Submission to the Senate Standing Committee on Community Affairs
Inquiry into the Health Insurance Amendment (Safety Net) Bill

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The Government has introduced the Health Insurance Amendment (Medicare Safety Net) 2015 to the Lower House of Parliament for debate. This Bill if passed will cap the rebate on all Medicare items at 150% of the Schedule fee, to commence on 1st January 2016. This submission is to outline problems with the proposed Bill and request that it be withdrawn. The following submission will be in 2 major parts:

[redacted]

Part 11 is available for publication

A. Difficulties inherent in the Bill that will cause severe flow on effects to a vulnerable group of the population.
B. Letters from concerned patients regarding this Bill
C. Appendix

I would be happy to speak to anyone on the Senate committee.

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Part 11:

A. Difficulties inherent in the Health Insurance Amendment (Safety Net) 2015 Bill.

The Medicare Benefits Schedule (MBS) Item 306 allows for a psychiatric treatment session from 45 min to 75 min duration and is the most frequently used item number for psychiatrists.

In 1996 Item 306 **was capped after 50 sessions** per year and item 316 was created, which reduced the rebate to half that of Item 306. Item 319 was later created to allow patients with very severe illness to access intensive psychiatric treatment. See Appendix 1 for an explanation of Item numbers 306, 316 and 319.

There are **structural problems with Item numbers 306, 316, and 319.**

The rebate system is structured to accommodate patients in **initial** treatment (Item 306) or patients with **severe dysfunction** (Item 319) but it works against those patients in the **mid range** and in **mid-stage treatment**, which is a very critical stage of treatment. Sometimes patients can become worse before they start to improve, and in this case they would not qualify for item 319 because they are in the middle of treatment, not at the beginning (See appendix 1)

Furthermore Item 319 requires a Global Assessment Functioning of 50 or less. The Global Assessment Functioning scale has been criticized for lack of objectivity and is therefore no longer used in the DSM V (The Diagnostic And Statistical Manual is the main diagnostic tool used world wide, and has in the past year released the latest version, DSM V)

In addition, “Personality Disorder” is now considered on a par with Bipolar Disorder and Schizophrenia in being a severe psychiatric disorder and is now on Axis 1 of the DSM V.

The following is a list of concerns regarding impact on patients and Health expenditure if the MBS Safety Net bill were to be introduced. The **MBS psychiatric item numbers of most concern are 312, 314, 316, 318 and 342.**

1. Proposed changes to the Medicare Safety Net will result in a considerable **financial burden** upon patients currently undergoing intensive psychiatric treatment, who will be charged under the item numbers listed above. Gap payments could increase by approximately 500% from $20 per session to over $100 per session.

2. The likely result of this change is that many of these patients will be unable to afford ongoing treatment. They may abruptly cease treatment, which will have deleterious effects to themselves, their families and places of work. This could trigger deterioration, with increased depression and anxiety, inability to work, to function in their families, or to look after their children.

3. People not already in intensive treatments would be unlikely to have access to these treatments because of significantly increased gap payments.

4. Affected patient demographics are across the **whole spectrum** of society and include infants and mothers, children, adolescents, and adults.

5. In general these patients suffer from severe personality disorders including borderline personality disorder (borderline psychosis), histories of childhood sexual abuse, severe trauma and post-traumatic disorders, substance addictions, eating disorders, suicidal thoughts, homicidal thoughts, severe domestic violence, alcoholism, treatment resistant depression, and other conditions listed under Medicare Benefits Schedule Item 319 for which they do not qualify **because their GAF score may not be 50 or less.**

6. **Adverse flow on effects of introduction of this Bill**: There will be a definite impact on patients' families and social networks, especially

places of work, if patients need to reduce or cease treatment. Rather than being able to work, and pay taxes, and look after their families, these patients may be unable to continue to work efficiently or manage their affairs effectively.

7. The major impact will be on low to middle income earners, including concession card holders, with educational attainment profiles that vary from basic secondary school level to post-graduate qualification.

8. **The economic impact is acute for patients in treatment more than once per week**.

9. It is likely that patients who currently have a Global Assessment of Functioning (GAF) score of 50 or higher during treatment (and don't qualify for item 319) may deteriorate with respect to their mental health, if treatment is prematurely ceased.

10. Flow on **costs to the government, Federal or State,** will be high as these patients would then require more visits to doctors, make more attendances at outpatients and Emergency departments of public hospitals, require increased admissions to hospitals, or may need detention by the justice departments.

11. **Suicide rates may increase.**

12. **There is no place in the public sector that offers these treatments. Therefore decreasing rebates will mean that these patients will no longer be able to afford the help that they need.**

13. As Medicare Benefits Schedule Item 319 is at present, there is a stigma associated with it and patients may not wish to use item 319. For example Item numbers may be subject to subpoena in family court cases involving custody, and insurance companies may refuse to cover patients who have been treated using the current item 319.

14. Item 342 pertains to group therapy, and the Medicare Safety net Bill will also lead to increased costs for patients attending this treatment. These patients are often impoverished and many will not be able to

continue treatment if the Bill is instituted, with similar consequences to those outlined in this submission.

The MBS psychiatry items have already been subjected to a cap, so to add a 150% cap would be to introduce a double cap.

Further reduction in rebate will not encourage competitive pricing amongst doctors. Doctors already charge different prices and patients are free to search for the cheapest psychiatrist. They rarely do so because they are in serious need of help and do not have the emotional resources required searching for doctors who may charge less.

Reduction in rebates will mean that many patients will no longer be able to access this intensive treatment, which has a clear Evidence Base. (See C. Evidence base references)

It is vital to note that intensive psychiatric treatments do not exist in the public sector. Therefore these patients cannot have their treatment shifted into the public health sector.

B. Letters from concerned patients regarding this Bill

The following are 3 letters written by concerned patients and ex-patients who have experienced intensive psychiatric treatment. They have been de-identified to protect the privacy of the patients but all three patients have given their consent to the use of these letters for the purpose of bringing a "lived" experience of intensive psychiatric treatment to the discussion about the proposed Medicare Safety Net Bill.

1.First letter

To Whom It May Concern

8 September 2015

I am a long term mental health patient and I am writing this letter to express my dismay, alarm and concern about the proposed change in the Medicare rebate payable to patients for Item 316 in the Medicare Schedule. Without the existing rebate based upon the Medicare safety net, I will no longer be able to afford the long-term mental health care that I continue to need which keeps me and all those around me safe. I cannot overstate the importance of that to me and more importantly others.

The nature of my mental condition is complex involving serious ad significant psychological dysfunction which has existed for many years. I have heard it said that people like me cannot change and there is nothing anyone can do. From my experience of receiving long term psychological support, that is simply not true. It is true that I cannot simply wish away my problems as if they never existed. As much as I wish that was the case that is not my experience. I am not receiving ongoing psychological treatment simply because it makes me feel better. I receive treatment to help me understand and deal with my psychological problems and as I said, much more importantly, the treatment keeps me and others safe.

The consequences of my mental health problems in the past have been devastating. Whilst I do not wish to go into the detail to preserve the

privacy of those affected by my condition, it is enough to observe that it led to the loss of my marriage with sanctions and a significant loss in my capacity to be a productive person in the community. It is important to observe that prior to any sanctions from others I voluntarily sought psychological help and treatment to help me deal with my adverse psychological condition. This happened despite the significant resulting cost to me and others by voluntarily making disclosures about my mental state. Getting help and treatment became far more important to me than the resulting consequences because it enabled me and others to become safe. And that is perhaps the main reason why I am writing this letter because without my ongoing current treatment I am fearful of what could be the resulting consequences not just upon me but others.
I have sought many forms of treatment to help me including self-help and 12 step programs, cognitive behaviour therapy and group counselling, all of which has helped to me to various degrees but nothing quite like my current psychiatric treatment. My current treatment works because it keeps me focussed on what I need to do to stay safe and work hard at improving my life. The more successful I can become in my life, the less need and reason I have to fall back on my terrible psychological condition as a completely misguided way of living.
It is also said that if I continued to live the life I had in the past there are only three outcomes, death, jail or an institution. I don't want of those things happening to me. With my ongoing intensive psycho analytical treatment, I am kept safe from those outcomes.
As a result, I implore anyone with responsibility for affecting the outcome of the proposed changes in the Medicare rebate for Item 316 to strongly oppose it and enable people like me to continue to receive the treatment we need to stay safe and productive members of our community.
In order to maintain the privacy of myself and others, my personal details are only available upon request.

2. Second letter:

Medicare Safety Net – Statement re: proposed changes.

I'm writing to express my concerns regarding possible changes to the Medicare Safety Net that is currently available for treatment on Item 316. I'm concerned that the proposed changes may make it difficult for patients to afford or access the necessary long-term intensive treatment that is so valuable in providing effective care. Long-term intensive treatment can provide an opportunity to address issues in a way that is not possible with other briefer forms of treatment (e.g., able to explore more complex difficulties, able to address past histories in more depth and how this may have an influence on current thoughts, feelings/behaviour, explore how 'unconscious' thinking patterns may automatically and unintentionally become a part of some present day feelings/behaviours and work through this in order to improve the present, rather than perpetuating symptoms/difficulties). Having the support of the Medicare Safety Net in being able to access long-term intensive treatment provided through Item 316, has provided a significant opportunity for individual change and improvement, however, I believe this also has wider benefits (e.g., able to be a more productive member of the wider community, gains for the individual and other family members particularly in preventing further difficulties for future/other generations). I'd like my concerns to be acknowledged when the proposed changes are considered, in the hope that the changes are not passed, as I feel this will unfortunately disadvantage many in the community, particularly those who may be socioeconomically disadvantaged and/or most in need of appropriate support and care.

3. Third letter:

25 August, 2015

Dear Ms [redacted]

I have recently been made aware of a government proposal to change the Medicare Benefits Scheme (MBS) in 2016. I want to express my concern relating to the impact it will have on the level of care that long-term patients of psychotherapy and psychoanalysis will be able to receive.

As a former patient, from what I understand, if the proposed changes were in place when I commenced treatment in 2011, I would have been limited in the amount of treatment and care I was able to receive. Under the current MBS, I was able to increase the number of weekly sessions during an extremely difficult time in my pregnancy. If the proposed changes are ratified, this level of care will be unaffordable for future patients like myself.

There already appears to be a lack of affordable quality care when it comes to mental health. On November 3 and 4 last year my family attended an inquest following the death of my sister, in 2011, who battled with a severe mental illness and addiction. The outcome, apart from the cause of death, was an unsettling insight into the poor quality of care she received and the negligence of the practitioners who 'treated' her, or essentially 'medicated' her.

I am certain that there are many people and families with relatives who have a mental illness who share a similar story, where short-term therapies or medication are grossly ineffective, and the more effective long-term therapies are deemed the best course of action but are unaffordable.

Therefore, I strongly support any action that can be taken to ensure that relevant consideration be given to my concerns regarding the probable detrimental ramifications of these changes before they are made to the MBS.

Yours sincerely,

C. **Evidence Based** References:

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