

27 July, 2010

What do Patients Want? To Afford Early Diagnosis. Radiology Providers Ask Parties to Commit to Greater Support for Patients

Both major parties should guarantee voters that no one in their family will be forced to go without early and accurate diagnosis for cancer or any other serious but potentially treatable illness simply because they can no longer afford or access quality diagnostic imaging services.

ADIA is another important medical lobby group to join the Australian Medical Association's call to have the political parties to commit to introducing indexation for all patient rebates and ensuring GPs are able to refer patients directly to important MRI services.

"Every day, thousands of Australians seek to have their conditions diagnosed and their health checked via diagnostic imaging (DI). But now access and affordability is at risk due to chronic underfunding," the President of the Australian Diagnostic Imaging Association (ADIA), Dr Ron Shnier, said today.

In most cases the Medicare rebate for radiology services is between 20%-40% less today than it was 12 years ago. Indeed patient gap payments increased by an average of 40% just between 2005 and 2009. As a result, Dr Shnier said patients were inevitably being asked to bear the brunt of increasing costs.

Moreover, radiology practices relying on bulk billing are closing, particularly in lower socio economic areas, because the rebate doesn't compensate for costs. A comprehensive survey conducted by Access Economics using 2008-09 data revealed that, if all Medicare services were bulk billed, Medicare rebates would not cover costs in 89% of practices. A 10% bulk billing incentive announced in the 2009 Federal Budget has helped some patients. However in 2010-11, the average rebate per radiology service will still be 26% below the average cost of providing that service. In the case of an MRI this would mean an average of \$104 below cost; in the case of a mammogram, \$102 below cost; and in the case of an ultrasound, \$63 below cost. Many radiologists will not be able to offer patients the bulk billing option.

While patients can present to a public hospital, the public hospital system is already overloaded and underfunded, and the waiting lists are long.

"Imagine if a member of your family missed having cancer or another treatable condition detected early simply because they couldn't afford the gap in fees or withstand the long waiting list," Dr Shnier said.

"If the major parties want to deliver on promises to support preventable health measures, and they want to rein in the health spend and ensure people do not end up with expensive chronic diseases when they didn't have to, then they need to commit to ensuring all radiology services are indexed and rebates increased," Dr Shnier said.

Contacts:

Dr Ron Shnier, President, ADIA - phone:(02) 9245-4470, email rshnier@southernradiology.com.au

Sue Elderton, Policy Adviser, ADIA - phone: 0409601406, email: sueelderton@ADIA.asn.au