Systems International Health Paper

[Author’s Name]

[Institutional Affiliation(s)]

 Systems International Health Paper

 The healthcare system in Australia is funded and operated by the Australian government, private sector and non-profit organizations. The Australian government has launched a Medicare scheme funded by federal, state and local governments. However, the remaining costs are covered by the patient. Medicare is a universal scheme which is in place not only for Australian citizens but also for permanents residents of all the states within the Australian territory. Health insurance policies cover various issues such as injuries resulting from the workplace or during vehicle accidents. While some Australian insurance schemes cover aboriginal people and veterans (McCalman & Tsey, 2016). Medicare scheme is funded by the taxes from the resident’s income. Australian residents that have a certain medical condition and are low-income earners can apply for a reduction in taxes. The most important feature of the Australian health care system is that the healthcare expenses of visitors in Australia may also be covered under the reciprocal health agreement.

Nurse and advanced care practitioners play a vital role in the Australian healthcare system. Typically, a patient’s first interaction in any health care facility is with a nurse. Nurses and advanced care practitioners are required to spread awareness regarding the benefits of the health scheme and they also need to check whether a patient is eligible to attain an insurance or not (MacLellan & Higgins, 2015). In general, Medicare covers 100 % of the entire fee of a patient for consulting a general practitioner while covers 85% of the fee for specialists and any other healthcare service. Medicare will pay the 75% fee of the public patients that are in private hospitals as well (Wilson & Rologas, 2017). The government recommends that if a resident’s income is above a certain level, then they must be insured privately to avoid burden on the state insurance policy. The policy does not discriminate between members based on racial origin, sexual orientation, gender and social status in terms of insurance premiums.

Although there are many benefits of Australian healthcare policy, it does have some weaknesses as well. In the research published by Sunil (Dixit & Sambasivan, 2018) regarding the Australian healthcare system, it was revealed that more than 10% of Australian adults have to wait for 4 to 5 months for elective surgery. Additionally, in the context of hospital waiting list, patients in Australia have to wait for more than three months due to lack of facilities in the healthcare systems. Moreover, as life expectancy has increased, older people in Australia require frequent health services. However, due to the lack of proper policies, old people have to suffer a lot. Furthermore, the availability of healthcare services in rural areas is not sufficient as compared to metropolitan areas. Therefore, the life expectancy in rural areas of Australia is decreasing gradually.

 While comparing the Australian healthcare system with the US health care system, healthcare system of US is not universal. Most of the healthcare facilities are largely owned by the private sector in the US. Also, unlike Australia, the healthcare facilities in the USA are distributed unevenly to the people. Also, the quality of care to an individual varies based on the insurance policy. In the USA as many people are privately insured the waiting time is short as compared to Australia. However, in the US minority of American patients have to wait much longer while in Australia the healthcare system serves every individual equally. Additionally, the US health care system lacks the preventives measures due to which the rates of people suffering from preventable diseases are increasing enormously (Batalden & Hartung, 2016). In contrast, the Australian healthcare system has developed various programs and taken several initiatives to spread awareness regarding the diseases due to which the rates of people suffering from preventable illnesses are very low. There is a huge difference between the health care systems of both countries yet still, there is a need that both countries must revise their healthcare policies to ensure that people are getting quality care.

**References**

Batalden, M., Batalden, P., Margolis, P., Seid, M., Armstrong, G., Opipari-Arrigan, L., & Hartung, H. (2016). Coproduction of healthcare service. *BMJ Qual Saf*, *25*(7), 509-517.

Dixit, S. K., & Sambasivan, M. (2018). A review of the Australian healthcare system: A policy perspective. *SAGE open medicine*, *6*, 2050312118769211.

MacLellan, L., Levett‐Jones, T., & Higgins, I. (2015). Nurse practitioner role transition: A concept analysis. *Journal of the American Association of Nurse Practitioners*, *27*(7), 389-397.

McCalman, J., Bainbridge, R., Percival, N., & Tsey, K. (2016). The effectiveness of implementation in Indigenous Australian healthcare: an overview of literature reviews. *International Journal for Equity in Health*, *15*(1), 47.

Wilson, R., Zhu, C., & Rologas, K. (2017). The Australian healthcare context. In *Clinical Nursing Skills: An Australian Perspective* (pp. 3-24). Cambridge University Press.