	49	40	5	2	4	82
Extras only	54	35	5	1	5	83
Has a long-term health condition						
Both self and family	57	36	3	0	4	90
Self only	51	39	3	1	6	86
Family only	53	38	3	1	5	87
Neither / prefer not to say	45	40	4	1	10	80
Seen a specialist or surgeon						
Yes	50	40	3	1	6	86
No / not sure	47	38	4	1	10	80
Relationship status						
Married / living with partner	49	41	3	1	6	86
Relationship, but not living together	48	37	5	2	8	78
Divorced / Separated / Widowed	49	39	2	1	9	85
Single	49	35	5	2	9	77
Children						
Yes - 2 or more children	51	40	3	0	6	88
Yes - 1 child	54	36	4	0	6	86
No children	48	40	3	1	8	84

Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment

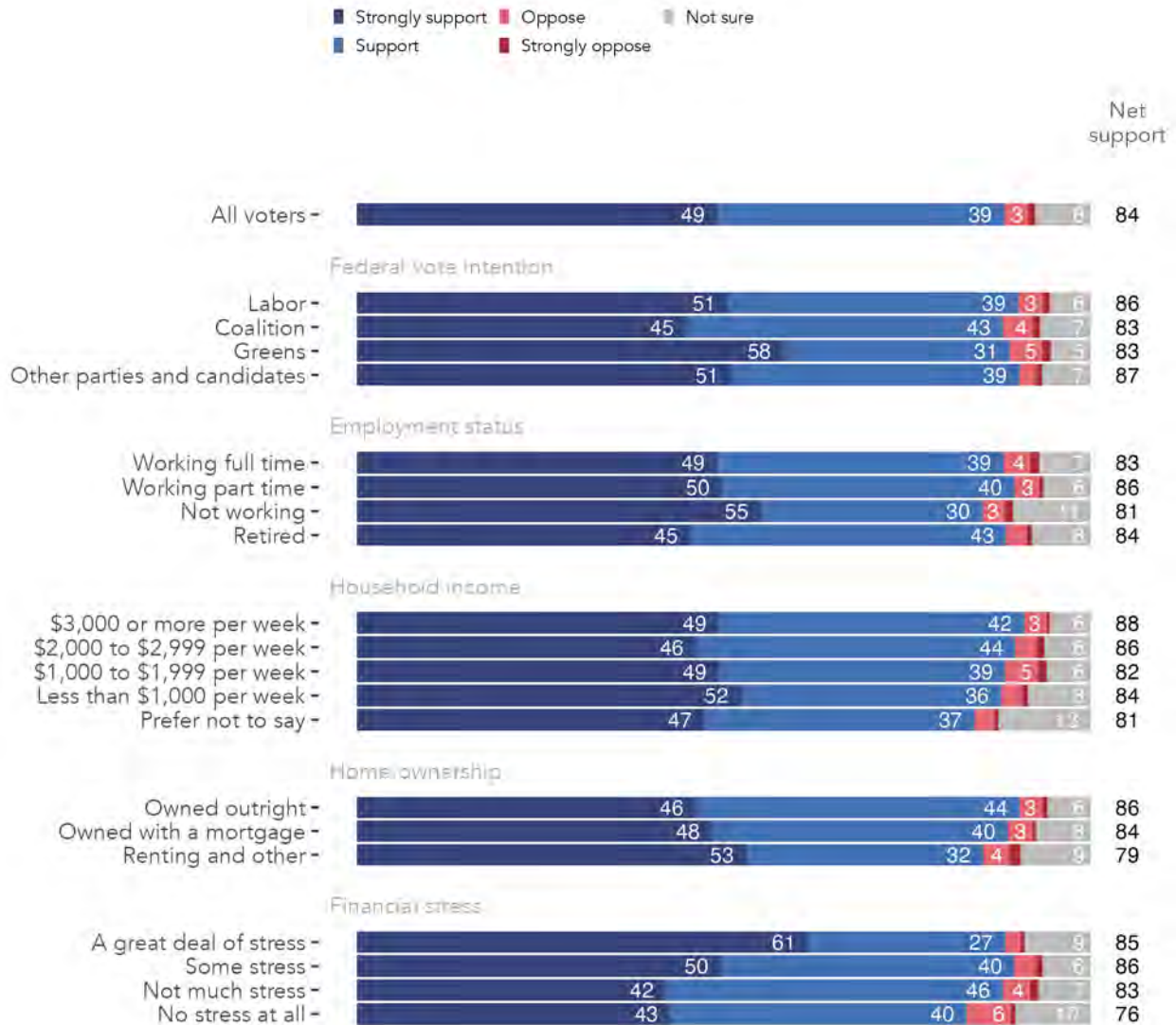


Figure 104: Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 92: Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	49	39	3	1	8	84
Federal vote intention						
Labor	51	39	3	1	6	86
Coalition	45	43	4	1	7	83
Greens	58	31	5	1	5	83
Other parties and candidates	51	39	2	1	7	87
Employment status						
Working full time	49	39	4	1	7	83
Working part time	50	40	3	1	6	86
Not working	55	30	3	1	11	81
Retired	45	43	3	1	8	84
Household income						
\$3,000 or more per week	49	42	3	0	6	88
\$2,000 to \$2,999 per week	46	44	3	1	6	86
\$1,000 to \$1,999 per week	49	39	5	1	6	82
Less than \$1,000 per week	52	36	3	1	8	84
Prefer not to say	47	37	3	0	13	81
Home ownership						
Owned outright	46	44	3	1	6	86
Owned with a mortgage	48	40	3	1	8	84
Renting and other	53	32	4	2	9	79
Financial stress						
A great deal of stress	61	27	2	1	9	85
Some stress	50	40	3	1	6	86
Not much stress	42	46	4	1	7	83
No stress at all	43	40	6	1	10	76

Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment

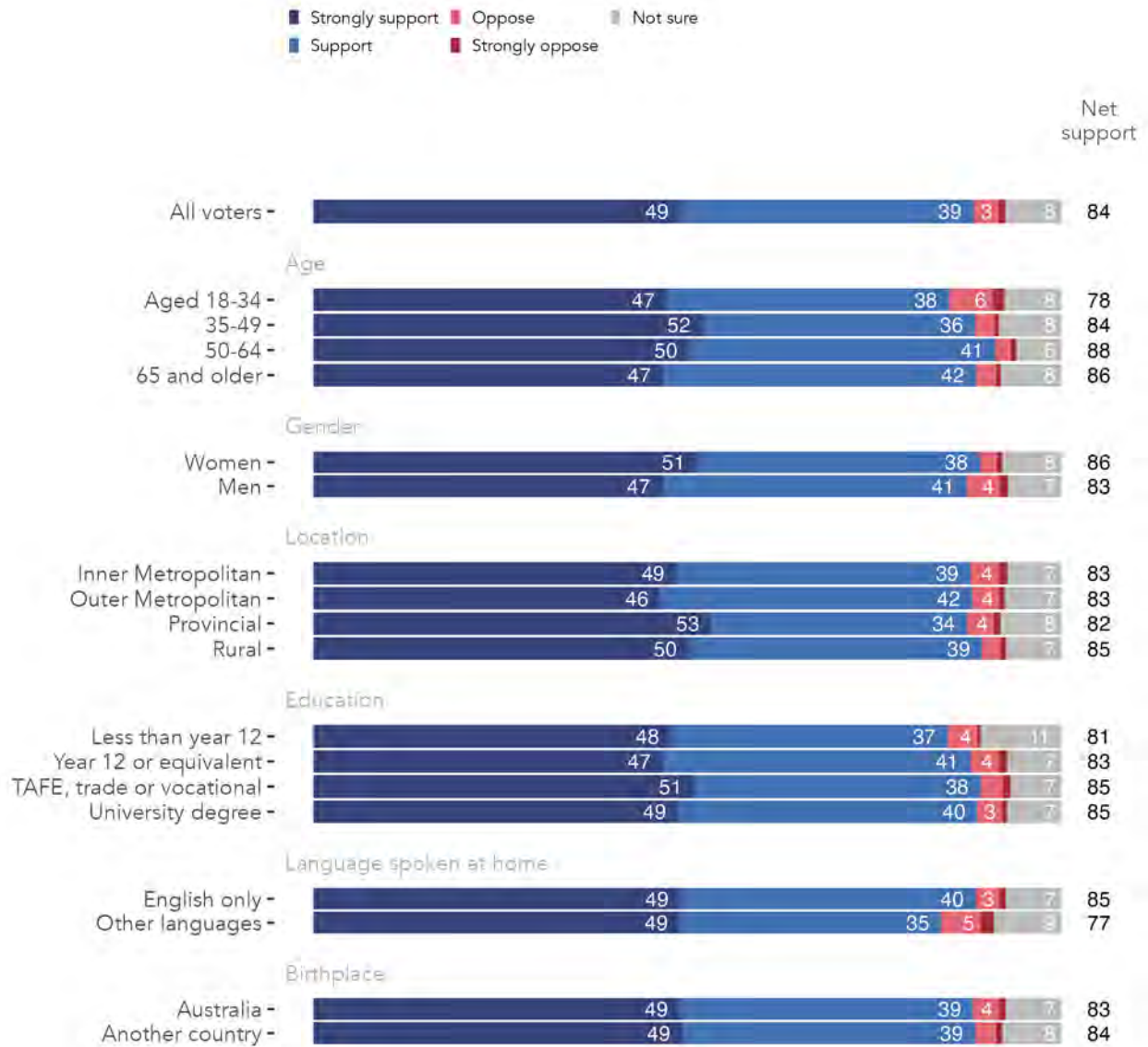


Figure 105: Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 93: Support for and opposition to changing the law to require specialists and surgeons to be upfront about prices by getting signed consent from patients for all costs before treatment, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	49	39	3	1	8	84
Age						
Aged 18-34	47	38	6	1	8	78
35-49	52	36	3	1	8	84
50-64	50	41	2	1	6	88
65 and older	47	42	3	0	8	86
Gender						
Women	51	38	2	1	8	86
Men	47	41	4	1	7	83
Location						
Inner Metropolitan	49	39	4	1	7	83
Outer Metropolitan	46	42	4	1	7	83
Provincial	53	34	4	1	8	82
Rural	50	39	3	1	7	85
Education						
Less than year 12	48	37	4	0	11	81
Year 12 or equivalent	47	41	4	1	7	83
TAFE, trade or vocational	51	38	3	1	7	85
University degree	49	40	3	1	7	85
Language spoken at home						
English only	49	40	3	1	7	85
Other languages	49	35	5	2	9	77
Birthplace						
Australia	49	39	4	1	7	83
Another country	49	39	3	1	8	84

The Australian Government currently runs a website, Medical Cost Finder, where specialists can voluntarily list their fees. To provide patients with clarity on costs, this would become mandatory: all specialists would have to list their fees and this would be available freely on the site

Support for and opposition to making Medical Cost Finder website mandatory

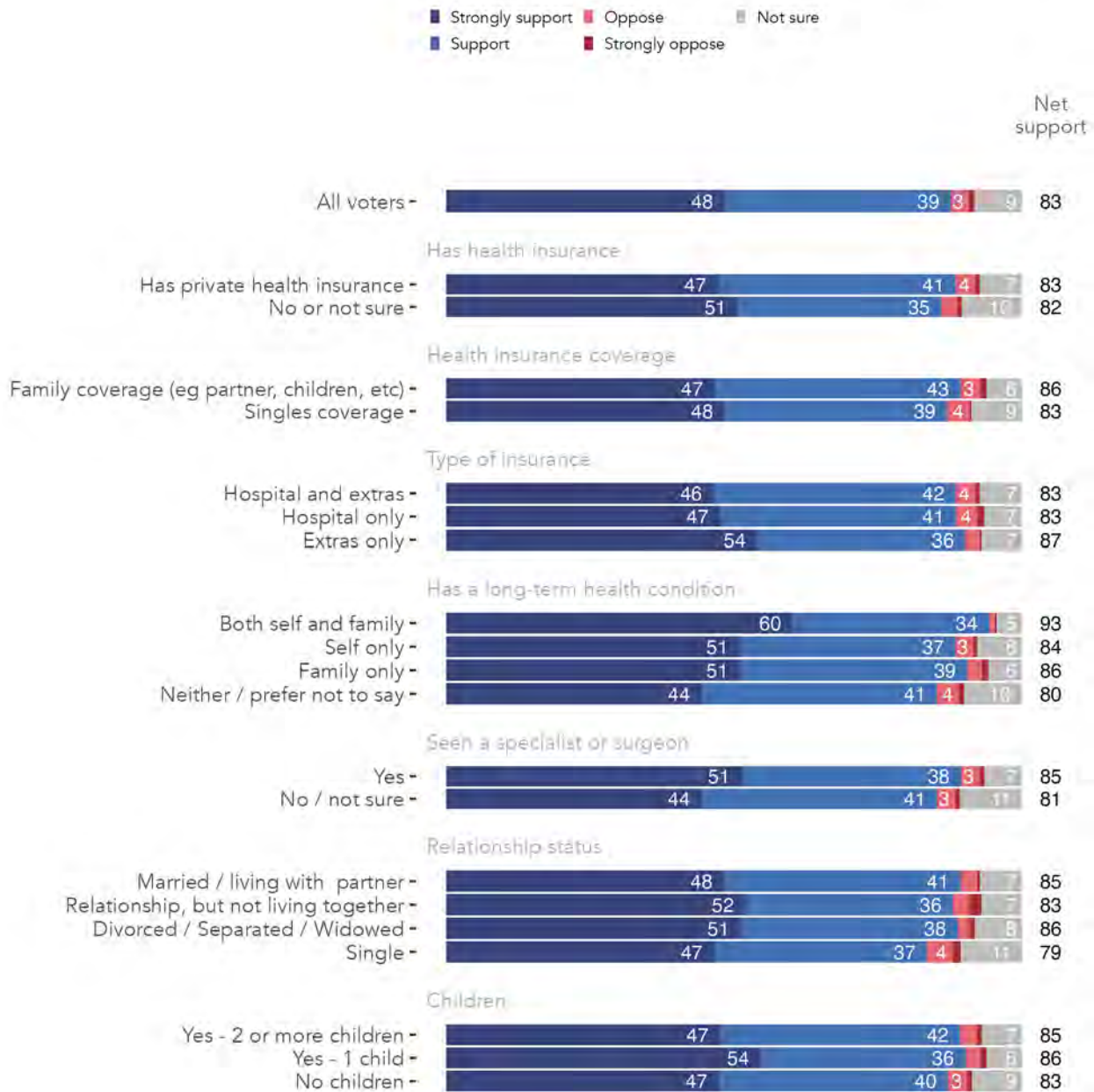


Figure 106: Support for and opposition to making Medical Cost Finder website mandatory, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 94: Support for and opposition to making Medical Cost Finder website mandatory, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	48	39	3	1	9	83
Has health insurance						
Has private health insurance	47	41	4	1	7	83
No or not sure	51	35	3	1	10	82
Health insurance coverage						
Family coverage (eg partner, children, etc)	47	43	3	1	6	86
Singles coverage	48	39	4	0	9	83
Type of insurance						
Hospital and extras	46	42	4	1	7	83
Hospital only	47	41	4	1	7	83
Extras only	54	36	3	0	7	87
Has a long-term health condition						
Both self and family	60	34	1	0	5	93
Self only	51	37	3	1	8	84
Family only	51	39	3	1	6	86
Neither / prefer not to say	44	41	4	1	10	80
Seen a specialist or surgeon						
Yes	51	38	3	1	7	85
No / not sure	44	41	3	1	11	81
Relationship status						
Married / living with partner	48	41	3	1	7	85
Relationship, but not living together	52	36	3	2	7	83
Divorced / Separated / Widowed	51	38	2	1	8	86
Single	47	37	4	1	11	79
Children						
Yes - 2 or more children	47	42	3	1	7	85
Yes - 1 child	54	36	3	1	6	86
No children	47	40	3	1	9	83

Support for and opposition to making Medical Cost Finder website mandatory

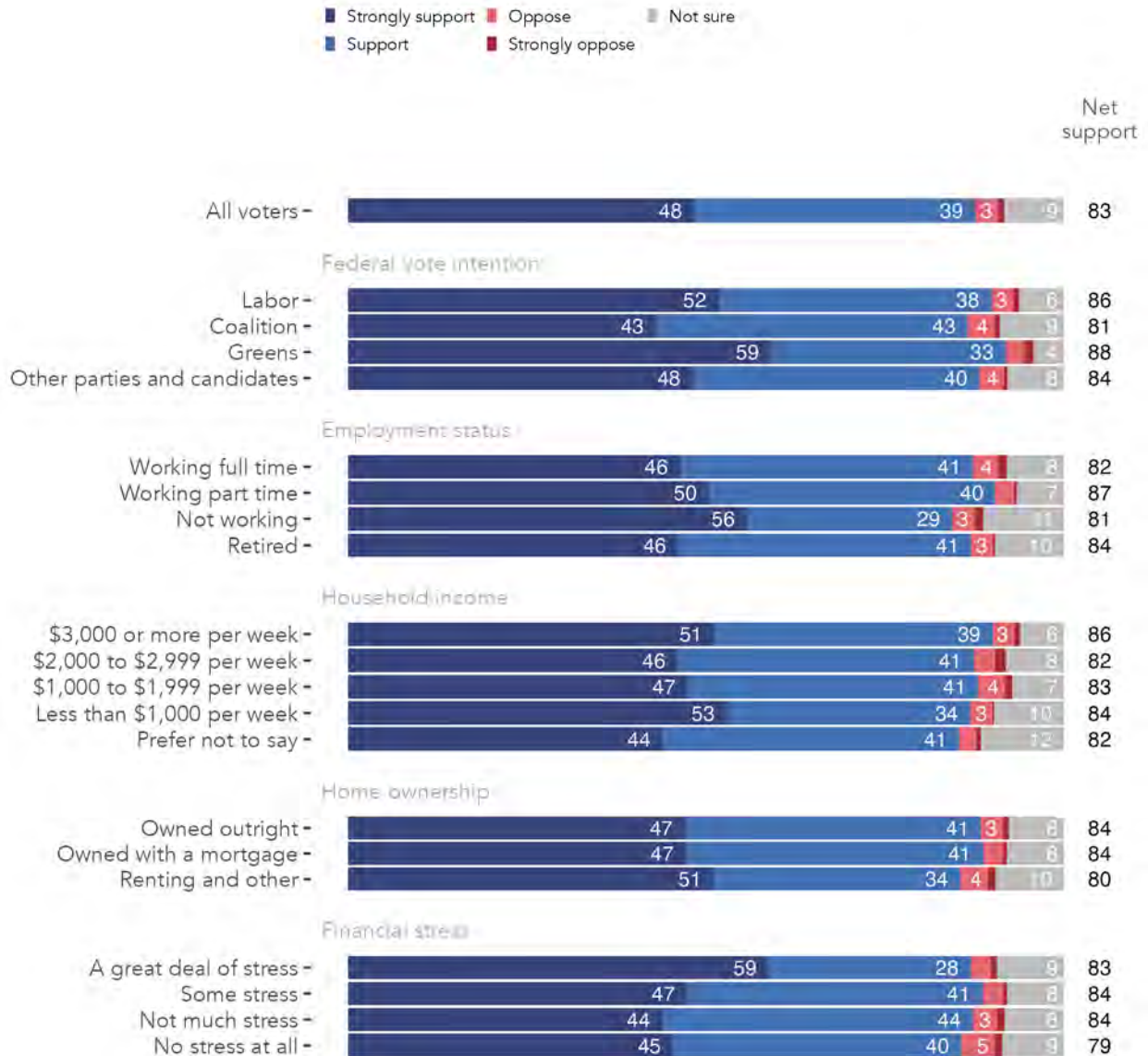


Figure 107: Support for and opposition to making Medical Cost Finder website mandatory, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 95: Support for and opposition to making Medical Cost Finder website mandatory, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	48	39	3	1	9	83
Federal vote intention						
Labor	52	38	3	1	6	86
Coalition	43	43	4	1	9	81
Greens	59	33	3	1	4	88
Other parties and candidates	48	40	4	0	8	84
Employment status						
Working full time	46	41	4	1	8	82
Working part time	50	40	3	0	7	87
Not working	56	29	3	1	11	81
Retired	46	41	3	0	10	84
Household income						
\$3,000 or more per week	51	39	3	1	6	86
\$2,000 to \$2,999 per week	46	41	3	2	8	82
\$1,000 to \$1,999 per week	47	41	4	1	7	83
Less than \$1,000 per week	53	34	3	0	10	84
Prefer not to say	44	41	2	1	12	82
Home ownership						
Owned outright	47	41	3	1	8	84
Owned with a mortgage	47	41	3	1	8	84
Renting and other	51	34	4	1	10	80
Financial stress						
A great deal of stress	59	28	3	1	9	83
Some stress	47	41	3	1	8	84
Not much stress	44	44	3	1	8	84
No stress at all	45	40	5	1	9	79

Support for and opposition to making Medical Cost Finder website mandatory

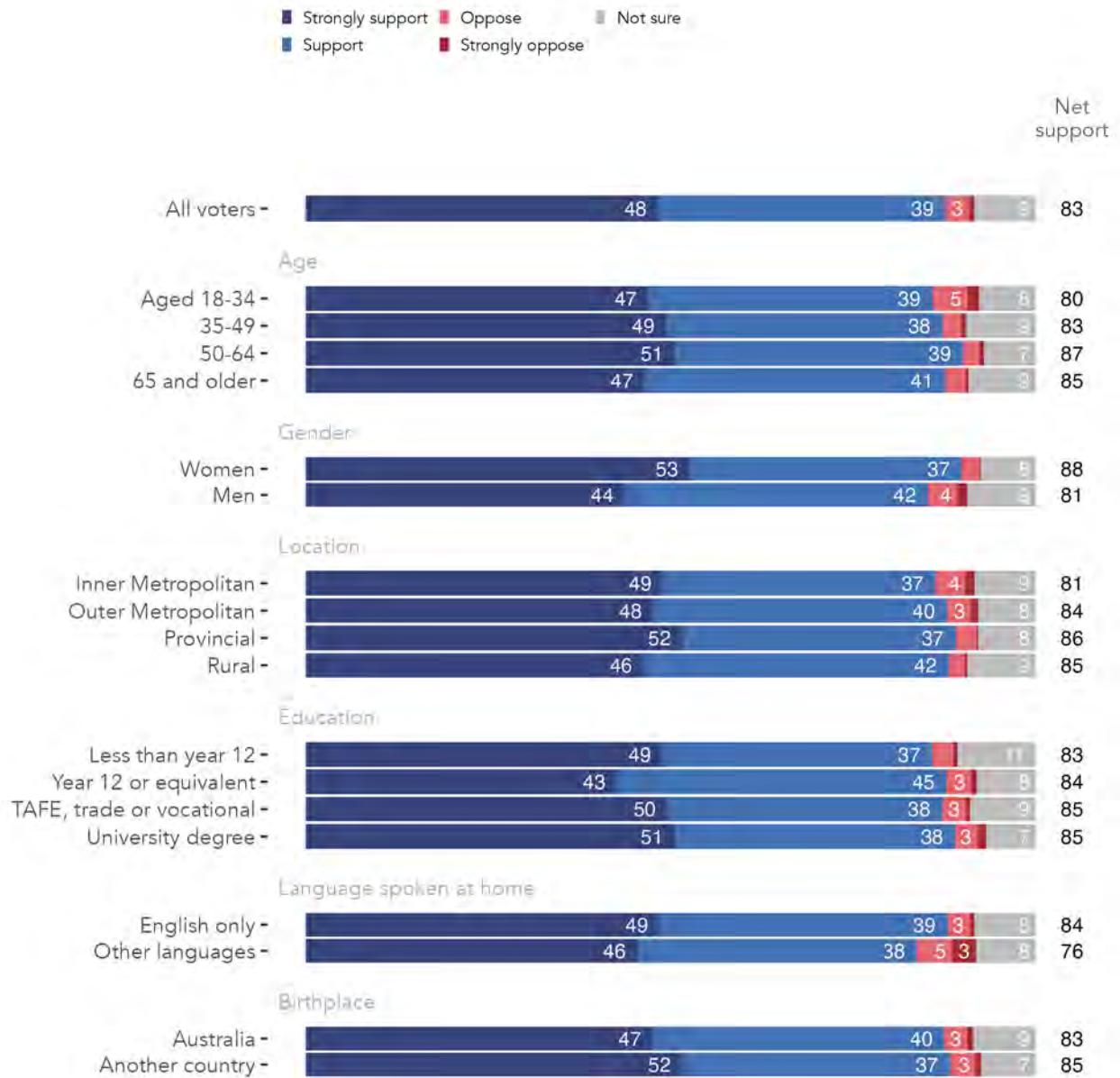


Figure 108: Support for and opposition to making Medical Cost Finder website mandatory, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 96: Support for and opposition to making Medical Cost Finder website mandatory, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	48	39	3	1	9	83
Age						
Aged 18-34	47	39	5	1	8	80
35-49	49	38	3	1	9	83
50-64	51	39	2	1	7	87
65 and older	47	41	3	0	9	85
Gender						
Women	53	37	2	0	8	88
Men	44	42	4	1	9	81
Location						
Inner Metropolitan	49	37	4	1	9	81
Outer Metropolitan	48	40	3	1	8	84
Provincial	52	37	3	0	8	86
Rural	46	42	2	1	9	85
Education						
Less than year 12	49	37	3	0	11	83
Year 12 or equivalent	43	45	3	1	8	84
TAFE, trade or vocational	50	38	3	0	9	85
University degree	51	38	3	1	7	85
Language spoken at home						
English only	49	39	3	1	8	84
Other languages	46	38	5	3	8	76
Birthplace						
Australia	47	40	3	1	9	83
Another country	52	37	3	1	7	85

Some specialists and surgeons charge things like 'admin' or 'booking' fees which operate in a grey area – not covered under Medicare or private health insurance. To ensure patients know what they are paying for and are only paying for the care they receive, the law would be changed to ban these fees

Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees

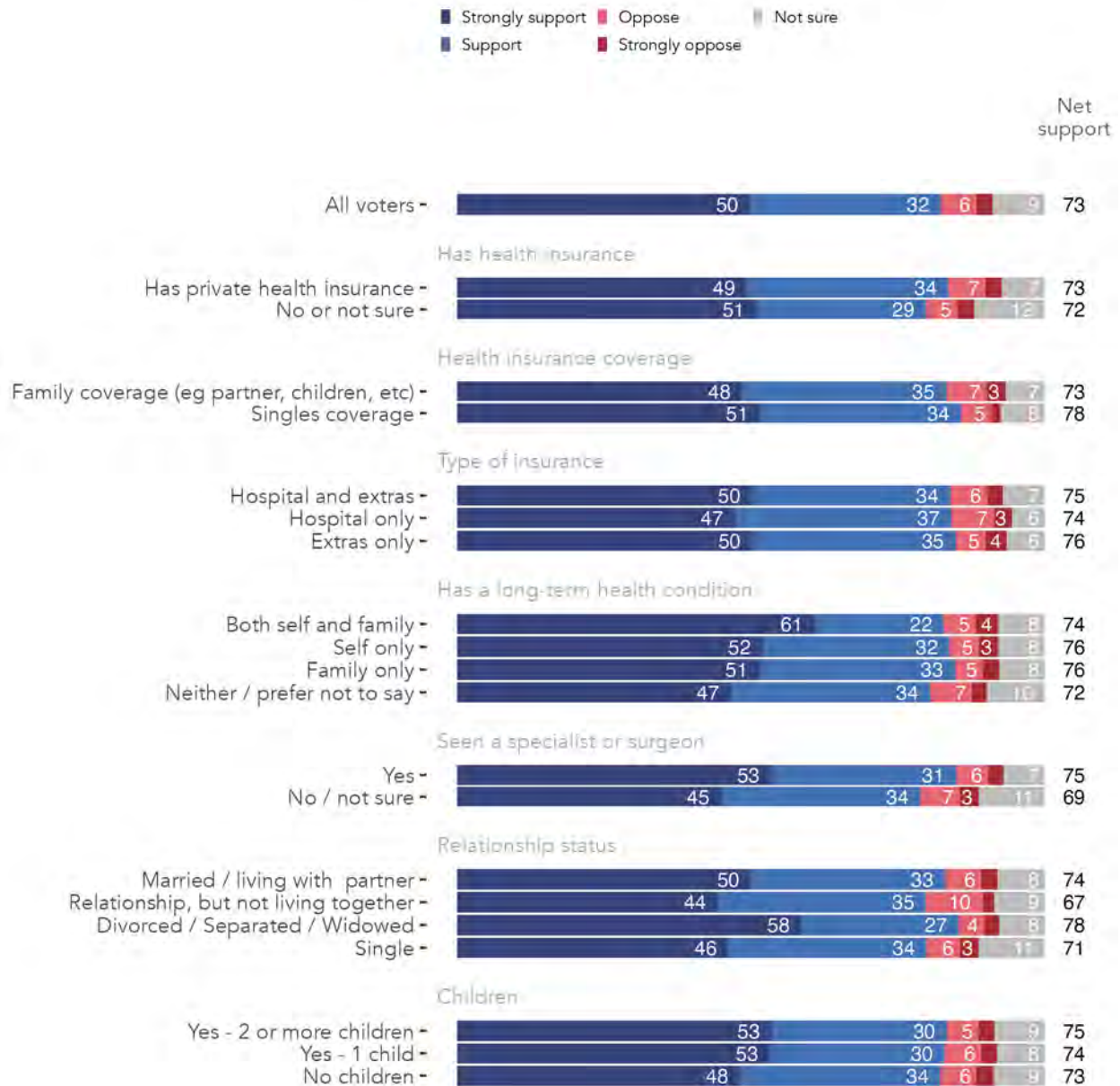


Figure 109: Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 97: Support for and opposition to a ban on specialists and surgeons from charging ‘admin’ or ‘booking’ fees, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	50	32	6	3	9	73
Has health insurance						
Has private health insurance	49	34	7	3	7	73
No or not sure	51	29	5	3	12	72
Health insurance coverage						
Family coverage (eg partner, children, etc)	48	35	7	3	7	73
Singles coverage	51	34	5	2	8	78
Type of insurance						
Hospital and extras	50	34	6	3	7	75
Hospital only	47	37	7	3	6	74
Extras only	50	35	5	4	6	76
Has a long-term health condition						
Both self and family	61	22	5	4	8	74
Self only	52	32	5	3	8	76
Family only	51	33	5	3	8	76
Neither / prefer not to say	47	34	7	2	10	72
Seen a specialist or surgeon						
Yes	53	31	6	3	7	75
No / not sure	45	34	7	3	11	69
Relationship status						
Married / living with partner	50	33	6	3	8	74
Relationship, but not living together	44	35	10	2	9	67
Divorced / Separated / Widowed	58	27	4	3	8	78
Single	46	34	6	3	11	71
Children						
Yes - 2 or more children	53	30	5	3	9	75
Yes - 1 child	53	30	6	3	8	74
No children	48	34	6	3	9	73

Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees

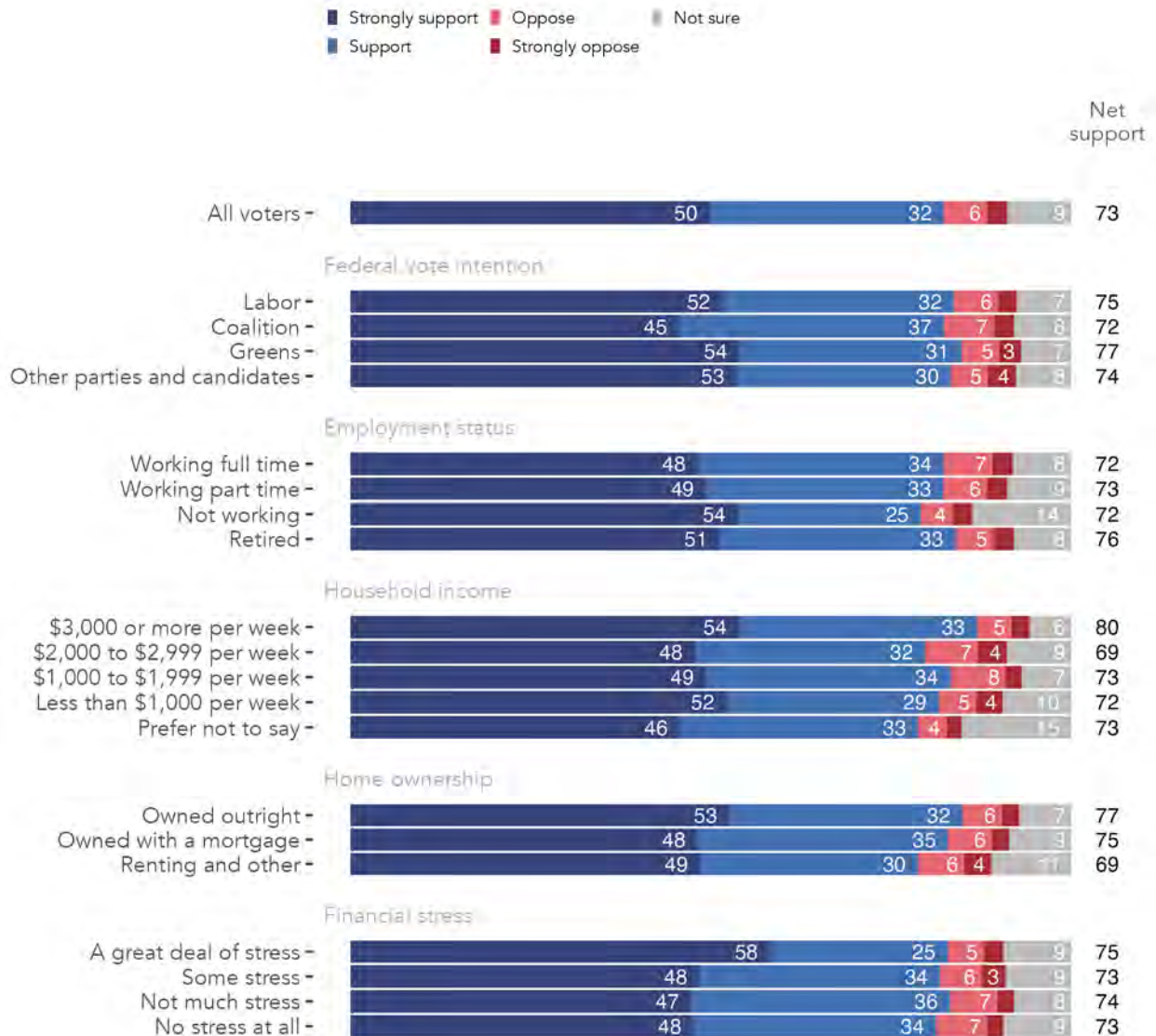


Figure 110: Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 98: Support for and opposition to a ban on specialists and surgeons from charging ‘admin’ or ‘booking’ fees, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	50	32	6	3	9	73
Federal vote intention						
Labor	52	32	6	3	7	75
Coalition	45	37	7	3	8	72
Greens	54	31	5	3	7	77
Other parties and candidates	53	30	5	4	8	74
Employment status						
Working full time	48	34	7	3	8	72
Working part time	49	33	6	3	9	73
Not working	54	25	4	3	14	72
Retired	51	33	5	3	8	76
Household income						
\$3,000 or more per week	54	33	5	2	6	80
\$2,000 to \$2,999 per week	48	32	7	4	9	69
\$1,000 to \$1,999 per week	49	34	8	2	7	73
Less than \$1,000 per week	52	29	5	4	10	72
Prefer not to say	46	33	4	2	15	73
Home ownership						
Owned outright	53	32	6	2	7	77
Owned with a mortgage	48	35	6	2	9	75
Renting and other	49	30	6	4	11	69
Financial stress						
A great deal of stress	58	25	5	3	9	75
Some stress	48	34	6	3	9	73
Not much stress	47	36	7	2	8	74
No stress at all	48	34	7	2	9	73

Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees

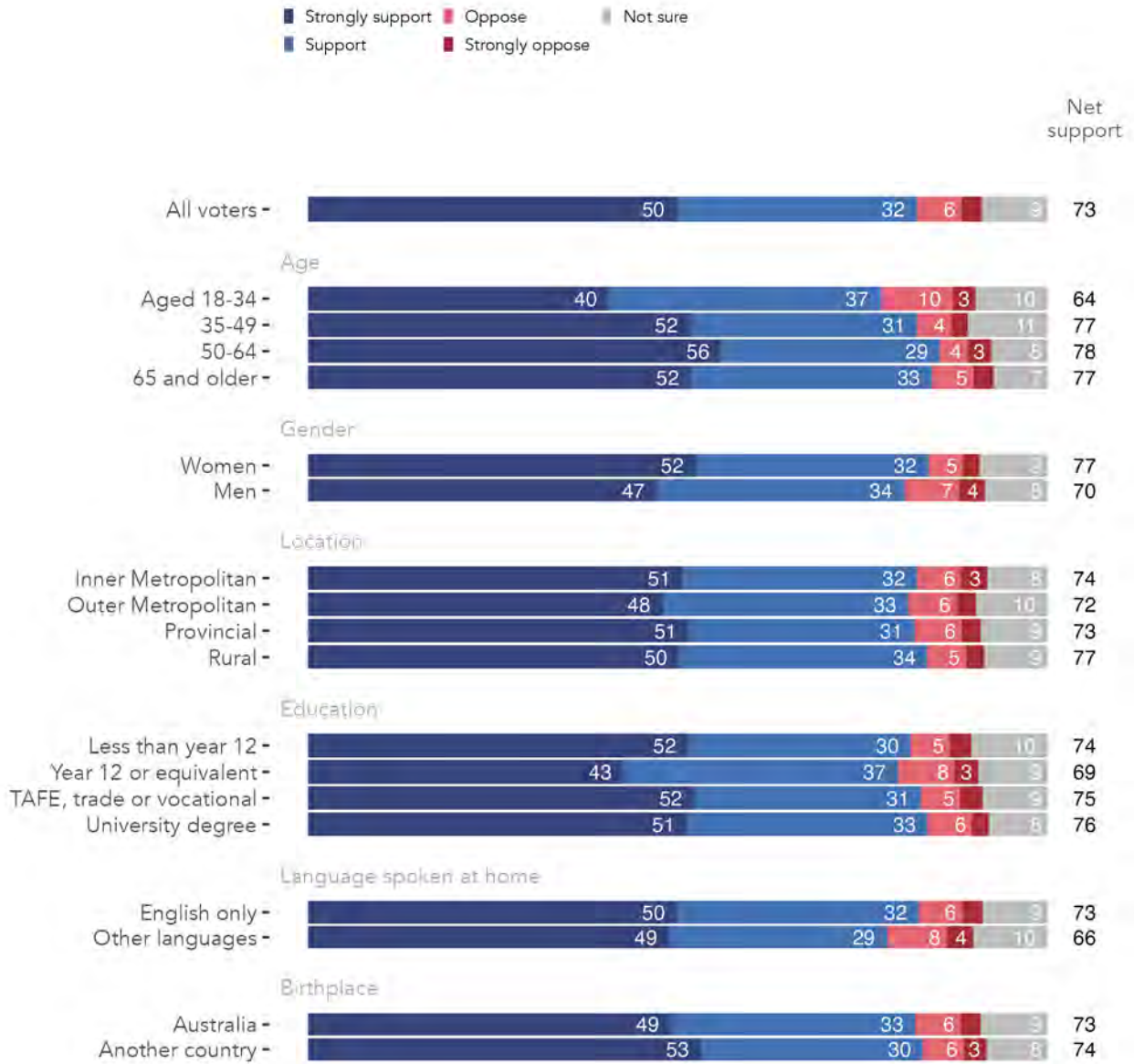


Figure 111: Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 99: Support for and opposition to a ban on specialists and surgeons from charging 'admin' or 'booking' fees, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	50	32	6	3	9	73
Age						
Aged 18-34	40	37	10	3	10	64
35-49	52	31	4	2	11	77
50-64	56	29	4	3	8	78
65 and older	52	33	5	3	7	77
Gender						
Women	52	32	5	2	9	77
Men	47	34	7	4	8	70
Location						
Inner Metropolitan	51	32	6	3	8	74
Outer Metropolitan	48	33	6	3	10	72
Provincial	51	31	6	3	9	73
Rural	50	34	5	2	9	77
Education						
Less than year 12	52	30	5	3	10	74
Year 12 or equivalent	43	37	8	3	9	69
TAFE, trade or vocational	52	31	5	3	9	75
University degree	51	33	6	2	8	76
Language spoken at home						
English only	50	32	6	3	9	73
Other languages	49	29	8	4	10	66
Birthplace						
Australia	49	33	6	3	9	73
Another country	53	30	6	3	8	74

Increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets

Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets

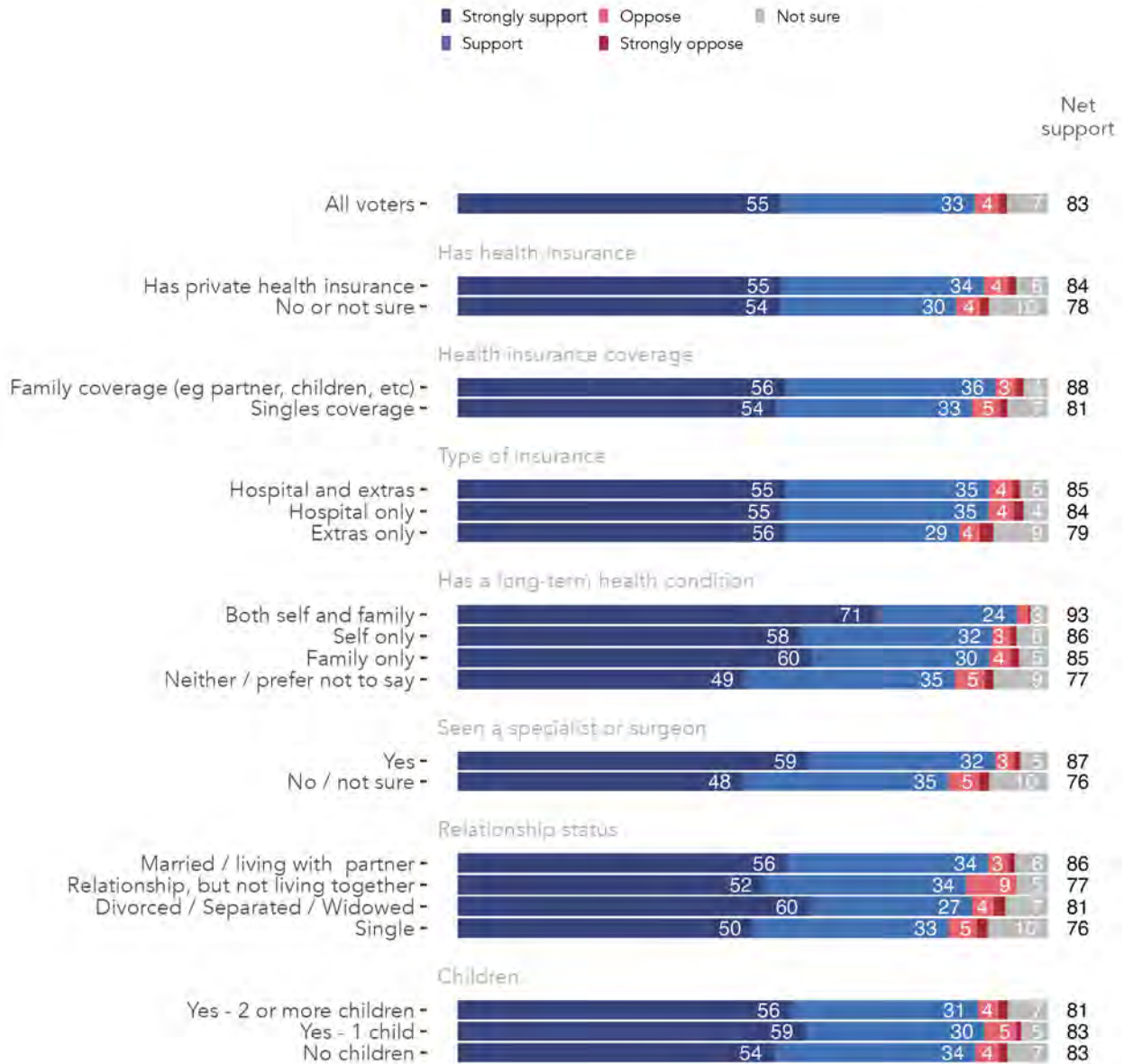


Figure 112: Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 100: Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	55	33	4	1	7	83
Has health insurance						
Has private health insurance	55	34	4	1	6	84
No or not sure	54	30	4	2	10	78
Health insurance coverage						
Family coverage (eg partner, children, etc)	56	36	3	1	4	88
Singles coverage	54	33	5	1	7	81
Type of insurance						
Hospital and extras	55	35	4	1	5	85
Hospital only	55	35	4	2	4	84
Extras only	56	29	4	2	9	79
Has a long-term health condition						
Both self and family	71	24	2	0	3	93
Self only	58	32	3	1	6	86
Family only	60	30	4	1	5	85
Neither / prefer not to say	49	35	5	2	9	77
Seen a specialist or surgeon						
Yes	59	32	3	1	5	87
No / not sure	48	35	5	2	10	76
Relationship status						
Married / living with partner	56	34	3	1	6	86
Relationship, but not living together	52	34	9	0	5	77
Divorced / Separated / Widowed	60	27	4	2	7	81
Single	50	33	5	2	10	76
Children						
Yes - 2 or more children	56	31	4	2	7	81
Yes - 1 child	59	30	5	1	5	83
No children	54	34	4	1	7	83

Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets

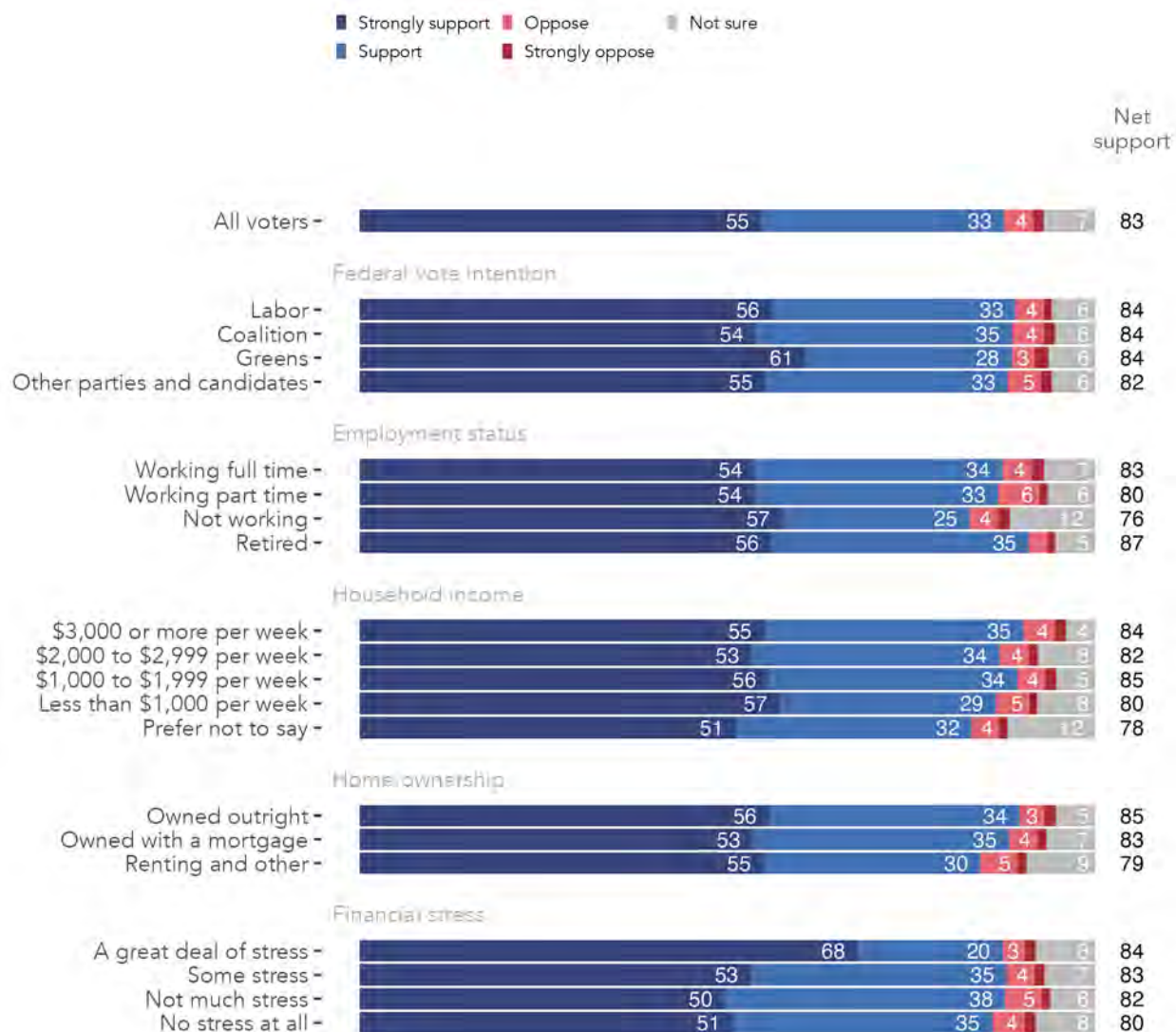


Figure 113: Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 101: Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	55	33	4	1	7	83
Federal vote intention						
Labor	56	33	4	1	6	84
Coalition	54	35	4	1	6	84
Greens	61	28	3	2	6	84
Other parties and candidates	55	33	5	1	6	82
Employment status						
Working full time	54	34	4	1	7	83
Working part time	54	33	6	1	6	80
Not working	57	25	4	2	12	76
Retired	56	35	3	1	5	87
Household income						
\$3,000 or more per week	55	35	4	2	4	84
\$2,000 to \$2,999 per week	53	34	4	1	8	82
\$1,000 to \$1,999 per week	56	34	4	1	5	85
Less than \$1,000 per week	57	29	5	1	8	80
Prefer not to say	51	32	4	1	12	78
Home ownership						
Owned outright	56	34	3	2	5	85
Owned with a mortgage	53	35	4	1	7	83
Renting and other	55	30	5	1	9	79
Financial stress						
A great deal of stress	68	20	3	1	8	84
Some stress	53	35	4	1	7	83
Not much stress	50	38	5	1	6	82
No stress at all	51	35	4	2	8	80

Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets

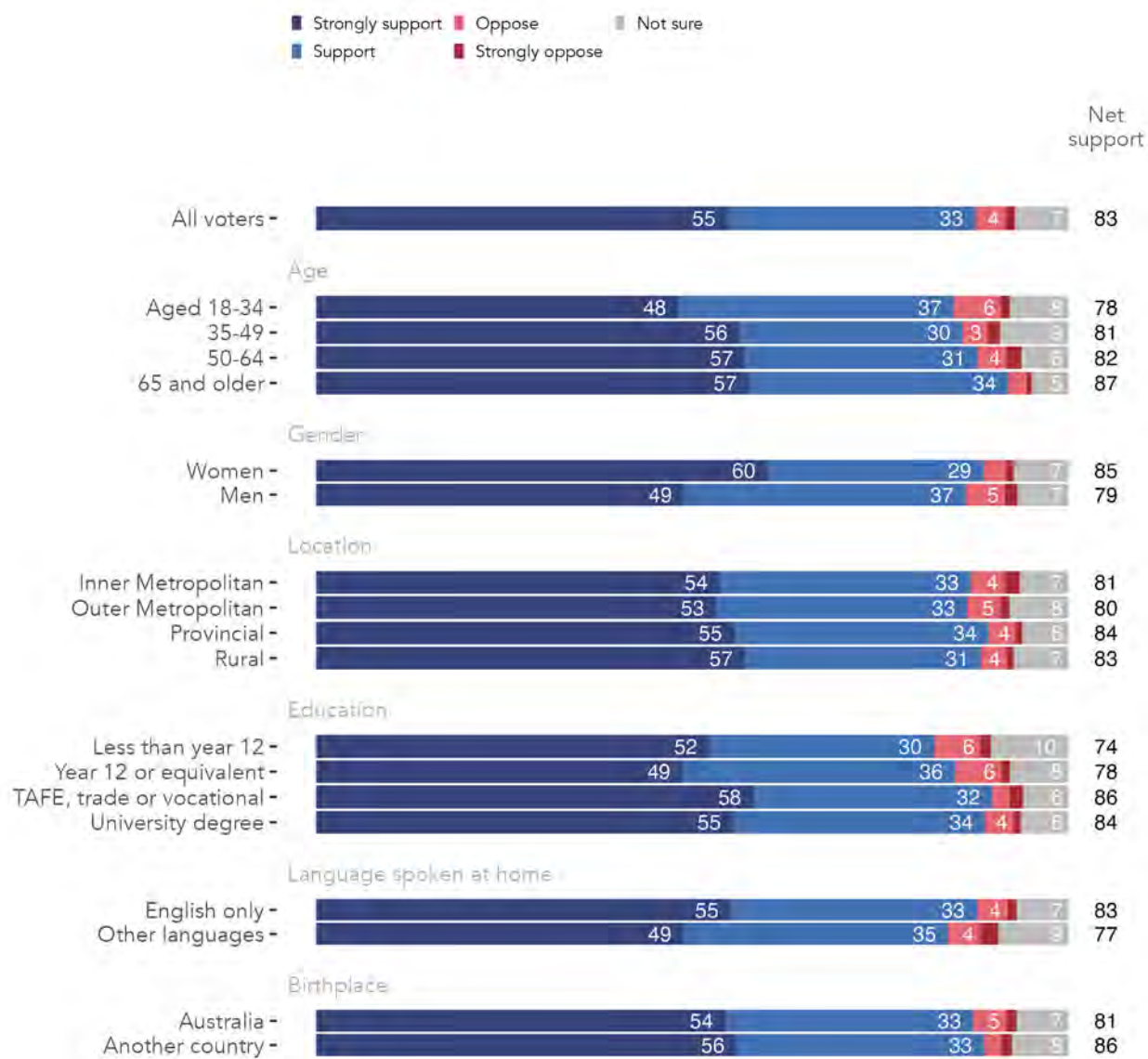


Figure 114: Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 102: Support for and opposition to increasing the Medicare rebate for specialist or surgical care to reduce the 'gap' patients must pay out of their own pockets, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	55	33	4	1	7	83
Age						
Aged 18-34	48	37	6	1	8	78
35-49	56	30	3	2	9	81
50-64	57	31	4	2	6	82
65 and older	57	34	3	1	5	87
Gender						
Women	60	29	3	1	7	85
Men	49	37	5	2	7	79
Location						
Inner Metropolitan	54	33	4	2	7	81
Outer Metropolitan	53	33	5	1	8	80
Provincial	55	34	4	1	6	84
Rural	57	31	4	1	7	83
Education						
Less than year 12	52	30	6	2	10	74
Year 12 or equivalent	49	36	6	1	8	78
TAFE, trade or vocational	58	32	2	2	6	86
University degree	55	34	4	1	6	84
Language spoken at home						
English only	55	33	4	1	7	83
Other languages	49	35	4	3	9	77
Birthplace						
Australia	54	33	5	1	7	81
Another country	56	33	2	1	8	86

To increase accountability, doctors who are caught deliberately over-charging patients would be banned from Medicare. That is, they would no longer be able to access payments or benefits through Medicare

Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare

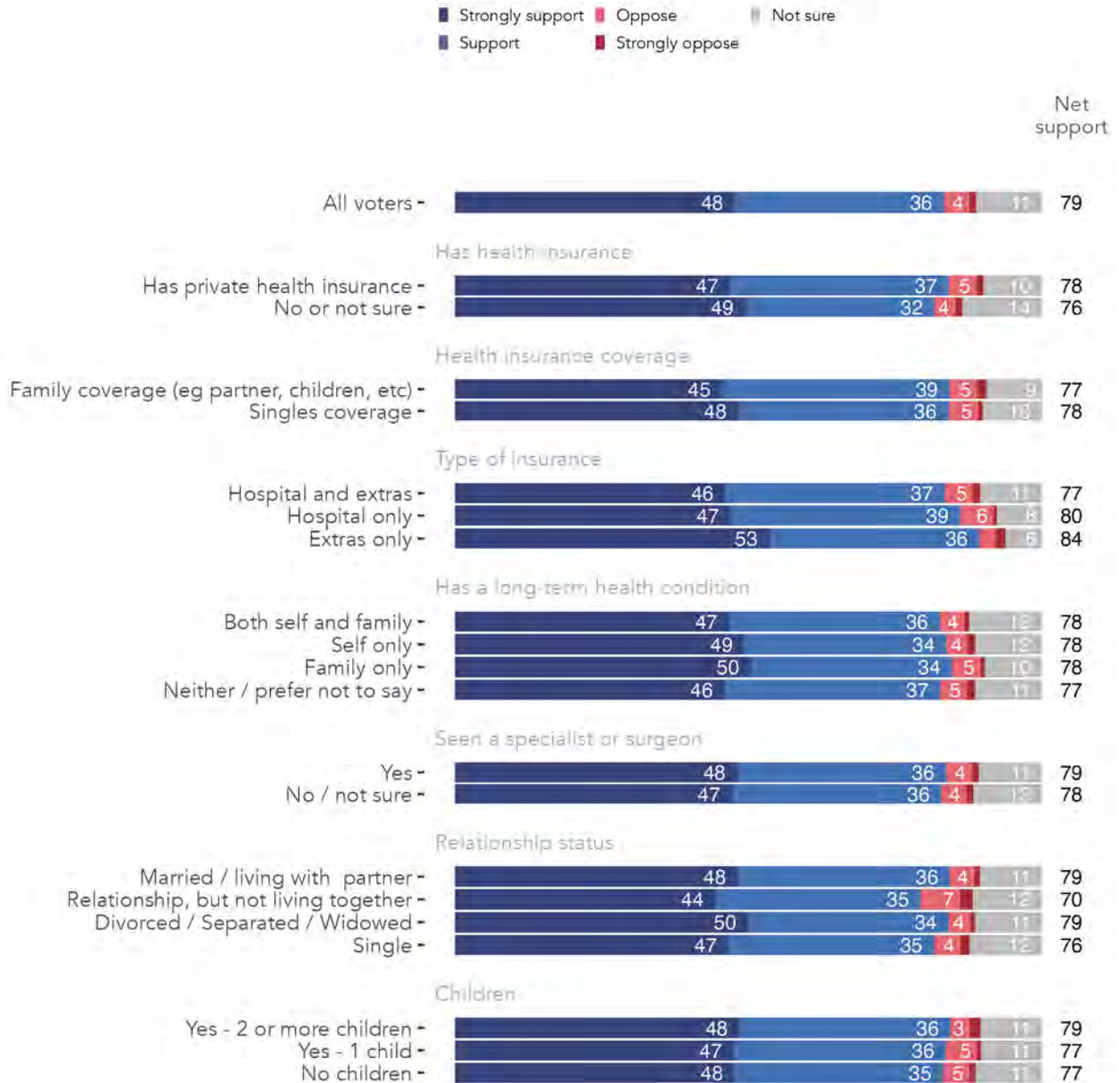


Figure 115: Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 103: Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	48	36	4	1	11	79
Has health insurance						
Has private health insurance	47	37	5	1	10	78
No or not sure	49	32	4	1	14	76
Health insurance coverage						
Family coverage (eg partner, children, etc)	45	39	5	2	9	77
Singles coverage	48	36	5	1	10	78
Type of insurance						
Hospital and extras	46	37	5	1	11	77
Hospital only	47	39	6	0	8	80
Extras only	53	36	3	2	6	84
Has a long-term health condition						
Both self and family	47	36	4	1	12	78
Self only	49	34	4	1	12	78
Family only	50	34	5	1	10	78
Neither / prefer not to say	46	37	5	1	11	77
Seen a specialist or surgeon						
Yes	48	36	4	1	11	79
No / not sure	47	36	4	1	12	78
Relationship status						
Married / living with partner	48	36	4	1	11	79
Relationship, but not living together	44	35	7	2	12	70
Divorced / Separated / Widowed	50	34	4	1	11	79
Single	47	35	4	2	12	76
Children						
Yes - 2 or more children	48	36	3	2	11	79
Yes - 1 child	47	36	5	1	11	77
No children	48	35	5	1	11	77

Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare

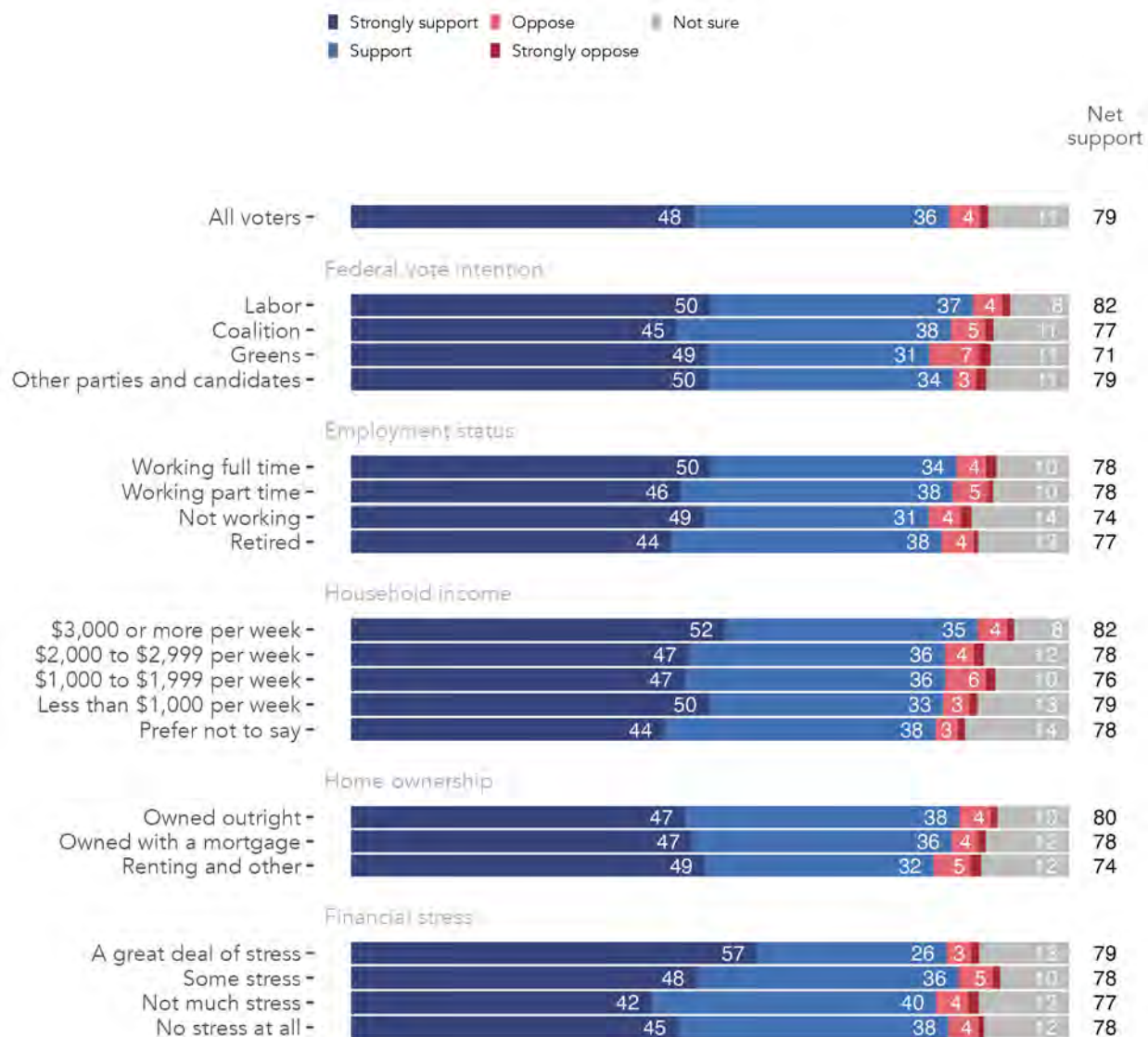


Figure 116: Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 104: Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	48	36	4	1	11	79
Federal vote intention						
Labor	50	37	4	1	8	82
Coalition	45	38	5	1	11	77
Greens	49	31	7	2	11	71
Other parties and candidates	50	34	3	2	11	79
Employment status						
Working full time	50	34	4	2	10	78
Working part time	46	38	5	1	10	78
Not working	49	31	4	2	14	74
Retired	44	38	4	1	13	77
Household income						
\$3,000 or more per week	52	35	4	1	8	82
\$2,000 to \$2,999 per week	47	36	4	1	12	78
\$1,000 to \$1,999 per week	47	36	6	1	10	76
Less than \$1,000 per week	50	33	3	1	13	79
Prefer not to say	44	38	3	1	14	78
Home ownership						
Owned outright	47	38	4	1	10	80
Owned with a mortgage	47	36	4	1	12	78
Renting and other	49	32	5	2	12	74
Financial stress						
A great deal of stress	57	26	3	1	13	79
Some stress	48	36	5	1	10	78
Not much stress	42	40	4	1	13	77
No stress at all	45	38	4	1	12	78

Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare

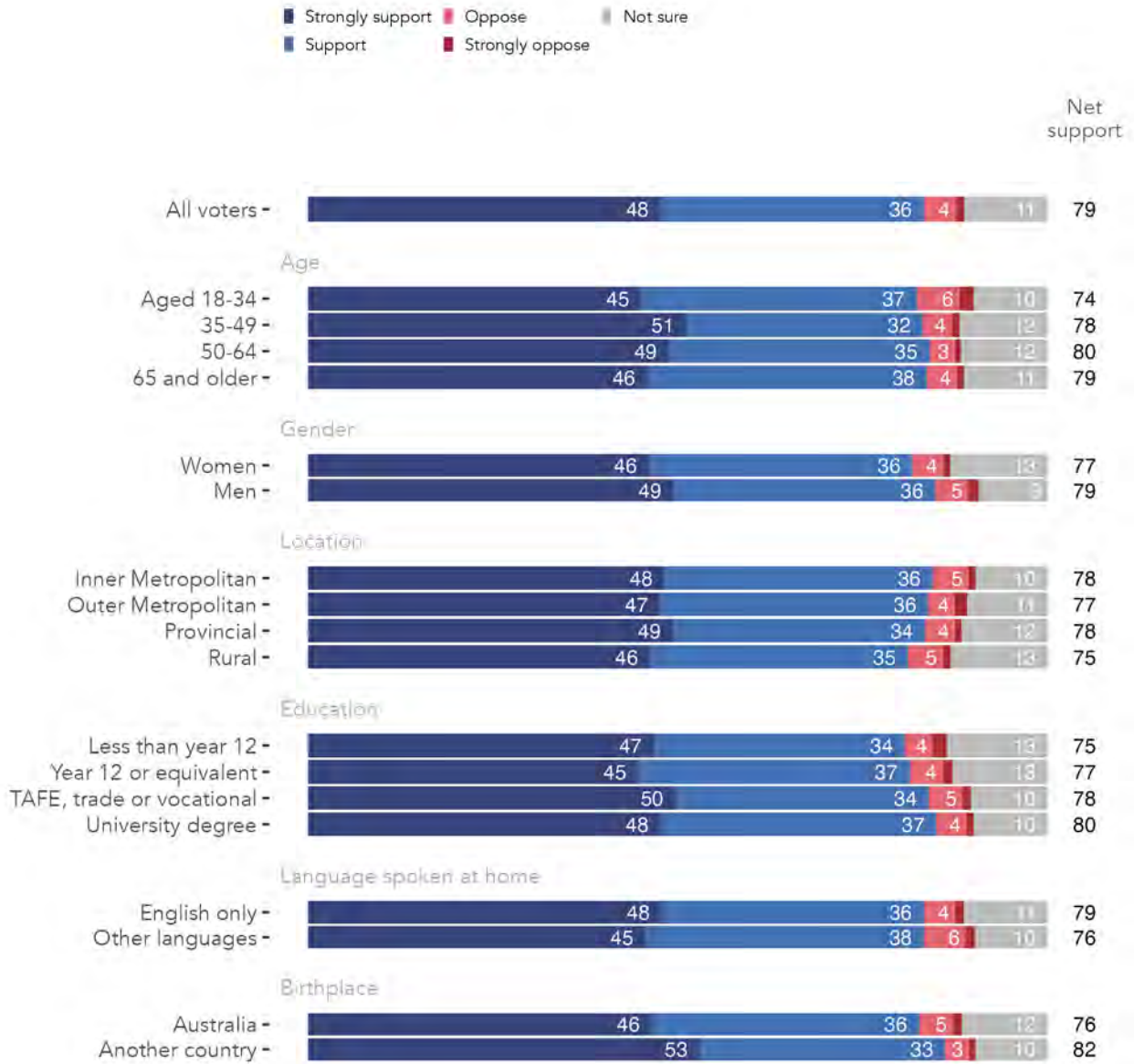


Figure 117: Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 105: Support for and opposition to banning doctors who are caught deliberately over-charging patients from Medicare, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	48	36	4	1	11	79
Age						
Aged 18-34	45	37	6	2	10	74
35-49	51	32	4	1	12	78
50-64	49	35	3	1	12	80
65 and older	46	38	4	1	11	79
Gender						
Women	46	36	4	1	13	77
Men	49	36	5	1	9	79
Location						
Inner Metropolitan	48	36	5	1	10	78
Outer Metropolitan	47	36	4	2	11	77
Provincial	49	34	4	1	12	78
Rural	46	35	5	1	13	75
Education						
Less than year 12	47	34	4	2	13	75
Year 12 or equivalent	45	37	4	1	13	77
TAFE, trade or vocational	50	34	5	1	10	78
University degree	48	37	4	1	10	80
Language spoken at home						
English only	48	36	4	1	11	79
Other languages	45	38	6	1	10	76
Birthplace						
Australia	46	36	5	1	12	76
Another country	53	33	3	1	10	82

The perceived impact of these reforms on cost and care

This question was shown on the same page as the previous and following questions.

Question text

If all the changes we've just explored were implemented together, what impact do you think that would have in the following areas?

Carousel; randomise statements

- A. Reducing out of pocket costs for medical specialist and surgical care
- B. Making it easier for patients to understand what they'll be charged
- C. Improving patients' ability to make an informed choice of medical specialist or surgeon
- D. Improving quality of specialist or surgical care

Single select; random reverse 1-5

- 1. Very positive
- 2. Somewhat positive
- 3. Neither positive nor negative
- 4. Somewhat negative
- 5. Very negative
- 6. Not sure

What impact do Australians think policy reforms would have in the following areas?

■ Very positive ■ Neither positive nor negative ■ Very negative
■ Somewhat positive ■ Somewhat negative ■ Not sure

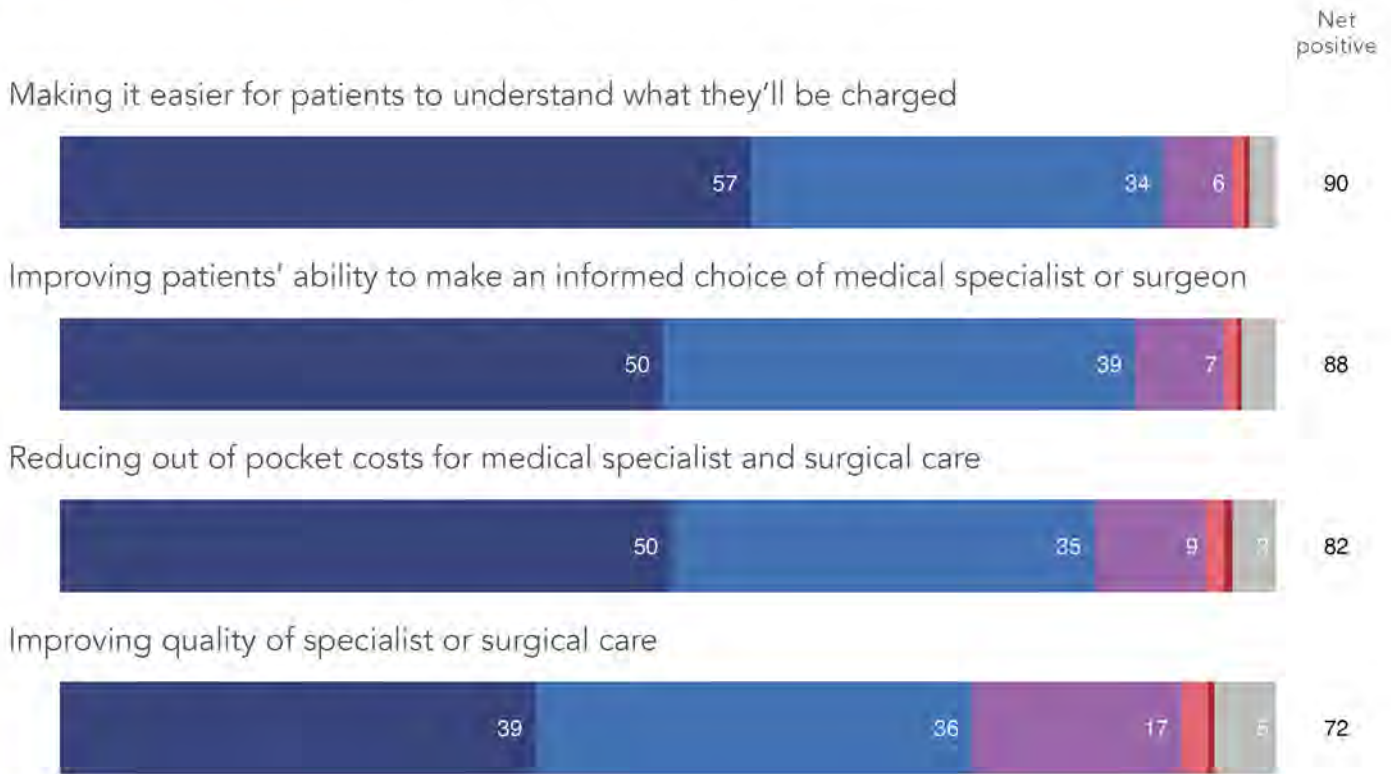


Figure 118: The perceived impact of reform proposals on the cost of seeing and quality of care from a specialist or surgeon. Figures in black on the right-hand side of the plot indicate the net share who say that the impact would be positive (total share who say positive, minus the share who say negative).

Reducing out of pocket costs for medical specialist and surgical care

Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care

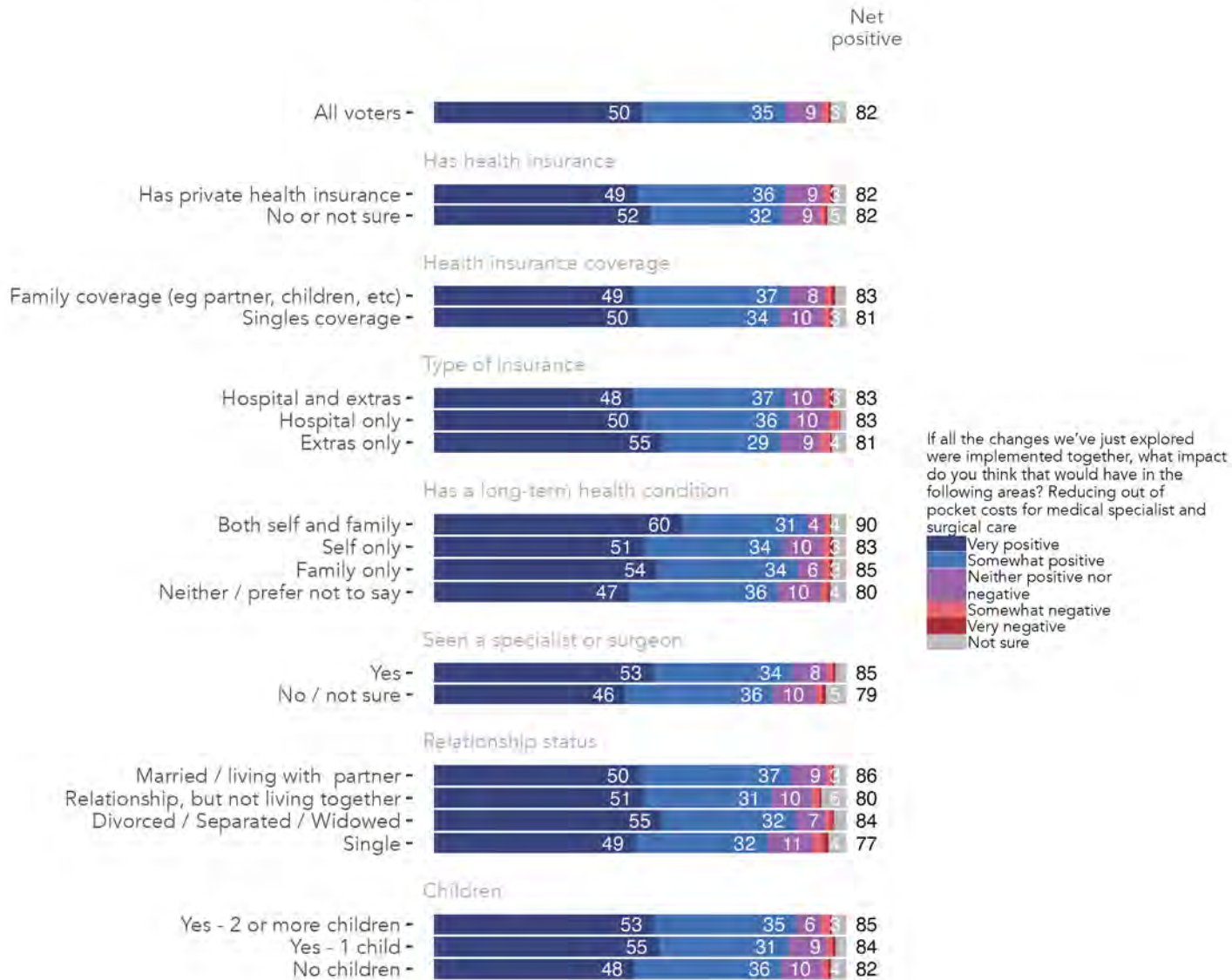


Figure 119: Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 106: Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	50	35	9	2	1	3	82
Has health insurance							
Has private health insurance	49	36	9	2	1	3	82
No or not sure	52	32	9	1	1	5	82
Health insurance coverage							
Family coverage (eg partner, children, etc)	49	37	8	2	1	3	83
Singles coverage	50	34	10	2	1	3	81
Type of insurance							
Hospital and extras	48	37	10	1	1	3	83
Hospital only	50	36	10	3	0	1	83
Extras only	55	29	9	3	0	4	81
Has a long-term health condition							
Both self and family	60	31	4	1	0	4	90
Self only	51	34	10	1	1	3	83
Family only	54	34	6	2	1	3	85
Neither / prefer not to say	47	36	10	2	1	4	80
Seen a specialist or surgeon							
Yes	53	34	8	1	1	3	85
No / not sure	46	36	10	2	1	5	79
Relationship status							
Married / living with partner	50	37	9	1	0	3	86
Relationship, but not living together	51	31	10	2	0	6	80
Divorced / Separated / Widowed	55	32	7	2	1	3	84
Single	49	32	11	2	2	4	77
Children							
Yes - 2 or more children	53	35	6	2	1	3	85
Yes - 1 child	55	31	9	1	1	3	84
No children	48	36	10	1	1	4	82

Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care

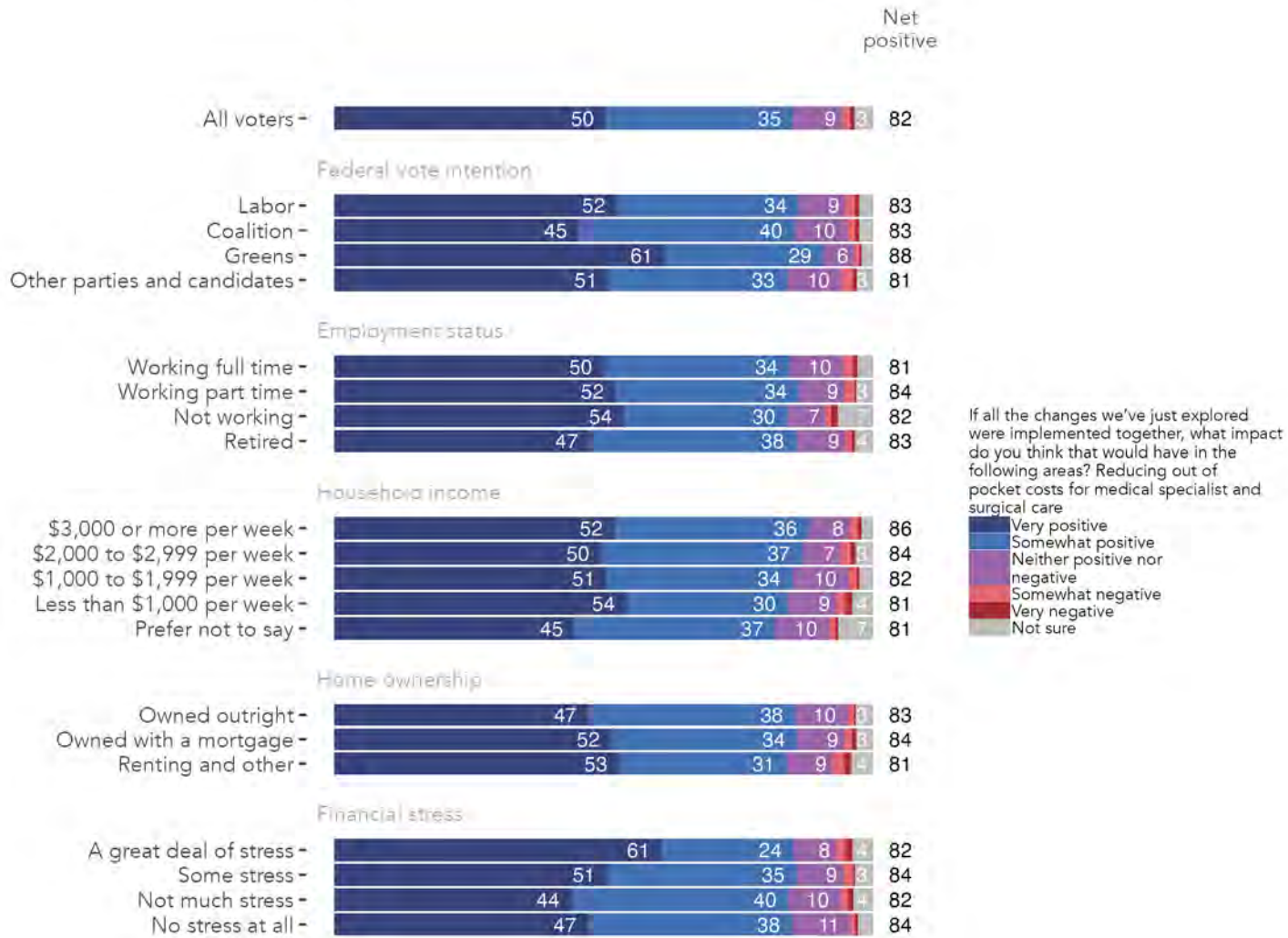


Figure 120: Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 107: Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	50	35	9	2	1	3	82
Federal vote intention							
Labor	52	34	9	2	1	2	83
Coalition	45	40	10	1	1	3	83
Greens	61	29	6	1	1	2	88
Other parties and candidates	51	33	10	2	1	3	81
Employment status							
Working full time	50	34	10	2	1	3	81
Working part time	52	34	9	2	0	3	84
Not working	54	30	7	1	1	7	82
Retired	47	38	9	1	1	4	83
Household income							
\$3,000 or more per week	52	36	8	1	1	2	86
\$2,000 to \$2,999 per week	50	37	7	2	1	3	84
\$1,000 to \$1,999 per week	51	34	10	2	1	2	82
Less than \$1,000 per week	54	30	9	2	1	4	81
Prefer not to say	45	37	10	1	0	7	81
Home ownership							
Owned outright	47	38	10	1	1	3	83
Owned with a mortgage	52	34	9	1	1	3	84
Renting and other	53	31	9	2	1	4	81
Financial stress							
A great deal of stress	61	24	8	2	1	4	82
Some stress	51	35	9	2	0	3	84
Not much stress	44	40	10	1	1	4	82
No stress at all	47	38	11	1	0	3	84

Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care

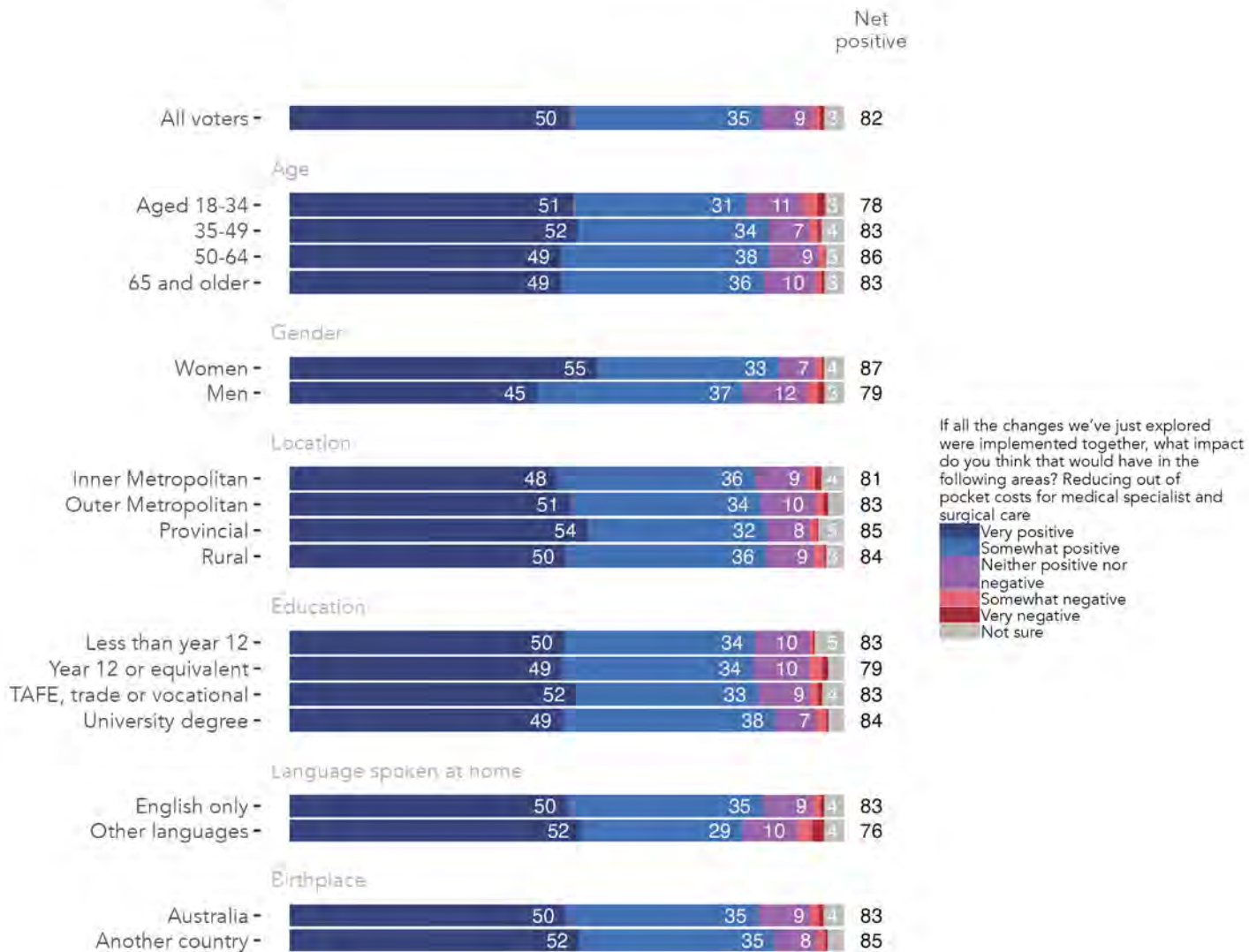


Figure 121: Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 108: Perceived impact of the proposed reforms on out of pocket costs for medical specialist and surgical care, by demographic characteristics.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	50	35	9	2	1	3	82
Age							
Aged 18-34	51	31	11	3	1	3	78
35-49	52	34	7	2	1	4	83
50-64	49	38	9	1	0	3	86
65 and older	49	36	10	1	1	3	83
Gender							
Women	55	33	7	1	0	4	87
Men	45	37	12	2	1	3	79
Location							
Inner Metropolitan	48	36	9	2	1	4	81
Outer Metropolitan	51	34	10	1	1	3	83
Provincial	54	32	8	1	0	5	85
Rural	50	36	9	2	0	3	84
Education							
Less than year 12	50	34	10	1	0	5	83
Year 12 or equivalent	49	34	10	3	1	3	79
TAFE, trade or vocational	52	33	9	1	1	4	83
University degree	49	38	7	2	1	3	84
Language spoken at home							
English only	50	35	9	1	1	4	83
Other languages	52	29	10	3	2	4	76
Birthplace							
Australia	50	35	9	1	1	4	83
Another country	52	35	8	2	0	3	85

Making it easier for patients to understand what they'll be charged

The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged

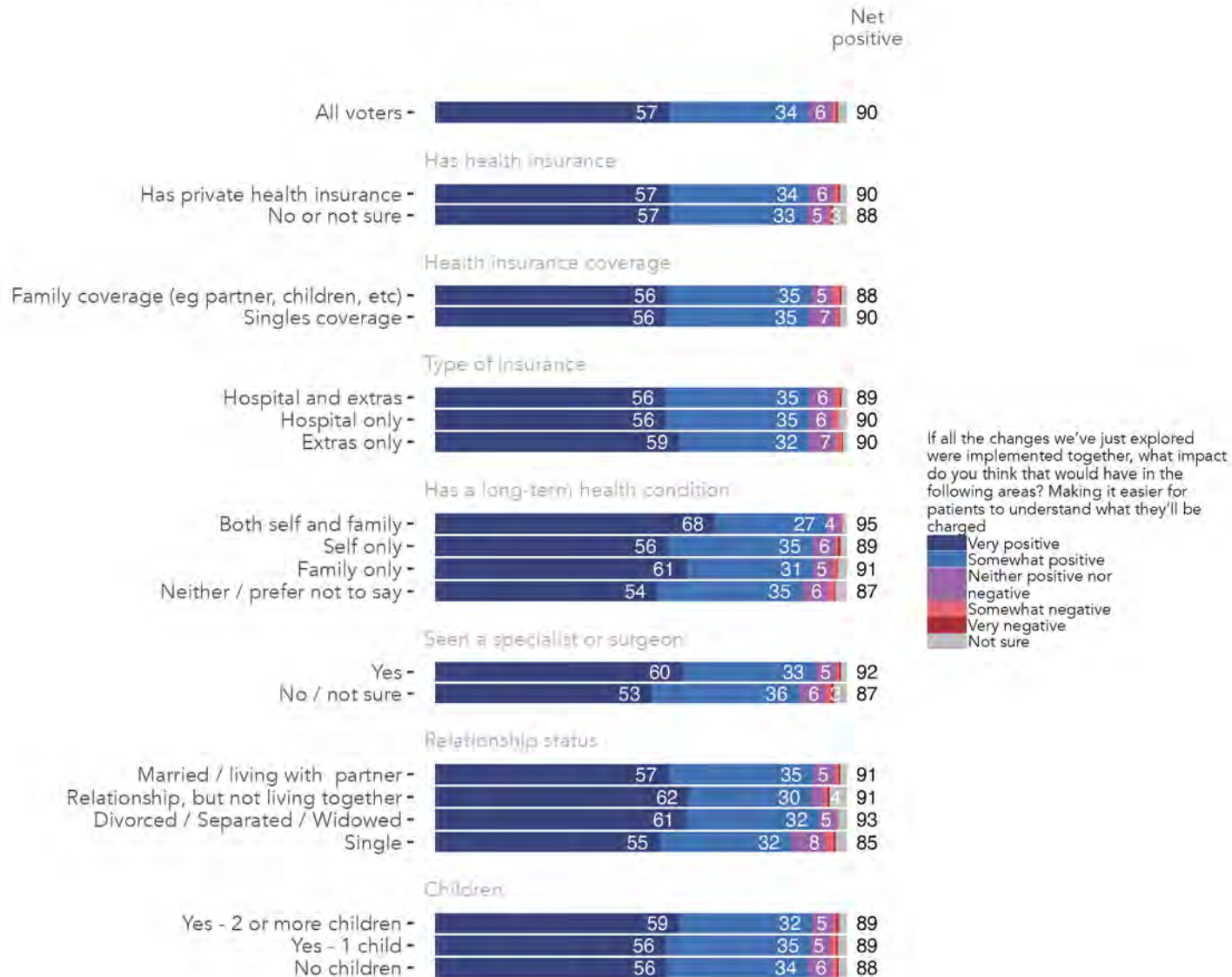


Figure 122: The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 109: The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	57	34	6	1	0	2	90
Has health insurance							
Has private health insurance	57	34	6	1	0	2	90
No or not sure	57	33	5	1	1	3	88
Health insurance coverage							
Family coverage (eg partner, children, etc)	56	35	5	2	1	1	88
Singles coverage	56	35	7	1	0	1	90
Type of insurance							
Hospital and extras	56	35	6	1	1	1	89
Hospital only	56	35	6	1	0	2	90
Extras only	59	32	7	1	0	1	90
Has a long-term health condition							
Both self and family	68	27	4	0	0	1	95
Self only	56	35	6	1	1	1	89
Family only	61	31	5	1	0	2	91
Neither / prefer not to say	54	35	6	2	0	3	87
Seen a specialist or surgeon							
Yes	60	33	5	1	0	1	92
No / not sure	53	36	6	2	0	3	87
Relationship status							
Married / living with partner	57	35	5	1	0	2	91
Relationship, but not living together	62	30	3	1	0	4	91
Divorced / Separated / Widowed	61	32	5	0	0	2	93
Single	55	32	8	2	0	3	85
Children							
Yes - 2 or more children	59	32	5	1	1	2	89
Yes - 1 child	56	35	5	2	0	2	89

No children	56	34	6	1	1	2	88
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The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged

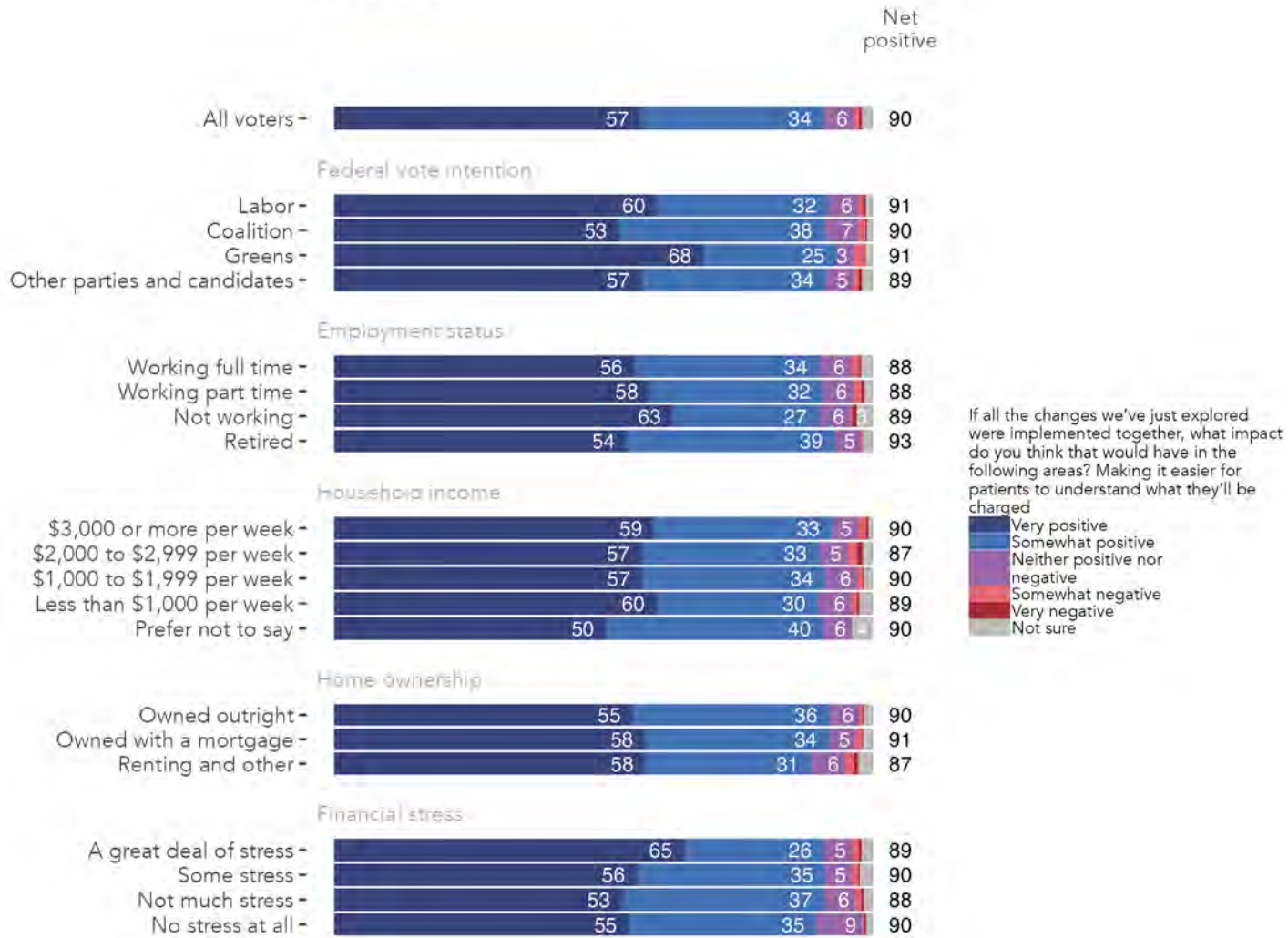


Figure 123: The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 110: The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	57	34	6	1	0	2	90
Federal vote intention							
Labor	60	32	6	1	0	1	91
Coalition	53	38	7	1	0	1	90
Greens	68	25	3	2	0	2	91
Other parties and candidates	57	34	5	1	1	2	89
Employment status							
Working full time	56	34	6	1	1	2	88
Working part time	58	32	6	2	0	2	88
Not working	63	27	6	0	1	3	89
Retired	54	39	5	0	0	2	93
Household income							
\$3,000 or more per week	59	33	5	2	0	1	90
\$2,000 to \$2,999 per week	57	33	5	2	1	2	87
\$1,000 to \$1,999 per week	57	34	6	1	0	2	90
Less than \$1,000 per week	60	30	6	1	0	3	89
Prefer not to say	50	40	6	0	0	4	90
Home ownership							
Owned outright	55	36	6	1	0	2	90
Owned with a mortgage	58	34	5	1	0	2	91
Renting and other	58	31	6	1	1	3	87
Financial stress							
A great deal of stress	65	26	5	1	1	2	89
Some stress	56	35	5	1	0	3	90
Not much stress	53	37	6	1	1	2	88
No stress at all	55	35	9	0	0	1	90

The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged

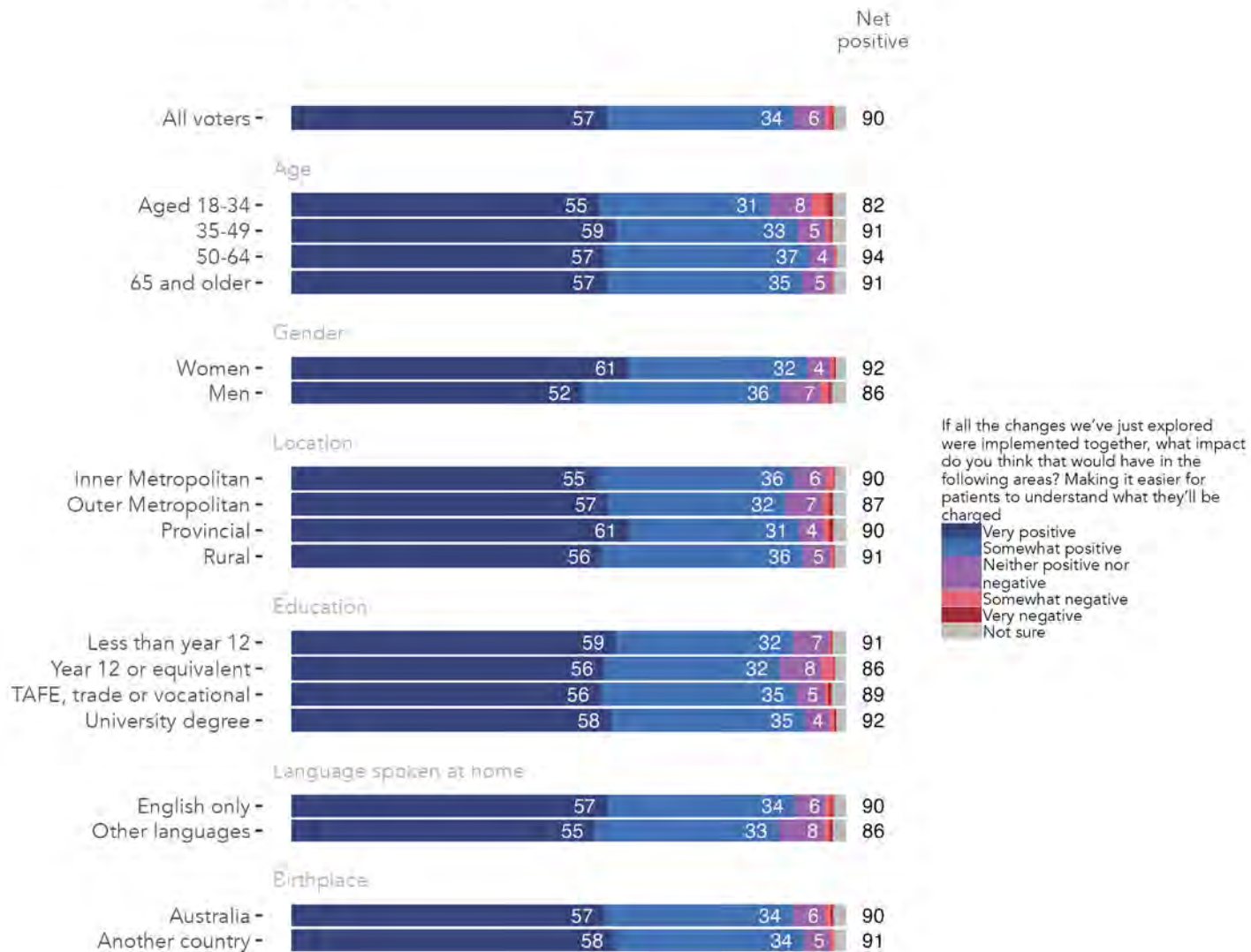


Figure 124: The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 111: The perceived impact of proposed reforms on making it easier for patients to understand what they'll be charged, by demographic characteristics.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	57	34	6	1	0	2	90
Age							
Aged 18-34	55	31	8	3	1	2	82
35-49	59	33	5	1	0	2	91
50-64	57	37	4	0	0	2	94
65 and older	57	35	5	1	0	2	91
Gender							
Women	61	32	4	1	0	2	92
Men	52	36	7	2	0	3	86
Location							
Inner Metropolitan	55	36	6	1	0	2	90
Outer Metropolitan	57	32	7	1	1	2	87
Provincial	61	31	4	1	1	2	90
Rural	56	36	5	1	0	2	91
Education							
Less than year 12	59	32	7	0	0	2	91
Year 12 or equivalent	56	32	8	2	0	2	86
TAFE, trade or vocational	56	35	5	1	1	2	89
University degree	58	35	4	1	0	2	92
Language spoken at home							
English only	57	34	6	1	0	2	90
Other languages	55	33	8	1	1	2	86
Birthplace							
Australia	57	34	6	1	0	2	90
Another country	58	34	5	1	0	2	91

Improving patients' ability to make an informed choice of medical specialist or surgeon

The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon

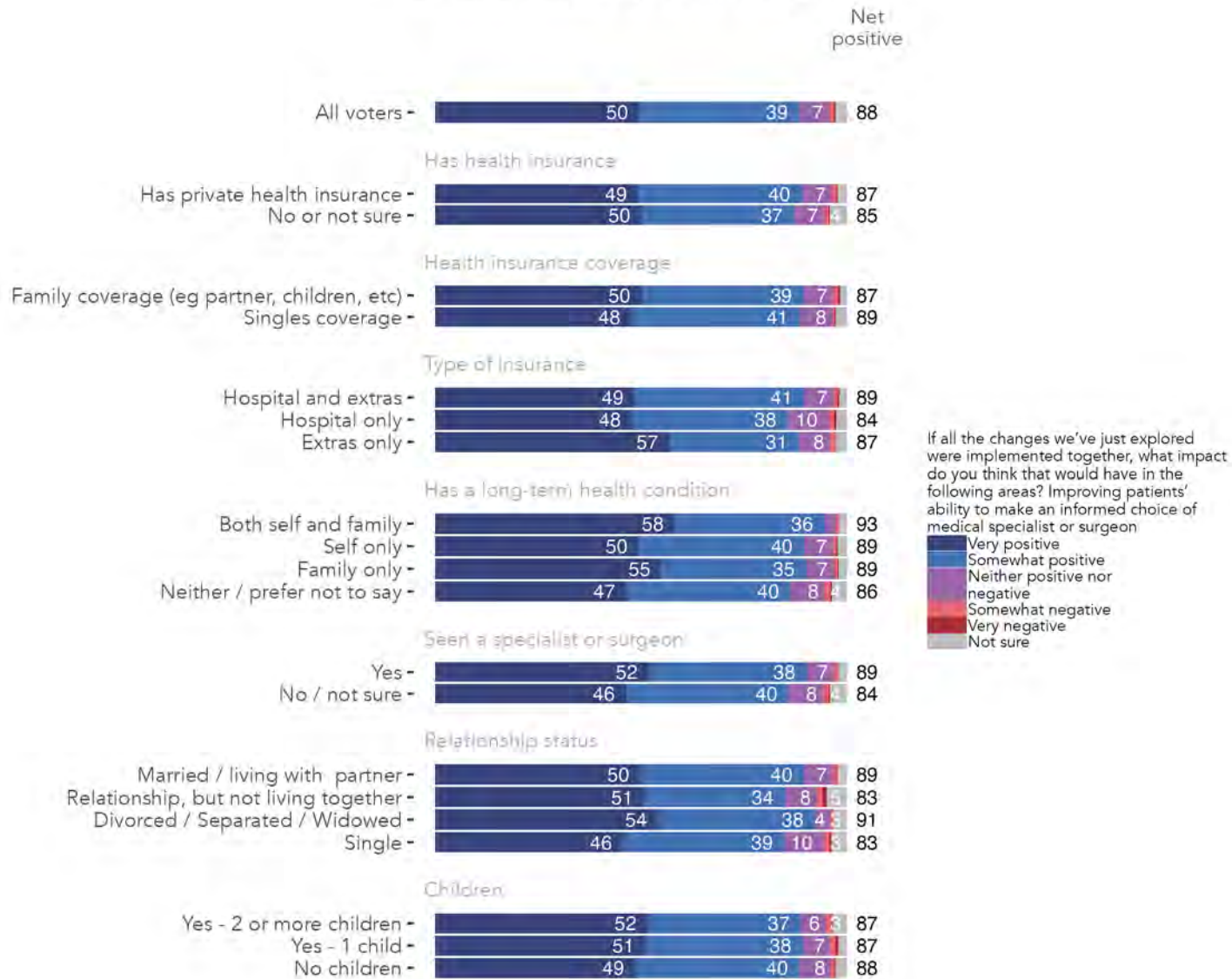


Figure 125: The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 112: The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	50	39	7	1	0	3	88
Has health insurance							
Has private health insurance	49	40	7	1	1	2	87
No or not sure	50	37	7	1	1	4	85
Health insurance coverage							
Family coverage (eg partner, children, etc)	50	39	7	1	1	2	87
Singles coverage	48	41	8	0	0	3	89
Type of insurance							
Hospital and extras	49	41	7	1	0	2	89
Hospital only	48	38	10	1	1	2	84
Extras only	57	31	8	1	0	3	87
Has a long-term health condition							
Both self and family	58	36	3	1	0	2	93
Self only	50	40	7	1	0	2	89
Family only	55	35	7	1	0	2	89
Neither / prefer not to say	47	40	8	1	0	4	86
Seen a specialist or surgeon							
Yes	52	38	7	1	0	2	89
No / not sure	46	40	8	1	1	4	84
Relationship status							
Married / living with partner	50	40	7	1	0	2	89
Relationship, but not living together	51	34	8	1	1	5	83
Divorced / Separated / Widowed	54	38	4	1	0	3	91
Single	46	39	10	1	1	3	83
Children							
Yes - 2 or more children	52	37	6	2	0	3	87
Yes - 1 child	51	38	7	1	1	2	87
No children	49	40	8	1	0	2	88

The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon

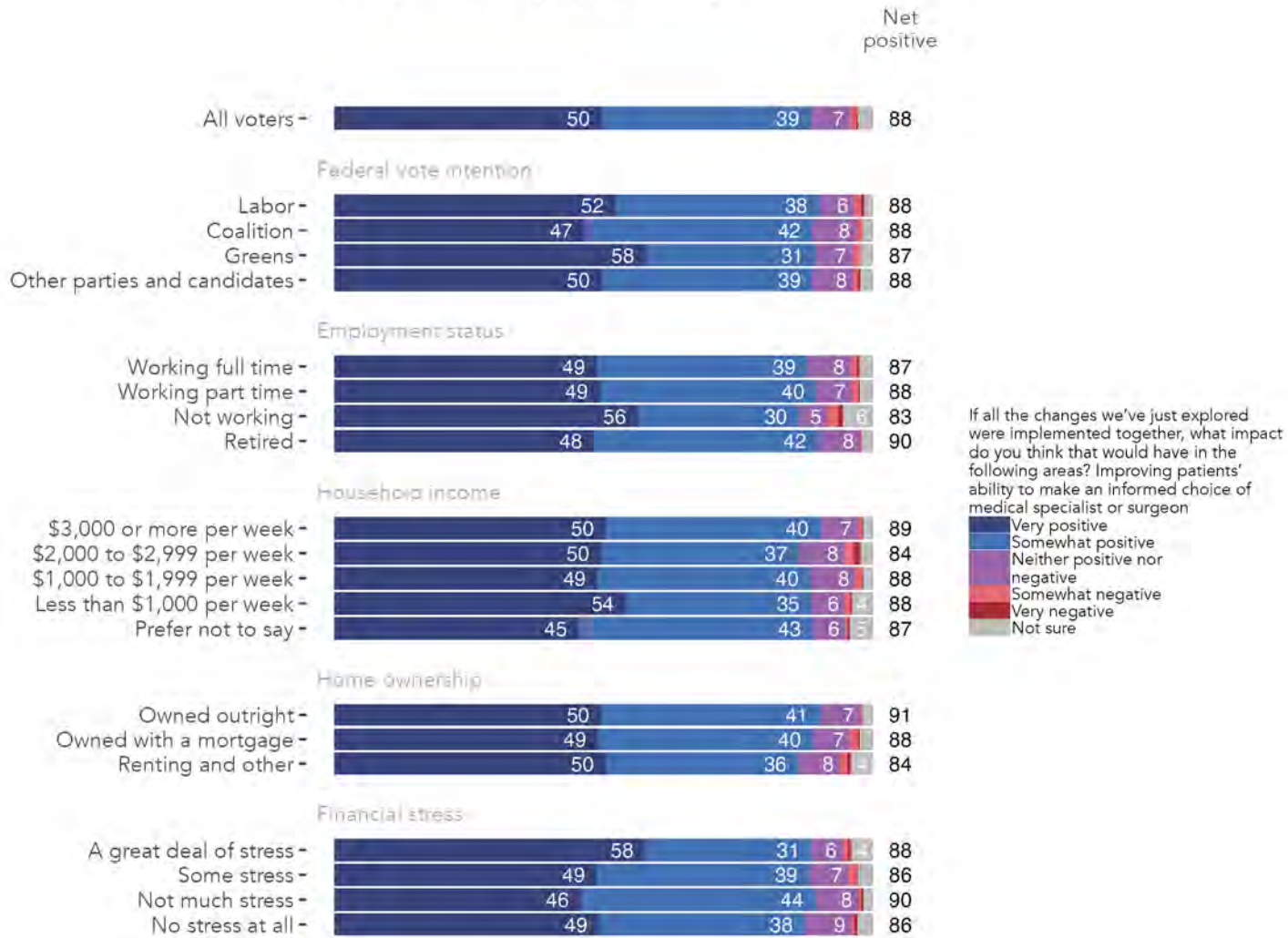


Figure 126: The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 113: The perceived impact of proposed reforms on improving patients’ ability to make an informed choice of medical specialist or surgeon, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	50	39	7	1	0	3	88
Federal vote intention							
Labor	52	38	6	1	1	2	88
Coalition	47	42	8	1	0	2	88
Greens	58	31	7	2	0	2	87
Other parties and candidates	50	39	8	1	0	2	88
Employment status							
Working full time	49	39	8	1	0	3	87
Working part time	49	40	7	1	0	3	88
Not working	56	30	5	2	1	6	83
Retired	48	42	8	0	0	2	90
Household income							
\$3,000 or more per week	50	40	7	1	0	2	89
\$2,000 to \$2,999 per week	50	37	8	2	1	2	84
\$1,000 to \$1,999 per week	49	40	8	1	0	2	88
Less than \$1,000 per week	54	35	6	1	0	4	88
Prefer not to say	45	43	6	1	0	5	87
Home ownership							
Owned outright	50	41	7	0	0	2	91
Owned with a mortgage	49	40	7	1	0	3	88
Renting and other	50	36	8	1	1	4	84
Financial stress							
A great deal of stress	58	31	6	1	0	4	88
Some stress	49	39	7	2	0	3	86
Not much stress	46	44	8	0	0	2	90
No stress at all	49	38	9	0	1	3	86

The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon

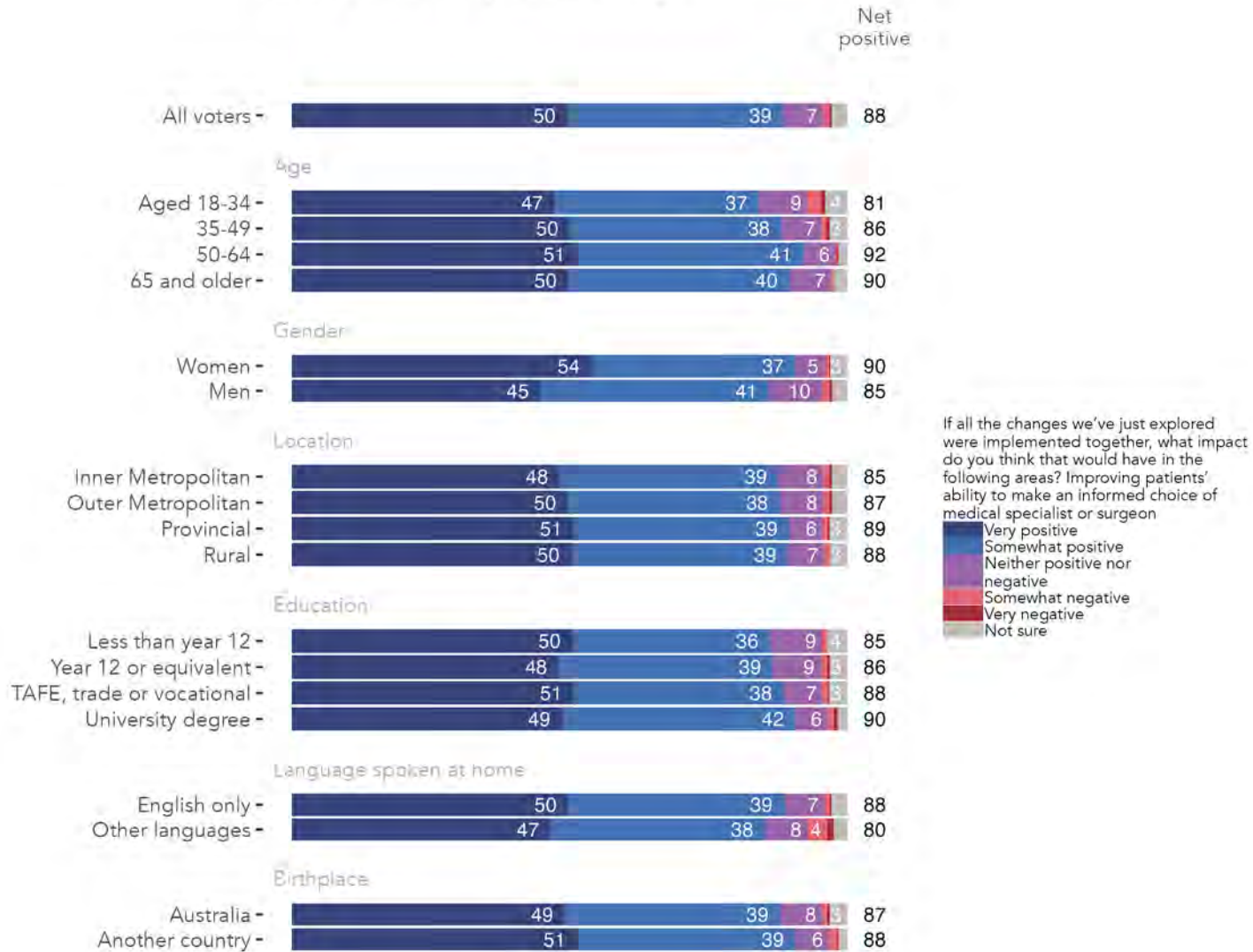


Figure 127: The perceived impact of proposed reforms on improving patients' ability to make an informed choice of medical specialist or surgeon, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 114: The perceived impact of proposed reforms on improving patients’ ability to make an informed choice of medical specialist or surgeon, by demographic characteristics.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	50	39	7	1	0	3	88
Age							
Aged 18-34	47	37	9	2	1	4	81
35-49	50	38	7	1	1	3	86
50-64	51	41	6	0	0	2	92
65 and older	50	40	7	0	0	3	90
Gender							
Women	54	37	5	1	0	3	90
Men	45	41	10	1	0	3	85
Location							
Inner Metropolitan	48	39	8	1	1	3	85
Outer Metropolitan	50	38	8	1	0	3	87
Provincial	51	39	6	1	0	3	89
Rural	50	39	7	1	0	3	88
Education							
Less than year 12	50	36	9	1	0	4	85
Year 12 or equivalent	48	39	9	1	0	3	86
TAFE, trade or vocational	51	38	7	1	0	3	88
University degree	49	42	6	1	0	2	90
Language spoken at home							
English only	50	39	7	1	0	3	88
Other languages	47	38	8	4	1	2	80
Birthplace							
Australia	49	39	8	1	0	3	87
Another country	51	39	6	2	0	2	88

Improving quality of specialist or surgical care

The perceived impact of proposed reforms on improving quality of specialist or surgical care

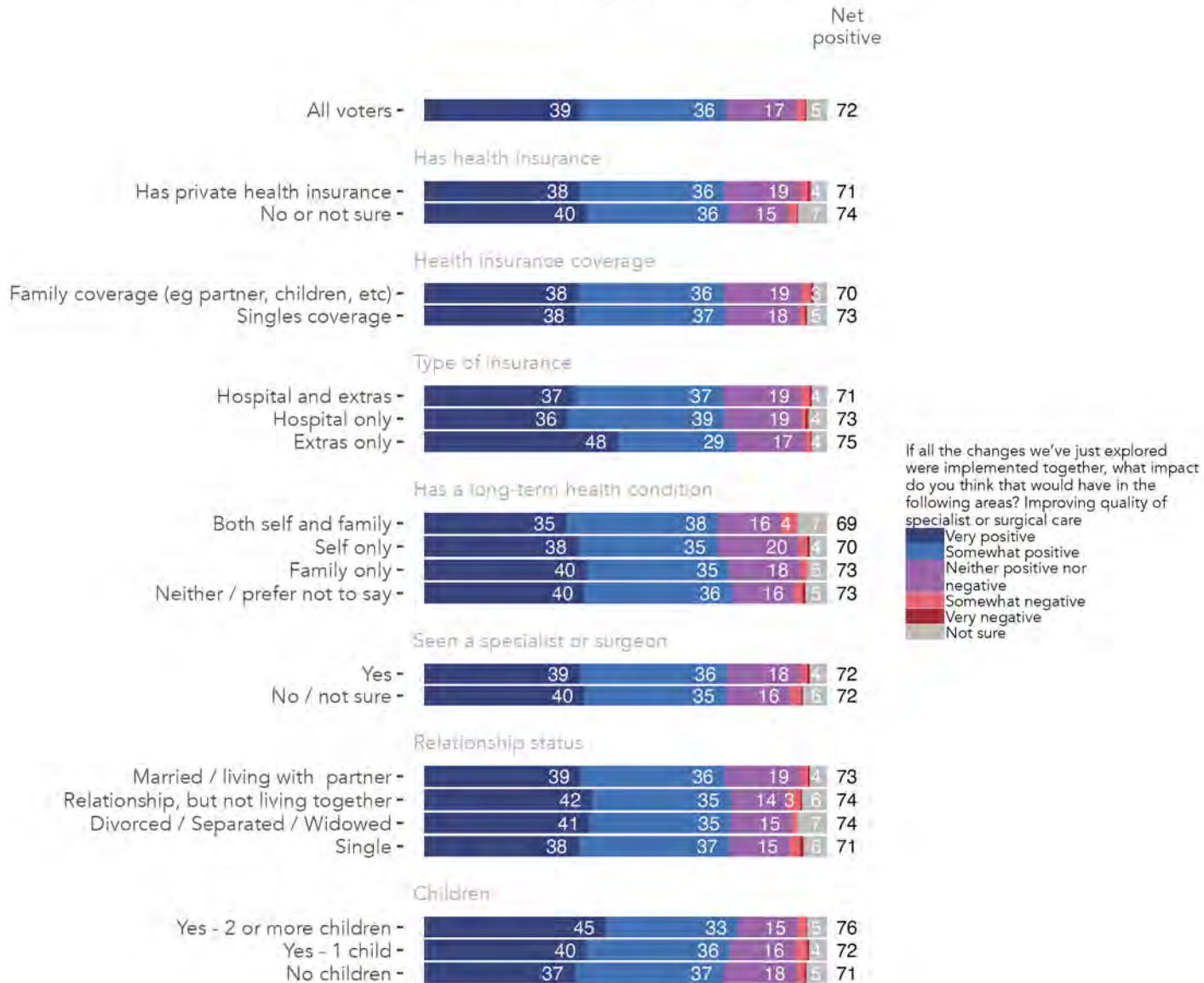


Figure 128: The perceived impact of proposed reforms on improving quality of specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 115: The perceived impact of proposed reforms on improving quality of specialist or surgical care, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	39	36	17	2	1	5	72
Has health insurance							
Has private health insurance	38	36	19	2	1	4	71
No or not sure	40	36	15	2	0	7	74
Health insurance coverage							
Family coverage (eg partner, children, etc)	38	36	19	3	1	3	70
Singles coverage	38	37	18	1	1	5	73
Type of insurance							
Hospital and extras	37	37	19	2	1	4	71
Hospital only	36	39	19	1	1	4	73
Extras only	48	29	17	2	0	4	75
Has a long-term health condition							
Both self and family	35	38	16	4	0	7	69
Self only	38	35	20	2	1	4	70
Family only	40	35	18	2	0	5	73
Neither / prefer not to say	40	36	16	2	1	5	73
Seen a specialist or surgeon							
Yes	39	36	18	2	1	4	72
No / not sure	40	35	16	3	0	6	72
Relationship status							
Married / living with partner	39	36	19	2	0	4	73
Relationship, but not living together	42	35	14	3	0	6	74
Divorced / Separated / Widowed	41	35	15	2	0	7	74
Single	38	37	15	3	1	6	71
Children							
Yes - 2 or more children	45	33	15	2	0	5	76
Yes - 1 child	40	36	16	3	1	4	72
No children	37	37	18	2	1	5	71

The perceived impact of proposed reforms on improving quality of specialist or surgical care

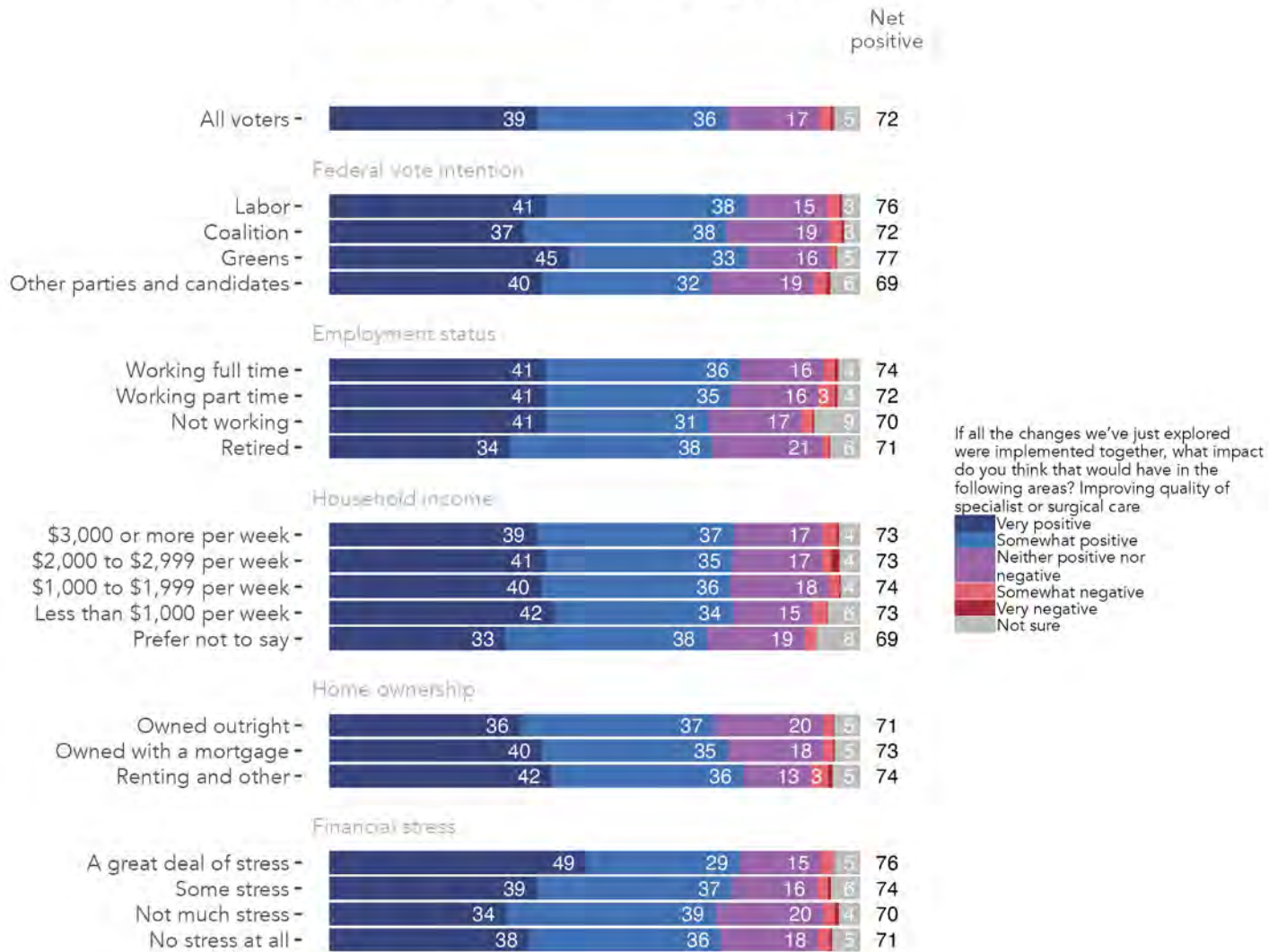


Figure 129: The perceived impact of proposed reforms on improving quality of specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 116: The perceived impact of proposed reforms on improving quality of specialist or surgical care, by federal vote intention, employment status, household income, home ownership and financial stress.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	39	36	17	2	1	5	72
Federal vote intention							
Labor	41	38	15	3	0	3	76
Coalition	37	38	19	2	1	3	72
Greens	45	33	16	1	0	5	77
Other parties and candidates	40	32	19	2	1	6	69
Employment status							
Working full time	41	36	16	2	1	4	74
Working part time	41	35	16	3	1	4	72
Not working	41	31	17	2	0	9	70
Retired	34	38	21	1	0	6	71
Household income							
\$3,000 or more per week	39	37	17	2	1	4	73
\$2,000 to \$2,999 per week	41	35	17	2	1	4	73
\$1,000 to \$1,999 per week	40	36	18	2	0	4	74
Less than \$1,000 per week	42	34	15	3	0	6	73
Prefer not to say	33	38	19	2	0	8	69
Home ownership							
Owned outright	36	37	20	2	0	5	71
Owned with a mortgage	40	35	18	2	0	5	73
Renting and other	42	36	13	3	1	5	74
Financial stress							
A great deal of stress	49	29	15	2	0	5	76
Some stress	39	37	16	2	0	6	74
Not much stress	34	39	20	2	1	4	70
No stress at all	38	36	18	2	1	5	71

The perceived impact of proposed reforms on improving quality of specialist or surgical care

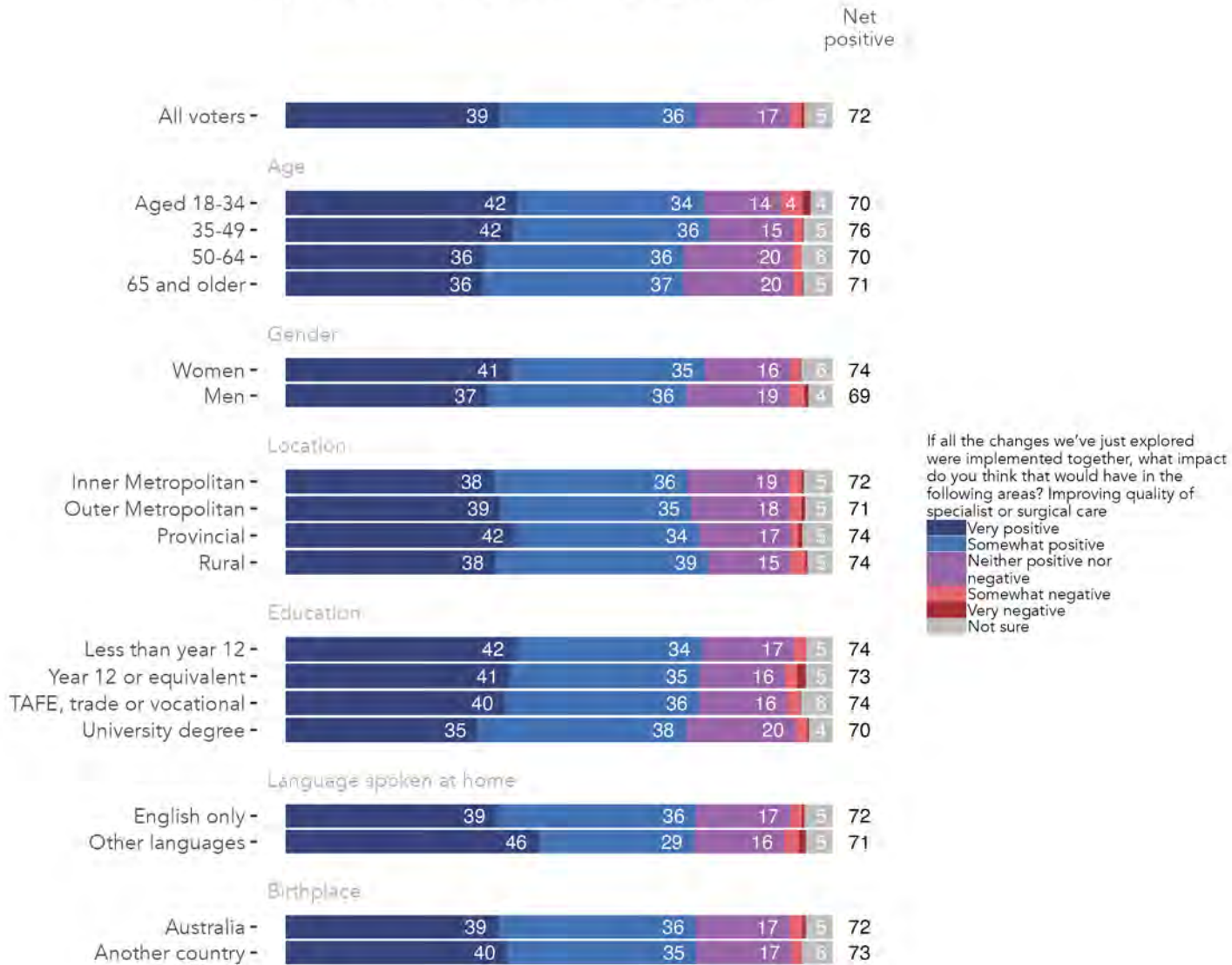


Figure 130: The perceived impact of proposed reforms on improving quality of specialist or surgical care, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who think the impact of this proposal will be positive (total share that say positive, minus the share who say negative).

Table 117: The perceived impact of proposed reforms on improving quality of specialist or surgical care, by demographic characteristics.

	Very positive	Somewhat positive	Neither positive nor negative	Somewhat negative	Very negative	Not sure	Net positive
All voters	39	36	17	2	1	5	72
Age							
Aged 18-34	42	34	14	4	2	4	70
35-49	42	36	15	2	0	5	76
50-64	36	36	20	2	0	6	70
65 and older	36	37	20	2	0	5	71
Gender							
Women	41	35	16	2	0	6	74
Men	37	36	19	3	1	4	69
Location							
Inner Metropolitan	38	36	19	2	0	5	72
Outer Metropolitan	39	35	18	2	1	5	71
Provincial	42	34	17	1	1	5	74
Rural	38	39	15	3	0	5	74
Education							
Less than year 12	42	34	17	2	0	5	74
Year 12 or equivalent	41	35	16	2	1	5	73
TAFE, trade or vocational	40	36	16	2	0	6	74
University degree	35	38	20	2	1	4	70
Language spoken at home							
English only	39	36	17	2	1	5	72
Other languages	46	29	16	3	1	5	71
Birthplace							
Australia	39	36	17	2	1	5	72
Another country	40	35	17	2	0	6	73

Support for the implementation of proposed reforms

This question was shown on the same page as the previous two questions.

Question text

Do you support or oppose the Australian Government implementing a package of changes like those outlined here to address the costs of medical specialist care?

Single select; random reverse 1-4

1. Strongly support
2. Support
3. Oppose
4. Strongly oppose
5. Not sure

Support for and opposition to the Australian Government implementing a package of changes like those outlined here

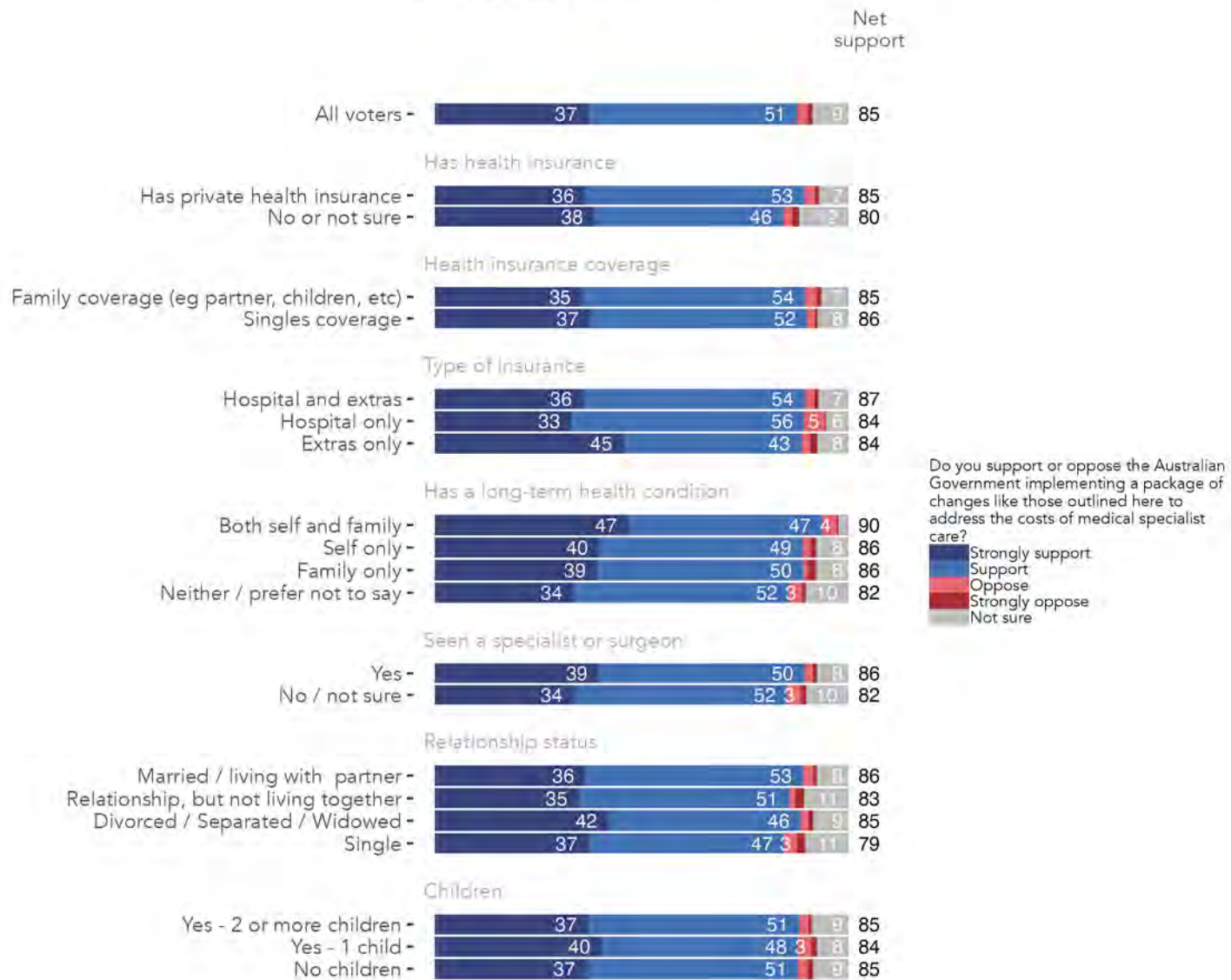


Figure 131: Support for and opposition to the Australian Government implementing a package of changes like those outlined here, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 118: Support for and opposition to the Australian Government implementing a package of changes like those outlined here, by private health status, health insurance coverage and type, presence of a long-term health condition, seen a specialist or surgeon in the past year, relationship status and parent or guardian status.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	37	51	2	1	9	85
Has health insurance						
Has private health insurance	36	53	3	1	7	85
No or not sure	38	46	2	2	12	80
Health insurance coverage						
Family coverage (eg partner, children, etc)	35	54	3	1	7	85
Singles coverage	37	52	2	1	8	86
Type of insurance						
Hospital and extras	36	54	2	1	7	87
Hospital only	33	56	5	0	6	84
Extras only	45	43	2	2	8	84
Has a long-term health condition						
Both self and family	47	47	4	0	2	90
Self only	40	49	2	1	8	86
Family only	39	50	1	2	8	86
Neither / prefer not to say	34	52	3	1	10	82
Seen a specialist or surgeon						
Yes	39	50	2	1	8	86
No / not sure	34	52	3	1	10	82
Relationship status						
Married / living with partner	36	53	2	1	8	86
Relationship, but not living together	35	51	1	2	11	83
Divorced / Separated / Widowed	42	46	2	1	9	85
Single	37	47	3	2	11	79
Children						
Yes - 2 or more children	37	51	2	1	9	85
Yes - 1 child	40	48	3	1	8	84
No children	37	51	2	1	9	85

Support for and opposition to the Australian Government implementing a package of changes like those outlined here

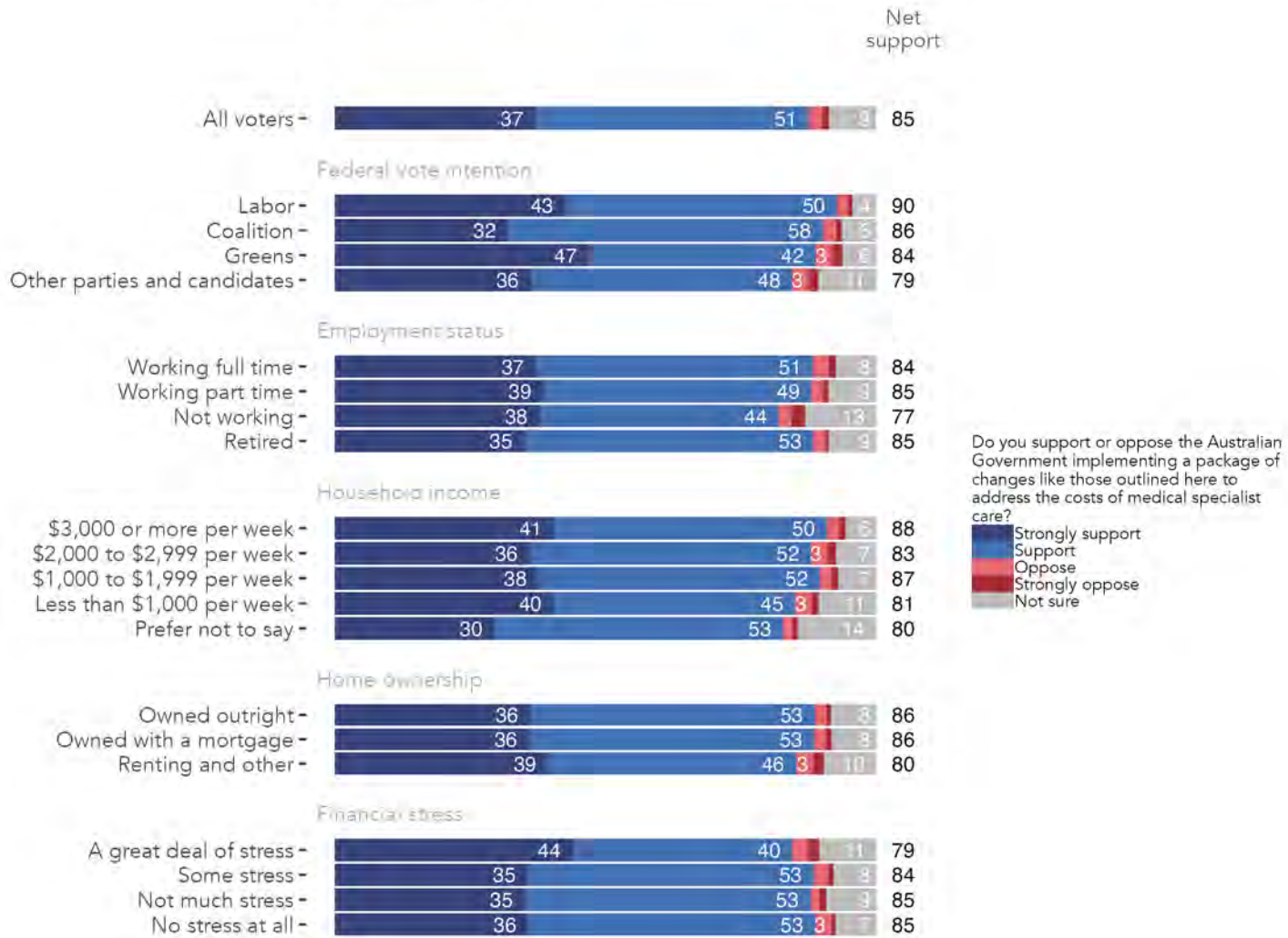


Figure 132: Support for and opposition to the Australian Government implementing a package of changes like those outlined here, by federal vote intention, employment status, household income, home ownership and financial stress. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 119: Support for and opposition to the Australian Government implementing a package of changes like those outlined here, by federal vote intention, employment status, household income, home ownership and financial stress.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	37	51	2	1	9	85
Federal vote intention						
Labor	43	50	2	1	4	90
Coalition	32	58	3	1	6	86
Greens	47	42	3	2	6	84
Other parties and candidates	36	48	3	2	11	79
Employment status						
Working full time	37	51	3	1	8	84
Working part time	39	49	2	1	9	85
Not working	38	44	2	3	13	77
Retired	35	53	2	1	9	85
Household income						
\$3,000 or more per week	41	50	2	1	6	88
\$2,000 to \$2,999 per week	36	52	3	2	7	83
\$1,000 to \$1,999 per week	38	52	2	1	7	87
Less than \$1,000 per week	40	45	3	1	11	81
Prefer not to say	30	53	2	1	14	80
Home ownership						
Owned outright	36	53	2	1	8	86
Owned with a mortgage	36	53	2	1	8	86
Renting and other	39	46	3	2	10	80
Financial stress						
A great deal of stress	44	40	3	2	11	79
Some stress	35	53	3	1	8	84
Not much stress	35	53	2	1	9	85
No stress at all	36	53	3	1	7	85

Support for and opposition to the Australian Government implementing a package of changes like those outlined here

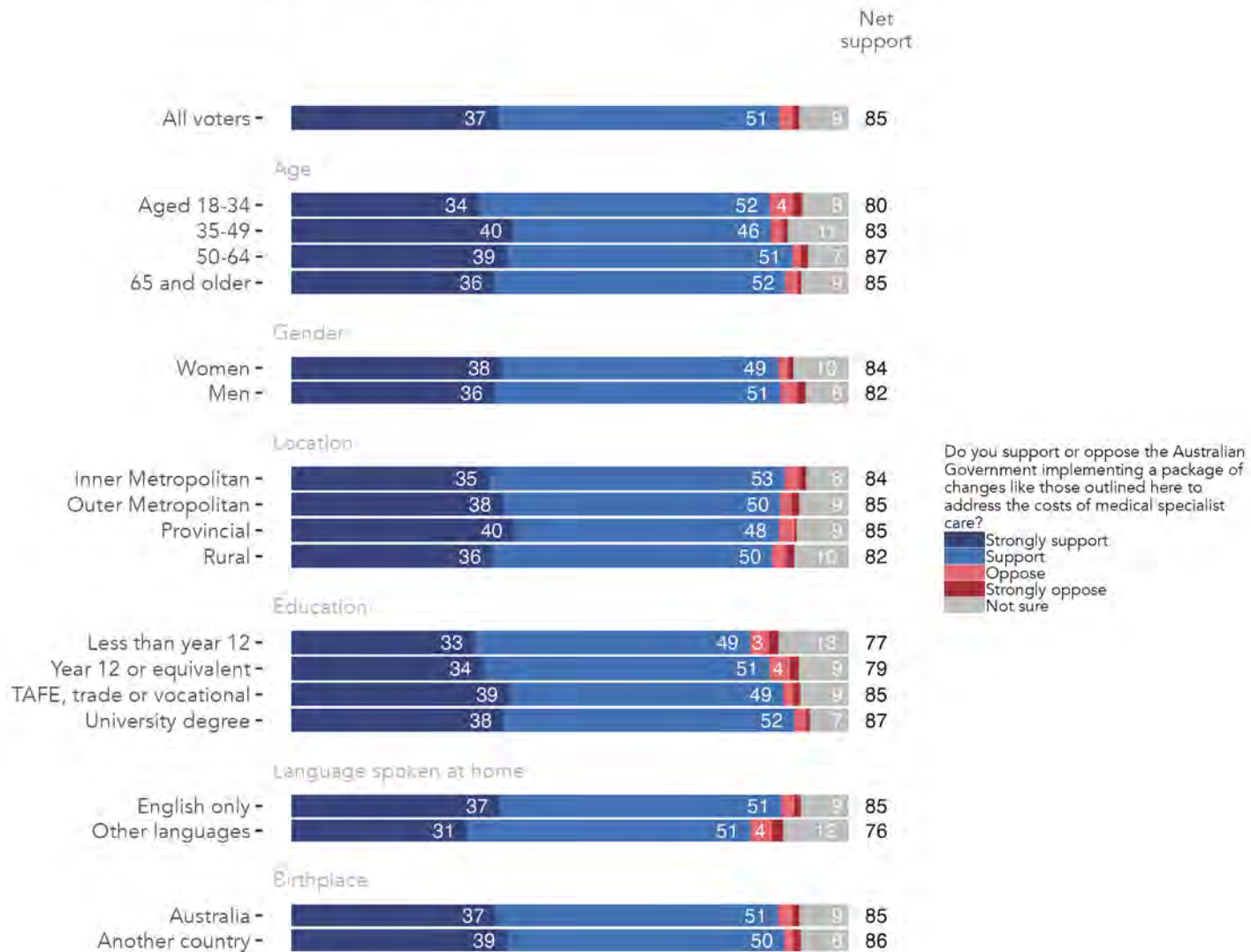


Figure 133: Support for and opposition to the Australian Government implementing a package of changes like those outlined here, by demographic characteristics. Figures in black on the right-hand side of the plot indicate the net share who support this proposal (total share that say support, minus the share who say they oppose it).

Table 120: Support for and opposition to the Australian Government implementing a package of changes like those outlined here, by demographic characteristics.

	Strongly support	Support	Oppose	Strongly oppose	Not sure	Net support
All voters	37	51	2	1	9	85
Age						
Aged 18-34	34	52	4	2	8	80
35-49	40	46	2	1	11	83
50-64	39	51	2	1	7	87
65 and older	36	52	2	1	9	85
Gender						
Women	38	49	2	1	10	84
Men	36	51	3	2	8	82
Location						
Inner Metropolitan	35	53	3	1	8	84
Outer Metropolitan	38	50	2	1	9	85
Provincial	40	48	3	0	9	85
Rural	36	50	3	1	10	82
Education						
Less than year 12	33	49	3	2	13	77
Year 12 or equivalent	34	51	4	2	9	79
TAFE, trade or vocational	39	49	2	1	9	85
University degree	38	52	2	1	7	87
Language spoken at home						
English only	37	51	2	1	9	85
Other languages	31	51	4	2	12	76
Birthplace						
Australia	37	51	2	1	9	85
Another country	39	50	2	1	8	86



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