

# Private hospital use

## Introduction

There are a number of private hospitals in New Zealand that provide treatment for non-urgent conditions. The use of private hospitals is generally funded by individuals themselves or through medical insurance.

### What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants and the parents of child participants were asked whether they/their child had used a service at or been admitted to a private hospital in the previous 12 months, and if so, the type of service(s): outpatient, day treatment or inpatient (stayed overnight).

Parents of child participants were also asked what type of procedure was carried out if their child had day treatment or was an inpatient.

## Private hospital use in previous 12 months

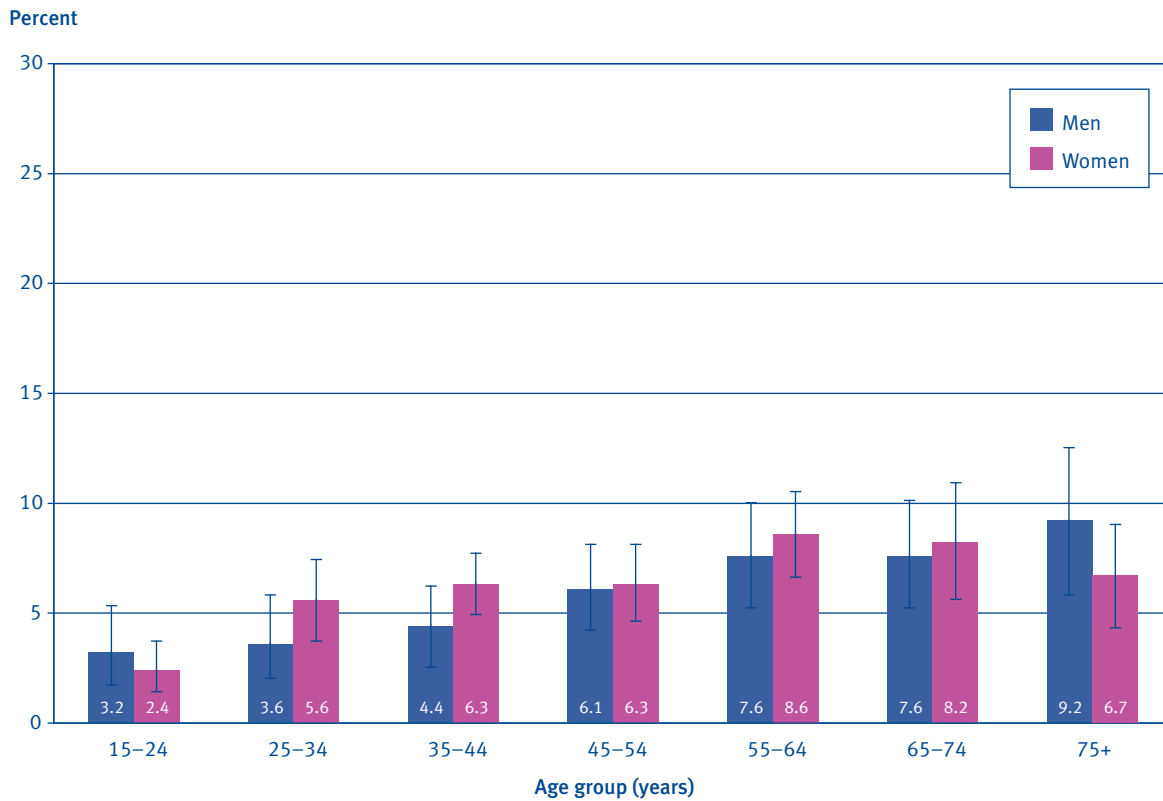
One in eighteen (5.7%, 5.2–6.2) adults and 1 in 59 (1.7%, 1.2–2.3) children had used a service at a private hospital in the previous 12 months. There were too few children who used private hospital services in the survey for any meaningful comparison to be made by age, ethnic group or neighbourhood deprivation.

Of those adults who had used private hospital services in the previous 12 months, 45.2% (40.4–49.9) were admitted for day treatment and 34.6% (30.3–38.9) were admitted as an inpatient.

## Private hospital use in previous 12 months, by age group

For adults, the use of private hospital services increased with age, although none of the differences between age groups was significant. Women aged 15–24 years were significantly less likely than older women to have used a service at a private hospital in the previous 12 months (Figure 6.59).

Figure 6.59: Use of private hospital services in the previous 12 months for adults, by age group and gender (unadjusted prevalence)

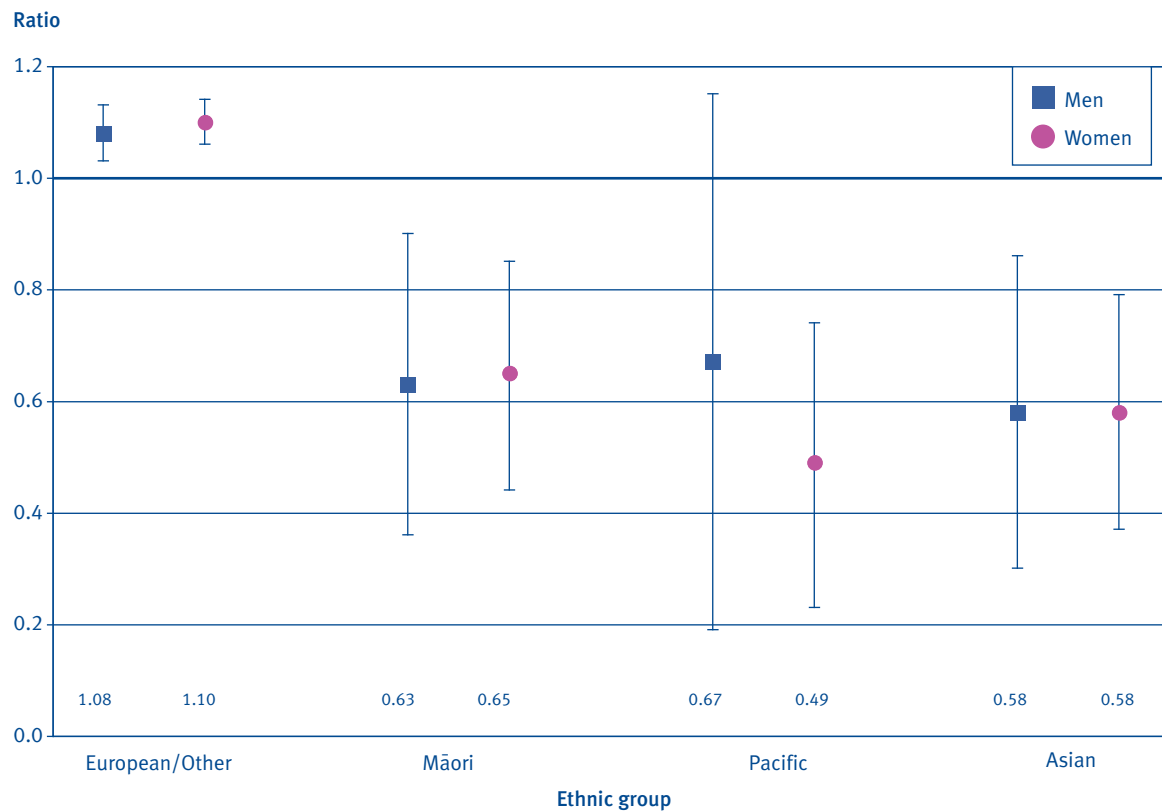


Source: 2006/07 New Zealand Health Survey

## Private hospital use in previous 12 months, by ethnic group

European/Other men and women were significantly more likely to have used private hospital services in the previous 12 months than men and women in the total adult population, while Māori and Asian men and women were significantly less likely to have used such services (Figure 6.60). Pacific women were also significantly less likely to have used a private hospital service than women in the total population.

Figure 6.60: Adults who used private hospital services in the previous 12 months, by ethnic group and gender (age standardised rate ratio)



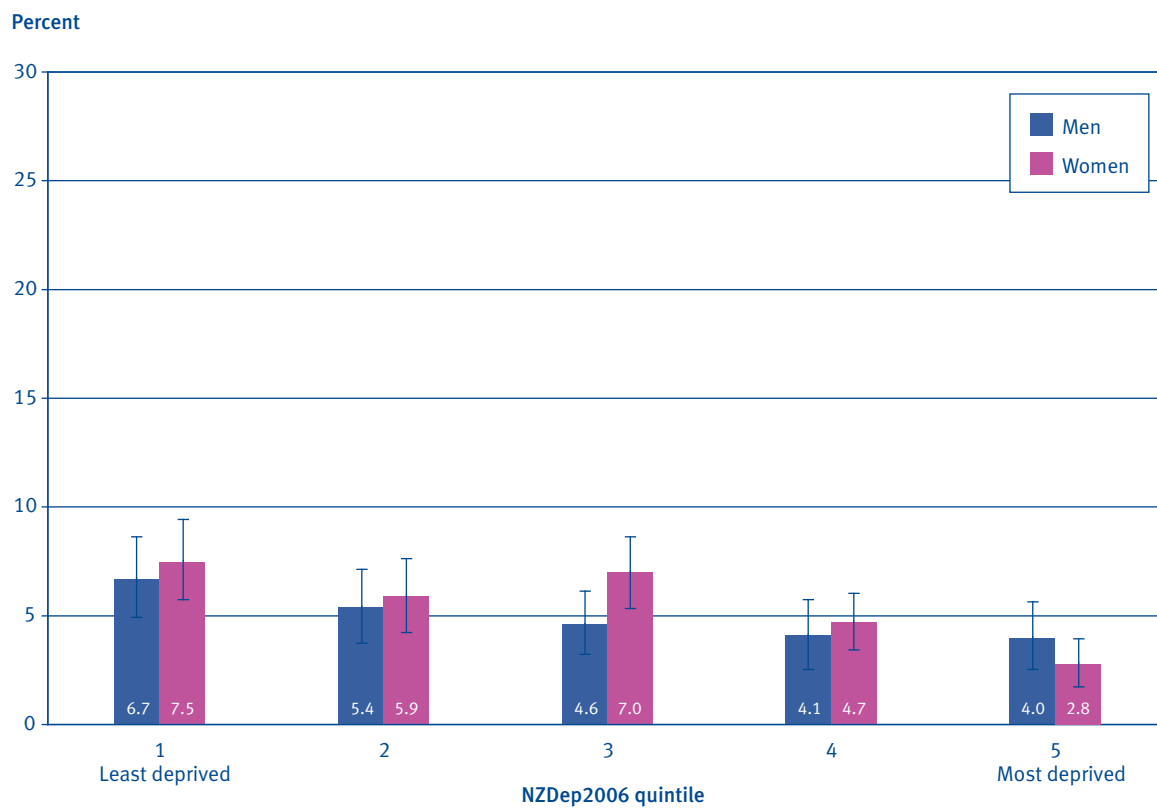
Source: 2006/07 New Zealand Health Survey

Notes: Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

## Private hospital use in previous 12 months, by neighbourhood deprivation

Women in NZDep2006 quintile 5 (most deprived) were significantly less likely than those in NZDep2006 quintiles 1 (least deprived), 2 and 3 to have used private hospital services in the previous 12 months (Figure 6.61).

Figure 6.61: Adults who used private hospital services in the previous 12 months, by NZDep2006 quintile and gender (age standardised prevalence)

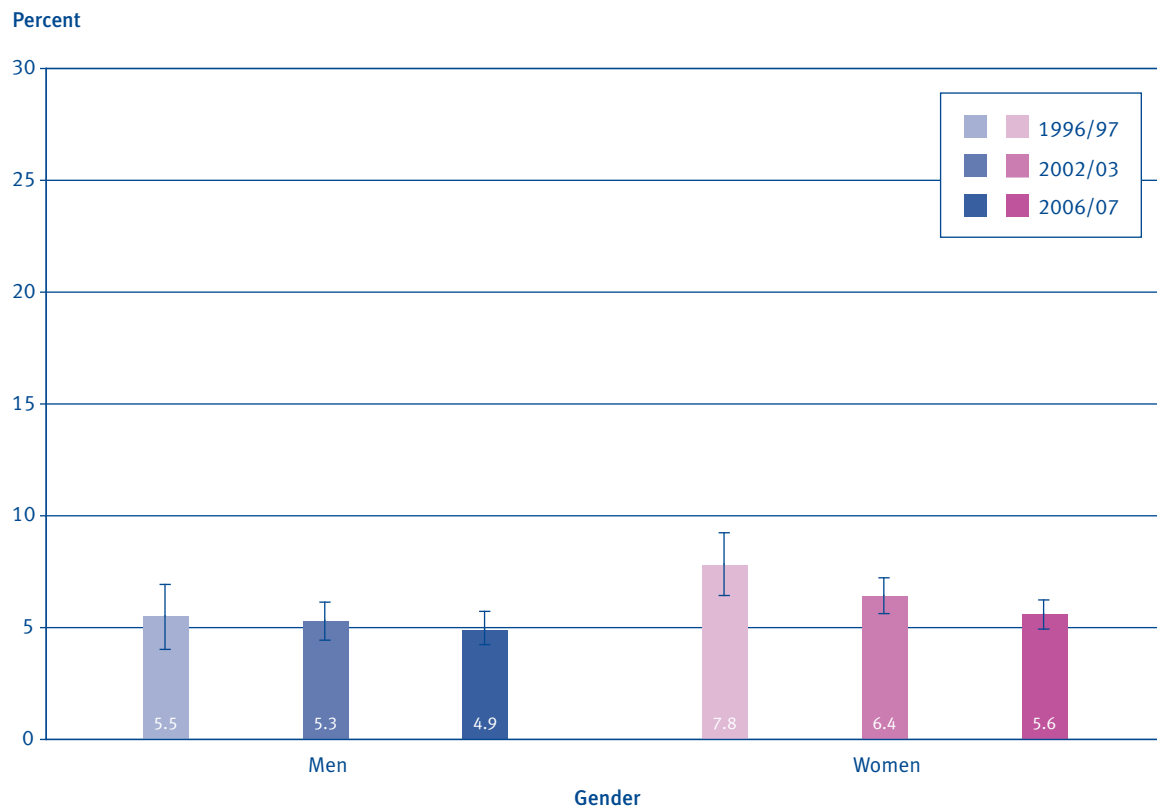


Source: 2006/07 New Zealand Health Survey

## Time trends in private hospital use

For children, there were no significant changes in the use of private hospitals between 1996/97 and 2006/07, adjusted for age. From 1996/97 to 2006/07 there was a decreasing trend in the use of private hospital services for women, with no change for men, adjusted for age (Figure 6.62). There were no changes in the use of private hospitals between 1996/97 and 2006/07 for Māori adults, adjusted for age (graph not shown).

Figure 6.62: Private hospital use in previous 12 months for adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

## Medical insurance

Individuals with medical insurance may have more timely access to medical treatment than those without insurance, particularly in the case of surgery for non-acute conditions. Medical insurance can also pay for GP visits and prescription costs, and may also include dental and optical care.

### What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants and the parents of child participants were asked whether they/their child were covered by any health or medical insurance scheme. Adult participants were also asked what type of insurance they had.

## Medical insurance coverage

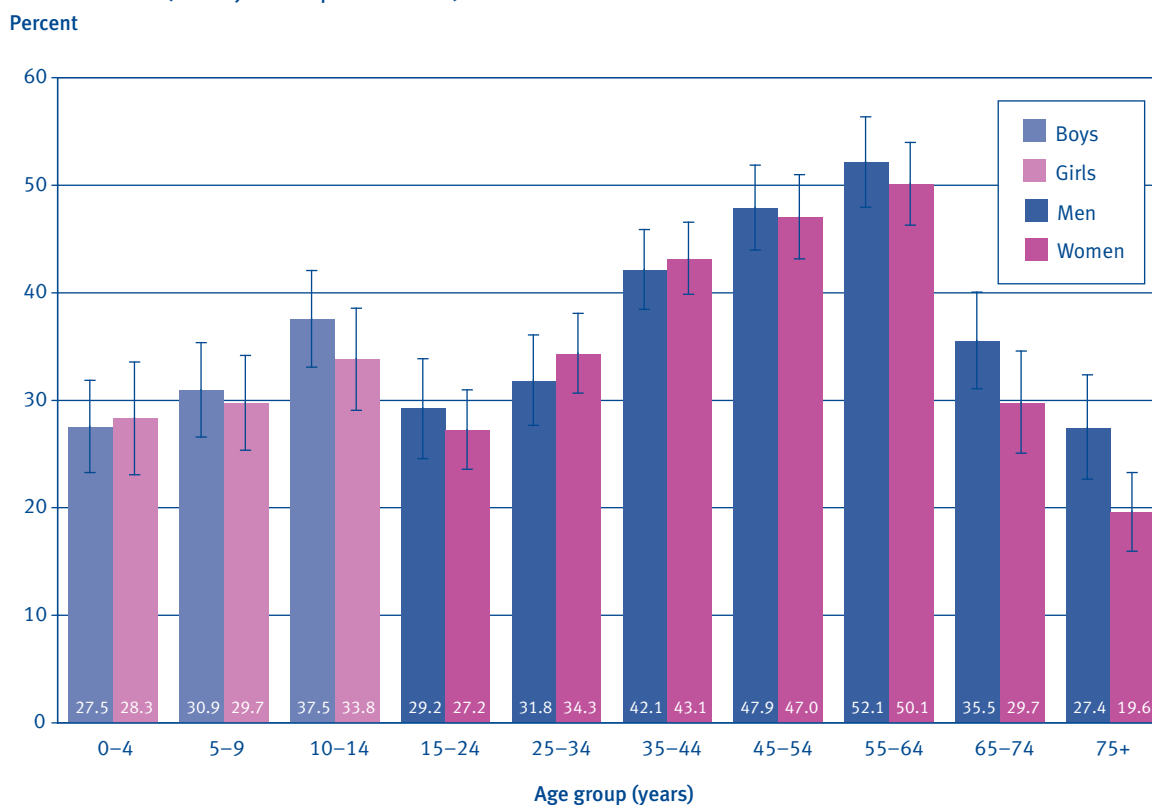
Around one-third of children (31.3%, 29.5–33.2) and almost 40% of adults (38.4%, 37.2–39.5) were covered by medical insurance. There were no statistically significant differences in medical insurance coverage by gender for children or adults, adjusted for age.

One in five (19.4%, 18.6–20.3) adults had comprehensive medical insurance and one in five (18.3%, 17.4–19.2) had medical insurance that covered their hospital bills only.

### Medical insurance coverage, by age group

For children, 10–14-year-olds, and for adults, 45–64-year-olds, were more likely to have medical insurance than those in other age groups. Adults aged 15–34 years and those aged over 65 years were significantly less likely to have medical insurance than those aged 45–64 years (Figure 6.63).

Figure 6.63: Medical insurance coverage for children and adults, by age group and gender (unadjusted prevalence)



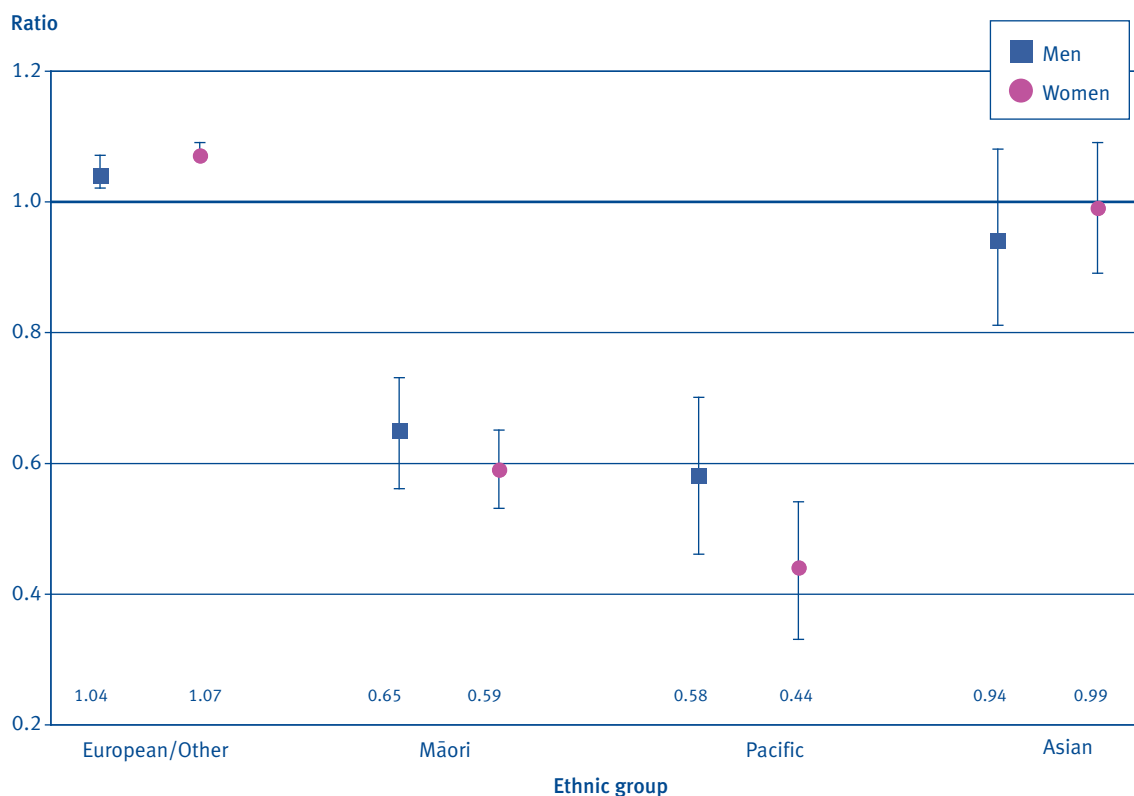
Source: 2006/07 New Zealand Health Survey

## Medical insurance coverage, by ethnic group

European/Other children (SRR 1.14, 1.12–1.16) were significantly more likely to have medical insurance cover than all children, while Māori (SRR 0.65, 0.57–0.72) and Pacific (SRR 0.51, 0.42–0.60) children were significantly less likely to have such insurance.

European/Other men and women were significantly more likely to have medical insurance cover than men and women in the total adult population, while Māori and Pacific men and women were significantly less likely to have such insurance (Figure 6.64).

Figure 6.64: Adults with medical insurance, by ethnic group and gender (age standardised rate ratio)



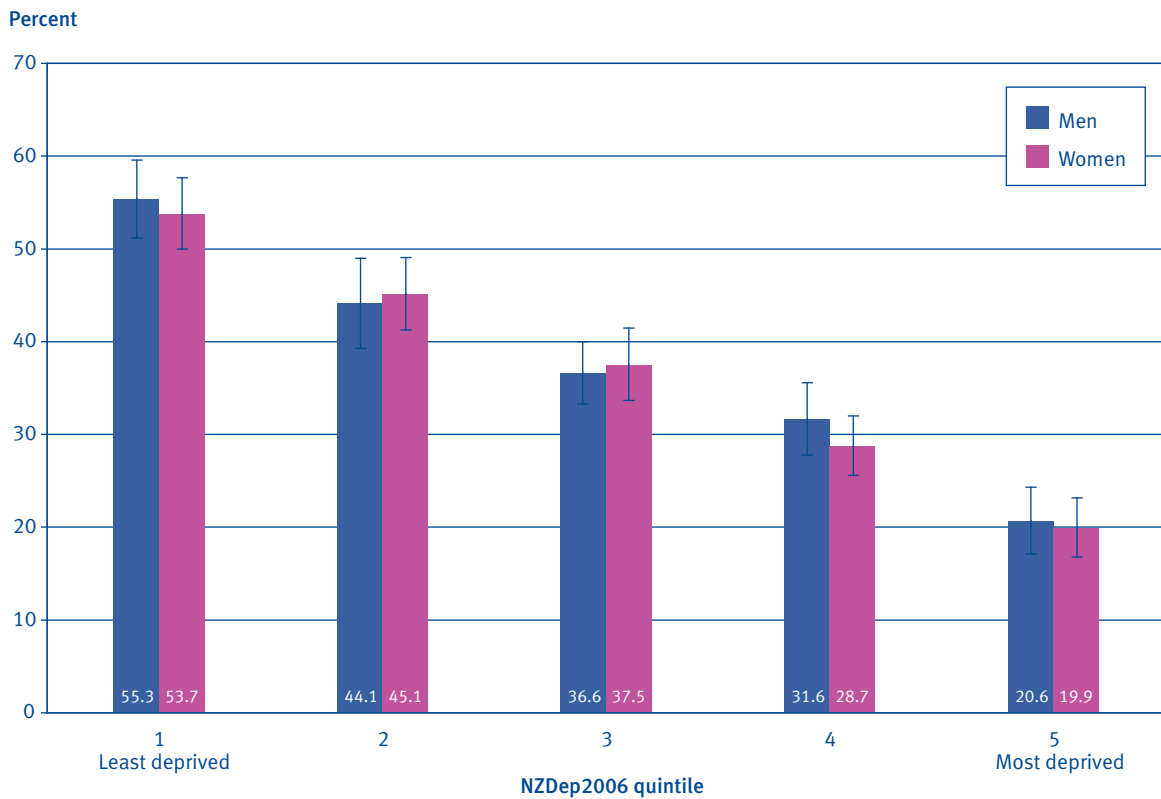
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

## Medical insurance coverage, by neighbourhood deprivation

Medical insurance cover decreased with increasing deprivation for both children (graph not shown) and adults. Men and women living in NZDep2006 quintile 5 (most deprived) were significantly less likely than all other adults to have medical insurance (Figure 6.65).

Figure 6.65: Medical insurance coverage for adults, by NZDep2006 quintile and gender (age standardised prevalence)



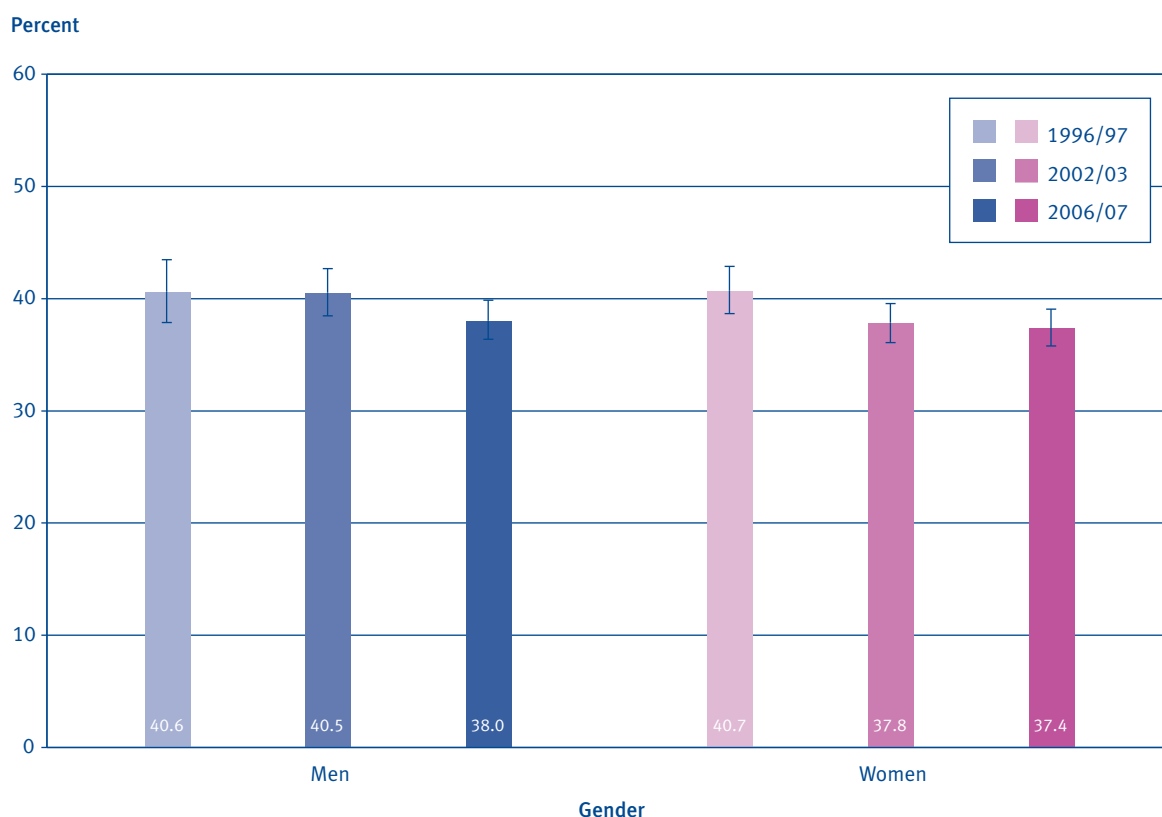
Source: 2006/07 New Zealand Health Survey

## Time trends in medical insurance coverage

There was a significant decline in the proportion of women who had medical insurance coverage between 1996/97 and 2002/03 (p-value < 0.05), but there was no change between 2002/03 and 2006/07 (Figure 6.66). There were no significant changes in the prevalence of medical insurance coverage among men between 1996/97 and 2002/03.

Among Māori, there were no changes in the prevalence of medical insurance coverage between 1996/97, 2002/03 and 2006/07, adjusted for age (graph not shown).

Figure 6.66: Medical insurance coverage for adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.