

Medicare changes require more communication

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The Consumers Health Forum has urged the Federal Government to consider a short pause on the introduction of proposed changes to Medicare benefits in to allow time for a communication and implementation strategy to help consumers and doctors prepare for the changes.

Changes to around 900 Medicare Benefits Schedule orthopaedic, cardiac and general surgery items are due to be introduced from 1 July as a result of a detailed five-year review by a Government-appointed taskforce aimed at ensuring Medicare payments reflect the latest in cost-effective and evidence-based medicine

“If the changes result in some consumers facing high or higher out of pocket costs, there needs to be independent and accessible information available for consumers to understand why they might pay more,” the CEO of the Consumers Health Forum, Leanne Wells.

“These changes once again highlight the importance of fee transparency for consumers. A simple explainer detailing what procedures are affected and setting out the reasons for cost changes should be made available to consumers requiring medical procedures.

“Rising out-of-pocket costs are a major issue for many consumers. It leads to their taking drastic steps. Some defer procedures altogether and live with much pain and disruption to their lives as a result. This can include mental distress and not being able to do particular jobs which have their own costs and impacts. Others borrow money to pay for health

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care and many have had to raid their superannuation. These are financial steps that can burden families long beyond the treatment itself.

“Medicare is our public health insurance scheme designed to give people universal access to subsidised care. We have supported the MBS Review – a review that was long overdue – as good public policy to weed out items in the Medicare Benefits Schedule that are outmoded and have a poor evidence base. Taxpayers should not be contributing to outmoded treatments and should expect the scheme they pay for to subsidise the most up-to-date and effective medicine.

“The MBS review involved many clinical committees with consumer representation systematically looking at each item in the schedule. All the various professional colleges were involved in these processes and it is understood the government has acted on best clinical advice in adjusting what’s included in the Schedule. We were assured that this was the case and the Review was not about finding savings or creating additional costs that would fall to patients.

“The timing of the implementation is the issue. Surgeries would have already been scheduled with patients having an expectation about what it meant for them financially, which will now change. There is merit in the AMA’s suggestion that there is a short delay to implementation so that doctors and patients can get ready. That would allow time for development of responses such as the content for new informed financial consent conversations,” Ms Wells said.

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