

Volume 9 • Issue 1 • February 2015

Consumers Shaping Health

Representing consumers on national health issues



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Nothing about us, without us!

The health system exists to deliver improved health outcomes for all health consumers in Australia. They must be part of the conversation about improving it.

The Federal Health Minister appears to have forgotten the central players in the health system - consumers - in her consultations on future directions for Medicare.

It is a disappointing start to her tenure that Minister Ley has been quick to consult those who get paid by the health system, but not those who use the system.



“The Government has so far brought a bean-counting approach to health policy with little or no attention to what’s good for the patient or good for Australia,” CHF’s Chief Executive Officer, Adam Stankevicius, said.

“To date, we have been having a health financing debate fixated on the Government’s fiscal bottom line, when we should have been debating health financing options focussed on improving health outcomes.

“Minister Sussan Ley is placing great store in consulting doctors but makes no mention of consumers. This has made for a lop-sided approach where the focus has gone to the financial welfare of doctors rather than the wellbeing of patients.

“Of course doctors should be properly remunerated for the important work they do. But if the Government was taking a coherent approach to health policy it would start with what’s best for patients.

“What is best for patients is likely to be best for the economy in the long term. The Government’s knee jerk obsession with user pays, price signals and co-payments shows it has failed to take a considered

approach.

“For the past year the Consumers Health Forum has been urging the Government to consider the range of other measures it could take to make health care in Australia more cost-effective. We spend billions more than we need to on expensive avoidable hospitalisations and on expensive but unnecessary or unjustified surgical procedures. And we continue to pay millions more than other countries for devices, pharmaceuticals and equipment due to poor price comparisons.

“We have suggested holding a health summit with all stakeholders in the health system; and sought a meeting with Ms Ley in the hope that she will see that consumer-centred health care will yield the best approach on Medicare.

Tackling obesity: Australia wants change

[New research by Essential Research](#) released in January 2015 reveals that 79% of Australians polled believe if we don't do more to lower the intake of fatty sugary and salty foods/drinks, our children will live shorter lives than their parents. 85% of people polled said unhealthy eating habits are now a major problem for Australian children.



The disturbing research also shows nearly two thirds of people polled (64%) say the food industry seems to have more say than the Government over the regulation of food. 77% support making it compulsory for ALL packaged foods to have a health star rating (just 9% oppose the idea).

50% of people polled approve of the Government putting a tax on junk food/sugary drinks (like the taxes on alcohol and tobacco). There is strong support in all aged categories for the idea (52% of 18 to 34 year olds approved, 49% of 35 to 54 year olds approved and 48% of people 55 plus approved).

In the wake of the Essential Research nationwide poll, the [Consumers Health Forum](#), the [Heart Foundation](#), the [Obesity Policy Coalition](#) and the [Public Health Association of Australia](#) have joined together to urge the Federal Government to take decisive and firm action to stop the never-ending promotion of unhealthy food.

For more on the research visit www.ourhealth.org.au/tackling-obesity-aussies-want-change

Price Signals and Health Hazards

This blog appears on the OurHealth website at www.ourhealth.org.au/blog/price-signals-and-health-hazards

The Prime Minister excuses the \$5 Medicare co-payment as a necessary “price signal” aimed at discouraging over-use of doctors.

Tell that to the frequent users of medical services, those with chronic illnesses like heart conditions, high blood pressure, cancer, arthritis and depression. Patients with chronic conditions not eligible for health concession cards would account for a large number of the more than 30 million GP services a year that will now attract a \$5 cut in the Medicare rebate.

Unlike most other goods and services, the need for health care is not something over which the consumer can exert that much influence at the time. For them the \$5 slug may be a fortnightly reality along with a variety of other health costs that come with chronic illness.

To put the co-payment in the category of just another “price signal” in the marketplace misses the over-riding reason for a universal health scheme like Medicare: to ensure those in need of health care can seek treatment free of cost concerns.

It is now becoming clear that a significant outcome of the Government's three-pronged measures to cut

costs will be to undermine Medicare's role as an effective national insurer of medical services. The freeze on all Medicare rebates until 2018, after years of crimping on inflation adjustments, will not only place specialists further out of reach for many patients, but also raise the cost barrier for many people needing to see their GP.

The Australian Medical Association is forecasting upfront gap costs could rise to \$45 - already near-reality in many Australian suburbs and the tenor of the rising wrath of the AMA would indicate that GPs fear for their incomes. That patients may see their doctor less often because of rising costs will not appeal to the medical profession.

The performance of Australia's health scheme during the 30 years of Medicare shows it may not be perfect but our system scores well on life and death measures compared with most other countries.

Just how many people are going to the doctor who don't need to? And how many of those realise they don't need to? Given pressures of daily life, common sense would tell us that there are few people who are happy to spend the time waiting to see the doctor for no good reason. More importantly, how many people, who should be seeing a GP, aren't currently doing so? We know, for instance, that Aboriginals and Torres Strait Islanders, and men are significant under-attenders, even when they have risk factors which require medical attention.

Do Tony Abbott and Health Minister Sussan Ley really believe that any expected savings from stopping over-users will outweigh the costs resulting from patients who fail to get timely care because of cost worries and who end up being sicker and possibly requiring expensive hospital care?

There is little evidence that the Government has considered the economic utility, if not the human benefit, of preventing avoidable illness and suffering, which flows from Australia's relatively low cost barriers to general practice, the essential entry point to good health care.

As it is, Australians who already get charged extra by their doctor or specialist, are paying an average of at least \$50 a time and as individuals we face relatively high out-of-pocket health costs compared to many other comparable countries.

The Government argues that we need to rein in Medicare because its costs are rising unsustainably. Medicare expenditure has indeed doubled in the past decade, but so has the overall Australian economy.

Government spending on health as a percentage of GDP, 9 per cent, is moderate compared to other Western nations. Recent figures show that in 2012-13 there was a drop in Federal Government expenditure of 2.4 per cent compared to an average growth of 4.4 per cent over the previous decade.

The Consumers Health Forum commissioned [research](#) at the beginning of 2014 which drew on a significant body of international evidence showing that co-payments create barriers to access to health care for many consumers without decreasing overall health care costs. We have also published expert suggestions on how we could get better value out of the health dollar, such as by reducing avoidable hospitalisations and expensive but unjustified surgical procedures.

Australia has its health system to thank for the second lowest death rate of 16 high-income countries under a measure called "Mortality amenable to health care", according to the Commonwealth Fund of New York which undertakes international surveys of nation-by-nation health performance.

Guess which western nation has the highest rate of deaths that could be prevented by good health care? It's the United States, the nation afflicted with the most expensive health care on earth.

Now *that's* a price signal.

Federal Government must not send medicines safety checks offshore

Australia will seriously erode the capacity to make its own assessment of new medicines and medical

devices if the Federal Government follows through on proposals to outsource these checks to single foreign regulators, the Consumers Health Forum says.

“The Federal Government is considering off-loading such quality and safety checks to ‘trusted overseas regulators’, a move that would dumb down Australia’s capacity to determine which new drugs should come to this country,” CHF’s Chief Executive Officer, Adam Stankevicius, said.



CHF in its submission to the review of the regulation of medicines and medical devices, says that Australia needs a robust regulator to ensure the supply of safe and effective therapies appropriate to Australian needs.

Summary of CHF Position on the Review of Medicines and Medical Devices Regulation

- An independent Australian therapeutic goods regulator should be retained (not necessarily in the current statutory form) and effectively resourced to undertake its own review of medicines or medical devices to ensure their appropriateness, safety, quality and efficacy in the Australian context when required or necessary.
- The Australian therapeutic goods regulator must maintain strong consumer and stakeholder consultation mechanisms, as well as membership on expert advisory panels. There should always be two consumers on key committees so they can support each other and offer greater breadth and depth of experience.
- The Australian therapeutic goods regulator must have robust strategies for assessment of new products before and after their entry to the market. These measures should enhance the present practices of the TGA.
- Any changes to the regulation and approval of medicines and medical devices must be the subject of broader community and parliamentary debate by all stakeholders.
- Should the approval and regulation of medicines and medical devices move towards reliance on trusted overseas regulators, then this shift ought to be enshrined in legislation and with extensive community consultation, not overlaid onto the existing regulatory scheme.
- The Australian regulator should only undertake an accelerated review of new drugs and medical devices if two or more trusted overseas regulators have approved the identical form of the product for the identical purpose.
- Any medicine or medical device under consideration for the Australian market based on evidence or approval from a trusted overseas regulator ought to be the identical form of the product that was approved by the trusted overseas regulator.
- In no cases should an Australian regulator rely on conditional or provisional approval by a trusted overseas regulator as acceptable for the fast-tracking of a medicine or medical device’s review.
- In any case where a trusted overseas regulator applies conditions or withdraws approval for a medicine or medical device that was approved for use in Australia based on the trusted overseas regulator, the Australian regulator must immediately undertake a review of that medicine or medical device’s safety and efficacy.
- Any medicine or medical device that is provisionally approved based on a fast-track process ought to have its approval time-limited and very clearly indicated to consumers and medical professionals.
- Australian laws regarding direct-to-consumer advertising of medicines and medical devices must not in any way be relaxed, bypassed or compromised in any future regulatory arrangement.

The full CHF submission is at: <https://www.chf.org.au/pdfs/sub/Sub-Review-Medicines-Medical-Devices-Regulation.pdf>

Thanks and farewell to Adam

The chairman of CHF, Tony Lawson, is sorry to announce that the outgoing CEO, Adam Stankevicius, has resigned for personal reasons. Adam will finish with CHF in the coming months.

Adam has been an articulate advocate on behalf of consumers in response to issues like the proposed Medicare co-payment and rising out-of-pocket health costs --- issues that affect so many Australians, particularly the chronically ill,” Mr Lawson said.

“Adam’s departure is a loss to CHF but I am confident that the organisation will continue its key role in Australia as the premier advocate for health consumers.

“Now more than ever, Australia needs a clear voice on behalf of consumers when there is so much uncertainty about the future of Medicare and the way our health system should ensure care for those who most need it in the most equitable and cost-effective way” Mr Lawson said.



The costs of chronic illness

Thanks very much to Mel for sharing her story. You can read this story and others at www.ourhealth.org.au/stories

I am a person with chronic illness. I have Inflammatory/Seronegative Rheumatoid Arthritis (which was diagnosed at the age of about 24 - though my doctors now think I have had it since birth but un-diagnosed), Cushing’s Syndrome, Hashimoto’s Disease, and Steroid Induced Type 2 Diabetes. I am now 42. These conditions have resulted in me having to take a significant amount of medication so I can live independently.

I was on disability support pension for approximately six years and in this time I gained a degree in Sociology as I could not sit around doing ‘nothing’. I then gained part time employment as a tutor at ECU and then TAFE.

I re-commenced fulltime employment about 6 years ago and have been working as a level 4 in the public service until recently where I have secured a secondment to level 6. I have also in that time completed my Cert IV in Alcohol and Other Drugs Work and a post grad certificate in Community Development.

Over the past 18 or so years my medications have been changed around a bit to try and get the best possible outcome for me. Unfortunately, there are many side effects from these medications and these can often result in associated health problems. I am going to list the significant things that have happened to me over the past 15 years or so. This is not to illicit sympathy from you, rather to exemplify what I have experienced and still managed to contribute to society. My issue will be made more clear presently.

- Septic arthritis - resulting in approximately 7 months in hospital
- Cataracts - resulting in eye surgery in both of my eyes
- Diverticulitis/colectomy - resulting in the removal of half of my bowel and a colostomy bag for 6 months
- Reversal of colectomy
- Repair of hernias as a result of previous 2 surgeries
- Diagnosis of type 2 (medicated) diabetes
- Ruptured cyst on my ovary - resulting in removal of ovary
- Partial ankle reconstruction
- About to undergo more surgery on ankle as immune system is rejecting metal from recon
- Multiple steroid injections in ankles and feet

I regularly see my specialists; a rheumatologist, orthopaedic surgeon, endocrinologist, and a podiatrist as well as my GP. I have top level private health insurance for which I pay \$90.00 per fortnight.

The assistance I receive through Centrelink is approximately \$120.00 per fortnight via Mobility Allowance. This entitles me to a Health Care Card and the lower rate for the PBS Safety Net. This does not always assist me, as depending on my cycle of prescriptions (now coordinated by my local chemist because there are too many for me to manage on my own - and even this costs me), I may not always reach the

threshold to receive medications for free.

My point is this, I work fulltime, I spend the money I earn, I pay taxes. Yet our society fails to assist people like myself who need to take medications and have surgery to stay alive, independent, work, spend money and pay taxes.

My health insurance does not cover everything, nor does Medicare. My mother, now 62, has assisted me, a 42 year old woman, and paid for all of the out-of-pocket health expenses otherwise I would not be able to have any of it done.

Yes, we have a public health system (and I am very experienced in this system!!!) but this is only any use in an emergency. For my month to month needs it is inadequate.

I have only used my annual leave for actual leave for two weeks in six years as the rest of it has had to be used to recuperate from surgeries after I have run out of personal leave. I have had to take approximately ten months in that six years as leave without pay after running out of annual and personal leave. If I could afford it I would purchase leave (which again is still unfair), but I need every cent of my income to live. I have limited superannuation for my retirement which may well have to be early due to not being able to work.

I never actually get to rest.

I live on my own and rent privately, I will never own a house and it is unlikely I will ever get to go on a trip overseas as I live pay to pay even though my substantive income is reasonable. This is because my medical expenses, related to an inherited condition, cost me so much money.

I know I am lucky, some people have it far worse than me but, it is time people like myself were supported. In truth, if it hadn't been for the support of my mum and friends, I would be left homeless or taken drastic measures resulting in the end of my life as living like this is horrible.

I don't know what I can do about it. But really, this is so very wrong.

Thank you for taking the time to read this.

Would you like to be part of Consumers Shaping Health?

Consumer stories matter and the Consumers Health Forum works to take those stories to the places where decisions are made.

We are always looking for ways that we can bring the consumer perspective into the conversation.

If you're a CHF member and would like to share a consumer story in *Consumers Shaping Health*, or an article about your consumer engagement work, please get in touch! *Consumers Shaping Health* reaches thousands of engaged consumers, and as a CHF member, we'd love to help you reach them too.

For more information please contact CHF Project & Communications Officer, Fiona Walls, on 02 6273 5444 or f.walls@chf.org.au

Problems with Federal/State buck-passing?

The Australian Healthcare and Hospitals Association (AHHA) is seeking consumer stories from people who have experienced difficulty in dealing with the federal/state divide in the provision or funding of health services.

If you have an interesting story to tell, please contact Dominic Lavers at communications@ahha.asn.au.

About us

The Consumers Health Forum of Australia (CHF) is the peak organisation providing leadership in representing the interests of Australian health care consumers. We work to achieve safe, good quality, timely health care for all Australians, supported by the best health information and systems the country can afford.

CHF member organisations reach Australian health consumers across a wide range of health interests and health system experiences. CHF also supports the appointment of consumer representatives to national health-related committees.

Consumers Shaping Health

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ISSN 1835-2057 (print)

ISSN 1835-2065 (online)

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