

2023

# Westfund Regional Health Gap Report

Calling for a new approach to health care for Australia's regions

# Foreword



## The Westfund Regional Health Gap Report provides compelling evidence for the need for a fundamental shift to proactive, preventive health care and new forms of care delivery in Australia's regions.

The challenge is clear. Chronic conditions such as obesity, cancer, arthritis, diabetes, and mental health challenges compound risk and contribute to the escalation of healthcare needs and treatment costs. Nationally, research has put the current cost of avoidable hospital admissions for chronic conditions at \$320 million each year.<sup>1</sup> In Australia's regional and rural areas, the impacts of these conditions are even greater. People who live outside urban areas experience higher risk factors and more chronic conditions. They are also more likely to be admitted to hospital, and have higher rates of potentially avoidable deaths. For example, women who live in very remote areas have a 1.5x higher rate of death than their city counterparts.<sup>2</sup>

This research, which was conducted exclusively for Westfund using claims data over a seven-year period, confirms these reports. The analysis highlights significant differences in disease prevalence and healthcare access across regions, including notable gaps to healthcare services in some regions. The importance of physical accessibility, financial affordability, and willingness to seek services providing quality health care cannot be understated.

Obesity is becoming more prevalent, especially in younger populations. Westfund members with high BMI (>30) incur additional costs of up to 40 per cent

more than the average member at each hospital admission, regardless of the treatment modality. Worryingly, this trend is expected to increase. While often stigmatised, obesity has recently been recognised by the WHO as an official chronic condition,<sup>3</sup> and the rise in prevalence and costs affects us all through Australia's taxation system and the private health insurance industry's community rating system.

While the fallout of COVID-19 is still unfolding, it is clear there will be an enduring impact on the burden of disease. Missed or delayed screening has led to patients receiving treatment at more advanced stages of disease, compounding health conditions—especially for high-risk individuals. Our research highlights worrying trends around mental health and heart disease treatment, which could lead to future cost increases. While health funds did not fund COVID-19 measures directly, the long-term impacts could mean they end up paying the bill.

As Australians age and carry a higher burden of disease, healthcare costs will rise. Pre-emptive measures and early intervention are essential to reduce healthcare costs and improve health outcomes. A better understanding of individual risk factors, preventive health care to promote healthy lifestyles, and early detection, will allow for timely interventions to prevent disease progression. It is a more efficient approach that allows for better health outcomes, while reducing the burden on the healthcare system.

Westfund is committed to playing a larger role in reducing the health-and-wellbeing gap in Australia's regional areas. We are calling for healthcare providers and policymakers to prioritise preventive measures and expand quality digital delivery, to reduce costs and improve outcomes.

1. *National Preventive Health Strategy 2021–2030*. (2021). Department of Health. <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>

2. *Rural and remote health—Australian Institute of Health and Welfare*. (7 July 2022). Australian Institute of Health and Welfare. <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

3. Opie, C., Haines, H., Ervin, K., Glenister, K., & Pierce, D. (2017). Why Australia needs to define obesity as a chronic condition. *BMC Public Health*, 17 (1). <https://doi.org/10.1186/s12889-017-4434-1>

# Contents

|   |       |
|---|-------|
| Foreword  | 2     |
| Executive summary                               | 4–5   |
| Research approach                               | 6–7   |
| Part 1: Who are at-risk individuals?            | 8–11  |
| Part 2: Not all regions are created equal       | 12–13 |
| Part 3: The geography of disease                | 14–19 |
| Part 4: Prevention is better than cure          | 20–21 |
| Part 5: The pandemic's impact on mental health  | 22–25 |
| Part 6: The compounding effect of comorbidities | 26–27 |
| Part 7: Health insurance from a healthier place | 28–29 |

A new approach based on digital healthcare and service delivery, and personalised and proactive management will be essential to reduce the health-and-wellbeing gap in Australia's regional areas.



The *Westfund Regional Health Gap Report*, completed in partnership with Insight Actuaries, examined the health-risk distribution, access to care and costs of treatment across eight key locations of our membership from January 2016 to May 2023.

The disease-prevalence statistics are derived from Westfund membership claims data. Although we found clear trends that are interesting, it's important to note that our findings may not accurately represent disease prevalence in the broader community.

The Westfund data indicated the following:

- Significant variations in the burden of disease between different geographical locations, for example, Westfund members in Townsville in North Queensland had approximately 50 per cent more high-risk individuals per 1000 healthy members compared to Westfund members in Mudgee, Orange and Bathurst, New South Wales (NSW).
- During COVID-19 there was a decrease in overall spending on mental health conditions. But the relative level of severity of the patients treated increased, suggesting that many may have gone untreated. This trend held true for both Westfund and other health funds over this period.

- Chronic conditions including obesity, chronic obstructive pulmonary disease (COPD), diabetes, and joint disorders compound risk and treatment costs, contributing to the escalation of healthcare needs.
- Treatments for people living with obesity typically cost between 20–40 per cent more per hospital interaction than those in the healthy weight range, regardless of the reason for the treatment.
- There are significant differences in disease prevalence for Westfund members and healthcare access across region, and there were also glaring gaps in access to healthcare services in some regions.

The analysis indicates that access to allied health services in inland areas such as Mudgee, Bathurst and Orange were significantly lower than in coastal areas such as Wollongong and Townsville.

The analysis found members across regional areas face three main challenges in health care: delayed screening and preventive health checks exacerbated by COVID-19, limited access to treatments and key healthcare providers, and inadequate availability of services and medical equipment.

# Research approach

The analysis was based on Westfund membership and claims data. It aimed to determine our members' underlying risk profile and disease prevalence, and how this was distributed across specific regional areas. The regions were selected based on member density, distribution, and considered their ability to access care in those regions. While the data reflects Westfund's membership and their lived experiences of the regional health gap, the findings are relevant to the plight of many Australians – especially those in often under-serviced regional and remote communities.

The data for the analysis included detailed claims data of nearly 66,000 unique patients, covering a wide range of interactions and admissions with private hospitals, which accounted for a substantial \$950 million in hospital benefits from January 2016 to May 2023. This was complemented by evaluating claims for ancillary services like dental, optical, physiotherapy, among others, over the same period. Advanced AI tools and machine learning were used to run the analysis, including a clinical grouping algorithm that determined the underlying driving chronic conditions and diagnosis of treatments.

The data and technical analyses for this report were conducted by Insight Actuaries, renowned experts in the field. We consulted with experts from our provider network to ensure a well-rounded perspective. In addition, we conducted in-depth qualitative research with members and Westfund's regional staff to gain personal perspectives on the regional health gap.

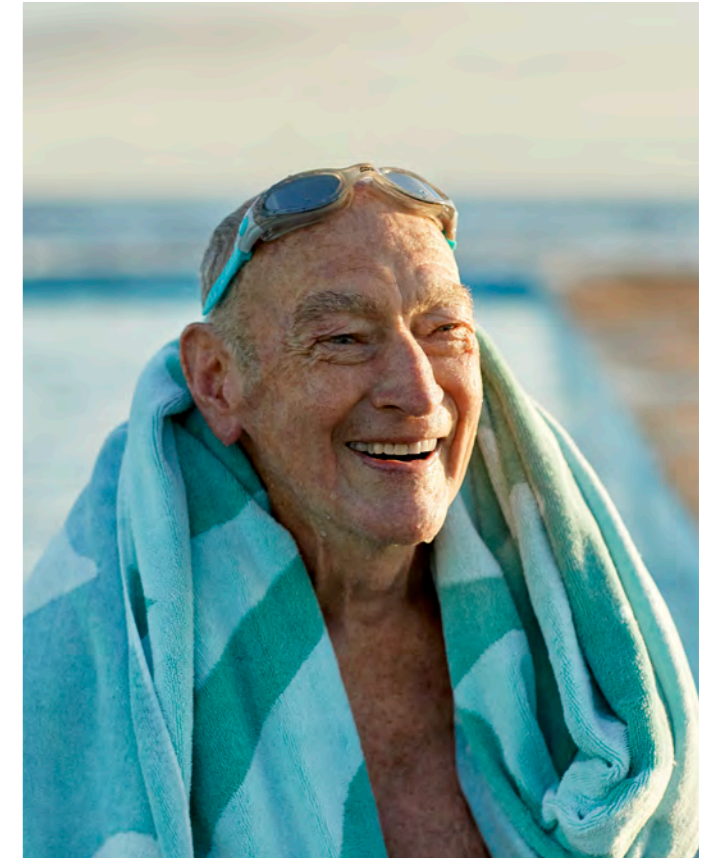
It is important to note that the statistics pertaining to disease prevalence presented in this report are based on Westfund membership and claims data, and may not necessarily reflect the broader community. This is especially true in areas that have low membership-to-total-population ratios such as Townsville, where our analysis included the claims data of less than 2 per cent of the population. Furthermore, the statistics related to the cost of treatment are derived from private health insurance hospitalisation data, with public hospitalisations and other outpatient data not available for the analysis.

For classification purposes, ancillary healthcare providers are categorised as healthcare providers that provide out-of-hospital services.



## Part 1: Who are at-risk individuals?

The unequal distribution of claims across a population, and the potential financial benefit of effective intervention, highlight the opportunity for targeted preventive health services.



---

The Pareto Principle, also known as the 80/20 rule, states that roughly 80 per cent of the effects come from 20 per cent of the causes. This principle is well established in health care and is evidenced in the Westfund experience: the vast majority of costs (hospital claims) are driven by just 15–20 per cent of our membership base.

Our analysis indicates the concentration of spending is even more pronounced when segmented by risk status. Approximately 20 per cent of all members with a hospital product make a hospital claim in any given year. Of that group of members, 15–20 per cent are considered high risk and incur about 80 per cent of the total cost of treatment.

This analysis shows that in any given year, nearly all of the costs for hospital services are spent on less than 5 per cent of the total membership of the fund (Figure 1). This unique distribution of risk creates an opportunity for prevention if initiatives can be targeted to the correct portions of the membership at the right time.

---

**This distribution of risk creates an opportunity for intervention and prevention if initiatives can be targeted to the right people at the right time.**

Our analysis indicated that men comprise roughly 55 per cent of the high-risk cohort within Westfund's membership, and women make up 45 per cent. Research suggests that men are more prone to the impact of severe diseases such as cardiovascular conditions and cancer. They are also potentially less likely to seek care, especially at younger ages, particularly for conditions that are stigmatised, such as mental health conditions.

Young people are also increasingly represented in the high-risk category. The elevated risk levels in younger populations are concerning for the future economics of private health insurance. The impacts on these young, high-risk lives are largely excluded from the risk-equalisation framework. They also frequently represent chronic conditions that require ongoing treatments, with significant accumulated costs over several years.

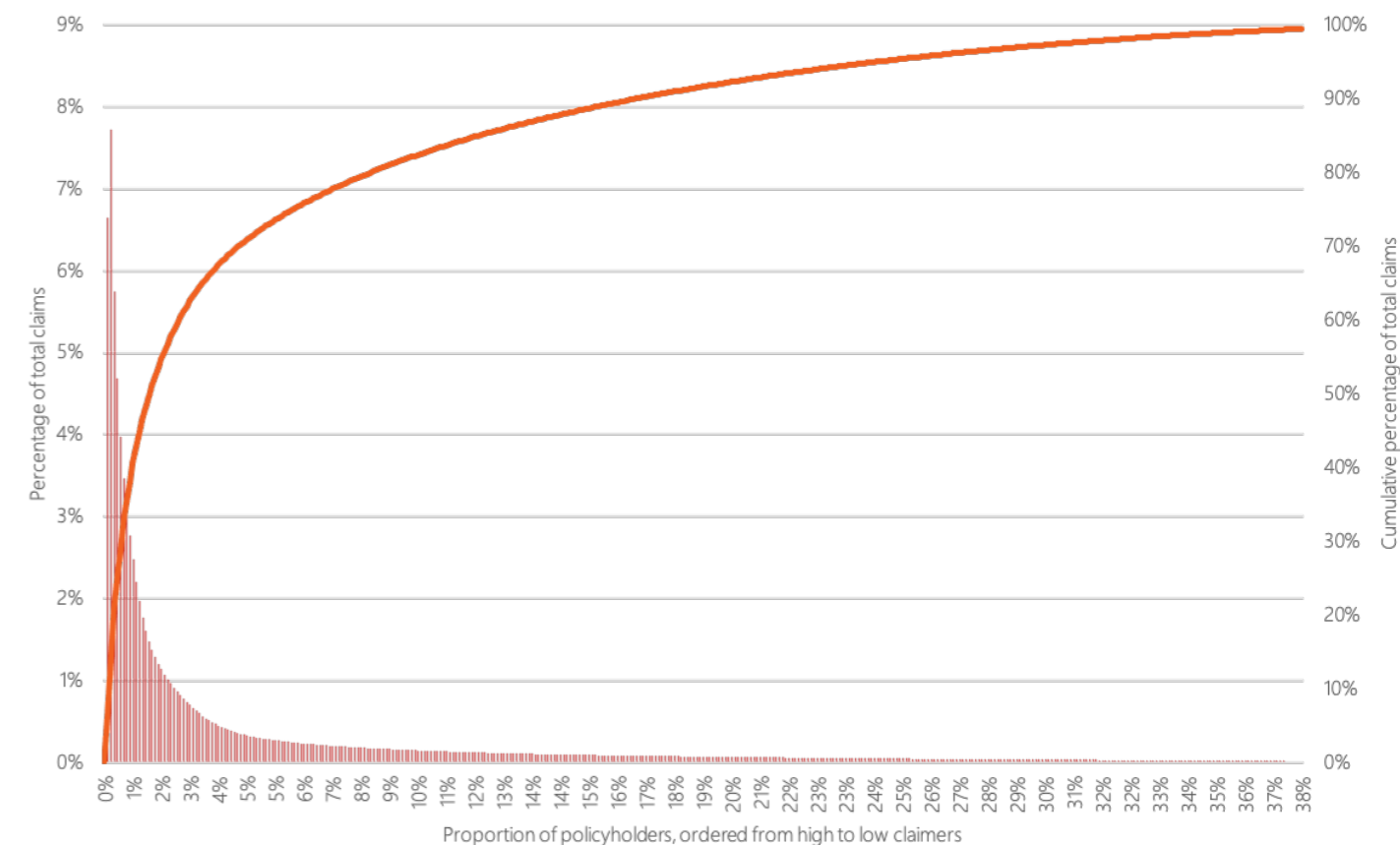
The main clinical conditions treated include musculoskeletal, cardiovascular and cancers. Treatment for these conditions is complicated, compounded by clinical factors such as chronic conditions, as well as region-specific factors such as

distance travelled and access to support services. The distribution of these clinical factors differed by region in our analysis.

For example:

- Wollongong, Lithgow and Mackay had treatment prevalence for skin cancer almost double their other regional counterparts (3.5 per 1000 members on average compared to 1.7 per 1000 members on average for the other areas).
- Townsville and Mackay had the highest treatment prevalence for diabetes (45 and 44 per 1000 members), approaching double the rate of Mudgee (24) and Orange (28).
- Mackay and Mudgee had the highest treatment prevalence for prostate cancer, nearly 30 per cent more than Lithgow (treatment prevalence of 1.72 per 1000 members compared to 1.36 per 1000 members for the other regions).

**Figure 1: Industry distribution of total claims paid by the proportion of policyholders**



Source: Insight Actuaries' health insurance database.

## Part 2: Not all regions are created equal

Geographical factors play a crucial role and significantly impact access to care, quality of services, and healthcare outcomes. Disparities in access to healthcare services use and spending have been observed across different regions and are well documented internationally, including the work done through the Dartmouth Health Atlas.<sup>4</sup>

Insight Actuaries applied a similar methodology to this research, with focus areas defined based on a 50km radius surrounding each town or region. Bathurst and Orange emerged as particularly significant in our analysis, with these regions exhibiting some of the highest concentrations of members in the regional analysis. Bathurst accounted for 20 per cent of all lives analysed within the region-specific data, while Orange accounted for 16 per cent of the regional area focus pool.

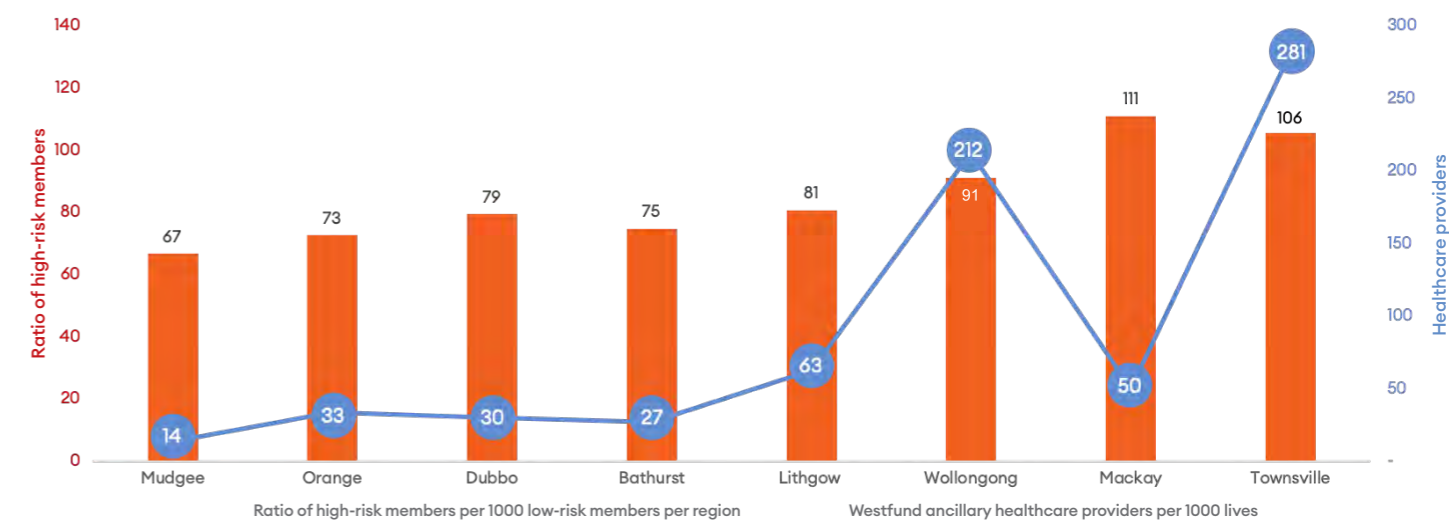
Our report found healthcare outcomes vary greatly across Australia's regional centres, and healthcare provision and needs are potentially mismatched geographically (Figure 2). In Mudgee, there are approximately 14 ancillary service healthcare providers per 1000 lives. Townsville, as one of Queensland's largest health hubs, has approximately 281 ancillary service healthcare providers per 1000 lives, but also a greater proportion of high-risk members compared to low-risk members.

Understanding the variations in healthcare delivery based on location helps us to identify areas with unmet needs, target resources effectively, and implement strategies to improve overall healthcare access and quality.

### Regional areas analysed as part of this report



**Figure 2: Comparison of the risk-stratification of members and the number of ancillary healthcare providers per region**



Source: Westfund membership and claims data January 2016 to May 2023. Providers were calculated from Westfund claims data and may not represent all providers in the region or area.

4. The Dartmouth Atlas Project. (2023, April 5). *Home - Dartmouth Atlas of Health Care*. Dartmouth Atlas of Health Care. <https://www.dartmouthatlas.org/>

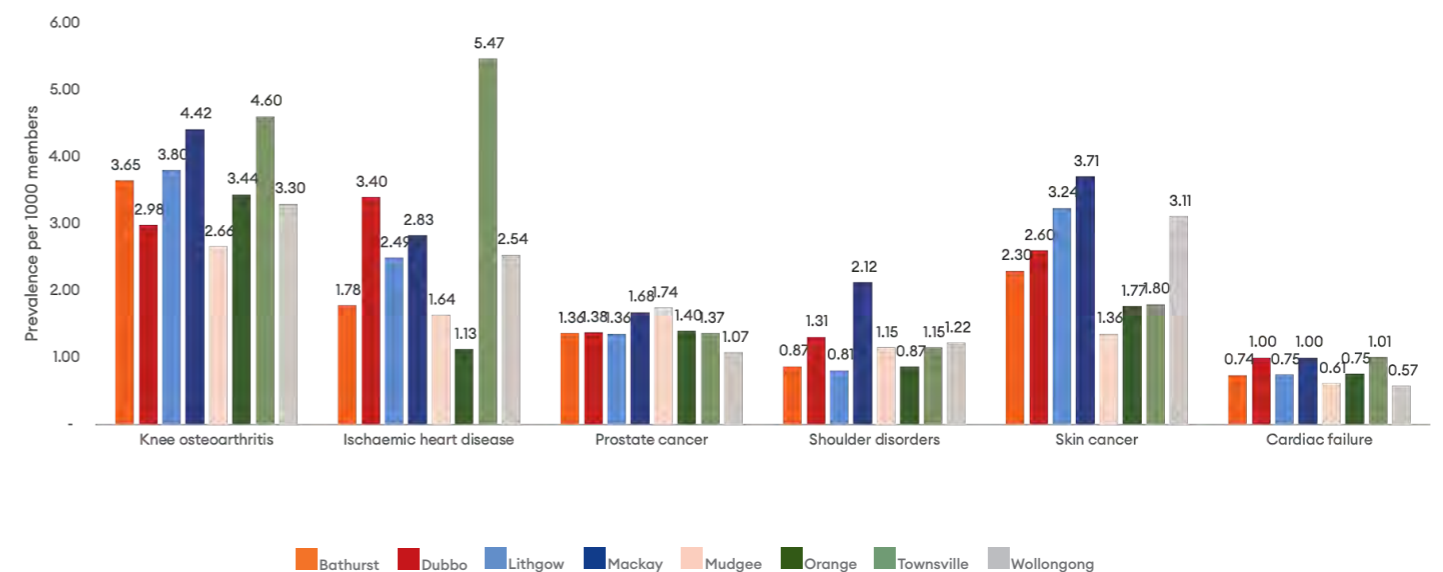
# Part 3: The geography of disease

Our analysis found significant variations in the burden of disease for Westfund members between different geographical locations. We've explored these differences in the following pages.

Our analysis focuses on comparing disease treatment prevalence within Westfund's membership and variations between regions. It is essential to note that this data does not aim to accurately quantify disease prevalence in the broader community.

The prevalence of chronic conditions varies from region to region, as can be seen in our research. Variations are driven by a wide range of factors, including lifestyles, socioeconomic status, and environmental factors. Understanding these variations enables healthcare systems to tailor services to cater to the unique needs of specific areas. This includes implementing targeted prevention and intervention strategies, and ensuring that the delivery of healthcare services is responsive to the specific health challenges faced by local populations. For Westfund, this means considering alternative service delivery models, rolling out targeted awareness campaigns, and experimenting with non-traditional service and funding models. Taking a region-specific approach allows us to improve health outcomes for members while creating a more equitable healthcare system.

Figure 3: Comparison of disease prevalence by region



Source: Westfund membership analysis of 66,000 members between January 2016 to May 2023. Presented as Westfund member treatment prevalence per 1000 members.

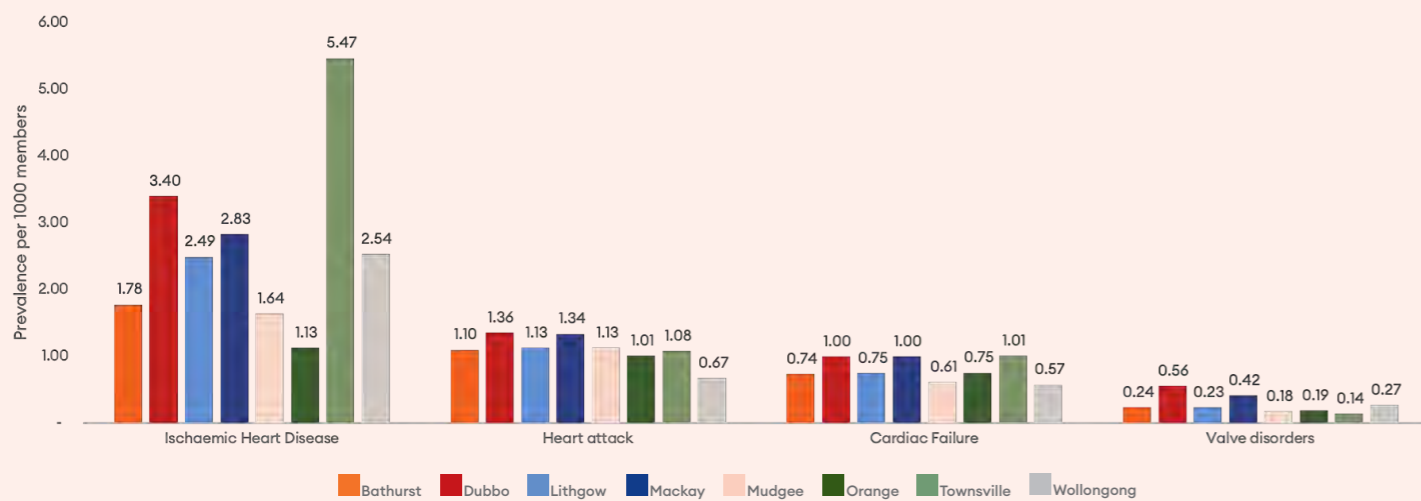


# Cardiovascular health

The treatment prevalence for cardiovascular conditions varied significantly by geographical region for Westfund members (Figure 4). Members in Townsville in North Queensland experienced ischaemic heart disease rates multiple times higher than that of Mudgee or Orange in NSW. The significant variations again highlight the need for tailored healthcare strategies. In areas like Townsville, with elevated rates of ischaemic heart disease, a focus on strengthening preventive measures, enhancing awareness campaigns about heart-healthy lifestyles, and bolstering early detection and intervention strategies could reduce the impact of these conditions.

In contrast, regions with lower ischaemic heart disease rates may benefit from proactive efforts to maintain their favourable health status. This could involve sustaining ongoing health promotion efforts, ensuring continued access to healthcare services, and studying the factors that contribute to the positive health outcomes in these areas for potential replication elsewhere.

Figure 4: Differences in cardiovascular prevalence by region



Source: Westfund analysis per region between January 2016 to May 2023. Presented as Westfund member treatment prevalence per 1000 members.

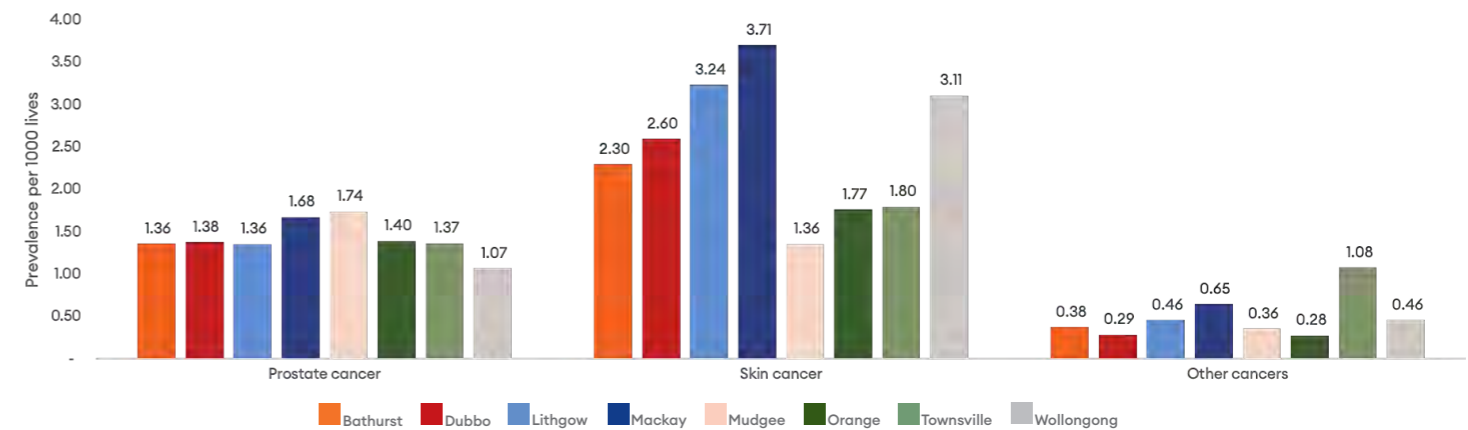
# Cancer

The treatment prevalence of cancer also varies across regional areas for Westfund members (Figure 5). Generally, skin cancers were found to be common in coastal hubs and rural centres. The treatment prevalence of skin cancer was the highest in Mackay, Lithgow and Wollongong. Treatment of other cancers were highest in Townsville.

- Mackay, Lithgow and Wollongong had almost double the treatment prevalence for skin cancer (3.5 out of every 1000 members) compared to some of the other regions.
- Mackay and Mudgee had the highest treatment prevalence of prostate cancer.

Region-specific initiatives could play a pivotal role in mitigating the growing burden of cancer. By proactively addressing environmental influences, promoting lifestyle modifications, and providing targeted screenings, healthcare systems can enhance early detection, improve treatment outcomes, and alleviate the strain that cancer places on affected communities.

Figure 5: Differences in cancer prevalence by region



Source: Westfund analysis per region members between January 2016 to May 2023. Presented as Westfund member treatment prevalence per 1000 members.

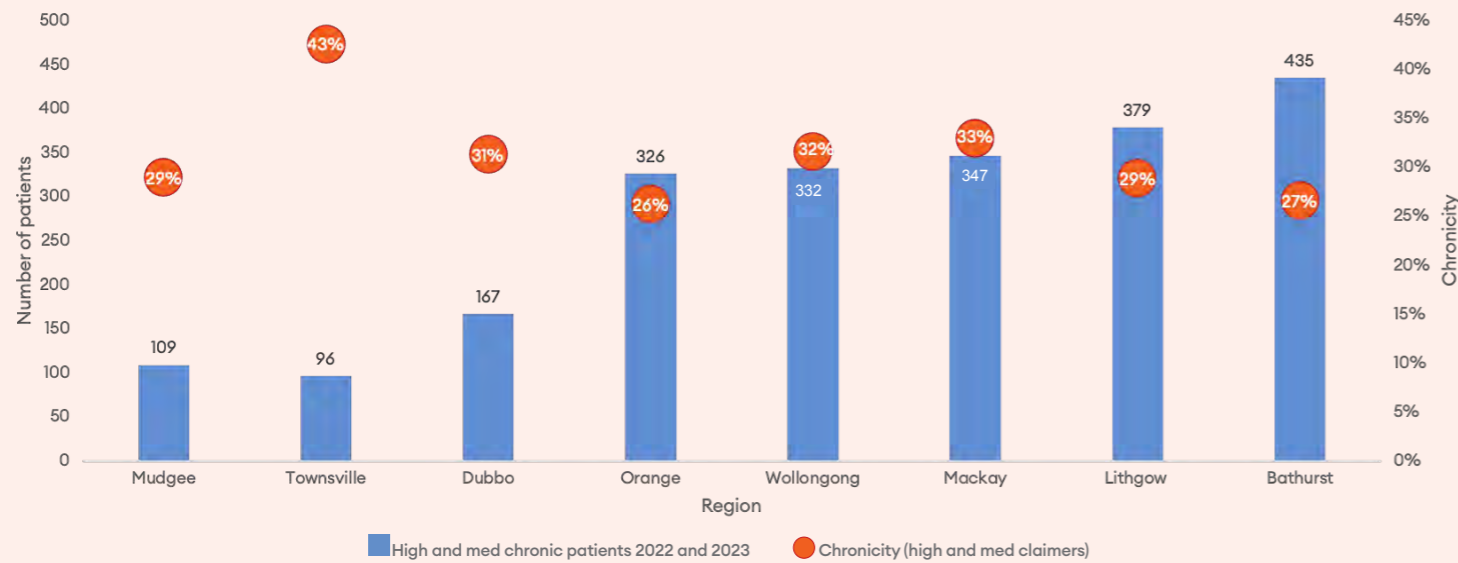
# Chronic disease

Chronic conditions are lifelong conditions that often need to be actively managed through lifestyle interventions, clinical support, treatments and medication. Examples include COPD, obesity and diabetes. Many people who are considered high risk live with chronic conditions that impact their healthcare needs beyond the condition's direct treatment. We have found that the cost, complexity and intensity of treatments for those living with chronic conditions are higher, even if the treatment is not directly related to the chronic condition or its related symptoms.

Townsville, Mackay and Wollongong have higher treatment prevalence of chronic conditions when compared to the average across the regions analysed (Figure 6). These areas also have elevated levels of chronic admissions.

- Townsville and Mackay had the highest treatment prevalence of diabetes (45 and 44 per 1000 members), approaching double the rate of Mudgee (24) and Orange (28).

Figure 6: Chronicity of high-risk patients by region



Source: Westfund membership and claims data between January 2022 to May 2023.

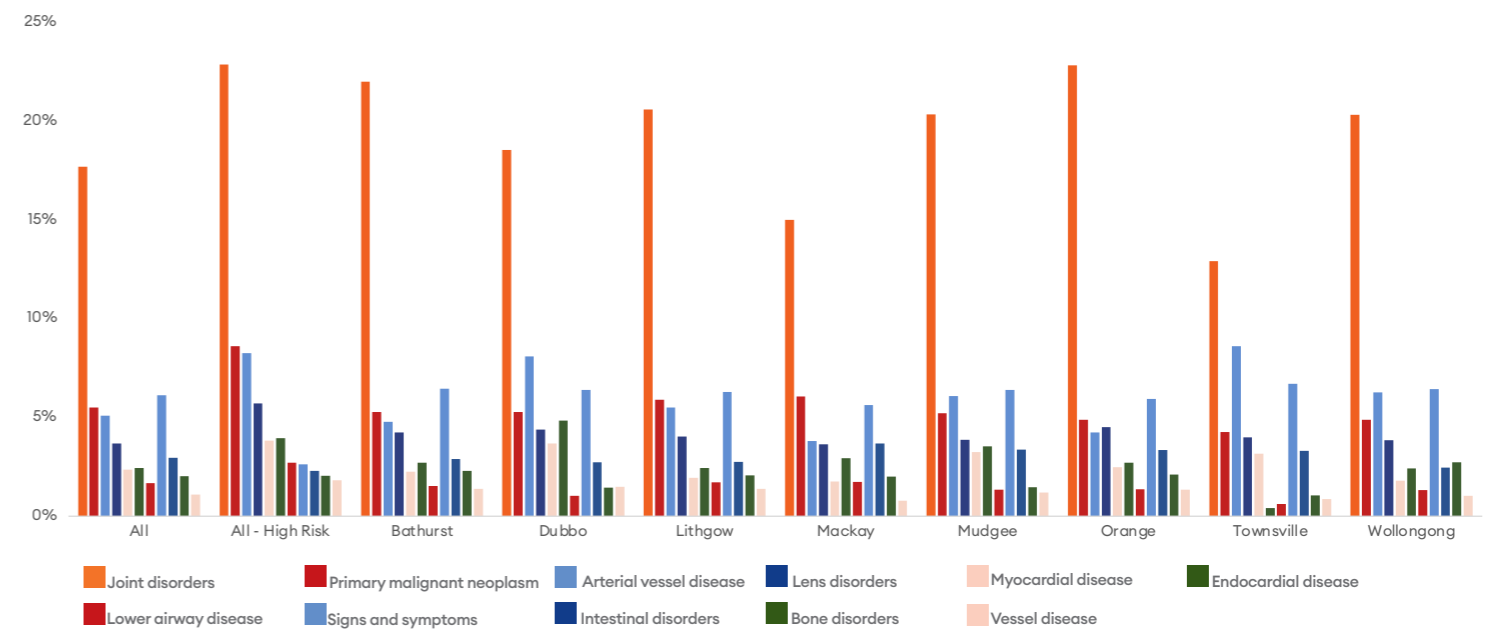
# Joint disorders

Joint disorders are the largest clinical treatment category for Westfund across all ages and all regions (Figure 7). The category includes common surgeries such as hip and knee replacement. The typical age of a Westfund member who claims in this category is 61.

The prevalence and cost of treatment for joint disorders varies per region based largely on the average age of the membership. In Bathurst, Lithgow, Orange and Wollongong, where our average member age is 58, joint disorder claims are paid at 16 per cent above the average cost across our membership.

Given age is an important factor, early intervention to avoid disease progression and joint replacement surgery has the potential to reduce costs and lower the need for additional and future surgeries.

Figure 7: Differences in spending on disease treatment by region



Source: Westfund claims and membership analysis per region between January 2016 to May 2023.

## Part 4: Prevention is better than cure

### Access

Delayed preventive assessment and care compounds ill health and leads to worse outcomes for patients. For the broader Australian community, preventive health has accelerated as a priority both socially and economically. The cost of potentially preventable hospitalisations was more than \$2.3 billion in 2015–2016, according to the Australian Institute of Health and Welfare, and chronic conditions made up most half of those admissions (46 per cent).

The access gap in regional areas means there are delays in regional populations receiving the care they need following a diagnosis. Our research shows that Westfund members have different levels of access depending on where they live. This was also echoed by direct interviews with health providers for this report, who indicated that provider gaps were also a challenge in NSW's Bathurst, Orange and Dubbo, as well as smaller centres such as Moranbah in Central Queensland.

Direct interviews with members revealed a significant gap in mental health providers across all regions, for all ages and genders. Of particular note were services for adolescent mental health. Paediatric early intervention was reported to be relatively inaccessible. Of the groups we spoke with, Royal Far West shared stories of children waiting for so long that they had become too old for the service by the time an appointment was available.<sup>5</sup> General practitioners (GP) are also needed, especially services that provide after-hours and bulk-billed services. About 15 per cent of members surveyed reported waiting more than three weeks to see a GP, with some having to wait up to six weeks to get an appointment. Almost half (49 per cent) of members surveyed considered the wait time to see their GP unreasonable. While members were more likely to travel to see specialists, 12 per cent of those surveyed thought the travel time was unreasonable. Many members had to travel more than two hours for an in-person appointment (Figure 8).

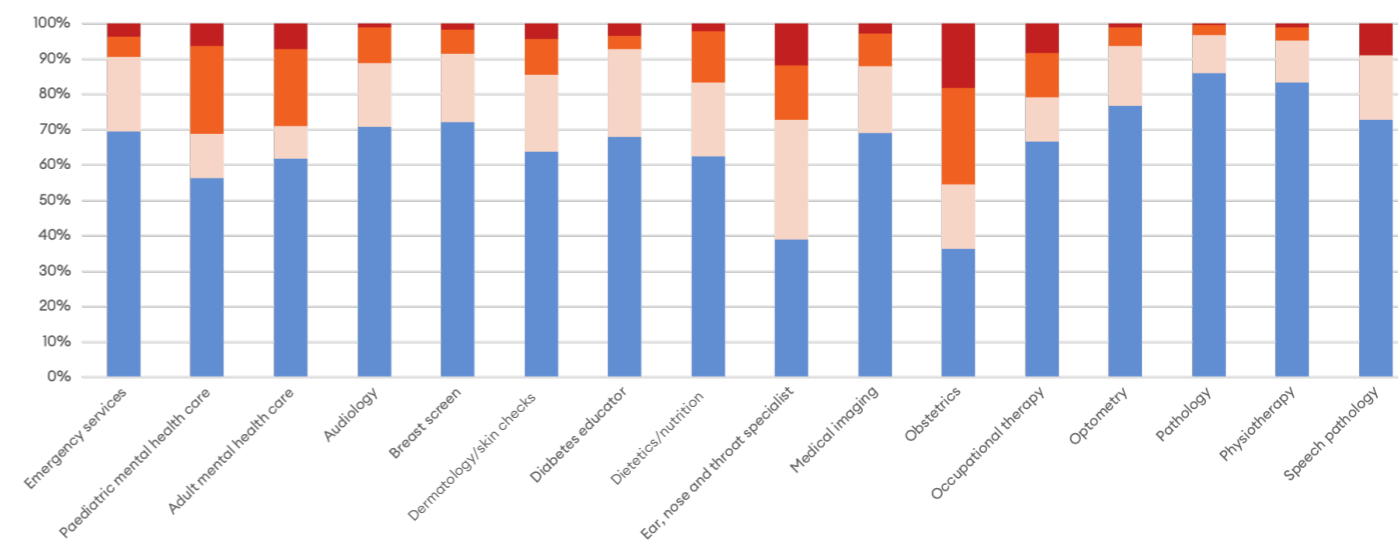
5. Royal Far West & Charles Sturt University. (2017). *Stories of the invisible children*. Royal Far West. <https://www.royalfarwest.org.au/wp-content/uploads/2019/02/Stories-of-The-Invisible-Children.pdf>

## Availability

The foundation of access and appointment wait-time issues is the lack of practitioners available to work in regional areas. When consumers could access care, the services were often less specialised than those offered in urban areas. As identified by the Australian Medical Association (AMA), there are several challenges that deter doctors from working in remote areas. These include a lack of staffing, level of responsibility, intense work schedule, and poor infrastructure to support the delivery of quality health care.<sup>6</sup>

This was particularly relevant for allied health providers and specialists. Three out of every four patients who travelled for more than an hour to see a speech therapist said they did so because there were no services available to them closer to home. This holds true for many other services. More than half the members who required podiatry, optometry, medical imaging, dietetics and audiology services reported similar wait times and access limitations.

Figure 8: Comparison of required travel to access health services



Source: Westfund healthcare services access survey 2020 (n=905 members).

6. AMA Rural Health Issues Survey Report. (2019, May 16). Australian Medical Association. <https://www.ama.com.au/gp-network-news/ama-releases-2019-rural-health-issues-survey-report>

## Part 5: The pandemic's impact on mental health

Mental health conditions have a major impact on overall health, and have been demonstrated to be a key factor in exacerbating comorbidities. Lack of access and treatment, especially in the early stages of a disease, have proven to be a significant contributor to higher levels of severity in the future.



The impact of the COVID-19 pandemic is continuing to play out on healthcare systems. This is due to delayed preventive care, and the enduring impact on the mental health of vulnerable people.

This trend is clear in our analysis. Our findings reveal that during the pandemic the overall spending on mental health reduced for Westfund, but the level of severity increased for those who did seek treatment, with proportionally more members considered medium and high risk being treated over the course of the pandemic. From 2016 to 2020, about one in five members (20 per cent) were categorised in higher risk segments. By 2021, during the height of the pandemic, it jumped to one in four members (26 per cent), normalising back to 20 per cent in 2022.

The COVID-19 experience has led to increasingly complex mental health challenges for people. The reduction in total spending on mental health during the pandemic was likely due to reduced availability of these services owing to the impact of lockdowns, COVID restrictions and at-risk patients preferring not to engage in healthcare treatments. Consequently, the average severity of those who did receive treatment during this time increased (Figure 9), implying that many members with less severe or early stages of mental health disease did not access much-needed treatment during this period.

**Health service providers report that support is lacking in all regions for all patients, but especially adolescents. 95% of Westfund staff said there was a gap between supply and demand for mental health services in their area.**

Mental health conditions have a major impact on overall health, and have been demonstrated to be a key factor in exacerbating patient comorbidities. Lack of access and treatment, especially in the early stages of a disease, have proven to be a significant contributor to higher levels of severity in the future. The reduction in overall costs during the pandemic could be masking a growing problem in the market, especially for those at risk of more severe conditions in the future.

Health service providers report that support is lacking in all regions for all patients, but especially adolescents. Almost all (95 per cent) of Westfund staff interviewed said there was a gap between supply and demand for mental health services in their area. Shortages of healthcare professionals in regional and remote areas often lead to a lack of available services. This leaves patients, even those referred by their GPs through the Australian Government's subsidised program, without access to care. This shortage also affects lower-level interventions that could help prevent health issues. The lack of emergency services in these areas makes things even harder. As a result, these regions struggle with not having enough healthcare resources, which greatly affects the health and wellbeing of the people there.

**Figure 9: Cost of mental health claims compared to the proportion of high-risk members over time**



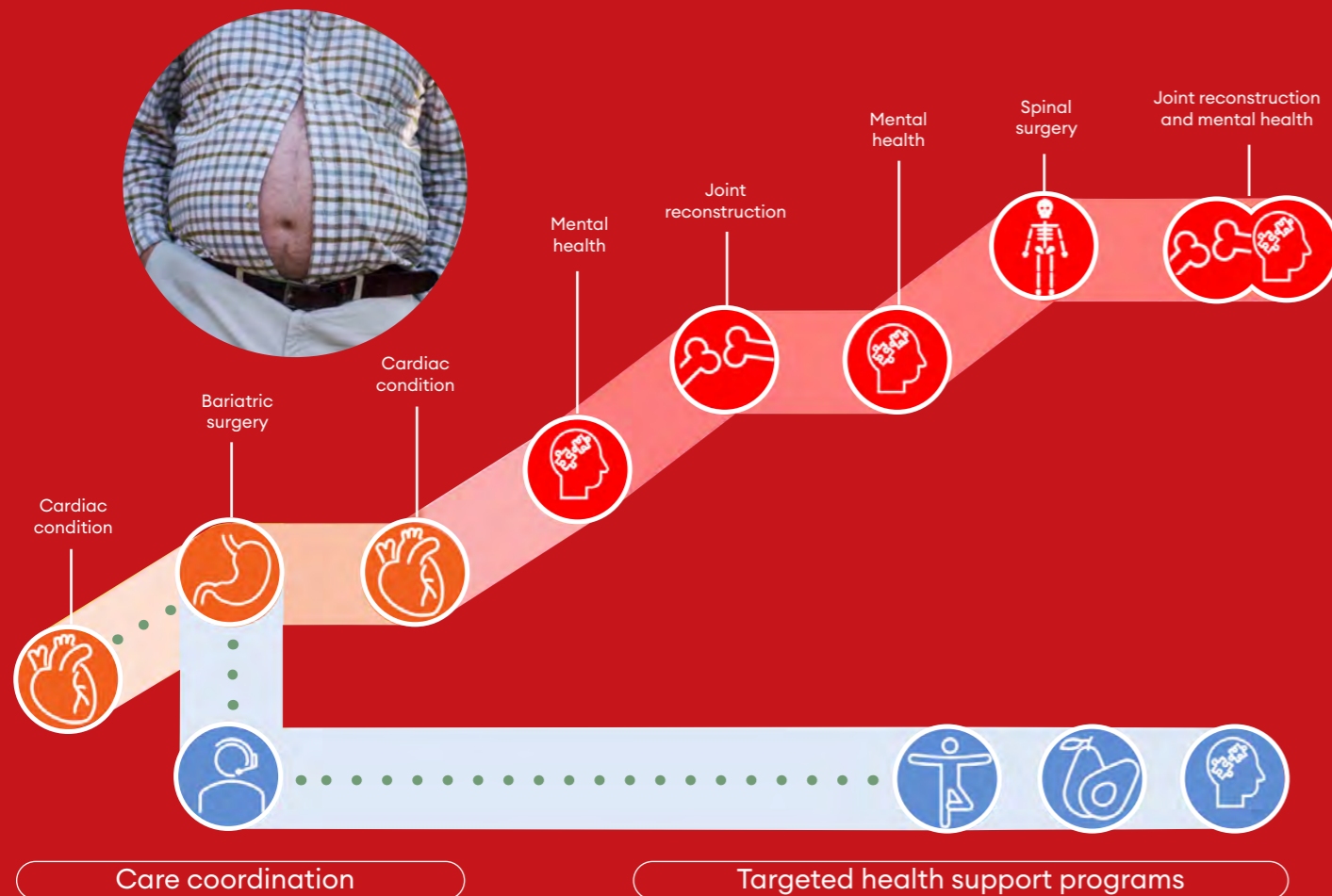
Source: Westfund claims and membership data from January 2016 to December 2022.



## Part 6: The compounding effect of comorbidities

Comorbidities impact people's health and wellbeing significantly, due to their accelerating and exacerbating effects. When a person has more than one health condition, the interaction of each condition often compounds, resulting in a more complex and detrimental impact on their health (Figure 9). These impacts are experienced both physically and

mentally, and affect a person's health and ability to work or engage in activities they enjoy. From a health system perspective, the costs quickly rise due to the increasing demand for treatments and resources required. This includes the increased cost of treatment for their condition as well as expenses incurred through complications and compounding side effects.



## Case study: An “obesity surcharge”

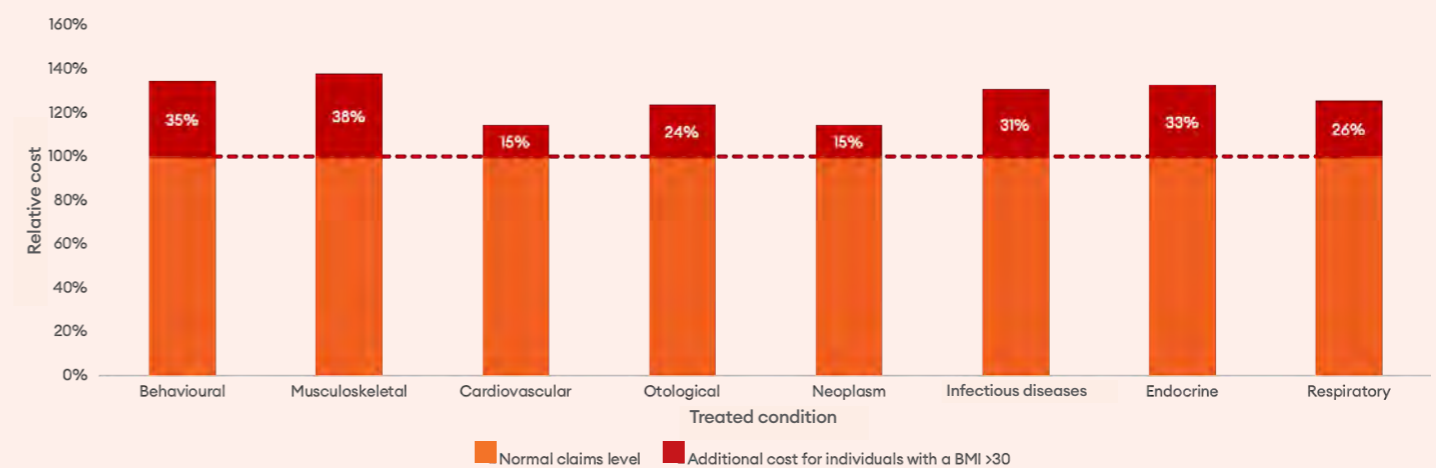
The impact of obesity on health care is significant. In 2018, the Department of Health and Aged Care reported that obesity cost the Australian community \$11.8 billion annually and if nothing was done, it may balloon to \$87.7 billion annually by 2032.<sup>7</sup>

This research has highlighted the significant cost of treatment when individuals live with obesity. Our claims data reveals the cost of all services is inflated for this group of members, even if the treatment is unrelated to body weight (Figure 10).

For example, the cost of a respiratory or musculoskeletal healthcare claim for a person living

with obesity is up to 40 per cent higher per event, than the average for the fund. There is a similar additional cost for infectious diseases (31 per cent) and cancer-related (15 per cent) claims. Even claims for treatment of the ears are more than 24 per cent higher. The analysis found mental health claims were 35 per cent higher to treat high-BMI patients compared to the average cost of treatments for Westfund members.

Figure 10: The impact of obesity on the cost of treatment



7. The National Obesity Strategy 2022–2032. (2022). Health Ministers Meeting. [https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032-at-a-glance-summary-with-a-logic-framework\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032-at-a-glance-summary-with-a-logic-framework_0.pdf)

## Part 7: Health insurance from a healthier place

The healthcare challenges, and their rising complexity, demand a fundamental shift in how we think about and deliver care to Australia's regions. Our research calls upon health funds, policymakers, healthcare providers and communities to unite in collaborative efforts.

The healthcare challenges, and their rising complexity, demand a fundamental shift in how we think about and deliver care to Australia's regions.

Digital health care has the potential to transform health in regional communities by providing access to quality and convenient services that do not exist today. But realising its full potential will require system-wide changes. These include addressing virtual care-reimbursement pathways through Medicare and removing regulatory restrictions on what health insurers can pay benefits towards. Not supporting these advancements with system changes risks limiting market access and further entrenching healthcare inequities.

As we transform the way we deliver health care through digital channels, we also need to rethink our approach to intervention. Throughout an individual's health journey, there are times when a proactive intervention can break the compounding nature of complex health conditions, and improve their health and quality of life.

Traditionally, Australia's private health insurance sector has played a reactive role in health. At Westfund, we understand that interventions are an opportunity to improve someone's health journey in the future and not only treat them when they're sick. By understanding when and where access, availability or services are lacking – and providing support to overcome these challenges – we can pave the way for a better quality of life for members while also lowering the cost of health care for the community.

We've spent the past 10 years adding more preventive health benefits into our products as part of our broader health initiative to reduce and delay the onset of future health issues. There is more work to do. Which is why we're working with our partners to accelerate programs that can address the healthcare gap for regional areas today. Some of these initiatives include:

- expanding our Rehab at Home and Hospital Care at Home programs to ensure coverage is nationwide
- growing our virtual care programs to support members with chronic conditions to access important telehealth services



- broadening our preventive care benefits to support members in prioritising their health through digital and physical service providers
- providing access to evidence-based online health information and resources
- developing new services that help members navigate the public and private health systems
- partnering with regional private hospitals to expand the services they provide to the community.

While the gap for regional Australia is significant, it is not insurmountable. Understanding the needs and unique challenges of the regions is just the first step in creating positive change.

Our research calls upon health funds, policymakers, healthcare providers, and communities to unite in collaborative efforts. By prioritising targeted preventive interventions, improving access, investing in quality digital health care and supporting these advancements through our health system, we can ensure equitable health outcomes.

Westfund is committed to supporting this collaborative approach to create a healthier Australia for everyone.



Westfund is a not-for-profit, member-owned health fund that has been around for over 140 years. Born in Lithgow, NSW, and available nationwide, Westfund is helping more than 135,000 Australians to feel good through great value cover and is expanding access to health care for regional communities. Learn more at [westfund.com.au](https://westfund.com.au)



Insight is an industry-leading consulting firm with actuarial, clinical and analytical staff, and 25 years of global experience in health care. They offer clients a unique blend of skills and tools to assist them in understanding, monitoring, and managing their risks. The research outlined in this report included the application of several bespoke AI tools from Insight's stable. Learn more at [insightactuaries.com.au](https://insightactuaries.com.au)



Westfund Limited. ABN 55 002 080 864. A registered private health insurer under the *Private Health Insurance Act 2007 (Cth)*. A not-for-profit fund.

