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Australians languish on public waiting lists while public hospitals count the cash

Australians are languishing on waiting lists for elective surgery as public hospitals put cash ahead of patient need by pushing privately insured patients to the front of the elective surgery queue, according to new data released by the Australian Institute of Health and Welfare (AIHW).

The *Admitted patient care 2015-16: Australian hospital statistics* report shows median waiting times for public hospital treatment for public patients is twice as long as for insured patients, illustrating the disastrous impact public hospitals' routing of private health insurance is having on Australians' health.

For uninsured patients the wait for surgery in a public hospital can be up to seven times longer than privately insured patients. For example, coronary artery bypass graft waiting times are twice as long for the uninsured – which could be the difference between life and death.

Australian Private Hospitals Association (APHA) CEO Michael Roff said it was unconscionable that public hospitals were putting patient care at the bottom of their priority list to make a quick buck from private health insurance.

“The data is very clear, insured patients get to jump the queue in public hospitals while public patients are losing out. This is the exact opposite of what Medicare was supposed to do – provide access to health care for those who can least afford to pay for it.

“Access to public hospital services is supposed to be on the basis of clinical need, not the ability to pay. The fact that private patients are jumping the queue in public hospitals is certainly against the spirit, if not the letter, of the National Healthcare Reform Agreement.

“To force a patient with a serious heart condition to wait twice as long as an insured patient based on the hospital's ability to claim an insurance benefit is outrageous. Australians expect much more from their health system than that.

“These long waits will have a flow on effect on people's quality of life. Waiting more than four months, the median wait time for hip surgery, will mean patients are living with pain and limited movement, while public hospitals push the insured through the system in little over a month.

“This is not incidental, there has been a 10.5 percent increase in private patients treated in public hospitals each year in the five years to 2015-16. This compares with only 2.7 percent of public patients.

“Private hospitals already provide two thirds of the elective surgery performed in Australia every year, and are more efficient than the public system. If those privately insured patients had been treated in a private hospital, up to 50,000 more public patients could have had their surgery in 2015-2016.

Mr Roff said he was aware of patients being coerced into using their private health insurance in public hospitals.

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“Public hospitals employ teams of people to encourage privately insured patients to use their insurance as a ‘favour’ to their public hospital. Of course people want to help out, but they don’t realise their ‘help’ to the hospital might be hindering someone else’s access to care.

“We also hear from many privately insured patients that their requests to be transferred to a private hospital are denied or delayed while additional tests and procedures are performed in an effort to exhaust private health insurance benefits. Very often patients are outright lied to and told the private hospital is full.

“All Australians should be outraged that this rort has been allowed to grow unabated. Something needs to be done before we start to count the cost in Australian lives,” Mr Roff said.

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