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EMERGENCY DEPARTMENTS FACE A DELUGE OF ADDITIONAL PATIENTS

An additional 300,000 patients could flood emergency departments across Australia, following the Federal Government's decision to cut Medicare rebates for diagnostic imaging.

That's the prediction from the Australian Diagnostic Imaging Association (ADIA) which is urging Canberra to reconsider "a lose-lose policy".

"These rebate cuts will hit three million Australians. If only 10% of them vote with their feet then our struggling emergency departments are going to be inundated," said Dr Christian Wriedt, ADIA President.

The Government cuts will reduce annual Medicare spending on diagnostic imaging (DI) by about \$100 million with patients expected to make up the financial shortfall – but many will simply balk and go to emergency departments where they will know they will be treated for free.

Under the Government's changes three million people will be moved off bulk billing funding – mostly general, non-concession patients. These people will not only face paying a gap, under existing Medicare rules they will also face paying the entire fee for their imaging up-front.

General Patients	X-ray	Ultrasound	CT	MRI
Estimated gap range	\$6 – \$56	\$12 – \$101	\$34 – \$145	\$62 – \$173
Estimated upfront costs	\$54 – \$101	\$117 – \$206	\$323 – \$434	\$422 – \$532

"These changes will cost patients hundreds of dollars, money many of them can't afford," Dr Wriedt said.

"Imagine if your son falls out of a tree and hurts his arm. Why take him to a GP and then get referred for an X-ray – incurring costs at every stage – when you can simply go to the emergency department and be charged nothing?

"What about all those people who'll suffer minor car accidents, back pain, work injuries? Emergency departments will be squeezed even harder."

Emergency departments already under intense pressure

The latest hospital performance figures show NSW, Victoria and Queensland are already dealing with a surge in people attending emergency departments. For example, every week NSW is now having to cope with 1,600 more patients than in 2014¹.

SA Health deputy chief executive Jenny Richter confirmed a similar scenario in her state: "...a general increase that's occurring across our emergency departments over the last 12 months."²

And The Australasian College for Emergency Medicine recently called for additional security at hospitals, claiming people are afraid to stay in emergency departments because of violent and aggressive patients.³

Savings will evaporate

“What makes this decision truly frustrating is that not only will it generate negative flow-on effects across the health system, not only will it hurt patients individually, it will do that while failing to produce the cost savings which are driving the move,” Dr Wriedt said.

“The facts clearly show that diagnostic imaging carried out in public hospitals costs the taxpayer more than if carried out in private practice. It’s lose, lose.”

ADIA believes the negative consequences will not be limited to emergency departments.

It’s greatly concerned that many general patients, unable to cope with the large upfront costs and gaps, will simply put off having the imaging their doctor has recommended. This will delay diagnosis and early treatment, allowing conditions to get worse and more expensive to treat - further eroding any savings.

Experience has also shown that cuts like these will see imaging practices in lower socio-economic areas reduce their services or close their doors. That is what was happening in the late 2000s before the bulk billing incentive funding was introduced.

“Sadly, the people who’ll be hit the hardest are those who are dealing with serious health issues, who need more imaging, and those who are already struggling financially,” Dr Wriedt said.

“The decision to cut Medicare rebates for diagnostic imaging is simply bad policy – it won’t deliver the savings they envisage, but it will hurt the health system and a vast number of individual patients.”

It’s also unnecessary. The Australian Diagnostic Imaging Association has identified a number of ways that the Government can achieve similar levels of saving by cutting waste and streamlining the system.

“What we want to do is work with Government to make the system sustainable without penalising patients and without reducing the quality of the diagnostic imaging Australians now receive.”

MEDIA

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¹*The Australian*. January 16, 2016

²*ABC online*. January 6, 2016

³*Daily Telegraph*. January 15, 2016