

FOR IMMEDIATE RELEASE

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SICKEST PATIENTS TO BE HIT BY MORE MEDICARE CUTS

Some of the sickest patients in Australia's health system – including those suffering from cancer, heart disease or stroke – are about to be hit with another cut to their Medicare rebates.

That's because the Federal Government is reducing the amount patients can claim for vital, high-cost radiology services such as nuclear medicine, MRI and PET.

It is happening because the Greatest Permissible Gap amount **is being increased today¹** (Wednesday 1 Nov). When the Gap amount goes up, patient rebates for radiology services go down – and patients can expect to pay more because their rebates have been frozen for almost two decades.

“Medicare rebates for radiology have not been indexed for 19 years, leaving them stuck in a time warp.” said ADIA President **Dr Christian Wriedt**.

“Meanwhile, the Gap amount goes up every year – so, every year, access to essential radiology services is made harder for some of our sickest patients because of the annual cuts to their Medicare rebates.

“Over the past 10 years, as the cost of radiology services has increased, the Government has cut how much they pay. Rebates for high-cost items have been cut by \$16.50, so patients have to pay more.”

Today's rebate cuts highlight the need for the Federal Government to honour its election promise to end the freeze on radiology when the GP freeze ends in July 2018.

“Out of pocket costs are steadily increasing every year to cover the rising cost of providing radiology, and now average almost \$100 (and over \$150 for high-cost services like CT, MRI and PET). These are the highest out of pocket costs among the primary care services, and cause almost 300,000 patients every year to miss out on being diagnosed,” said Dr Wriedt.

“The Government committed to end the radiology rebate freeze prior to the last election.

“Patients – particularly those who are the sickest – can't continue to endure cut after cut while they wait for the Government to come good on its promise.”

Case studies: Radiology services affected by increases to the Greatest Permissible Gap

Service	Role of examination	2007 rebate	2017 rebate	Rebate cut
PET: scan of whole body for lung cancer	Staging of proven non-small cell lung cancer, where surgery or radiotherapy is planned	\$887.80	\$871.30	\$16.50 ↓
PET: scan of brain for refractory epilepsy	Evaluation of refractory epilepsy for surgery	\$852.80	\$836.30	\$16.50 ↓
Combined stress and rest study	The study is used in patients with ischaemic heart disease (reduced blood supply to the heart) to depict the blood flow defect, and indicate which vessel(s) are responsible for ischaemia	\$769.70	\$753.20	\$16.50 ↓
Digital Subtraction Angiography of aorta and lower limbs	Assessment of blood supply before intervention to treat, for example, gangrene and stroke	\$1,311.10	\$1,294.60	\$16.50 ↓
Bone study with single photon emission tomography	Assess the effect of injury, disease (such as cancer) or injection in the bones, or to assess the effectiveness of treatment	\$535.50	\$519.00	\$16.50 ↓
MRI: scan of pelvis and upper abdomen for cervical cancer (stage 1B or greater)	Staging of cervical cancer	\$562.00	\$545.50	\$16.50 ↓

1. As of 1 November 2017, the Gap amount rises to \$81.70, an increase from \$80.20.

ADIA represents radiology practices throughout Australia, both in the community and in hospitals. It promotes the ongoing development of quality accreditation standards and appropriate funding settings so that Australians can have affordable access to quality radiology services. This supports radiology's central role in the diagnosis, treatment and management of a broad range of conditions in every branch of medicine.

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