



*Seeking the Cure.
Providing the Care.*

Supplementary submission to the Community Affairs Committee Inquiry into Inquiry into Private Health Insurance Bill 2006 [provisions] and related Bills

This brief submission responds to the invitation from the Committee at the Public Hearings on the 2nd February to provide feedback on the Private Health Insurance Business Rules 2007 that were released on 1 February.

Pursuant to the main themes of our first submission and evidence about access to services, chronic disease management and family carers, we will focus on rule 10. The clarity of definitions in this rule can definitely be improved. We believe this will lead to better targeted application of the legislation in the health and community care sectors.

10 (a) Definition of Chronic Disease

To ensure clear coverage and practical intent, we recommend the inclusion of 'neurological conditions' in this definition. This would cover MS and related progressive neurological conditions as well as stroke, where people will benefit from coordinated long term health care provided for in this legislation.

The neurological group of conditions has a low profile in the public sector chronic diseases policy framework, making it more difficult than it should be to achieve cohesive coordinated care outcomes. The main reason for this is that this group is not a National Health Priority. This legislation provides a good opportunity to improve the coordination of these complex and costly conditions across the whole system.

10 (c) Chronic Disease Management Program

This definition of 'chronic disease management program' refers to program coordination and defines the coordinator as a 'person who accepts responsibility for service provision and patient compliance with a health plan. The coordination of individual disease management plans is a responsibility that is a long term proposition in many cases, and required not only commitment, but disease based expertise.

The definition of this 'person' needs to be included so it is clear that it must be someone who has the requisite skill and capacity to perform the role properly. If this 'person' was managing a program for a patient with MS, they would need to be knowledgeable about the disease this 'person' be better defined (as an expert care coordinator already involved in the treatment plan for the individual – this should be drafted so funds can purchase disease management coordination from disease specialist organisations (such as the MS Society, Diabetes Australia etc) as well as current private health providers.

In reality most of the expertise required by the funds for this design and coordination already exists and is practised by these organisations in the public arena. This not only includes clinical knowledge about the disease course, but about the range of existing programs and networks available to the person with the disease and their family.

Ultimately individual members should be able to nominate their program manager from a range of approved providers. Such a list must be comprehensive.

Family Carers

Rule 10 contains no specific reference to family carers being able to receive benefits in a chronic disease management program. MSA recommends the specific inclusion of this group for eligibility, as they are critical players in the disease management process.

In the chronic disease context, these people may not identify as carers so as to be supported through the formal carer networks, however specific targeting of support and education for them through family health insurance policies will be useful in increasing their awareness of their role.

To this end, the wording of 10(b)(i) be changed to read:

- (i) Specifies the allied health service or services and any other goods and services to be provided to the patient and/ or their primary family carer.*

or alternatively an agreed definition of a 'patient' with a chronic disease include be inserted in the rules that includes family members who have a role in the chronic disease management program.

MS Australia is happy to provide further information to the inquiry if required.

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