

Victorian Medicare Action Group

Bulletin #1

January 2003

Introduction

The Victorian Medicare Action Group is a coalition of community groups, health providers and non-government organisations concerned with the future of Medicare and in particular with the declining rate of bulk-billing for general practice.

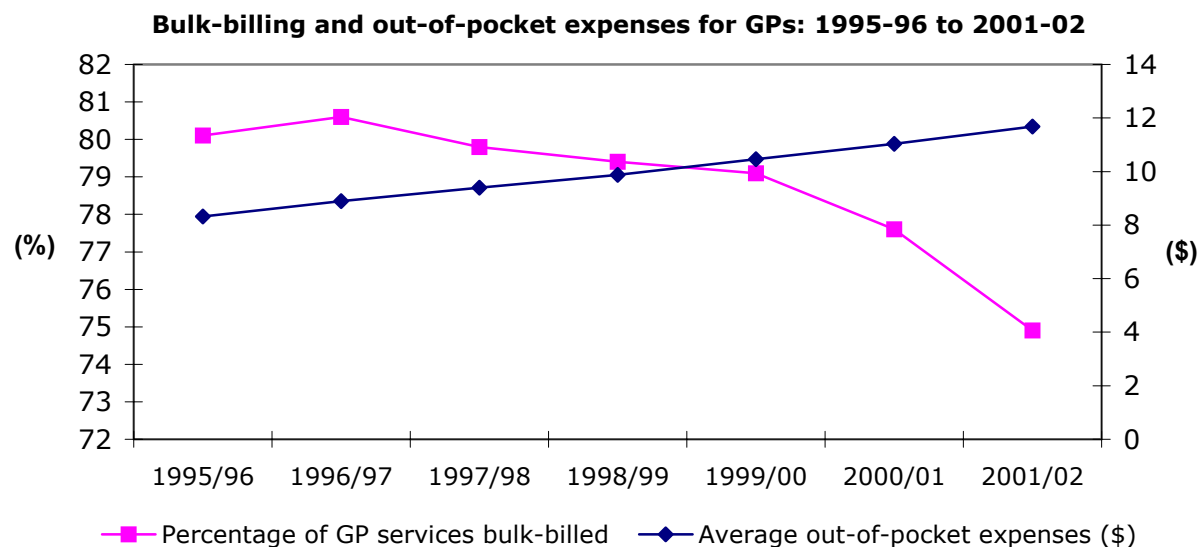
Since 1995-96, the number of general practitioners nation-wide who bulk-bill has steadily declined. As indicated below, this figure has fallen from 80.1% in 1995-96 to 74.9% in 2001-02. In outer-metropolitan and rural areas the number of general practitioners who bulk-bill is substantially lower. As bulk-billing has fallen average out of pocket expenses for general practice has risen from \$8.32 in 1995 - 96 to \$11.68 in 2001 - 02¹.

Declining rates of bulk-billing and increased out-of-pocket expenses undermine the central feature of Medicare - free and universal access to health care according to need, not ability to pay.

Objectives

The Victorian Medicare Action Group aims to campaign for a strong and sustainable universal health system (through Medicare) by pursuing the following objectives:

- Working as a coalition of groups to advocate for the future of Medicare.
- Providing a forum for discussion about Medicare, bulk-billing and other issues such as access to after-hours primary care.
- Raising awareness and encouraging community debate about issues relating to Medicare and bulk-billing.
- Disseminating information about current trends in bulk-billing.
- Advocacy at a local, state and national level for a stronger universal health system.
- Supporting research and analysis into the impact of changes to Medicare on the broader community and particular groups such as low-income earners and rural communities.



Source: Commonwealth Department of Health and Ageing, 'Medicare Statistics', June 2002

1. People have difficulty finding a GP who will bulk bill

- 1.1 The number of GPs who provide a bulk billing service is declining and the co-payment, which people must pay above what is reimbursed by Medicare, is increasing. The co-payment is not reimbursed by private health insurance.
- 1.2 The decline in bulk billing is particularly hard for people who live in rural and regional areas, people with a chronic illness or who receive income support.
- 1.3 Bulk billing is administratively simple for GP's and for patients; co-payments are administratively complex and onerous.
- 1.4 The cost of seeing a GP means that people will delay seeking diagnosis and treatment when they get sick. Having to pay up-front to see a GP is a deterrent to people who have the least money and often the worst health status. Health status is strongly associated with income and education. Universal health care is the best way to get services to marginalised and disadvantaged groups in the community.
- 1.5 GPs need infrastructure and resources to support their practices, so that they can focus on delivering clinical care, as well as incentives to work in multi-disciplinary teams.
- 1.6 There is compelling evidence about health interventions that are successful in responding to substance abuse, chronic illnesses, depression and violence in relationships. Our publicly funded primary health care system is limited in being able to put into practice what we know works, and people are missing out on the benefits of this knowledge.
- 1.7 Australia needs a national policy for primary health care.

2. Hospitals and the community sector are carrying the burden.

- 2.1 As it gets more and more difficult to get timely access to a GP, mental health services, community health centres, drug and alcohol services and other community services are seeing people with increasingly complicated health needs.
- 2.2 Public Hospital Emergency Departments are being overwhelmed with patients who should be seeing a GP in their local area.
- 2.3 The cost of seeing a GP and the closure of most after-hours clinics means that people are going to Emergency Departments, which are free and are open twenty-four hours, for their primary care.
- 2.4 Hospitals are not an effective provider of population health, prevention and early intervention services.
- 2.5 There are other reasons why people choose Emergency Departments rather than GPs; you don't need an appointment, the language services are better, you can access more diagnostic and treatment services – pharmacy, x-ray, pathology, and, for some health conditions, the staff are more experienced.
- 2.6 The cost of delivering primary clinical care is shifting from Commonwealth funded GP services to State funded hospital services.

3. Medicare is being undermined by the Federal Government.

- 3.1 The Federal Government talks about Medicare as if it is unsustainable, and is frightening people about the future of our health system.
- 3.2 People feel panicked about long waiting lists for specialist medical services and hospital beds. Private health insurance plays on people's fears about having to wait for health services. It divides the community into those who can and those who can't pay up-front for health care.
- 3.3 Private health insurers and corporate medicine will always put profit ahead of what is in the best interests of individual patients and the wider population.
- 3.4 The Federal Government's subsidising the private health insurance industry with money from general revenue. The private health insurance rebate is unsustainable and wastes billions of dollars of public funds. This money should be invested back into the public health system.
- 3.5 Australians don't want an Americanised health system, with no common national information system, no national payment system, few national quality standards, and large numbers of people uninsured.

4. The future of Medicare depends on Federal leadership and vision.

- 4.1 Since the introduction of Medibank in 1975 and then Medicare in 1984 the Australian public has supported a universal health care system that guarantees that everyone has access to hospitals and GP services.
- 4.2 Health Insurance Commission research has shown that community satisfaction with Medicare has never fallen below 85% in the last ten years, and has been as high as 93%. This is a remarkable level of community consensus about a government program.
- 4.3 The principles underlying Medicare and the Pharmaceutical Benefits Scheme are well supported by evidence about the efficiency and effectiveness of universal health insurance.
- 4.4 The Federal Government says that it supports Medicare, while its policy and funding decisions are eroding our health system.
- 4.5 Whilst saying it supports Medicare, the Federal Labor Opposition gives only piecemeal and reactive responses; there is no evidence of a coherent vision and leadership.
- 4.6 Medicare will become just a safety net if the lack of leadership at the federal level continues.

VMAG - KEY MESSAGE

Effective health services are fundamental to the wellbeing and development of the community. We support a universal health care system that is funded from taxation revenue. We believe public health policy should be driven by what is in the public interest, not by private profit or political ideology. It is wrong to make the quality of health care services dependent on what you can pay. Medicare should guarantee access to essential health services, via hospitals and GPs, for all Australians, regardless of how much we earn or where we live.

How to become involved.

The Victorian Medicare Action Group is a non-incorporated body that is open to anyone to join. You can register your interest and support by filling in the attached membership form and sending it to:

**Victorian Medicare Action Group
283 Church Street
Richmond 3121**

Or email: mmurray@iechs.org.au

Or phone: (03) 9429 1855.

Becoming a member of the Victorian Medicare Action Group will ensure you are provided with information about forthcoming meetings and action that is being planned.

We encourage you to pass this information on to friends and colleagues.

For more information, please contact:

- Marilyn Beaumont at Women's Health Victoria on 03 9662 3755 or whv@whv.org.au
- Rod Wilson at Inner East Community Health Service on 03 9429 1855 or rwilson@iechs.org.au

Victorian Medicare Action Group Membership form

I would like to become a member of VMAG

Name:

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Organisation:

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Postal Address:

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Phone:

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Email:

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The Victorian Medicare Action Group is made up of people from health services, churches, welfare organisations and community groups, as well as individuals. We are concerned about the decline of bulk billing in Victoria, and the difficulties that this creates for everyone, but especially for people with chronic illnesses, parents with young children and people on low incomes. We believe that Australia can afford a health care system that delivers high quality care to everyone.

¹ Commonwealth Department of Health and Ageing (2002) *Medicare Statistics, June Quarter, Tables B5 and B7* - <http://www.health.gov.au/haf/medstats/index.htm>