



Needs of Spouse Carers of World War II Veterans Before and After Widowhood

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Abbreviations used in this Report

ALSWH	Australian Longitudinal Study on Women's Health
DVA	Department of Veterans' Affairs
MBS	Medicare Benefits Scheme /Schedule
RMBS	Repatriation Medical Benefits Scheme
PBS	Pharmaceutical Benefits Scheme /Schedule
RPBS	Repatriation Pharmaceutical Benefits Scheme
ATC	Anatomical Therapeutic Chemical classification
VTPI	Veterans' totally and permanently incapacitated pension
VDP	Veterans' disability pension

1. Executive summary

This Report continues the work described in Report 1 in which the health and use of health services was compared for Australian Department of Veterans' Affairs (DVA) cardholders, spouses of DVA cardholders and women unconnected to DVA. Data for that Report were from the Australian Longitudinal Study on Women's Health (ALSWH). The subjects of the study are women from the cohort born in 1921-26 who are participants in ALSWH.

In this Report, we compare data from Medicare, including the Medical Benefits Scheme (MBS), Pharmaceutical Benefits Scheme (PBS), Repatriation Medical Benefits Scheme (RMBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) for DVA cardholders, spouses of DVA cardholders and women unconnected to DVA.

For all the comparable data analysed, we found that the numbers of services or prescriptions used were the same for women in the same demographic groups (i.e. with or without partners, whether or not they were caring for their spouses), regardless of the nature of their connection to DVA. While women who were DVA cardholders in their own right do not have any out-of-pocket costs for medical and allied health services, this did not appear to increase their use of those services compared with the other study groups who can be charged gap payments.

In summary, these results provide some evidence that DVA support for health care services and pharmaceuticals does not increase use among women now in their 80s, but being a DVA cardholder does reduce the financial cost of ill health. The next stage of the research will examine time trends in women's health before and after widowhood using health data from ALSWH and service use data from DVA.

2. Introduction

Background to the report

Research aims: The aims of this project are to compare the physical and mental health, and use of health and aged care services of older women over time in relation to their roles as carers, if or when they are widowed, and their social and economic circumstances.

The purpose of the research is to obtain evidence to inform policy options for DVA.

This project has three parts.

1. Comparison of women who are DVA cardholders, those who are spouse carers of DVA cardholders, and women who are unconnected to DVA. This will involve data from the Australian Longitudinal Study on Women's Health (ALSWH) and Medicare/DVA data on health and use of health services. The goal will be to identify the areas of differences between these groups to inform DVA of the services and benefits that are most effective and to identify any areas of need.
2. Linkage of DVA data and ALSWH survey data for those women who are DVA cardholders. This will extend the available information on services used by these women by including DVA data on hospitalisation, allied health services, home care and aged care. Linkage will be conducted using personal information (names, date of birth, address) provided by ALSWH to create a de-identified linked data set of DVA and ALSWH data for analysis.
3. Longitudinal examination of health and use of services for women who are DVA cardholders before and after widowhood. This will be based on the linked data set. The emphasis will be on the identification of services and benefits that may assist these women at different stages of their lives.

This deliverable will report on the results of part 2.

3. Definitions

The project team in consultation with DVA agreed on the following definitions to be used as the basis for all analyses.

Table 1 Definitions for all analyses and numbers of ALSWH participants in each category tabulated according to availability of additional data.

Group	Definition	ALSWH women in total N(%)	ALSWH women consenting for record linkage to data from Medicare Australia N(%)
Cardholder	Has Gold Card or is in receipt of War Widow's Pension	1369 (19.1)	893(19.0)
Spouse VTPI/VDP	Spouse has Gold Card, spouses' partner in receipt of VTPI or VDP pension	285 (4.0)	211 (4.5)
Spouse other	Spouse has Gold Card	692 (9.7)	468 (10.0)
Other DVA	Neither cardholder nor spouse but have DVA pension or White Card	272 (3.8)	179 (3.8)
Not DVA	All other ALSWH participants	4540 (63.4)	2941 (62.7)
Total Number of ALSWH women at survey 4 (2005)		7158 (100.0)	4692 (100.0)

VTPI: Veterans total and permanently incapacitated pension

VDP: Veterans disability pension

To compare ALSWH women who are DVA cardholders and those who are not DVA cardholders six groupings were created for the analyses.

1. 'Other DVA' and 'Not DVA' groups were divided by partner status to enable meaningful comparisons with the 'cardholder' group (94% not married) and spouse group (100% married).
2. Women who reported that they received a War Widow's Pension but did not report having a Gold Card (36 women) were included in the 'Cardholder' group as all recipients of a War Widow's Pension are automatically eligible for a Gold Card.

Table 2 Groups created for analyses.

Group		No. of women
Cardholders	Women who have a DVA Gold Card or is in receipt of War Widow's Pension	893
Spouse VTPI / VDP	Women whose husband has a DVA Gold Card and receives income from a TPI pension or DVA Disability Pension	211
Spouse other	Women whose husband has a DVA Gold Card but no income from DVA Disability Pension	468
Other DVA	• Partnered	72
	• Not partnered	107
Not DVA	• Partnered	976
	• Not partnered	1965

4. Linkage of Medicare Australia data and ALSWH survey data

The aim of this part of the project was to link Medicare Australia data and ALSWH survey data for those women who are or are not DVA cardholders.

Data for DVA services which are not collected by Medicare Australia, such as hospitalisations, home maintenance, aged care and rehabilitation services are problematic, as data collection tends to be ad hoc and records are not easily linked. Additionally, comparable data for women who are not DVA cardholders are either nonexistent or fragmented. It may be possible to link hospitalisations in some states but this would involve a separate linkage of the data and considerable time delays. Therefore it was agreed with DVA that only data from the ALSWH surveys would be used for these items and the results were presented in Report 1 (November 2009).

This Report comprises three sections which explore the available linked data in more detail based on DVA questions that arose from the results presented in Report 1.

1. Comparison of DVA cardholders and non-DVA women on Medicare Benefits Scheme (MBS) claims for medical services.
2. Comparison of DVA cardholders and non-DVA women on Pharmaceutical Benefits Scheme (PBS) items.
3. Examination of DVA specific services reimbursed through Medicare Australia (RMBS and RPBS).

4.1. Comparison of DVA cardholders and non-DVA women on Medicare Benefit Scheme claims for medical services

This section presents a comparison of DVA cardholders and the other study groups for medical services funded through Medicare (i.e. non-referred services, referred services and procedures) that are available to both non-DVA Medicare patients and DVA cardholders. Table 3 shows the median (and first and third quartiles, Q1 and Q3) costs and claims for each of the categories of women for these services. Table 4 shows the corresponding data for numbers of claims. The figures depict box plots with boxes indicating the range of 50% of values, the vertical line in the box representing the median and the diamond shape in the box representing the mean; the horizontal lines represent the limit of outliers that lie within 1.5 times the interquartile range above or below the first and third quartiles.

Tables 3 and 4 and Figures 1 and 2 show that numbers of claims and costs were relatively uniform across the different DVA study groups. Therefore, DVA cardholders do not appear to be accessing more services, despite paying no gap.

Table 3 MBS and DVA services to ALSWH women by DVA status: annual median costs and gap payments per client.

	N	%	Median	Gap		MBS Cost			DVA Cost		
				Q1	Q3	Median	Q1	Q3	Median	Q1	Q3
Cardholder	893	19.0	\$0.00	\$0.00	\$16.90	\$1,423.05	\$715.50	\$2,637.90	\$799.00	\$284.70	\$2,297.45
Spouse VTPI/VDP	211	4.5	\$74.30	\$18.10	\$437.24	\$1,312.75	\$832.70	\$2,533.60	\$0.00	\$0.00	\$0.00
Spouse other	468	10.0	\$76.63	\$18.80	\$332.50	\$1,387.88	\$710.33	\$2,426.03	\$0.00	\$0.00	\$0.00
Other DVA, partnered	72	1.5	\$58.03	\$13.90	\$153.37	\$1,216.23	\$596.80	\$2,210.71	\$0.00	\$0.00	\$0.00
Other DVA, not partnered	107	2.3	\$57.25	\$16.05	\$218.50	\$1,419.45	\$759.40	\$2,374.35	\$0.00	\$0.00	\$0.00
Not DVA, partnered	976	20.8	\$70.53	\$10.97	\$282.18	\$1,153.13	\$631.60	\$2,300.15	\$0.00	\$0.00	\$0.00
Not DVA, not partnered	1965	41.9	\$59.15	\$1.80	\$252.35	\$1,184.20	\$649.06	\$2,203.75	\$0.00	\$0.00	\$0.00
Total	4692	100.0	\$41.75	\$0.00	\$194.45	\$1,245.80	\$665.33	\$2,349.45	\$0.00	\$0.00	\$0.00

Median DVA cost column includes DVA specific items (allied health, private hospital etc)

Table 4 MBS and DVA services to ALSWH women by DVA status: annual median number of claims per client.

	N	%	MBS Claims			DVA Claims		
			Median	Q1	Q3	Median	Q1	Q3
Cardholder	893	19.0	25	15	42	15	9	25
Spouse VTPI/VDP	211	4.5	28	18	46	0	0	0
Spouse other	468	10.0	27	16	44	0	0	0
Other DVA, partnered	72	1.5	26	15	45	0	0	0
Other DVA, not partnered	107	2.3	28	18	42	0	0	0
Not DVA, partnered	976	20.8	24	14	40	0	0	0
Not DVA, not partnered	1965	41.9	25	14	40	0	0	0
Total	4692	100.0	25	15	41	0	0	0

Note: To avoid double counting, bulk bill supplements were excluded from claims.

Figure 1 DVA 1921-26 cohort by status at ALSWH Survey 4, for women who consented to record linkage: gap payments.

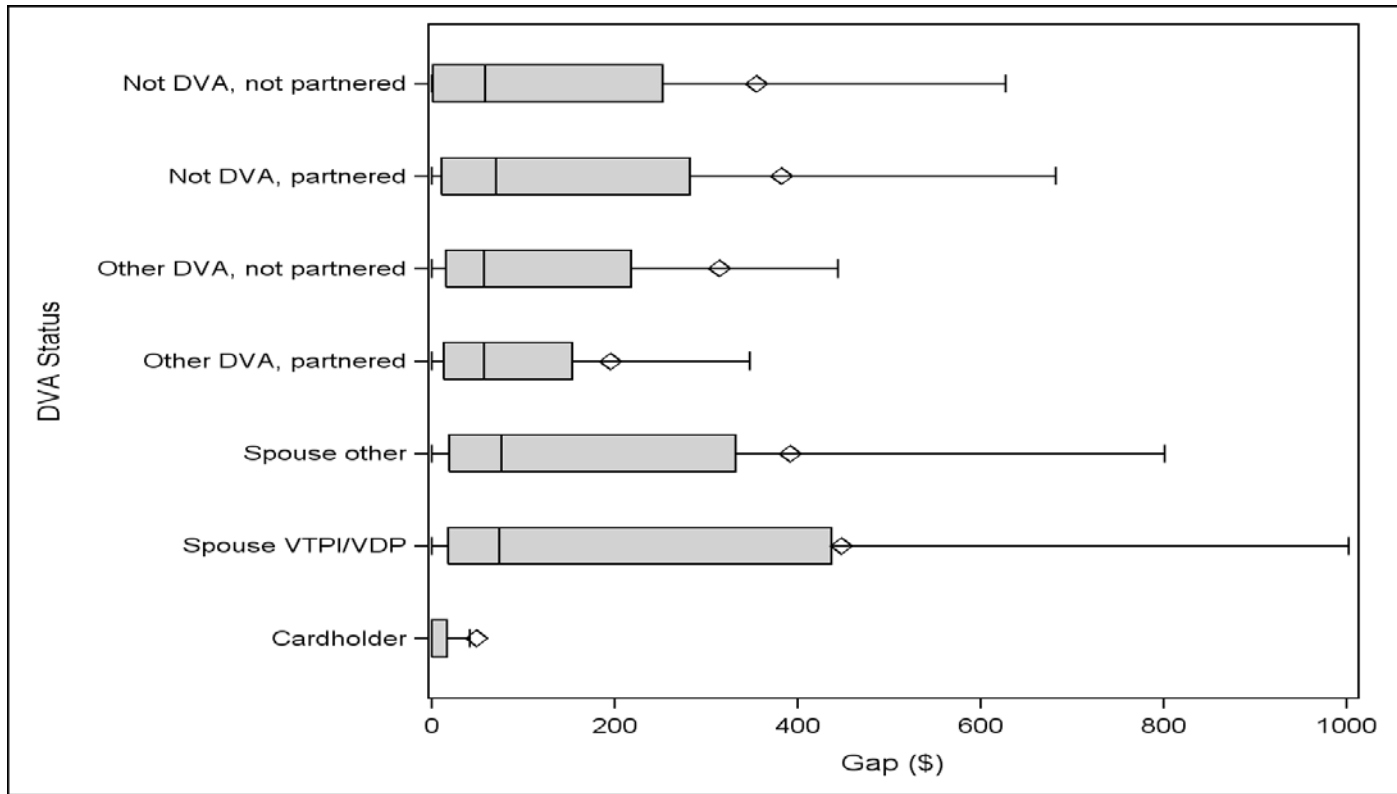
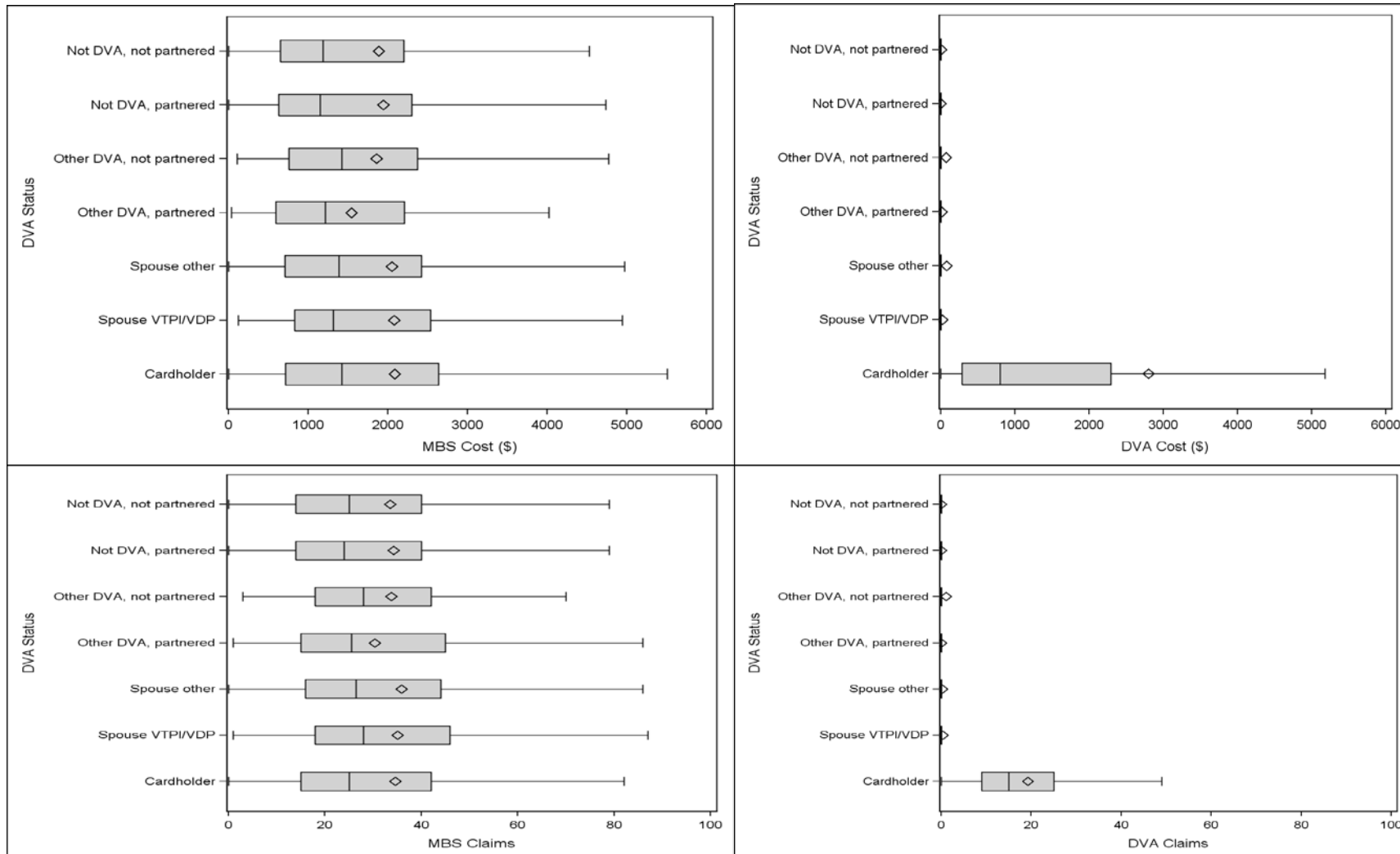


Figure 2 DVA 1921-26 cohort by status at ALSWH Survey 4, for women who consented to record linkage: total charges and claims.



It should be noted these analyses only include data on services funded by MBS, and may contain biases because MBS funded services include medical services in private hospitals, but do not include medical services in public hospitals. Any DVA cardholders who may have had medical services in public hospitals are not included in the MBS service figures, so the data cannot capture all hospital services for DVA cardholders.

Similarly, due to different funding arrangements, the private hospital services for DVA cardholders and non-cardholders are not equivalent. For example, DVA cardholders can be treated in a private hospital for services which non-DVA patients would usually receive in a public hospital. Therefore, to reduce potential bias due to differential provision of services between public and private hospitals, we have also analysed total cost, claim and gap payment data for the sub-set of non-referred general practitioner services, optometry and specialist visits (see Table 5) which are more directly comparable for the different patient groups. Table 5 shows the magnitude of costs and claims are largely similar between DVA cardholders and the others. Again, DVA cardholders do not seem to be accessing more services. These data may confirm the results in Report 1 which showed that self-reported use of services was largely similar across the DVA study groups.

However, the DVA cardholders face lower personal out-of-pocket costs.

Table 5 MBS services to ALSWH women by DVA status: median claims, costs and gap payments for GP, Optometry & Specialists visits only

	N	%	Gap			MBS Cost			MBS Claims		
			Median	Q1	Q3	Median	Q1	Q3	Median	Q1	Q3
Cardholder	893	19.0	\$0.00	\$0.00	\$0.00	\$656.35	\$382.70	\$1,101.25	14	9	22
Spouse VTPI/VDP	211	4.5	\$34.85	\$0.00	\$97.80	\$573.95	\$338.00	\$857.95	13	9	19
Spouse other	468	10.0	\$46.48	\$2.97	\$122.55	\$561.73	\$336.35	\$909.35	13	8	21
Other DVA, partnered	72	1.5	\$28.65	\$0.00	\$79.98	\$481.93	\$326.75	\$762.15	13	7	18
Other DVA, not partnered	107	2.3	\$37.05	\$10.00	\$86.75	\$568.95	\$321.70	\$805.45	13	8	19
Not DVA, partnered	976	20.8	\$40.00	\$0.00	\$103.80	\$498.73	\$305.60	\$824.30	12	8	19
Not DVA, not partnered	1965	41.9	\$34.80	\$0.00	\$98.25	\$511.05	\$305.95	\$833.25	12	8	19
Total	4692	100.0	\$22.05	\$0.00	\$80.65	\$544.50	\$325.78	\$885.49	13	8	19

Note: To avoid double counting, bulk bill supplements (but not charges) were excluded from claims.

Tables A1 to A3 in the Appendix provide further breakdown of median claims, costs and gap payments for specific services by DVA status groups.

4.2. Examination of DVA specific medical and allied health services.

This section presents an analysis of the additional (mostly allied health) services available on the MBS only to DVA cardholders. There are no other comparable complete data for these services for non-DVA women. In Report 1 (November 2009), we reported self-reported use of allied health services by DVA cardholders and non-DVA women. Here we further elaborate on the use of DVA-only services by showing actual claims and costs to DVA for some of these services. These data were obtained from Medicare Australia.

Table 6 presents DVA specific services by type of service for DVA cardholders. It shows the median number of claims to DVA and costs to DVA. Due to previously explained differences in the services available to DVA cardholders from public and private hospitals, in-hospital services have been excluded.

Table 6 MBS and DVA services to DVA cardholders who are ALSWH participants: median claims and costs.

	No. of clients	Median DVA Cost/client	Median DVA Claims/client
Type of Service			
Speech Pathology	2	\$1,234.35	14
Physiotherapy	258	\$362.85	10
Chiropractor	47	\$301.60	9
Footwear/Podiatry	591	\$287.00	7
Community Nursing	98	\$1,178.20	4
Dental	360	\$214.15	3
Clinical Counselling/Psychologist	3	\$139.80	2
Dietician	6	\$123.90	2
Occupational Therapy	121	\$138.00	2
Orthoptist	1	\$84.00	2
Optical	280	\$89.10	1
Social Work	1	\$60.20	1

Note: Only non-hospital services were included. Multiple items may be claimed in one visit.

4.3. Comparison of DVA cardholders and non-DVA women on pharmaceuticals.

This section presents comparisons of DVA cardholders and non-DVA women for use of listed pharmaceuticals. Unlisted items and items below the benefit threshold have not been included. Table 7 shows median total costs, numbers of PBS and RPBS scripts, number of claims and co-payments for DVA cardholders and non-DVA women. As the benefits paid to DVA clients and the general population for PBS/RPBS items are identical, there is little difference between the study groups in terms of costs and claims.

There are some additional pharmaceuticals and dressings that are only available as listed items to DVA cardholders. These are referred to as RPBS (Repatriation Pharmaceutical Benefits Scheme) items. To account for the possible bias in the results of Table 7, this analysis was repeated with RPBS items removed. The results of this analysis, presented in Table A4 in the Appendix showed that the median costs were similar to those shown above in Table 7.

These results were further broken down by the main Anatomical Therapeutic Chemical (ATC) group for the pharmaceuticals. Tables A5 to A8 in the Appendix show the median total costs, number of PBS /RPBS scripts, number of claims and median total annual co-payments for DVA clients and non-DVA women by the main ATC groups. There is little difference between the different study groups in terms of costs, claims, co-payments and scripts for these items.

Table 7 Pharmaceutical Benefits Scheme items to ALSWH women by DVA status: median total annual PBS co-payments, costs, claims and scripts filled

	No. of women	%	Median total annual co-payments	Median PBS Cost	Median PBS Claims	Median PBS Scripts
DVA Cardholder	893	19.0	\$189.50	\$1,248.07	45	17
Spouse VTPI/VDP	211	4.5	\$102.30	\$1,230.21	46	15
Spouse other	468	10.0	\$120.55	\$1,141.49	43	14
Other DVA, partnered	72	1.5	\$113.15	\$1,149.02	38	13
Other DVA, not partnered	107	2.3	\$188.90	\$1,169.76	44	14
Not DVA, partnered	976	20.8	\$127.55	\$1,152.79	40	13
Not DVA, not partnered	1965	41.9	\$184.00	\$1,132.70	39	13
Total	4692	100.0	\$152.80	\$1,163.93	41	14

Note: "PBS Costs", claims and scripts also include RPBS-only items for the DVA cardholder group.

5. Explanatory Notes

5.1. Medicare and Medical Benefits Scheme (MBS)

Australia's universal health care system, Medicare, which was established in 1984, provides access to:

- free treatment as a public (Medicare) patient in a public hospital
- free or subsidised treatment by practitioners such as doctors, including specialists, participating optometrists or dentists (specified services only)

The benefits paid by Medicare are based on a Schedule of fees, the Medicare Benefits Schedule (MBS), set by the Australian Government. Doctors may choose to bill the patient for more than the MBS rebate, with the patient meeting the additional cost (the "gap"), or to "bulk bill" where the doctor receives the MBS rebate directly from the government and the patient does not pay anything.

Medicare provides benefits for:

- consultation fees for doctors, including specialists
- tests and examinations by doctors needed to treat illnesses, including X-rays and pathology tests
- eye tests performed by optometrists
- most surgical and other therapeutic procedures performed by doctors
- some surgical procedures performed by approved dentists
- specified items under the Cleft Lip and Palate Scheme
- specified items for allied health services as part of the Enhanced Primary Care (EPC) program.

For private patients in a public or private hospital, Medicare will pay 75 per cent of the Medicare Schedule fee for services and procedures provided by the treating doctor.

Medicare does not cover such services or items as:

- private patient hospital costs
- dental examinations and treatment (except specified items introduced for allied health services as part of the Enhanced Primary Care (EPC) program)
- ambulance services
- home nursing
- physiotherapy, occupational therapy, speech therapy, eye therapy, chiropractic services, podiatry or psychology (except specified items introduced for allied health services as part of the Enhanced Primary Care (EPC) program)
- acupuncture (unless part of a doctor's consultation)
- glasses and contact lenses
- hearing aids and other appliances
- the cost of prostheses (except External Breast Prostheses covered by the External Breast Prostheses Reimbursement Program)

- medicines (except for the subsidy on medicines covered by the Pharmaceutical Benefits Scheme)
- medical and hospital costs incurred overseas
- medical costs for which someone else is responsible (for example a compensation insurer, an employer, a government or government authority)
- medical services which are not clinically necessary
- surgery solely for cosmetic reasons
- examinations for life insurance, superannuation or membership of a friendly society
- eye therapy

Residents living in Australia are eligible for Medicare if they:

- hold Australian citizenship
- have been issued with a permanent visa
- hold New Zealand citizenship
- have applied for a permanent visa

5.2. DVA Benefits Scheme

Veterans and families of veterans may be eligible for medical benefits paid for by the Department of Veterans' Affairs (DVA). In general the scope of what services are paid for and the benefits paid is greater than what is available under Medicare. For example most allied health services and private hospital costs are covered by DVA. For more details on services and eligibility see www.dva.gov.au .

5.3. Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme which has been in existence since 1948, provides subsidised medicines to all Australian residents who hold a current Medicare card. The PBS Schedule lists all of the medicines available to be dispensed to patients at a Government-subsidised price. The PBS is managed by the Department of Health and Ageing and administered by Medicare Australia.

Concession card holders are eligible for medicines at a lower or in some cases no cost.

5.4. Repatriation Pharmaceutical Benefits Scheme (RPBS)

The Repatriation Pharmaceutical Benefits Scheme (RPBS) is subsidised by the Department of Veterans' Affairs, and can be used by veterans who have DVA White, Gold or Orange Card.

Holders of one of these cards are eligible for all PBS medicines, and other medicines listed on the RPBS, depending on their DVA entitlement. All medicines supplied under the RPBS are dispensed at the concessional rate (or free if the patient has reached their Safety Net threshold).

DVA white card holders are entitled to RPBS and PBS medicines at the concessional rate for a specific medical condition (which is at the doctor's discretion). They can receive all other PBS medicines at the general rate.

DVA gold and orange card holders are entitled to all RPBS and PBS medicines at the concessional rate.

6. Appendix

Table A1 MBS services to ALSWH women by DVA status and broad type of service: median costs.

	DVA Cardholder	Spouse VTPI/VDP	Spouse other	Other DVA, partnered	Other DVA, not partnered	Not DVA, partnered	Not DVA, not partnered	Total
	Median	Median	Median	Median	Median	Median	Median	Median
	MBS Cost	MBS Cost	MBS Cost	MBS Cost	MBS Cost	MBS Cost	MBS Cost	MBS Cost
Type of Service								
Anaesthetics	\$222.83	\$387.00	\$376.20	\$272.20	\$372.18	\$370.00	\$377.48	\$328.73
Bulk billed services - Diag Image*	.	.	.	.	.	\$7.65	\$7.65	\$7.65
Bulk billed services - gen med*	\$15.30	\$66.35	\$61.20	\$69.25	\$61.40	\$61.20	\$61.40	\$61.25
Bulk billed services – path*	\$23.55	\$9.03	\$11.90	\$7.65	\$15.30	\$7.85	\$7.85	\$7.85
Diagnostic Imaging	\$277.80	\$246.90	\$269.13	\$207.08	\$216.18	\$236.20	\$236.20	\$246.50
Diagnostic procedures	\$95.38	\$90.75	\$91.95	\$81.00	\$81.93	\$96.40	\$86.13	\$90.00
GP/VRGP non-referred attendances	\$415.75	\$375.45	\$365.75	\$368.23	\$349.53	\$339.95	\$342.00	\$360.65
Miscellaneous	\$223.65	\$180.60	\$181.80	\$210.40	\$227.45	\$171.00	\$174.20	\$184.90
Operations	\$392.60	\$463.65	\$356.00	\$267.00	\$295.20	\$266.20	\$272.90	\$328.65
Optometry	\$51.25	\$51.25	\$51.25	\$51.25	\$51.25	\$51.25	\$51.25	\$51.25
Pathology	\$140.13	\$173.30	\$164.65	\$155.90	\$153.03	\$162.20	\$162.20	\$158.65
Specialist attendances	\$252.05	\$200.00	\$200.00	\$199.18	\$170.00	\$204.40	\$191.75	\$204.30

* These items are supplementary payments for bulk billed service. During 2005 the codes used for DVA cardholders changed from DVA specific codes to equivalent MBS codes.

Table A2 MBS services to ALSWH women by DVA status and broad type of service: median number of claims.

	DVA Cardholder	Spouse VTPI/VDP	Spouse other	Other DVA, partnered	Other DVA, not partnered	Not DVA, partnered	Not DVA, not partnered	Total
	Median	Median	Median	Median	Median	Median	Median	Median
	MBS Claims	MBS Claims	MBS Claims	MBS Claims	MBS Claims	MBS Claims	MBS Claims	MBS Claims
Type of Service								
Anaesthetics	3	2	2	2	2	2	2	2
Bulk billed services - Diag Image	.	.	.	.	.	0	0	0
Bulk billed services - gen med	0	0	0	0	0	0	0	0
Bulk billed services - path	0	0	0	0	0	0	0	0
Diagnostic Imaging	2	2	3	1	2	2	2	2
Diagnostic procedures	1	2	2	2	2	2	2	1
GP/VRGP non-referred attendances	10	10	10	10	9	9	9	9
Miscellaneous	1	2	2	2	2	2	2	2
Operations	2	2	2	2	2	2	2	2
Optometry	1	1	1	1	1	1	1	1
Pathology	6	8	8	8	8	8	8	8
Specialist attendances	4	3	3	3	3	3	3	3

Table A3 MBS services to ALSWH women by DVA status and broad type of service: annual median gap payments.

Type of Service	DVA Cardholder Median Gap	Spouse VTPI/VDP Median Gap	Spouse other Median Gap	Other DVA, partnered Median Gap	Other DVA, not partnered Median Gap	Not DVA, partnered Median Gap	Not DVA, not partnered Median Gap	Total Median Gap
Anaesthetics	\$0.00	\$211.05	\$185.20	\$142.10	\$199.08	\$193.70	\$197.95	\$153.38
Bulk billed services - Diag Image	.	.	.	.	.	\$0.00	\$0.00	\$0.00
Bulk billed services - gen med	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bulk billed services - path	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Diagnostic Imaging	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Diagnostic procedures	\$0.00	\$11.65	\$6.60	\$0.00	\$0.00	\$6.60	\$1.05	\$0.00
GP/VRGP non-referred attendances	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Miscellaneous	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operations	\$0.00	\$95.00	\$45.10	\$13.33	\$10.65	\$31.55	\$20.65	\$5.03
Optometry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pathology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Specialist attendances	\$0.00	\$36.80	\$43.15	\$33.58	\$34.05	\$41.30	\$41.83	\$28.25

Table A4 Pharmaceutical Benefits Scheme items to ALSWH women by DVA status: median PBS co-payments, costs, claims and scripts filled excluding and including RPBS items.

	RPBS included											
	No						Yes					
	N	%	Median total annual co-payments	Median PBS Cost	Median PBS Claims	Median PBS Scripts	N	%	Median total annual co-payments	Median PBS Cost	Median PBS Claims	Median PBS Scripts
DVA Cardholder	893	19.0	\$176.10	\$1,178.56	43	15	893	19.0	\$189.50	\$1,248.07	45	17
Spouse VTPI/VDP	211	4.5	\$102.30	\$1,230.21	46	15	211	4.5	\$102.30	\$1,230.21	46	15
Spouse other	468	10.0	\$120.55	\$1,138.77	43	14	468	10.0	\$120.55	\$1,141.49	43	14
Other DVA, partnered	72	1.5	\$113.15	\$1,149.02	38	13	72	1.5	\$113.15	\$1,149.02	38	13
Other DVA, not partnered	107	2.3	\$185.00	\$1,169.76	44	14	107	2.3	\$188.90	\$1,169.76	44	14
Not DVA, partnered	976	20.8	\$127.55	\$1,152.79	40	13	976	20.8	\$127.55	\$1,152.79	40	13
Not DVA, not partnered	1965	41.9	\$184.00	\$1,132.70	39	13	1965	41.9	\$184.00	\$1,132.70	39	13
Total	4692	100.0	\$152.30	\$1,148.79	41	14	4692	100.0	\$152.80	\$1,163.93	41	14

Table A5 Main (Level 1) ATC code PBS items by DVA status: median PBS co-payments.

	DVA Cardholder Median total annual co- pay	Spouse VTPI/VDP Median total annual co- pay	Spouse other Median total annual co-pay	Other DVA, partnered Median total annual co-pay	Other DVA, not partnered Median total annual co-pay	Not DVA, partnered Median total annual co-pay	Not DVA, not partnered Median total annual co-pay	Total Median total annual co-pay
ATC Level 1								
Alimentary tract and metabolism	\$28.00	\$18.40	\$23.15	\$18.50	\$27.65	\$23.00	\$28.00	\$27.60
Blood and blood forming organs	\$13.90	\$9.30	\$9.40	\$6.95	\$13.80	\$9.30	\$13.90	\$13.80
Cardiovascular system	\$74.10	\$37.60	\$51.60	\$64.70	\$93.60	\$59.80	\$78.80	\$69.40
Dermatologicals	\$4.60	\$4.60	\$4.60	\$4.60	\$4.60	\$4.60	\$4.60	\$4.60
Genito urinary system and sex hormones	\$13.80	\$9.30	\$13.80	\$9.40	\$18.40	\$13.80	\$14.10	\$13.80
Systemic hormonal preparations, excl. sex hormones and insulins	\$9.20	\$4.60	\$4.70	\$4.60	\$16.15	\$9.20	\$9.20	\$9.20
Antiinfectives for systemic use	\$9.20	\$4.60	\$4.60	\$9.20	\$9.20	\$4.60	\$9.20	\$9.20
Antineoplastic and immunomodulating agents	\$9.20	\$9.20	\$18.40	\$23.10	\$27.85	\$13.90	\$18.70	\$18.40
Musculo-skeletal system	\$27.60	\$13.85	\$18.40	\$13.80	\$30.10	\$23.00	\$32.50	\$27.60
Nervous system	\$23.10	\$13.85	\$13.90	\$13.90	\$23.10	\$13.80	\$23.05	\$18.50
Antiparasitic products, insecticides and repellents	\$9.20	\$4.60	.	.	.	\$2.30	\$4.60	\$4.60
Respiratory system	\$13.80	\$9.20	\$9.20	\$4.60	\$25.50	\$14.00	\$23.00	\$14.00
Sensory organs	\$18.70	\$13.80	\$9.35	\$9.20	\$13.90	\$13.80	\$23.00	\$18.40
Various	\$9.20	\$4.60	\$4.70	\$0.00	\$4.60	\$6.95	\$4.65	\$4.70

Table A6 Main (Level 1) ATC code PBS items by DVA status: median PBS costs.

	DVA Cardholder Median PBS Cost	Spouse VTPI/VDP Median PBS Cost	Spouse other Median PBS Cost	Other DVA, partnered Median PBS Cost	Other DVA, not partnered Median PBS Cost	Not DVA, partnered Median PBS Cost	Not DVA, not partnered Median PBS Cost	Total Median PBS Cost
ATC Level 1								
Alimentary tract and metabolism	\$256.22	\$298.98	\$324.82	\$238.61	\$226.66	\$279.38	\$240.44	\$264.25
Blood and blood forming organs	\$46.45	\$46.90	\$37.85	\$23.28	\$46.57	\$38.83	\$33.71	\$37.99
Cardiovascular system	\$575.05	\$596.61	\$618.07	\$839.04	\$698.99	\$606.92	\$544.46	\$578.21
Dermatologicals	\$20.87	\$14.34	\$17.45	\$13.42	\$14.18	\$13.31	\$14.01	\$14.38
Genito urinary system and sex hormones	\$58.86	\$107.90	\$71.89	\$48.07	\$86.80	\$68.46	\$79.16	\$72.97
Systemic hormonal preparations, excl. sex hormones and insulins	\$29.24	\$33.68	\$33.87	\$29.16	\$45.47	\$33.61	\$33.40	\$33.60
Antiinfectives for systemic use	\$29.92	\$29.54	\$28.45	\$25.46	\$26.78	\$29.83	\$29.24	\$29.46
Antineoplastic and immunomodulating agents	\$94.15	\$158.01	\$473.55	\$338.93	\$96.04	\$473.55	\$394.69	\$316.21
Musculo-skeletal system	\$248.27	\$164.67	\$233.34	\$155.70	\$172.36	\$309.04	\$321.59	\$272.45
Nervous system	\$63.14	\$67.27	\$65.73	\$54.00	\$49.99	\$52.71	\$57.01	\$58.12
Antiparasitic products, insecticides and repellents	\$29.86	\$14.98	.	.	.	\$22.54	\$14.96	\$14.98
Respiratory system	\$113.25	\$197.86	\$158.02	\$34.57	\$295.48	\$175.94	\$242.72	\$187.32
Sensory organs	\$60.75	\$76.03	\$49.89	\$52.49	\$39.36	\$55.79	\$58.94	\$57.49
Various	\$105.52	\$52.72	\$130.95	\$54.47	\$149.75	\$161.24	\$105.71	\$105.73

Table A7 Main (Level 1) ATC code PBS items by DVA status: median PBS claims.

	DVA Cardholder Median PBS Claims	Spouse VTPI/VDP Median PBS Claims	Spouse other Median PBS Claims	Other DVA, partnered Median PBS Claims	Other DVA, not partnered Median PBS Claims	Not DVA, partnered Median PBS Claims	Not DVA, not partnered Median PBS Claims	Total Median PBS Claims
ATC Level 1								
Alimentary tract and metabolism	8	8	11	9	9	9	8	8
Blood and blood forming organs	4	4	4	3	4	4	4	4
Cardiovascular system	20	18	20	26	23	19	20	20
Dermatologicals	2	1	2	1	1	1	1	1
Genito urinary system and sex hormones	4	6	5	3	5	4	5	4
Systemic hormonal preparations, excl. sex hormones and insulins	2	2	3	2	4	2	2	2
Antiinfectives for systemic use	2	2	2	2	2	2	2	2
Antineoplastic and immunomodulating agents	2	3	6	6	8	6	5	5
Musculo-skeletal system	7	6	7	4	7	9	8	8
Nervous system	6	8	7	7	6	6	6	6
Antiparasitic products, insecticides and repellents	2	1	.	.	.	2	1	1
Respiratory system	4	5	4	1	6	5	6	5
Sensory organs	6	6	4	4	3	6	6	6
Various	2	1	3	1	3	3	2	3

Table A8 Main (Level 1) ATC code PBS items by DVA status: median PBS scripts filled.

	DVA Cardholder Median PBS Scripts	Spouse VTPI/VDP Median PBS Scripts	Spouse other Median PBS Scripts	Other DVA, partnered Median PBS Scripts	Other DVA, not partnered Median PBS Scripts	Not DVA, partnered Median PBS Scripts	Not DVA, not partnered Median PBS Scripts	Total Median PBS Scripts
ATC Level 1								
Alimentary tract and metabolism	3	3	3	2	2	2	2	3
Blood and blood forming organs	2	2	2	2	2	2	2	2
Cardiovascular system	5	4	5	6	5	5	5	5
Dermatologicals	1	1	1	1	1	1	1	1
Genito urinary system and sex hormones	2	2	2	1	2	2	2	2
Systemic hormonal preparations, excl. sex hormones and insulins	1	1	1	1	2	2	1	1
Antiinfectives for systemic use	2	2	2	2	2	2	2	2
Antineoplastic and immunomodulating agents	1	1	2	1	3	2	2	2
Musculo-skeletal system	2	2	2	2	2	2	2	2
Nervous system	3	4	4	4	3	3	3	3
Antiparasitic products, insecticides and repellents	1	1	.	.	.	1	1	1
Respiratory system	2	2	2	1	2	2	2	2
Sensory organs	2	2	2	2	2	2	2	2
Various	2	1	1	1	2	1	1	1