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## GOVERNMENT PUTS EARLY DIAGNOSIS AT RISK WITH NEW “CO-PAYMENT BY STEALTH”

### Senate urged to scrap changes

Australia’s diagnostic imaging (DI) providers have slammed the Federal Government’s cuts to Medicare rebates for general patients who were previously bulk-billed – without any regard for the impact on their ability to be able to afford early diagnosis of an illness.

**Dr Christian Wriedt**, President of the **Australian Diagnostic Imaging Association**, said the Government’s move, announced in its Mid-Year Economic and Fiscal Outlook, was “nothing less than a co-payment by stealth”.

“We thought the co-payment was history, but it’s back. I’m calling on the Senate to stand up for patients Australia-wide and disallow this co-payment by stealth,” Dr Wriedt said.

Dr Wriedt said the changes were “simply bad policy” for numerous reasons, including:

#### This is much more than a \$7 co-payment

“In simple terms, this will make it much more difficult for many patients to receive the life-saving level of care they need. We are talking about services that are absolutely essential to diagnosing and treating many conditions, and we’re making it harder for people to get. More people – especially those with chronic, serious conditions – will not be properly assessed. If Medicare exists to help people, this doesn’t make sense.”

#### No consultation

“This is a Minister who has been at pains to say she wants to work with clinicians and yet this announcement has come completely out of the blue with absolutely no consultation.”

#### Puts at risk any progress that comes from the MBS Review

“We have been working closely with Government, proposing improvements that would benefit patients and help create a 21<sup>st</sup> Century Medicare. This announcement now makes us wonder why we’re bothering to have a clinician-led, evidenced-based Review at all.”

#### Not an evidence-based change

“Let’s not kid ourselves. This is a cash grab and a co-payment by stealth. They attempted this last year and, based on feedback from patients, they sensibly abandoned it. They know that this will hurt people and particularly the most vulnerable in our communities and yet they’re pushing ahead.”

#### It will make imaging unaffordable for many vulnerable patients

“Consecutive Federal Governments have failed to index patient rebates for diagnostic imaging

services for the past 17 years, so these cuts and the new red tape will push more costs onto patients.”

General patients who were previously bulk billed can expect to pay gaps of at least the reduction in their rebate. In addition, Medicare systems rules do not currently support patients paying just the gap up front, which means that these patients will have to pay the full cost of the service upfront as well as the out-of-pocket costs. For example:

A mechanic with a suspected brain tumour:

- Will no longer be eligible for the bulk billing incentive for an MRI (15%)
- His Medicare rebate will be cut by \$62
- To pay a gap of \$62 or more, he will have to pay at least \$403 up front before being able to claim the Medicare rebate

“In many cases these payments aren’t one-offs,” Dr Wriedt said.

“If you have a serious condition – cancer, a heart disorder, arthritis, vascular issues – then you will need diagnostic imaging again and again to evaluate the condition and properly monitor treatment.

“So often it will be the sickest people who will be hit the hardest.”

**CUTS FOR GENERAL PATIENTS PREVIOUSLY BULK BILLED WILL BE MOST SIGNIFICANT FOR HIGH COST ADVANCED SERVICES – AND MUCH MORE THAN \$7.**

	X-Ray	Ultrasound	CT	Nuclear Medicine	MRI
<b>Rebate cut</b>	\$6	\$12	\$34	\$43	\$62
<b>Minimum upfront payments</b>	\$54	\$117	\$323	\$407	\$422

**THE FINANCIAL IMPACT FOR MANY GENERAL PATIENTS WILL BE PROHIBITIVE WITH SIGNIFICANT OUT-OF-POCKET AND UP-FRONT COSTS**

	X-Ray	Ultrasound	CT	Nuclear Medicine	MRI
<b>Out-of-pocket costs</b>	\$6 - \$56	\$12 - \$101	\$34 - \$145	\$43 - \$99	\$62 - \$173
<b>Upfront costs</b>	\$54 - \$101	\$117 - \$206	\$323 - \$434	\$407 - \$463	\$422 - \$532

Note: A general patient is a non-concession patient 16 years and older – this group represents approximately 50% of all diagnostic imaging patients. Figures based on published Medicare data and represent averages for each modality.

**MEDIA**

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