

Volume 9 • Issue 2 • April 2015

Consumers Shaping Health

Representing consumers on national health issues



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CHF's new CEO



CHF would like to warmly welcome Leanne Wells as our incoming CEO.

Leanne brings to CHF a wealth of experience in wrestling with health issues of national and local importance to consumers. In her 25 years of experience as a senior executive in government and NGO health roles, she has been CEO of the former Australian Medicare Local Alliance, and more recently has led the ACT Medicare Local. She has a reputation as a reformer and change agent in health and social policy, programs and systems development.

Leanne has said she is delighted to be taking up the position. "It couldn't be a more important time for improving health care in Australia. The debate over co-payments and the introduction of the Primary Health Networks are among issues which will require CHF to be at the forefront of the health policy debate in the run-up to the 2016 election year."

Pharmacy deal in urgent need of new script

This blog by Adam Stankevicius was published on Croakey and is also available on www.ourhealth.org.au

The Australian National Audit Office's report into the \$15.4 billion remuneration scheme for pharmacy owners reveals the bewildering scale of administrative failure that only becomes clear on a detailed reading of



the audit document.

The auditor's exhaustive scrutiny of the administration of the Fifth Community Pharmacy Agreement (5CPA) shows the Health Department and the Pharmacy Guild failed to deliver on key government goals like giving more focus to patient services and maximising value to taxpayers.

The audit's findings that large amounts of money went to areas not envisaged by, or adequately reported to, the Government underlines the importance of transparency, public reporting and firm policy and process. When you are talking billions of dollars, the report shows that a million dollars here or there can easily end up in the wrong place.

Over the past five years, the CPA has been the subject of strong criticism from the Consumers Health Forum, professional pharmacists and others over the lack of transparency, accountability and inadequate focus on health outcomes.

This report vindicates calls for a fundamental rethink of the arrangements for taxpayer remuneration of pharmacy owners and of the dominant and potentially conflicted role played by the Pharmacy Guild.

Issues such as the Guild-orchestrated squeeze on funding for home medicine reviews and the troubling dispute over funding for chemotherapy infusions raised serious public benefit questions about the pharmacy agreement and its administration.

Threshold decisions on matters like fee increases, savings measures and loosely-worded contracts repeatedly went in pharmacy owners' favour.

The audit reports that the department kept no records during the lengthy and detailed negotiation for this \$15.4 billion deal. The department also admitted it did not know how many pharmacists actually own PBS-approved pharmacies. An astonishing admission in this day and age.

The audit also pointed to problematic issues for the Guild in its management of public money. The Guild has stated the audit did not make any adverse findings in relation to the Guild's role in the administration of the agreement.

The Guild's role in administering the 5CPA was not in fact examined by the audit. The audit did, however, highlight the many and likely conflicting roles which the Guild plays in the Agreement. These include: industry lobbyist, agent of the Health Department, administrator of government funds, receiver of government grants, owner of business enterprises which sell services and products relating to the Pharmacy Agreement and advisor to the Department on the Agreement.

And the audit's examination of the Health Department's financing arrangements with the Guild did raise serious questions. The Health Department was unable to provide confirmation or evidence as to whether the Guild had complied with rules governing management of public money paid to the Guild for the financing of a range of schemes including rural and Indigenous projects.

From a consumer perspective the report yields a compelling case for opening up to public scrutiny the process of administering of public spending on dispensing of medicines.

Despite a government-declared strategy of maximising savings, boosting the emphasis on health care rather than merely funding volume of dispensing drugs, these aims appear to have been swamped by the financial imperatives of Australia's pharmacy owners.

CHF welcomes the new Health Minister's support for more active consultation with consumers and other non-Guild pharmacy stakeholders.

We want to see consumers at the negotiating table for the next pharmacy agreement which should deliver on major principles of consumer-centred care and access to evidenced-based information about medicines.

In a comment that seems extraordinary given the \$15.4 billion cost, the auditor notes: "There is no formal mechanism in place to reconcile actual expenditures on pharmacy remuneration against funding specified

in the 5CPA."

It is findings like that and numerous others in the audit that convince us that Parliament must call an inquiry by the Joint Parliamentary Committee on Accounts and Audit into the Pharmacy Agreement report.

The audit shows that consumers pay out of their pockets for a much larger share of pharmacy costs than they probably realise - \$4.8 billion over five years. The Government has routinely cited the cost to the Commonwealth as \$15.4 billion. In fact consumers' co-payments account for \$2.2 billion of that figure. On top of that consumers pay a further \$2.6 billion for PBS drugs that attract no government subsidy.

The report states that it is difficult for stakeholders including the Parliament to "form an overall view of what the 5CPA has actually delivered". And this is a question which is often asked, is the Agreement about industry subsidy, is it about dispensing, or is it about delivering health outcomes?

It is time that Australian taxpayers knew exactly what they were paying for in the Community Pharmacy Agreement, and were able to tell if it had been delivered. Any other outcome for the 6th CPA would not only be unacceptable, it would also undermine the credibility of all other sustainability-focussed health reform. That's a pill no Australian should have to swallow.

Health Minister Ley: 'above all, consumer-focused'

The following excerpts are taken from the Federal Health Minister, Sussan Ley's address to Medicines Australia's Annual Parliamentary Dinner in March.

Minister Ley: "Funds are finite and choices must be made..."

That is a discussion we must have as a Government, you must have as an industry and most importantly we must have with the Australian community."

On the Sixth Community Pharmacy Agreement -

Minister Ley: "Which brings us back to the issue of access and sustainability – and in particular to the negotiations around the Sixth Community Pharmacy Agreement and PBS sustainability.

For the first time, we're giving pharmacists, consumers, doctors and medicines manufacturers the opportunity to present their views about the agreement – part of the Government's commitment to being open and consultative on health policy.

In negotiating any future agreements, the Government will consider the views of all relevant stakeholders. We are committed to consulting broadly to come up with workable solutions to deliver a better health system for Australians.

I want to ensure all relevant voices are heard. I want well-rounded policy – evidence-based, pragmatic and, above all, consumer-focused.

I'm very happy to say that discussions have started positively and constructively and I would urge the pharmaceutical side of the sector to take your responsibilities seriously."

Now co-pay is cremated, time to revive Medicare

The Consumers Health Forum has welcomed the Prime Minister's statement that the Medicare co-payment is "dead, buried and cremated."

"It is time to breathe new life into Medicare, our universal health system, now that the Government has dumped its fixation with cutting GP co-payments," says CHF's Chief Executive Officer, Adam Stankevicius.

"We hope this drawn-out and difficult decision for the Government gives impetus to a more considered and comprehensive rethink on how to ensure the long term sustainability of Medicare.

"CHF retains serious concern about the impact of the Government's plan to persist with the freeze on Medicare payments to doctors. We fear that the financial pressure this places on GPs will lead to a backdoor co-payment that will slug patients.

"Draining public money from the entry point to primary care provided by GPs was never the solution to Australia's health cost pressures. While the Government has made much of the rising cost of Medicare, when the cost per person for GP care over recent years is considered, the rise has been small and certainly far lower than the jump in public hospital costs*.



"Yet the Government was considering hitting access to GPs while at the same time waving through yet another above-inflation rise in private health insurance premiums. Health insurance rebates will cost taxpayers \$6 billion this year.

"Universal access to health care is what Australians value and the Government should be building on Medicare by looking at better coordinated care for those with chronic illness. That would reduce demand on hospitals. We need to revive preventive health measures to reduce the prevalence of expensive chronic conditions like heart disease, diabetes and obesity," Mr Stankevicius said.

*See RACGP submission, based on AIHW figures, made to Senate Select Committee on Health, October 2014.

Asthma Australia conference

Asthma Australia is a nationally recognised community voice for people with asthma. The upcoming Australasian Asthma Conference in Brisbane offers clinicians and consumers the opportunity to see how an organisation with national reach, through State and Territory Foundations, builds the consumer perspective into their education, advocacy and support work.

For example, Asthma Australia's work supporting people with limited health literacy or language barriers led to development and trial of a visual education tool - The Lung Story – which will be showcased at the conference. Also as part of the program, Dr Michele Blanchard from Young & Well CRC will talk about the first National Young People and Asthma Report, which surveyed young people to find out exactly what they need to assist their asthma management, and share how this project will inform future policy development.

More information about the conference can be found on the Events page of the CHF website
<http://www.chf.org.au/calendar-of-events.php>

In sickness and in health

By Terina & Graham Scott with Karyn Markwell

Terina lives with chronic pancreatitis. When her condition flares up it can cause extreme pain. It's changed her life, and the life of her husband, Graham. Here, Terina and Graham tell their stories of coming to terms with this challenge. This story came to OurHealth via the Australian Pain Management Association (APMA). If you would like to contact APMA you can call their Pain Link helpline on 1300 340 357 or visit <http://www.painmanagement.org.au/>



Graham's story:

I vowed thirty years ago to take my wife, Terina, 'in sickness and in health', and I meant every word.

Over the last six years, Terina and I have restructured our lives to cope with her persistent pain.

We worked side by side in our family business until we embarked on a trip to Tasmania in 2007. While on holiday, Terina became ill with chronic pancreatitis. Back home, she struggled with the heavy medication prescribed by her doctors, was unable to drive and often slept through the day.

In 2010, aware of Terina's growing needs, I bought a home-based business and employed two staff, so that I could be constantly near Terina. Terina becomes sick so suddenly and I must rush her either to the doctor's or the hospital for emergency care. It's a huge relief that I am now around during the day.

Terina has been unable to attend a pain-management clinic, due to the distance of the nearest clinic from our home, as well as being too unwell to attend day after day. Instead, we gain support from the APMA Pain Link telephone helpline and online information for people with chronic pain. This means we can access options – and hope – without having to leave home.

When needed, I take over the household responsibilities, including doing the washing and cooking the meals. When Terina is very sick, I help her to get dressed, because she can be pretty wobbly on her legs. Occasionally it is challenging being Terina's carer, because her pain and anguish distress me. The most challenging thing about being a carer is being helpless to take away the suffering of someone you love.

Terina's story:

I have always felt quite fortunate when requiring care. However, in the early days after having numerous ultrasounds and CT's (which never provided answers) I was desperate to have an MRI performed. I was finally sent to a specialist, who refused to perform an MRI. I never went back to see him as I felt he never cared for me as a patient. When I finally had an MRI (organised as an emergency) I got my answer of chronic pancreatitis. By that stage I had done a lot of reading and had concluded that was what I had wrong with me, so it was a relief rather than a shock!

Finding a GP who really does care is a huge challenge for anyone who suffers from chronic pain. In the early days, I repeatedly asked myself, *just how much tougher do I have to be?* as I was never given anything for pain relief. I thought that was pretty cruel as I was in so much agony. I recall asking my GP if he truly believed me when I told him what I was going through, and his reply was always "yes". That was a relief to me! I was finally given Tramadol SR 100mg x 2 per day for pain plus Tramadol 50's amongst other drugs by the first specialist I saw. That was such a relief, to finally get something for the pain.

From time to time I require emergency care and the surgery I attend is faultless. My husband rings and says we are on our way, I get taken straight through to the treatment room and have all but once been seen by my own GP. I feel so fortunate to have this marvellous facility available.

Sadly, I feel too many in the medical profession are all about "fixing" you as the patient. When they can't do that, they seem to lose interest and that hurts. This is my daily life, I am a real, live person and this is happening to me day in, day out.... While I've had this chronic condition, it appears all the doctors want me to have a certain amount of ownership of my treatment but do not seem to like it at all if I ever suggest anything myself! It is pretty tricky to know how not to step on their toes!

I have always maintained that the mental challenges are almost as big as the physical. It is a tough and lonely old track to travel living with a chronic illness which results in dreadful pain.

Why do I even need this test?

CHF have produced a handy factsheet for consumers who want to find out more about why they have been asked to have a diagnostic test and what it could involve – so that they can make an informed choice about it. The factsheet is available online at http://www.chf.org.au/pdfs/chf/Diagnostic-imaging-factsheet_WEB.pdf and more information about informed consent, including a short video can be viewed at <http://ourhealth.org.au/find-your-way/you-and-health-system/useful-information/working-my-healthcare-team>

We have some hard copies of the factsheet available & we would be happy to send them out to organisations or groups in our network. If you would like some copies to distribute please call CHF Project

and Communications Officer, Fiona Walls, on 02 6273 5444 or email f.walls@chf.org.au

"Frequent flyer" claim shown to be a sick joke for many patients

A new report into the frequency of patients going to the GP presents figures which should make governments think twice about introducing price signals or co-payments to discourage so-called "frequent flyer" patients from seeing the doctor.

"The notion that Medicare co-payments should be introduced to curb Medicare's "frequent flyers" is challenged by the figures revealed in this report which show that those who go to the GP most often tend to be older, sicker, low-income people," the Consumers Health Forum's CEO, Adam Stankevicius, said. "The National Health Performance Authority report does not mention the copayment issue. However the figures it has produced reveal a complex picture and show a wide variation in frequency of doctor visits among different patients.

"The report shows that one in eight Australians saw a GP at least 12 times in 2012-2013, accounting for 41 per cent of the \$16 billion Medicare paid for out-of-hospital services.

"That visit rate is a big difference to that of the average patients who see a GP 5.6 times a year.

"Patients who see the GP more than 20 times a year were almost twice as likely as low attenders (1 – 3 GP visits a year) to come from low-income areas, the report found. More than a third of the high attenders have three or more long-term conditions compared to the average for all Australians of 7 per cent.

"Any indiscriminate measures to extract mandatory payments under Medicare would hit many chronically ill patients. As it is the current freeze on Medicare payments to doctors will result in gap creep as patient fees rise with doctors adjusting their fees upwards to meet their rising costs.

"The report shows that it is people suffering from such conditions as arthritis or osteoporosis, heart and circulatory disease, asthma, long-term injury, mental illness and diabetes who are among those most likely to have GP, specialist and other Medicare services.

"The use of the term "frequent flyers" reveals a glib view when the reality often involves long term pain and medical need."

AHHA Think Tank on Reform of the Federation and Health

Health will be a key focus of the Australian Government's White Paper on reforming the Federation, with an examination of accountability, funding, structure and overall responsibility being examined. CHF recently joined 130 health leaders at AHHA's Think Tank on Reform of the Federation in Canberra to discuss the challenges and opportunities for change in the way we deliver health services.

There were a wide range of view canvassed on the day, and whilst there was no agreement on a single model there were some common themes. It is clear that we have a complex health system and that complexity does not always serve consumers well. There are gaps in service provision and confusion over what is available and how to access them, and these need to be addressed by any reform.

It was clear the current arrangements do not meet the needs of people with complex and chronic conditions, and reform needs to look at ways to provide integrated consumer centred care as a matter of urgency. Central to this was more investment in primary care and prevention to reduce the demands on the secondary and tertiary sectors.

The Think Tank participants did not accept the Australian Government's view that health spending is out of control, and identified that the strategy of shifting the financial burden to the States and territories was not sustainable. It was argued in the Think Tank that finance should serve good health policy not the other way round.

More details on the presentations and outcomes are available at www.ahha.asn.au/Federation-and-Health

Life Saving Drugs Programme Review

The Australian Government is currently reviewing the Life Saving Drugs Programme (LSDP) and as part of this review, the Commonwealth Department of Health has provided CHF with funding to consult with health consumers about the LSDP. The Review is particularly keen to get consumers' opinions on the values and equities principles that govern the LSDP, and what issues are important in considering whether and how to establish a framework for future rare disease research in Australia.



CHF has worked with the Review's medical ethicist to develop a consumer survey about these principles. We invite all consumers to take the survey at https://www.surveymonkey.com/s/CHF_LSDP_Consult. **The survey closes on 10 April 2015.**

Both the survey and the principles for the review can be discussed on the [OurHealth](#) website.

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.

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ISSN 1835-2057 (print)
ISSN 1835-2065 (online)
PO Box 3099
Manuka ACT 2603
Telephone: 02 6273 5444
Email: info@chf.org.au
Website: www.chf.org.au

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