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Public Hospitals, Health & Medicare Alliance of Queensland

15 June 2003

Mr Elton Humphrey
The Secretary
Select Committee on Medicare
Suite S1 30
Parliament House
Canberra ACT 2600

Dear Mr Humphrey,

Re: Submission to the Senate Select Committee on Medicare

The Public Hospitals Health and Medicare Alliance of Queensland (PHHAMAQ) welcome the opportunity to provide input into the Senate Select Committee on Medicare.

PHHAMAQ is a broad coalition of consumer groups, unions, community organisation and health professional groups that formed in 1998. Members of PHHAMAQ share a common concern for the future of the Australian health system and our aim is to promote public debate on key issues of concern. Current members of PHHAMAQ include: the Australian Pensioners and Superannuants League Qld, the Doctors Reform Society, Health Consumer Network, the Queensland Council of Social Services, the Queensland Council of Unions, the Queensland Nurses' Union and the Queensland Public Sector Union.

PHHAMAQ has produced pamphlets outlining key areas of concern in the lead up to the last two federal elections. Copies of these pamphlets are enclosed for your perusal. As you can see from these materials, for some years now PHHAMAQ has been warning of the undermining of Medicare by stealth that has been taking place. The pamphlet produced for the last federal election outlines our primary concern at that time – the threat to bulk billing. Members of PHHAMAQ can give first hand examples of what the changes to date have meant to the community and our access to appropriate and timely health services. It is our strong view that the Howard government's proposed changes to Medicare will simply serve to make the current situation much worse.

We have also prepared numerous submissions to inquiries, including the Senate inquiry into public hospital funding. Our most recent submission that may be of interest to this inquiry is one prepared earlier this year for the Queensland Minister for Health Wendy Edmond on issues requiring attention in the negotiation of the Australian HealthCare Agreement. A copy of this submission is also attached for your perusal. Although this submission deals with issues other than Medicare and bulk billing we strongly recommend that you consider this submission as it provides a

useful summary of main issues of concern to PHHAMAQ in the health system generally. We believe that it is essential for the system in its totality to be examined – history has shown that piecemeal "reform" has been a failure. The "silos" in our health system must be broken down if we are to design a health and aged care system for the new millennium.

Due to the very short time frame allowed for submissions to this inquiry we are unable to provide detailed comments on each of the terms of reference. (In recent times PHHAMAQ has been concentrating our efforts preparing materials to campaign against the undermining of Medicare. A number of these are enclosed for your information and give an indication of our key areas of concern.) We believe the outcomes of this inquiry will be fundamentally limited because of the short time frame allowed for submissions. Indeed most of PHHAMAQ member organisations will not be making a detailed submission to this inquiry as insufficient time has been allowed to enable these organisations to consult their membership on the terms of reference. We are very concerned that this flaw in the inquiry process will mean that insufficient time will be allocated to consider the myriad of complex issues and then craft well considered recommendations to address them.

We believe that this inquiry will not allow for the careful consideration of the issues that is required. Nor will meaningful community participation into the inquiry process occur. It is for this reason that PHHAMAQ is calling for a comprehensive national independent commission of inquiry into the future of health care services in Australia. A similar exercise was undertaken in Canada recently and this proved to be a most beneficial exercise. This Canadian inquiry was created by Prime Minister Jean Chretien in April 2001, releasing its final report "Building on Values: The Future of Health Care in Canada" in November 2002. For further details please visit the *Commission on the future of Health Care in Canada* go to the following website: http://www.hc-sc.gc.ca/english/care/romanow/index.html)

PHHAMAQ members are also concerned because a Senate Inquiry is inherently a political exercise it is often the case that no matter how comprehensive the terms of reference and thorough the analysis if the party in power does not agree with the recommendations then the recommendations are not going to get implemented. The Senate Inquiry into Public Hospital funding is an example of a process that although thorough has not resulted in significant change. (Although PHHAMAQ members believe that the terms of reference for that inquiry were flawed given that the inquiry examined public hospitals in isolation from the rest of the health and aged care system.) Although it is appreciated that health is inherently a political minefield, it is our view that a national independent commission of inquiry will remove at least some of the political complexities. Of course a government must be willing to institute such an inquiry, listen to the community's views on needs and expectations and be committed to acting on its recommendations. This is, in our view, the only way forward. It certainly is the only way that we can see the community being put back into the centre of the debate. Our health system should be designed with the needs of the community at its centre, not designed to accommodate the powerful provider groups or health bureaucrats.

Once again we apologise for not addressing each of the terms of reference individually however many of the enclosed materials do so. Unfortunately time has

not allowed us to do so given our recent efforts have been concentrated on informing the community of our concerns about the potential threat to our universal health system

If there are any ways in which members of PHHAMAQ could assist this inquiry further please do not hesitate to contact us though our secretariat, C/- Beth Mohle at the Queensland Nurses' Union (telephone 07 3840 1437 and postal address GPO Box 1289 Brisbane Q 4001).

Yours sincerely,

Beth Mohle
On behalf of
Public Hospitals Health and Medicare Alliance of Queensland

Public Hospitals, Health & Medicare Alliance of Queensland

30 January 2003

Hon Wendy Edmond
Minister for Health
GPO Box 48
Brisbane Q 4001

Dear Minister

RE: Re-negotiation of Australian Health Care Agreement

The Public Hospitals Health and Medicare Alliance of Queensland (PHHAMAQ) is aware that negotiations with the Commonwealth on a new Australian Health Care Agreement are currently well under way. We thank you for the opportunity to send representatives of PHHAMAQ to an Australian Healthcare Association workshop on the ACHA held last September facilitated by Professor John Deeble. We certainly gained insights into the key issues under consideration from attending and providing input at this workshop.

As the current agreement expires on 30 June 2002, we take this opportunity to briefly highlight our major concerns about the AHCA and the health system generally.

About PHHAMAQ

The Public Hospitals Health and Medicare Alliance of Queensland (PHHAMAQ) was formed in early 1998 and is a broad coalition of consumer, health service providers and trade unions who share a common concern for the future of the Australian health system. Current members of PHHAMAQ who have endorsed this submission are: the Australian Pensioners and Superannuants League Qld, the Doctors Reform Society, Health Consumer Network, the Queensland Council of Unions, the Queensland Nurses' Union and the Queensland Public Sector Union.

PHHAMAQ aims to raise community awareness, encourage debate and lobby about issues relating to public hospitals, public health and aged care services and Medicare. As part of our lobbying and public education activities, we have produced materials in the lead up to the last two federal elections. A copy of our most recently published pamphlet (produced prior to the 2001 federal election) is enclosed for your information.

GPO Box 1289 Brisbane Qld 4001

Issues of concern to PHHAMAQ

PHHAMAQ appreciates the complex context in which this agreement is being negotiated. For too long the highly politicised nature of the health system has presented a barrier to appropriate reform. Many of the issues that bedevil the system were highlighted in the Senate Inquiry into Public Hospital funding report (*Healing our Hospitals)* released in December 2000. In our submission to the inquiry we stressed that the health system in totality should have been under scrutiny pointing out that we were very concerned that the inquiry's terms of reference concentrated on public hospitals alone.

PHHAMAQ appreciates that much work has been done since this Senate inquiry and in particular we welcome the reports prepared by the AHCA Reference Groups as part of this negotiation process. However, we are concerned that the potential exists for many of the recommendations made by the various reference groups may not be progressed due to the apparent stalemate in negotiations between the state/territory and federal government's over funding. We also acknowledge consultation that has recently been undertaken in Queensland as part of the *Smart State: Health 2020* review process. Members of PHHAMAQ are currently in the process of analysing the final report that was released just prior to Christmas so are not currently in the position to provide detailed comment on it. We will however make brief comment below on some aspects of the report that have received media attention since its release.

The major issues of concern to PHHAMAQ that we believe require urgent attention in the context of the renegotiation of the AHCA relate to the issues briefly highlighted below:

1. PHHAMAQ wholeheartedly supports the original Medicare principles of Universality, Access, Equity, Efficiency and Simplicity. We are extremely concerned that these principles are being undermined by stealth by the promotion of the private health system through the provision of tax-payer funded incentives for private health insurance. This agenda is being promoted as relating to "choice", a proposition that is fundamentally flawed for two main reasons. First, this "choice" is available only to those located in an area with access to privately provided services who can afford to do so (hence undermining Medicare's universality, access and equity principles). Second, for "choice" to be legitimate it must be informed choice. Significant barriers continue to exist that prevent consumers from accessing the necessary information to enable them to make decisions about their health care. Indeed, information asymmetry between "providers" and "consumers" of health services is an inherent feature of the health system and this issue must receive more exposure in the public debate about health care needs and demands.

2. There is a need for a comprehensive national health policy to underpin the AHCA. It is essential that this policy aims to break down the "silos" that exist in the system currently and improve continuity/continuum of care across settings. It is our strong view that the major principle of a national health policy should be to enshrine a right to universal access to free health and aged care services in all service settings and that these services should be funded through the taxation system. Although the actions of individuals contribute to their health status, we believe that health is fundamentally a collective responsibility. The shift in recent years towards individualising responsibility for health through a user pays system is rejected by PHHAMAQ.

3. The principles contained in the AHCA need to be strengthened so that they form a covenant of enforceable rights. The principles of the agreement should be expanded to cover all areas of health and aged care services given the urgent need to break down "silos" in health care. The right to be treated free of charge as a public patient in a public hospital should be expanded to include the right to be treated free of charge for all health services (e.g. GP services). Of course such a shift will require a fundamental re-examination of the way in which health services are funded (especially fee for service arrangements) in the context of whether current funding arrangements are fair and adequate. We believe that the time has well and truly come for wide community debate about this issue. Mechanisms to ensure accountability for health care funding need to be strengthened. This is especially the case in areas such as residential aged care where the requirement to acquit for funding provided for care services has been removed in recent years resulting in decreased accountability.

4. PHHAMAQ is fundamentally opposed to a user pays system in healthcare including co-payments. Such a system is neither efficient nor equitable. Our preferred option is for the community to engage in an informed debate about the need to increase taxes to fund universal access to health services. We believe there would be wide community support for taxes to be increased if the additional revenue raised is tied directly to health and aged care services.

5. Tied to the issue of increasing funding for health service provision is the issue of funding arrangements and accountability mechanisms around funding highlighted in point 3 above. Given that the community funds health service provision through our taxes we have a right to demand accountability for appropriate expenditure. The issue of accountability generally requires close attention and improved accountability mechanisms are required throughout the whole system. The work of the Australian Council for Safety and Quality in Health Care has started to address that much more work is required in this area. Immediate action could and should be taken by the Queensland government to improve access to meaningful information by improvements to the existing Freedom of Information (FOI) regime in this state. Current FOI arrangements are woefully inadequate in many ways and merely serve to add to the culture of secrecy in health. This must be addressed if there is to be genuine improvement in the safety and quality of health care in this state. In particular, all services that receive government funding to provide public services (eg. Mater Public Hospitals and the Noosa Hospital) must be subject to an improved FOI regime in Queensland.

6. PHHAMAQ supports the work of the Australian Council for Safety and Quality in Health Care and believes that funding to this body should be improved in order to facilitate improvements in quality of care. The work of this Council is critically important and central to improving the provision of safe and high quality health care in Australia. We believe that it would be appropriate to include commitment to this Council's safety and quality agenda in AHCAs, obligating governments to participate in a meaningful way.

7. The current provisions of the agreement with regard to public patient's hospital charter and the requirement for complaints bodies to be established are supported by PHHAMAQ. We believe that the effectiveness of such arrangements needs to be assessed regularly to ensure that they contribute to improvements in the standard of health care being provided to the community.

8. PHHAMAQ is particularly concerned about the current demand for services in public hospitals and the impact that increased throughput and rising patient acuity is having on workloads for health workers. There is an obvious nexus between the provision of safe high quality care and staffing levels. This situation is exacerbated by current critical shortages of health personnel such as nurses. We believe that the AHCA must be strengthened to ensure that a commitment exists to provide adequate resources (such as adequate staffing) to ensure the provision of safe high quality health care. The Australian Council for Safety and Quality in Health Care has recently established a Safe Staffing Taskforce and the work of this taskforce must be supported in concrete ways by state/territory and the federal governments.

9. It is our belief that it is essential to strengthen "consumer" rights and improve their formal input into health decision making processes. Service provision should be client focused. It is our belief that existing mechanisms for meaningful input by the community are inadequate.

10. PHHAMAQ believes that fees at point of service are inimical to a universal health system. The maintenance and extension of bulk billing is critical in relation to this. Although MBS arrangements are not covered in the current agreement there is an obvious nexus between GP and hospital services. The decline in bulk billing must be addressed as a matter of urgency. The decline in bulk-billing by GPs has increased demand for services in public hospitals, particularly out-patient services. Alternatives to fee-for-service for payment of medical care such as salaried medical practitioners or capitation payments for general practitioners need to be considered.

11. The community is tired of blaming behaviour and aberrant cost shifting between state and federal governments. The issue of "single point accountability" for the provision of health services must be addressed as a matter of urgency. It was pleasing to see that the Queensland and Commonwealth governments were able to reach agreement last year on a joint approach to improving the provision of health services for indigenous Queenslanders and we hope that this might lead to more cooperative arrangements in health generally.

12. Medicare should be extended to include dental services and other non-medical services such as nursing and allied health services. This would facilitate a more holistic approach to health service delivery. There is also an urgent need to improve the integration of the health system through better coordination of the vast number of health professionals providing services. General practice funding needs to be improved to promote good health care delivery and not quick consultations which are encouraged by the current funding system. Funding for nurse practitioners and ensuring access to allied health care services also requires urgent attention.

13. The provision of dental services requires particular attention. Although we appreciate that the Queensland government was the only state government to pick up the funding for the Commonwealth Dental Scheme when the Howard government de-funded it, it is obvious that the state funded dental services are overwhelmed and the re-introduction of Federal funding for public dental services is needed. Currently, in some areas public dental clinics have had to employ security staff to help control the despondent and angry patients seeking urgent treatment. Failure to provide adequate dental services still ends up costing the health system when patients unable to access dental care attend GP clinics for stop-gap treatment for pain relief and dental infections. Research has also linked poor dentition with serious chronic health problems including heart disease.

14. We oppose the privatisation of public health services be this through direct privatisations (eg Noosa Hospital) and Public Private Partnerships (PPP) in health. Privatisation can also occur by stealth through the collocation of public and private health services. Privatisations in health in Queensland, other states of Australia and elsewhere in the world have been demonstrable failures in both economic and health policy senses. The Queensland government knows from first hand experience how such ventures not only fail but drive up costs.

15. The private health insurance rebate has not decreased demand for public health hospital services. We believe this money would be better directed to providing services in the public health system. It is our firm view that current funding provided for the provision of public health services in Queensland is inadequate. The incentives for private health insurance do not address the current demand for universal systems. This is a particularly important issue for Queensland given the decentralised nature of the state and the lack of private health service providers in many rural and remote areas of the state. The "clawback" provisions relating to private health insurance levels contained in the current agreement must be removed. Actual numbers with private health insurance is not an indication of utilisation of public or private services. Numbers attending public and private hospitals is also not an indication of cost of care or complexity of cases.

16. "Cherry picking" by private hospitals needs to be addressed as a matter of urgency. Our concern is that the more complex (such as chronic patients) and expensive (ie. the unprofitable patients) cases will largely end up being cared for in the public system. Public hospitals should be adequately compensated for those privately insured patients who are transferred to the public system when complications arise. (Although this cost should not be borne by individual patients given our concern about the increasing trend towards user pays systems in health.)

17. There has been a marked rise in private hospital services, particularly short stay services no doubt increasing health spending, including the public spending via Medicare payments (75% of scheduled fee for doctors such as surgeons, anaesthetists, radiologists and pathologists) without necessarily making any difference to health outcomes. It has been clearly demonstrated that treatment is cheaper in public hospitals and the public contribution to private hospital treatment is often more than the cost would have been if the same treatment was delivered in a private hospital. The issue of Supplier Induced Demand requires further attention given the obvious implication this has on the provision of appropriate services and the potential for over servicing.

18. There is an urgent need for an improvement in the availability of and access to meaningful information to inform health decision making processes. (This need is for both health decision makers and the public alike.) Although it is acknowledged that some work has been done on the development of performance indicators in health, in our view these have to date been concentrated unduly on efficiency indicators (eg. Cost per Casemix Adjusted Separation) rather than equally (or in some cases more) important issues such as effectiveness, quality and access. The Australian National Audit Office recently made a number of recommendations about access to performance information in a report titled *Performance information in the Australian Health Care Agreements* (December 2002).

19. The issue of shortages of health professionals is another issue that requires urgent attention. At the AHA workshop in Brisbane in September 2002 there was discussion about the urgency surrounding these shortages and the view was expressed that the issue of health workforce should be added as an area of defined health funding in the next AHCA instead of Casemix funding. A comprehensive and integrated policy response is required to urgently address the current national (and indeed international) shortage of nurses. Shortages are not restricted to nursing alone. Shortages also exist in medical services, pharmacy and radiography, to name a few. In rural and remote areas shortages exist in almost all health profession areas, including doctors, nurses, dentists, physiotherapists and other allied health professionals. There is a serious shortage of doctors in Australia and the problem is growing. Regularly specialist positions are not filled in Queensland hospitals and overseas doctors need to be recruited. GPs in non-metropolitan areas are an endangered species. Australia needs more medical school places and more training opportunities for junior doctors. Considering the investment made in their training it is ridiculous at a time of such shortages that junior doctors cannot automatically get places on appropriate training schemes. The issue of fees attached to all post basic courses for health professionals requires urgent attention to ensure correction of shortages and equity between health professionals. With regard to non-medical areas of specialty, fees attached to postgraduate specialty courses at universities should be waived until such time that the existing shortages are corrected.

20. We believe that commitments to indigenous health need to be specifically detailed in the AHCA. This is of particular importance given the continuing significant health disadvantages suffered by indigenous Australians and the significant indigenous population in Queensland. The agreement reached between the Queensland and Commonwealth government last year regarding indigenous health is acknowledged, however we firmly believe that such arrangements need to be formally incorporated in the AHCA

21. There is also an urgent need for rationalisation of pharmaceutical services to prevent cost shifting and cost blow outs. The differences in arrangements for in-patients and outpatients are a case in point. Hospital pharmacies should be predominantly shifted to in-patient dispensing and prescriptions for out-patients shifted to the PBS. (Although it is also the case that some unnecessary over-servicing occurs when patients are discharged from hospital with an inadequate supply of medications and then have to present to their GP only for the writing of a new prescription.) The use of publicly funded independent drug detailers should also be increased to further promote rational prescribing.

22. PHHAMAQ is aware that Australia has entered into trade liberalising agreements such as the General Agreement on Trade in Services (GATS) and future proposed Free Trade Agreements (FTA), for example one currently mooted with the USA, that constrains the ability of governments to regulate service delivery. Free Trade Agreements (FTA) favour market-based as opposed to government-administered structures and reduce the power of governments to regulate in areas of obligations. Public services such as health care are not clearly protected. Government service privatisation strategies such as direct privatisation, competitive tendering, contracting to private organisations, Private Public Partnerships (PPP) or collocation open governments to the full strength of these agreements.

    The Queensland government has responsibilities for health care in Queensland and should be particularly concerned. Measures by all levels of government are included in these agreements.

State and provincial governments can and have been taken to court under Chapter 11 of the North American Free Trade Agreement (NAFTA). California was so concerned of the threats to democracy that a resolution regarding concerns with international investment agreements such as Chapter 11 of NAFTA was passed in the California legislature.

We believe the Queensland government must press the federal government to have health care self-defined and effectively excluded from international trade agreements. Policy flexibility and the right to regulate by governments should be explicitly incorporated into any trade agreements.

23. PHHAMAQ acknowledges the work that the Queensland government has done in recent times through its *Smart State: Health 2020* review process. However, we believe that it is time for a comprehensive national review of health needs and expectations through a review process such as the recently conducted Canadian Commission on the Future of Health Care in Canada. This Commission's final report titled *Building on Values: The Future of Health Care in Canada* (Roy J. Romanov Chairperson - released in November 2002) is a comprehensive document that was significantly informed by a detailed community consultation process. Such a review is long overdue for Australia.

Conclusion

The above points represent a summary of the major issues of concern that PHHAAQ believes need to be taken into consideration in the re-negotiation of the next AHCA. We are extremely concerned about trends in recent years towards a US style health system and remain committed to opposing this trend and arguing for the maintenance, extension and improvement of our universal health system.

In summary we are concerned that our universal health system is being undermined by stealth in a number of ways, including:

- The promotion of private health services at the expense of universally provided health services specifically through diverting tax-payer funds to the 30% rebate for private health insurance
- Lack of adequate resourcing for the public health system contributes to long waiting lists for some services and erodes community confidence that publicly provided services will be available in a timely manner;
- The increasing trend towards a user pays system in health by increases in or threatened introduction of co-payments;
- The increasing "co-modification" of health and health services – the more health becomes a profit driven commodity the greater inequities in access to health and health outcomes will become;
- Failure by government to provide leadership and engage the community in genuine debate about the type of health care system we want and the funding required to meet health needs and expectations in an equitable way;
- The push for privatisation or outsourcing of public health services, for example through Public Private Partnerships.

Representatives of PHHAMAQ would be happy to meet with you or representatives of Queensland Health to discuss this submission further. Should you wish to arrange this please contact Beth Mohle at the Queensland Nurses' Union on 3840 1437 during business hours.

Thank you for your consideration of this submission. We wish the Queensland government success in the negotiations to receive a fair share of funding to ensure the provision of quality public health services in Queensland.

Yours sincerely

Beth Mohle

BETH MOHLE
On behalf of
Public Hospitals Health and Medicare Alliance of Queensland

Hands off Medicare

What you can do to help save Medicare

* Attend rallies, community meetings, pickets and other events to protest against the Howard government's proposed changes to Medicare — or organise your own!

* Sign petitions in support of Medicare — get your friends, family, neighbours and workmates to do the same. Set up a stall in the main street of your suburb or at your local Sunday markets to get signatures. PHHAMAQ can provide you with materials for a stall (see details below).

* Raise the issue in your local community, trade union, church, professional group or sporting association. You can contact PHHAMAQ and arrange for a speaker to address a meeting.

* Send letters to MPs and senators. A suggested letter is available from PHHAMAQ.

* Arrange for a delegation to visit your local federal MP to personally express your concerns.

For more information and for campaign materials and advice, contact PHHAMAQ, the Public Hospitals, Health and Medicare Alliance of Queensland, a coalition of trade unions and community groups committed to defending our public health care system:

* Check out the Queensland Nurses' Union website (http://www.qnu.org.au) where you can download petitions, letters, flyers etc.

* If you do not have internet access, phone the Queensland Nurses' Union on 3840 1444.

Save Medicare

Authorised by PHHAMAQ, the Public Hospitals, Health and Medicare Alliance of Queensland

Hands off Medicare

The Howard government wants to destroy Medicare. The changes announced in the Budget take them one step closer to this aim.

Bulk-billing is a fundamental cornerstone of Medicare. It aimed to ensure that anyone and everyone could see a GP without worrying whether they can afford to.

But since the Howard government was elected, bulk billing rates have plummeted by 10 per cent. Ten million fewer GP consultations per year are now bulk-billed.

The government's answer? Bring in changes that will take Medicare even further down the user-pays road.

The coalition wants a co-payment system where only those who have a pension or concession card are bulk-billed. Everyone else will have to use their credit card.

The cut-off for a health care card is a family income of just $32,300. Instead of providing health care as a basic right for everyone, Medicare will be means tested.

It will be the start of a US-style, two tiered health care system. Instead of universal health care, Medicare will end up a second rate safety net for the poor.

We have to stop the Howard government's attack on Medicare. On the back of this flyer, there are suggestions about what you can do to get involved in the campaign.

But more than that, we need to demand that resources are put into Medicare to defend it and extend it.

It works. It's fair. It's Medicare.

What's wrong with the co-payment system?

The co-payment system may look easier than having to pay the entire doctor's fee up-front and then claiming the Medicare rebate ... BUT

* It will give doctors a green light to increase their fees as there are no controls on fees in the proposed legislation. The doctor's association—the AMA—has already indicated that doctors' fees will rise.

  Instead of paying $10 extra, patients could easily end up paying $20 or $25 each visit without getting anything back from Medicare. On top of that, you may have to pay $25 for a prescription.

* Out of pocket expenses for patients to see a non-bulk billing GP have increased by 16.6 per cent in the last two years to December 2002. The average patient is already "contributing" $12.78.

* The ACTU has estimated that a working family with two children and an average number of doctor visits will face up to $500 a year in **extra** costs for formerly free bulk billed GP visits.

* Once the co-payment system becomes established for GP visits, it will spread" you may well have to pay a co-payment when you have a blood test done, for example. Co-payments for public hospital services could be next.

* A co-payment stops people going to the doctor if they don't have the money. Important preventative care (blood pressure, asthma and diabetes treatment, immunisations etc) will be missed out. Delaying treatment until they have the money can in some instances cause further health problems.

In debt because you're sick!

* In the early 1970s, before the introduction of universal health care under Whitlam, unpaid medical bills were the single biggest category in the small claims court

* In 1973 in South Australia, the most common cause of imprisonment for debt was failure to pay health care bills.

The money is there

The answer to the bulk billing crisis is easy" more funding for our public health care system. The immediate solution is to increase the Medicare rebate. Most GPs have stopped bulk billing because the rebate they receive under Medicare has not kept up with inflation or the costs of running a practice.

"The bulk billing payment is about $6 per visit less than needed to preserve its real value since Medicare began. If bulk billing returned to about 80 per cent, the crude additional cost would be about $500 million annually...The commonwealth budget could swallow it without blinking."(Prof John Deeble, architect of Medicare)

The Liberals' private health insurance rebate costs a whopping $2.2 billion every year and has blown out by $1 billion since it was introduced. That money could save bulk billing and eradicate waiting lists in our public hospitals.

PHHAMAQ

Public Hospital Health and Medicare Alliance of Queensland

— a coalition of consumers, trade unions, community organisations and health service providers raising community awareness, encouraging debate and lobbying on issues relating to public hospitals, public health services and Medicare

The community must speak out and defend universal health care now before it is too late. Make your views heard.

PHHAMAQ is lobbying federal members of parliament and Senators. In particular, we are asking that they:

* oppose all Howard government policy initiatives that will undermine the integrity, universality and ongoing viability of Medicare;
* support **bulk billing** for **all** Australians as a fundamental cornerstone of our health system;
* hold an independent national inquiry into the future of the Australian health system, so the community determines the type of health system that meets its needs;
* ensure no changes to Medicare until this national independent inquiry is finalised;
* ensure that the Australian government does not sign any international agreements, including trade agreements, which put our universal health care system or Medicare at risk of privatisation, foreign involvement or foreign ownership.

What can you do?

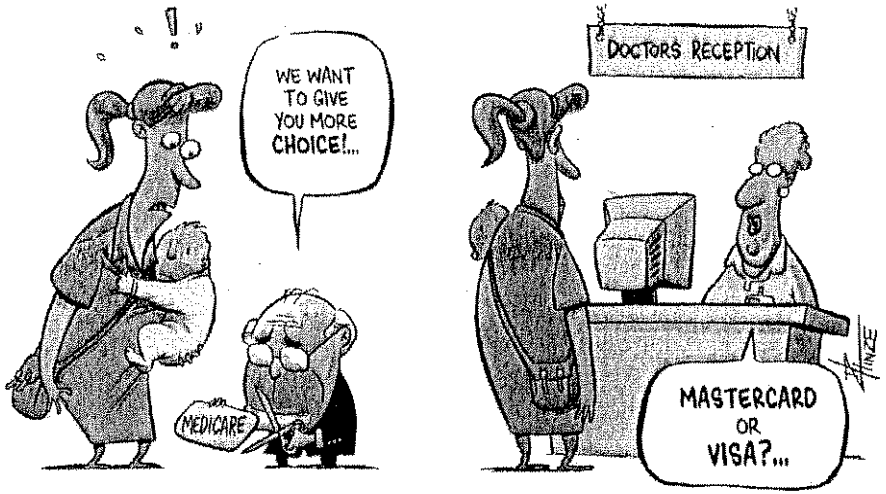
You can help by:

* attending community meetings and other activities that support Medicare;
* contacting your local Federal member of parliament and as many Queensland Senators as possible and express your concerns about this attack on Medicare;
* signing our petition to defend Medicare. This petition and contact details for Queensland federal politicians and Senators can be found at the Queensland Nurses' Union website (http://www.qnu.org.au)

Ensure health for ALL Australians — defend Medicare!

Produced by PHHAMAQ, c/- QNU, GPO Box 1289, Brisbane Q 4001
Telephone: 3840 1444

Defend Medicare to ensure access to health care for all Australians!



*** Australians want a "fair go" for all**

*** No-one ever asks to be sick — serious illness or injury can strike you at any time**

*** Health is a community responsibility**

*** There is a growing health gap between rich and poor**

*** Health changes are already causing inequality — as out-of-pocket health charges increase growing numbers of Australians cannot afford access to care when it is needed**

What sort of health system do we want for Australia?

Health care with Medicare is universal — funded through our taxation system, and based on care according to need, not ability to pay

Medicare recognises health care as a public good

Medicare is now seriously under threat!

Increasingly, difficulties accessing health care are due to:

Inadequate funding of public health services

- health services struggle to meet demands and waiting lists grow
- over $2.3 billion every year goes into the private health insurance rebate but could go directly to the public health system with better value for money

Undermining of bulk billing

- GPs and specialists are abandoning, or threatening to abandon, bulk billing—bulk-billing rates have declined from 80.6% when the Howard government came to power to 68.5% (March quarter 2003)
- bulk billing has never been widely available in rural and regional areas

Increase in out-of-pocket expenses for consumers

- the out-of-pocket expense of seeing a non-bulk billing doctor has risen by 16.6% in the last two years to December 2002, with the average patient contribution rising to $12.78 per GP visit
- consumer co-payments for prescription drugs have also increased
- many cannot afford to access appropriate care, e.g. services not covered by Medicare such as dental, podiatry, physiotherapy, nursing care

Making the sick pay is a tax on the sick

A push towards a US style health system

The Howard government's plan to allow doctors to charge co-payments for formerly bulk-billed patients will end Medicare as we know it and allow fees to rise as never before. The push towards a "user pays" system in health is increasing, where health is seen as a private concern rather than a public responsibility. This will result in an "Americanisation" of the Australian health system.

Couldn't happen here?

Before universal health care was introduced in Australia as Medibank (Medicare's predecessor), uninsurance, under-insurance and hardship were common. ***In 1973 in South Australia, the most common cause of imprisonment for debt was due to failure to pay health care bills!***

We forget the injustices that existed before we had a universal health system funded through out taxation system. The shift towards a privatised health system is being fast-tracked.

The privatised US health system is characterised by:

Inequity

- around 44 million Americans have no access to health cover (8 out of 10 of these are workers or their dependents)
- another 38 million Americans are under-insured
- the poor and underprivileged are ***routinely denied access*** to appropriate health care
- inequality in health outcomes between rich and poor is the highest of all wealthy nations
- inability to pay medical bills has been the greatest cause of personal bankruptcy in the USA

Inefficiency

- the US system is more expensive and yet less effective
- the USA spends around 13% of their Gross Domestic Product on health compared to Australia's 8.3% while health outcomes are consistently worse than other wealthy countries
- administrative and other costs are much higher in the USA compared to countries such as Canada, the UK and Australia

Currently in Australia significant power and money is being transferred to the private health insurance industry, whose profits surged by 172% in 2000, and complaints about the product increased by 118% in the nine months since the introduction of Lifetime Health Cover. The majority of Australians (56% of the population) do not have private insurance yet their taxes go towards providing a significant subsidy to those who do. That is not fair.

Australians must show that they reject a US-style health system. Medicare is more than a universal health insurance scheme — it symbolises the type of society we want Australia to be. It is a clear demonstration of mutual support and concern for fellow citizens when they are at their most vulnerable — when they are sick.

PHHAMAQ
Public Hospital Health and Medicare Alliance of Queensland
— a coalition of consumers, health service providers and trade unions raising community awareness, encouraging debate and lobbying on issues relating to public hospitals, public health services and Medicare

In the lead-up to the 2001 federal election, PHHAMAQ calls upon candidates to respond to demands for the maintenance and extension of a fair, high quality universal health system for Australia.

In particular, we seek:

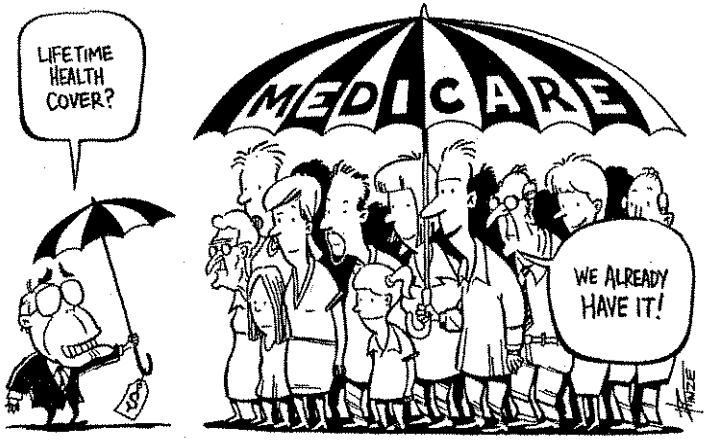
* to maintain and extend **Medicare** and our **public health system**, with no cost to patients at point of service;
* to ensure **bulk billing** for all Australians;
* to extend Medicare to cover **dental, allied health and nursing services;**
* to strengthen the **Pharmaceutical Benefits Scheme;**
* **adequate resources** for universal health services by re-directing subsidies for the private health insurance industry into public health;
* **improved accountability** for the quality of health services (in the public, private and not-for-profit sectors);
* open and informed debate on health needs and expectations, basing any extension of Medicare on **community needs;**
* **genuine community input** into health decision-making processes and the development of a national health policy — ***the system must be designed for us;***
* no signing of free trade agreements that threaten the existence of public health systems such as Medicare.

Make health a key issue for the next federal election

Vote for a party that supports Medicare and public health services

Authorised: Gay Hawksworth, 56 Boundary Street, West End
Printed by the Queensland Nurses' Union, 56 Boundary Street, West End

Health for all Australians!



* Australians want a "fair go" for all

* No-one ever asks to be sick — serious illness or injury can strike you at any time

* Health is a community responsibility

* There is a growing health gap between rich and poor

* Health policy changes are leading to inequality in access to care

What sort of health system do we want for Australia in the new millenium?

Health care with Medicare is universal
— based on care according to need, not ability to pay
funded through our taxation system

Medicare recognises health care as a public good

Medicare is now seriously under threat!

Increasingly, difficulties accessing health care are due to:

Inadequate funding of public health services

- health services struggle to meet demands
- waiting lists grow
- $2.2 billion per year goes into the private health insurance rebate but could go directly to the public health system with better value for money — this does not include the millions of taxpayers dollars spent advertising this intiative

Undermining of bulk billing

- GPs and specialists are abandoning, or threatening to abandon, bulk billing
- bulk billing has never been widely available in rural and regional areas

Increase in out-of-pocket expenses for consumers

- many cannot afford to access appropriate care, e.g. services not covered by Medicare such as dental, podiatry, physiotherapy, nursing care
- increases in pharmaceutical safety nets and consumer co-payments for prescription drugs

Making the sick pay is a tax on the sick

A push towards a US style health system
The push is on to remove health from being a public responsibility to a private concern. This will result in an "Americanisation—of the Australian health system.

Couldn't happen here!

Before universal health care was introduced in Australia as Medibank (Medicare's predecessor), uninsurance, under-insurance and hardship were common. ***In 1973 in South Australia, the most common cause of imprisonment for debt was due to failure to pay health care bills!***

We forget the injustices that existed before we had a universal health system funded through out taxation system.

The privatised US health system is characterised by:

Inequity

- around 44 million Americans have no access to health cover (8 out of 10 of these are workers or their dependents)
- another 38 million Americans are under-insured
- the poor and underprivileged are ***routinely denied access*** to appropriate health care
- inequality in health outcomes between rich and poor is the highest of all wealthy nations
- inability to pay medical bills has been the greatest cause of personal bankruptcy in the USA

Inefficiency

- more expensive and less effective
- the USA spends around 14% of their Gross Domestic Product on health compared to Australia's 8.5% while health outcomes are consistently worse than other wealthy countries
- administrative and other costs are much higher in the USA compared to countries such as Canada, the UK and Australia

Currently in Australia significant power and money is being transferred to the private health insurance industry, whose profits surged by 172% last year, and complaints about the product increased by 118% in the nine months since the introduction of Lifetime Health Cover. At present the private health insurance industry is subsidised more than the mining, manufacturing and primary agricultural industries combined.

We don't want another GST — General Sickness Tax!

Public Hospitals, Health & Medicare Alliance

of Queensland

The Public Hospitals, Health and Medicare Alliance of Queensland is a broad coalition of consumer, health service provider groups and trade unions who share a common concern for the future of the Australian public health system.

The Alliance aims to raise awareness within the community and within political parties about issues relating to public hospitals, public health and Medicare.

As health is consistently one of the top three issues of importance for Australians, this pamphlet provides an overview of our concerns in the lead-up to the 1998 Federal election.

We strongly urge voters to carefully consider the health policies of the respective political parties prior to casting their vote on 3 October 1998.

This pamphlet provides an overview of the current issues of concern to the Public Hospitals, Health and Medicare Alliance of Queensland.

Health service expenditure in Australia has remained stable (around 8.5% of GDP) since 1991-92. This compares favourably with other countries and is far less than what is spent in the largely-privatised American health system (around 15% of GDP).

Our Medicare system is a fair, efficient and effective form of health care delivery for all Australians

The Alliance will continue to lobby political parties about these issues. We will also encourage debate on significant health issues by informing the public of our concerns. We pledge our support in the defence, maintenance and improvement of public hospitals, public health and Medicare.

For further information, please contact the Public Hospitals, Health and Medicare Alliance of Queensland, c/ GPO Box 1289, Brisbane Q 4001.

Australian Council of Trade Unions Queensland
(☎07 3846 2468)

Australian Pensioners & Superannuants League Qld
(☎07 3844 5878)

DRS Doctors Reform Society
(☎02 9264 9084)

Health Consumers Network
(☎07 5497 5786)

QCOSS Queensland Council of Social Service
(☎07 3832 1266)

QNU Queensland Nurses' Union of Employees
(☎07 3840 1444)

SPSF Q State Public Services Federation Qld
(☎07 3234 1300)

Authorised Gay Hawksworth, 56 Boundary St, West End Q 4101 (Sept. '98)
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What you should know about

Public Hospitals, Health & Medicare

The future of Medicare and bulk-billing

The introduction of Medibank and later Medicare provided a universal health insurance scheme. This made public hospital treatment available for ALL Australians, and contributes to the cost of visiting a doctor. Where a consultation is bulk-billed, the government pays the doctor directly for each service. Currently in Australia about 75% of all consultations are bulk-billed.

The maintenance of our universal health system —Medicare— is important to the health of all Australians. Being able to receive medical care without up-front costs means no-one misses out on health care because of an inability to pay. Clinical need, NOT ability to pay, should determine access to health services.

Medicare's survival requires a government commitment to ensure universal access to health care. Any moves to limit bulk-billing or allow for co-payments jeopardises this system, and health care delivery to those most in need — the elderly, unemployed, chronically-ill or disadvantaged — would be put at risk.

Moves to restrict access to public hospitals encourages the growth of a two-tiered health system and the breakdown of our free public hospitals. Health care delivery would become a welfare rather than a health issue. This impacts on the health and well-being of all Australians.

Public hospital funding

Taxes should be spent where they do the most good for the most people — in the public health system.

In recent years the public hospital system has been starved of resources, and this must be corrected urgently. **In the 1996 federal budget, $800 million was cut from funding for public hospitals over four years.** The states have been expected to pick up the shortfall. Yet, at the same time the federal government committed $1.2 billion to provide incentives for private health insurance.

Private health insurance

Since the introduction of Medicare the Australian community has demonstrated its commitment to a universal free health system. This is evidenced by the declining rates in private health insurance.

At present only 30% of the population are covered by private health insurance.

The money being paid to prop up private health insurance (for 30% of the population) should be diverted to public hospitals and other areas of the public health system.

The Howard government provided an estimated $1.7 billion in subsidies to people with private health cover in an attempt to stop this decline. It should be noted that the cost of private health cover has increased significantly over the last few years, largely consuming any government incentive. Consequently this has not worked and the government's recently-announced tax package commitment of a further $1.2 billion a year of taxpayer's money to continue this scheme must be challenged.

The Alliance believes this money should be put into the public health system.

Aged care changes

The Alliance believes that, like public hospitals, universal access to nursing homes must be restored.

Policy changes and funding cuts by the current federal government are of great concern to Alliance members. We believe government has an obligation to provide adequate funding to ensure the safety and security of elderly Australians who require care. **People enter nursing homes not out of choice but because they require nursing care.**

Although the Howard government has increased funding to community aged care programs, this has been insufficient because of the significant growth in demand for these services.

The imposition of a user-pays system on residential and community aged care services has placed unnecessary stress on elderly Australians. **Many are being put at risk because of an inability to pay.**

Pharmaceutical Benefits Scheme (PBS)

Recent changes mean that Australians are paying more for their prescriptions. A number of items have also been "de-listed" which means consumers are now required to pay the full cost of the item.

The Howard government has also increased the safety net threshhold for pharmaceuticals. Consumers now have to spend more on their pharmaceuticals before the safety net cuts in. Again, this is a shift to a user-pays model.

Over the last two years cuts of more than $1 billion have been made to the PBS.

Privatisation and collocation of health services

The blurring of boundaries between public and private health care is occurring through the privatisation of public health services and collocation of public and private health services.

Interstate experiences show that funding and access difficulties occur as a result of privatisation. Services cost more to provide because the private operator must make a profit. The previous Queensland government signed contracts with private operators to run public hospitals at Noosa and Robina.

We see privatisation as a direct attack on Queensland's free hospital system. The Alliance is also concerned about the collocation of private facilities on public hospital sites. We seek assurances from the current Queensland government that planned collocations will not adversely affect access to services for public patients.