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States need to own up to cash grab

Vulnerable patients are being targeted by public hospitals' cash grab for their private health insurance benefits in a move that is increasing waiting times and undermining Medicare, says Australian Private Hospitals Association (APHA) CEO Mr Michael Roff.

"There is Australian Institute of Health and Welfare (AIHW) data from less than a year ago showing privately insured patients are being prioritised ahead of public patients. This queue jumping goes against the principles of Medicare that access to public hospital care should be based on clinical need not on insurance status.

"That data showed the number of private patients seen annually in public hospitals had grown by half a million patients over the past decade – an average increase of 9.1 percent each year – almost three times as fast the growth in public hospital services overall.

Mr Roff said the harvesting of privately insured patients in the public system through Emergency Departments was particularly callous.

"These patients are vulnerable; they are in need of urgent care. Public hospitals prey on this vulnerability by demanding patients sign over their private health insurance, when they should be being triaged and receiving treatment.

"By focusing on revenue generation, public hospitals have lost sight of the reason they exist, to provide services to public patients.

"APHA acknowledges that some private patients may wish to have their care privately in the public system. What we oppose is the coercive tactics of public hospitals that are restricting patient choice.

"We know that public hospitals go so far as to tell patients private hospitals are full or do not perform the procedure they need in order to cash in on the private health insurance benefit. And 60 percent of patients who are treated privately in public do not get to choose their treating doctor –one of the main benefits of having private health insurance.

"We fully support the efforts of Federal Health Minister Greg Hunt to call his State colleagues to account. Public hospitals are being privatised by stealth while public patients are stranded on ever-increasing waiting lists.

"This practice does nothing to help patients get the care they need in the clinical setting they choose – which is why they have insurance. States need to own up to the cash grab and put patients back at the centre of care," Mr Roff said.

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