AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Australian Government
Department of Health,
Disability and Ageing

OECD Patient-Reported Indicator Surveys (PaRIS)

Australian National Report 2025

A study of health outcomes and experiences
for people living with chronic conditions

Introduction

The OECD Patient-Reported Indicator Surveys (PaRIS) initiative is a landmark international study on the care experiences and health outcomes of people living with chronic conditions.

The inaugural survey collected information from patients that captured their point of view on the value and effectiveness of their health care in the community.

Australia was one of 19 OECD countries that participated in the 2023 survey.

In Australia, the survey was implemented by the Australian Commission on Safety and Quality in Health Care with ORIMA Research, on behalf of the Department of Health, Disability and Ageing.

For the first time, PaRIS has enabled cross-country comparisons using standardised data about how patients experience primary health care and how this impacts their outcomes.

Data findings and key insights are summarised in this report.

PaRIS findings are available for healthcare professionals and policymakers to better understand how to improve care for people with chronic health conditions, based on the views of those directly affected – the patients.

What we learned

For Australian PaRIS survey participants with chronic conditions:

- 39% of respondents live with 3 or more chronic conditions
- People with multiple conditions generally have worse outcomes and experiences
- Coordination of care is well targeted in Australia
- Australia has room to improve in the areas of mental health, social functioning and wellbeing
- Patients living in cities have better care experiences and outcomes
- Patients with lower education and income have less trust in the healthcare system
- Australia is among the leading countries for digital health integration
- The GP–patient relationship is critical for better care
- Positive patient experiences are linked to better health outcomes.

safetyandquality.gov.au/paris-survey

Why is PaRIS important?

Despite a large amount of health data, little is focused on the patient perspective. To improve and build a stronger primary healthcare system for Australians with chronic conditions, we need to know whether the existing system is meeting their needs.

PaRIS directly asked patients about their health experiences and outcomes. It provided a world-first, internationally validated tool that allowed us to look at Australian results and benchmark them nationally and internationally.

This information can be used to inform and shape people-centred health policies, reform and improvement in the quality of care.

The patient perspective

PaRIS surveyed patients aged 45 years and older who had a primary care consultation in the last 6 months.

The survey focused on patients living with chronic conditions, to assess whether the primary healthcare system was meeting their needs in ways that mattered most to them.

The study aimed to understand the patient point of view about:

- their experience with primary care
- their health outcomes, and
- how they access health information and services.

PaRIS uniquely fed back patients' responses to their GP practices. This enabled practices to examine results of their own patient cohort and use the data to improve care.

The burden of chronic conditions

Chronic conditions have a considerable impact on patients, families and carers, healthcare providers and the health system.

In Australia, the burden of chronic conditions is high, and increasing.

In 2022, 1 in 2 Australians had at least 1 chronic condition.[1] Chronic conditions were recorded as an underlying or associated cause of 90% of all deaths,[2] and were responsible for 91% of the non-fatal burden of disease.[3]

Chronic conditions represent the fastest-growing segment of healthcare users in Australia. As the population ages and more people experience risk factors for chronic disease, it is likely that more Australians will live with 1 or more chronic conditions in the future, and for longer.

About the Survey

PaRIS involved 2 questionnaires, one for GP practices and the other for their patients.

The GP practice survey collected information about practice and provider characteristics.

The patient survey included:

- **Experience measures,** which rated patients' experiences with health care, such as waiting times and communication with healthcare providers
- **Outcome measures,** which rated patients' pain, physical functioning, and psychological wellbeing.

The survey was rolled out in Australia from 8 June to 20 December 2023.

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1. Australian Bureau of Statistics (ABS), Health conditions prevalence, 2023
2. Australian Institute of Health and Welfare (AIHW), Chronic conditions, June 2024
3. AIHW, Australia's health 2024: data insights: The ongoing challenge of chronic conditions in Australia, July 2024

PARTICIPANT FIGURES

Australia

2,392

patients filled out a patient questionnaire

54

GP practices participated

Internationally

107,011

patients filled out a patient questionnaire

1,816

GP practices participated

DEMOGRAPHIC PROFILE

Participation in Australia

Location	GP practices	Patients aged 45+
NSW	16	767
VIC	20	1,094
QLD	7	107
SA	4	152
WA	4	0
TAS	1	126
NT	1	0
ACT	1	146
Total	54	2,392

Interpreting the data

PaRIS findings do not represent the views and experiences of patients in all locations and primary health services.

Despite these limitations, there is sufficient and valid data for valuable insights about patient-reported measures in primary health care in Australia. The survey provides a rich data source with considerable scope for analysis of results. The survey also allows for benchmarking with other OECD countries.

Australian survey findings may slightly differ to results presented in OECD reports due to differences in the weighting approach used.

HIGHLIGHTS

10 health areas were measured – 5 experiences and 5 outcomes. Australia performed better than or close to the OECD average across all 10 areas. Findings provide insight into areas for improvement.

AUSTRALIA WAS A TOP 5 PERFORMING COUNTRY IN 4 AREAS

TOP #5

- Quality of care
- Coordination of care
- Person-centred care
- Physical health

For Australian patients

94% reported positive experiences at their GP practice – above OECD average of 87%

74% with chronic conditions reported good physical health – above OECD average of 70%

97% with single GP for 3–5 years rated care positively (vs 79% who did not see the same GP)

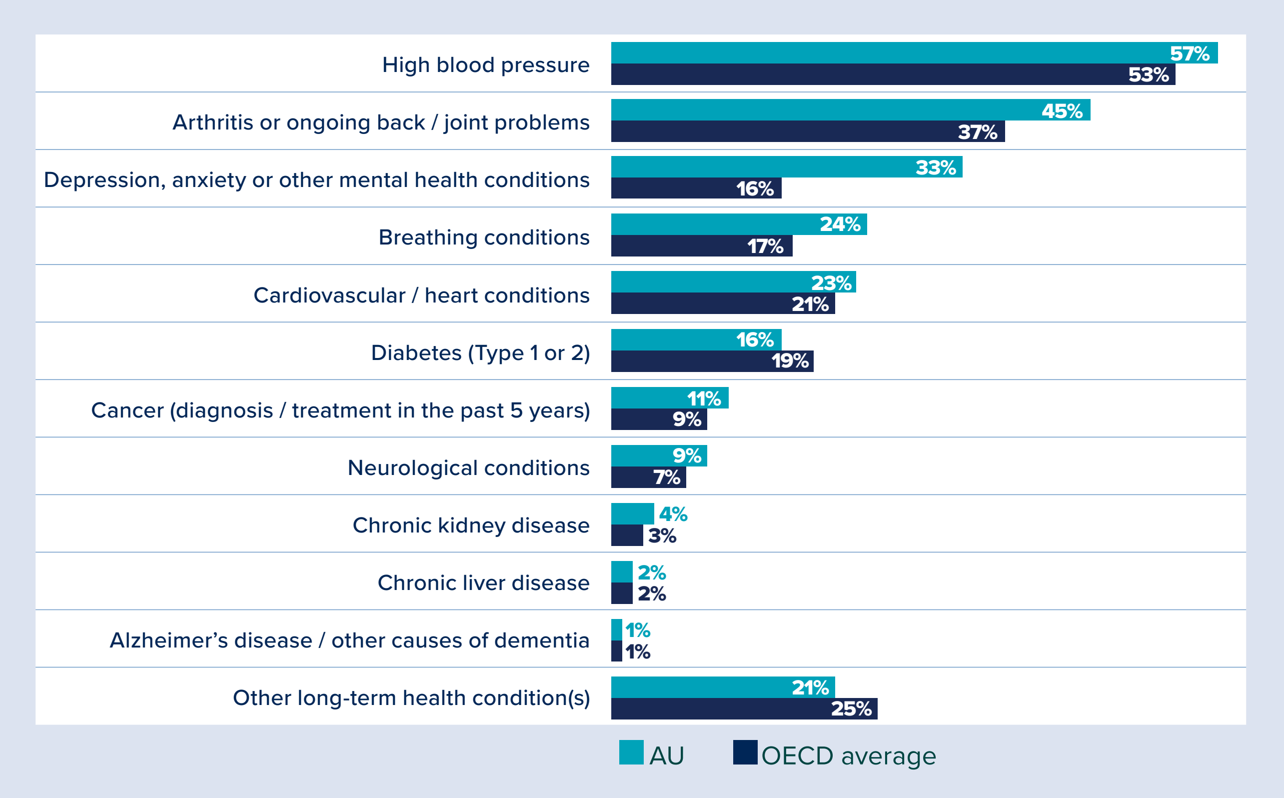
Data findings: Chronic conditions

In Australia, PaRIS showed that a high number of patients* (64%) reported having chronic conditions.

The 5 most common chronic conditions for patients aged 45 years or older were:

57%	**High blood pressure**
45%	**Arthritis or ongoing back and joint pain**
33%	**Depression, anxiety or other mental health conditions**
24%	**Breathing conditions**
23%	**Cardiovascular/ heart conditions**

Figure 1: Most reported chronic conditions: Australia vs OECD



About this data

Unlike population-based health surveys, PaRIS was not designed to estimate prevalence or incidence rates of chronic conditions in the population. The data above reflect patient-reported information about their health.

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* Throughout the report, 'patients' refers to respondents of the PaRIS Survey patient questionnaire aged 45 years or older living with one or more chronic conditions, and 'providers' refers to GP practices who responded to the PaRIS Survey provider questionnaire.

Data findings: Patient experiences

PaRIS asked patients about their experiences of health care in 5 areas.

In Australia, people living with chronic conditions were more likely than most OECD countries to have good experiences of quality of care (94%), person-centred care (94%) and coordination of care (74%).

Two-thirds of patients with chronic conditions provided positive ratings for trust in the healthcare system and confidence to manage their own health and wellbeing. These are both in line with the OECD average.

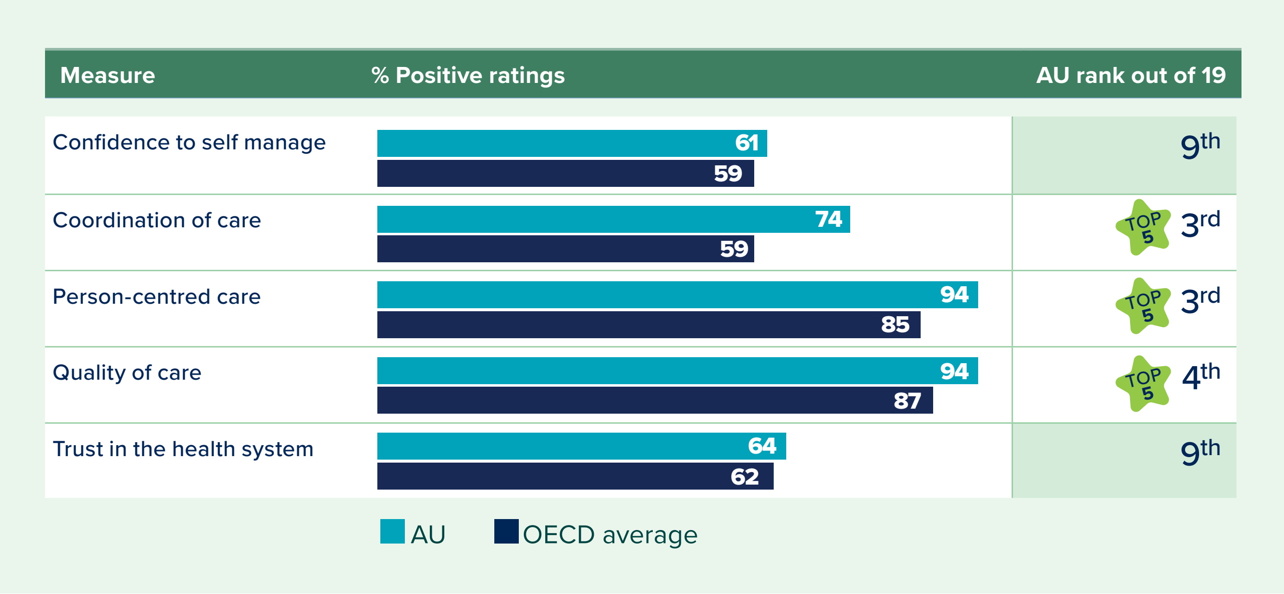
Generally, patients living with chronic conditions were **more likely to have better experiences** if they were:

- aged 65 years or older
- located in metropolitan locations or not in outer regional/remote.

The survey found:

- patients with **multiple chronic conditions** had positive ratings for care coordination but were less confident in managing their own care and trusted the health system less.
- patients with **specific chronic conditions** recorded less favourable experiences in several areas. These conditions included chronic liver disease, neurological conditions and mental health conditions, such as depression and anxiety
- patients with **lower education** or **lower income** levels were less confident in managing their own health care and trusted the healthcare system less
- **males were more likely than females** to trust the healthcare system. There was no gender difference in trust for their healthcare professional.

Figure 2: Patient-reported experience measures



Measure	% Positive ratings (AU)	% Positive ratings (OECD average)	AU rank out of 19
Confidence to self manage	61	59	9th
Coordination of care	74	59	TOP 5 3rd
Person-centred care	94	85	TOP 5 3rd
Quality of care	94	87	TOP 5 4th
Trust in the health system	64	62	9th

> ***"I am able to manage my chronic conditions well because I have a good relationship with my doctor. I trust him and feel that he listens to me."***
>
> **– Lesley, 74, Melbourne**, lives with several chronic conditions, including high blood pressure, high cholesterol and anxiety.

1 CONFIDENCE TO SELF-MANAGE

is the level of confidence patients have to manage their own health and wellbeing.

RANK

9/19

CLOSE TO OECD AVERAGE

61% AU Vs **59%** OECD

FELT THEY COULD CONFIDENTLY MANAGE THEIR HEALTH

People with higher education or higher household incomes tended to have greater confidence in their ability to manage their own health and wellbeing.

2 COORDINATION OF CARE

looks at whether health care was coordinated and organised to work for the patient, they had a single healthcare professional, and were supported and informed to self-manage their health and wellbeing.

RANK

TOP 5

3/19

ABOVE THE OECD AVERAGE

74% AU Vs **59%** OECD

REPORTED POSITIVE EXPERIENCES OF COORDINATION OF CARE

Older patients and people with a higher number of chronic conditions tended to report more positive experiences in care coordination than younger patients and those with fewer conditions.

3 PERSON-CENTRED CARE

considers an individual's experience of healthcare, and if they were considered as a 'whole person' rather than defined by their condition/s. This includes feeling listened to, discussion of what's important and being involved in decision making about their care.

RANK

TOP 5

3/19

ABOVE THE OECD AVERAGE

94% AU Vs **85%** OECD

REPORTED POSITIVE EXPERIENCES OF PERSON-CENTRED CARE

Patients aged 45 to 64 years old, with chronic liver disease and/or neurological conditions reported less positive experience of person-centred care.

4 QUALITY OF CARE

looks at how patients feel about the quality of care they received from their GP practice, including if they were happy with how they were treated by their GP.

RANK

TOP 5

4/19

ABOVE THE OECD AVERAGE

94% AU Vs **87%** OECD

RATED THE MEDICAL CARE THEY RECEIVED IN THE PAST 12 MONTHS AS GOOD TO EXCELLENT

Factors like having an ongoing relationship with a GP, reduced cost and travel barriers, and increased awareness and usage of digital services were linked with more positive experiences of quality of care.

5 TRUST IN HEALTH SYSTEM

looks at whether patients felt the healthcare system overall could be trusted, as well as the level of confidence and trust they had in the last healthcare professional they saw.

RANK

9/19

CLOSE TO OECD AVERAGE

64% AU Vs **62%** OECD

FELT THE HEALTHCARE SYSTEM COULD BE TRUSTED

Patients living in metropolitan or inner regional locations had greater trust in their healthcare professionals than those living in outer regional or remote locations.

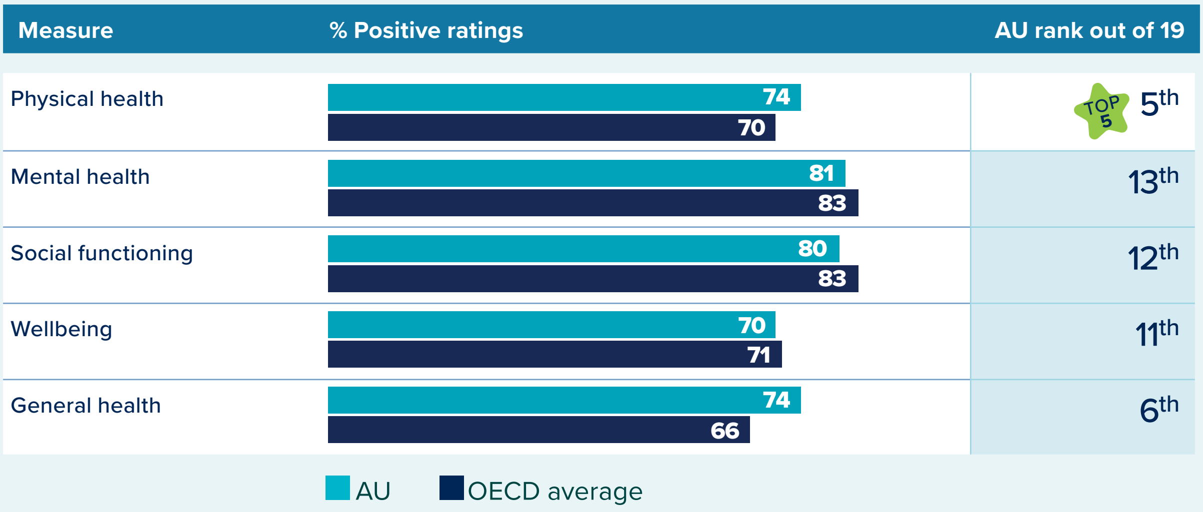
Data findings: Patient outcomes

PaRIS asked patients about their health outcomes in 5 areas.

More than two-thirds of patients with chronic conditions recorded positive outcomes in each area.

Australia ranked well for physical health and general health, and close to the OECD average for mental health, social functioning and wellbeing, indicating there is room for improvement in these areas.

Figure 3: Patient-reported outcome measures



Patients living with chronic conditions were more likely to have better outcomes if they:

- **had fewer chronic conditions** (particularly compared to those with 3 or more)
- **were aged 65 years or older**
- **had higher education levels**
- **had paid work,** and **had higher income levels**

> ***“Improving care coordination is the single most important thing for patients with chronic conditions. I’ve had to keep repeating myself and I’ve just run out of energy to tell my story”***
>
> **– Joanne, 60, Adelaide**, lives with chronic pain from a joint condition.

1 PHYSICAL HEALTH

considers people's ability to do everyday physical activities, like walking and carrying groceries, as well as how much pain or fatigue they generally experience.

RANK

TOP 5

5/19

ABOVE THE OECD AVERAGE

74% AU Vs **70%** OECD

REPORTED BEING IN GOOD TO EXCELLENT PHYSICAL HEALTH

Patients from higher income households were much more likely to report good physical health. Men were more likely to report good physical health than women.

2 MENTAL HEALTH

considers people's mood and ability to think, satisfaction with social activities and relationships, quality of life, and emotional problems like anxiety, irritability and depression.

RANK

13/19

CLOSE TO OECD AVERAGE

81% AU Vs **83%** OECD

REPORTED BEING IN GOOD TO EXCELLENT MENTAL HEALTH

Patients 65 years and older were more likely to rate their mental health as good compared with younger patients. Patients were more likely to rate their mental health as good when they experienced positive coordination of care and person-centred care.

3 SOCIAL FUNCTIONING

considers how well patients carry out their usual social activities and roles, including activities at home, at work and in the community, and responsibilities as a parent, child, spouse, employee and/or friend.

RANK

12/19

CLOSE TO OECD AVERAGE

80% AU Vs **83%** OECD

RATED THEIR ABILITY TO CARRY OUT THEIR USUAL SOCIAL ACTIVITIES AND ROLES AS GOOD TO EXCELLENT

Patients who had higher annual household income, higher levels of education and regular contact with others (through employment and/or living with others) had more positive social functioning outcomes.

4 WELLBEING

considers how patients have been feeling in areas such as being cheerful and in good spirits, calm and relaxed, fresh and rested, active and vigorous, and fulfilled in their daily life.

RANK

11/19

CLOSE TO OECD AVERAGE

70% AU Vs **71%** OECD

REPORTED POSITIVE WELLBEING

Patients who had great experiences of care coordination tended to report having the highest wellbeing. Men were more likely than women to rate their wellbeing positively.

5 GENERAL HEALTH

considers a patient's health across all domains, including quality of life, physical and mental health, if they can do the activities they usually do, and carry out their responsibilities.

RANK

6/19

CLOSE TO OECD AVERAGE

74% AU Vs **66%** OECD

RATED THEIR GENERAL HEALTH AS GOOD TO EXCELLENT

Patients with fewer chronic conditions were more likely to say their general health was good or better compared with individuals with 3 or more chronic conditions.

Key insights for quality improvement

PaRIS collects rich and robust data that provides insight into key areas that are important for people living with chronic conditions.

KEY INSIGHTS: ACCESS TO CARE

Care should be equitable and affordable, regardless of where a person lives, and is available when they need it.

ACCESS BARRIERS

18% did not always seek care due to **difficulties travelling** to their GP

17% did not always seek care or take medication because of **cost**

11% had problems paying or were unable to pay a **medical bill**

Barriers to care

Most patients surveyed did not report significant barriers to care.*

However, travel and cost prevented some people with health problems from seeking care.

Patients who faced problems paying medical bills recorded worse outcomes and experiences across all 10 areas.

Travel and cost barriers were greater for those:

- with 3 or more chronic conditions
- aged younger than 65, and
- whose GP was located outside a metropolitan area.

Digital health

While GP practices commonly offered digital health services, PaRIS revealed patients did not always know they existed. For example, while 60% of providers offered video consultations, only 40% of patients were aware their GP practice offered this service.

The survey also found:

- 22% of patients reported their GP practice offered repeat prescriptions online
- only 8% of patients said they had access to their medical records digitally
- 16% did not know what online services their GP provider offered.

Also, 13% of patients had difficulty accessing information from their provider’s website. These patients recorded lower outcomes and experiences than those who found it easy to access information, in particular for quality of care, trust in their GP, and coordination of care.

Encouragingly, 96% of patients who accessed telehealth rated their quality of care positively. This was a similar rating to in-person care, which indicates telehealth is a valuable tool for patients.

***Note:** PaRIS results understate the extent of access barriers, as only patients who had visited a GP practice in the last 6 months were surveyed. People who could not access a GP were not captured.

KEY INSIGHTS: PERSON-CENTRED CARE

Care should be respectful and respond to a patient's preferences, needs and values. Understanding what is important to the patient, fostering trust and establishing mutual respect is important.

94%

of patients recorded positive person-centred care experiences

PATIENT RATINGS IMPROVED WHEN GPs:

- provided a tailored care plan
- discussed a patient's specific health goals
- provided written care instructions
- involved loved ones and carers in care decisions
- recorded self-management goals in medical records

Barriers to person-centred care

Patients with chronic conditions consistently said they received a high level of patient-centred care.

Patients aged 45 to 65 were less likely to report positive person-centred care experiences, compared to older people.

Interestingly, GP practices reported they were using care plans for around 50% of all patients with chronic conditions, while only 25–35% of patients reported they had a care plan. This was similar for other participating countries.

Combination of conditions

Person-centred care was influenced not only by the number of conditions people lived with, but the combination of chronic conditions. A patient's mental health is a critical factor to consider in the management of multiple chronic conditions and its impact on the patient's social life.

It is important to address not only physical care, but mental and social care together to improve the overall outcomes and experiences of Australians living with multiple chronic conditions.

KEY INSIGHTS: CONTINUOUS AND COORDINATED CARE

Management of chronic conditions should be continuous, coordinated and integrated. Multidisciplinary teams should be encouraged to work together across sectors to meet patients' needs.

80% who visited a single GP for more than 1 year reported positive care coordination experiences

Vs

29% who did not have a single relationship

59% who saw a single GP for less than 1 year

80% who saw their GP 3 or more times in the past 12 months experienced positive care coordination

Vs

64% who saw their GP once or twice in this period

Value of coordinated care

PaRIS found that around three-quarters of patients (74%) recorded positive experiences of coordination of their care.

There were no significant differences for care coordination experiences between men and women, or between low and high-income patients.

Encouragingly, a higher share of those with 3 or more chronic conditions rated care coordination positively (78%) than those with fewer chronic conditions (72%), suggesting care coordination is targeted to those who need it the most.

Established relationships and trust

Care coordination experiences were more positive for patients who had an established relationship with a healthcare professional. The longer the relationship and the more frequent the contact, the more positive the experience of care coordination.

Longer GP-patient relationships also correlated with higher levels of trust in their healthcare professional and improved quality of care. For patients seeing the same GP for more than 1 year, compared to those who saw the same GP for less than 1 year:

- 87% trusted the GP (compared with 77%)
- 95% rated the care as good to excellent from the GP (compared with 88%).

Patients reported poorer experiences of care coordination if they needed to repeat information that should be in their health records over a 12-month period. These patients were also less likely to say they experienced person-centred care, rate their last consultation positively, trust their doctor at their last visit, or trust the health system overall.

KEY INSIGHTS: SUPPORT FOR SELF-MANAGEMENT

Patients should be supported and have the information they need to manage their chronic condition/s.

PATIENT CLASSIFICATIONS

79% **active information seekers**

21% **passive information seekers**

52% **doctor-dependent decision makers**

48% **independent decision makers**

Active information seekers recorded more positive outcomes and experiences on average across all areas, particularly for trust in the health system and experience of coordination of care

Doctor-dependent decision makers generally had more positive experiences of coordination of care, while independent decision makers were more confident in self-managing their health and wellbeing

Definitions

Patients can be grouped into 4 distinct profiles based on their preferences for seeking health information for decision making (active or passive) and their reliance on health professionals (independent or doctor-dependent).

- **Active information seekers** take an active role in the management of their own health and report a high level of self-sufficiency and comprehension around available health information
- **Passive information seekers** are less engaged in active prevention when dealing with their own health and wellbeing
- **Doctor-dependent decision makers** tend to find health information difficult to understand and often defer to their provider to make health-related decisions
- **Independent decision makers** are comfortable making health decisions for themselves.

Linking information and care

Patients who recorded higher confidence to self-manage their health and wellbeing recorded a higher proportion of positive ratings for all outcome and experience indicators.

The way patients seek healthcare information about their health issues and concerns is also strongly linked with their healthcare outcomes and experiences.

Influencing factors

Patients with 3 or more chronic conditions were less confident in managing their health and wellbeing.

Only 36% of patients felt confident or very confident using online information to make health decisions.

Patients with chronic conditions were more likely to be classified as 'higher risk'* based on their physical activity levels and alcohol consumption than for diet and use of tobacco but discussions about alcohol use with their GP was less common.

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* Patients were classified into risk categories based on their frequency of usage or behaviour in relation to exercise, diet, use of alcohol and use of tobacco relative to Australian recommendations., Department of Health, Disability and Ageing.

KEY INSIGHTS: TRUST

A person should have confidence and trust in the Australian health system and their healthcare providers.

61%
indicated the healthcare system could be trusted

TRUST IN THE HEALTHCARE SYSTEM WAS LOWER AMONG PEOPLE WITH MULTIPLE CHRONIC CONDITIONS

57%
3 or more conditions

65%
1 or 2 conditions

70%
no conditions

Linking trust and health outcomes

Overall, PaRIS showed that higher levels of trust were associated with better outcomes and experiences in all areas – particularly better wellbeing, better care coordination, better health and higher social functioning.

Trust levels showed considerable variation between patients with different characteristics and backgrounds.

Higher trust was recorded by patients who:

- were male
- were aged 65 years and older
- lived in metropolitan locations
- had higher incomes
- had higher education levels.

Types of trust

PaRIS showed there was a strong relationship between trust in healthcare professionals and trust in the healthcare system as a whole.

- 66% of those who definitely trusted the last healthcare professional they saw also trusted the healthcare system, compared with 37% of other patients.
- Patients who saw a single GP for most of their healthcare needs were much more likely to trust the healthcare system (62%) than those who did not (43%).

What can be done

Actions for GP practices, policymakers and patients

GP PRACTICES

- Update and access electronic medical records and patient information to reduce the need for patients to repeat information.
- Support your patients to take an active role in their care and give them confidence to self-manage their health and wellbeing, under your guidance.
- Ensure your GP practice website is up-to-date, user-friendly and your patients know how to access it.
- Encourage your patients to be active information seekers, so they are well informed for shared decision making.
- Offer your patients more information about your digital health services and how to use them, including access to telehealth and video consultations.

POLICYMAKERS

- Use the data to understand how Australian patients experience primary care and how the health care they receive impacts their daily lives.
- Learn from the PaRIS findings to identify areas for quality improvement in the delivery of Australian healthcare services.
- Ensure healthcare policy is informed by the latest research, including the PaRIS Survey.
- Assess the effectiveness of policies and interventions to ensure they meet the needs of people living with chronic conditions and deliver the intended benefits to patients.
- Build and strengthen strategies that result in better experiences and outcomes for patients. For example in coordination of care.

PATIENTS

- Take an active role in managing your own health and wellbeing, with the support of your GP and available health information.
- Build a relationship with a GP who can gain a strong, holistic understanding of your health needs
- Seek out information about your health, to ensure you are well informed to make decisions about your care.
- Find out whether your GP practice shares information digitally, and whether they offer video and telehealth consultations, which may give you more flexibility.

FIND OUT MORE
PaRIS HEALTH SURVEY REPORT 2025

ACKNOWLEDGEMENT

We acknowledge the Traditional Custodians of Country throughout Australia and pay respect to those who have preserved and cared for the lands on which we live and work, and from which we benefit each day.

We recognise the strength and resilience of First Nations people and acknowledge and respect their continuing connections and relationships with country, rivers, land and sea. We acknowledge the ongoing contribution First Nations people make across the health system and wider community. We also pay our respects to Elders past, present and future, and extend that respect to all Traditional Custodians of this land.

We would also like to acknowledge and thank all the participants who were involved in PaRIS for their valuable contribution.