

Appendix 2: Minutes of HCCA community consultation on out-of- pocket costs

HCCA Submission for Senate Inquiry into Out-of-Pocket Costs in Australian Healthcare

Out of Pocket Costs Community Consultation 6/05/2014- Minutes

Activity 1: Access Costs

Group 1:

- Transport and Ambulance
- Pharmaceuticals
- Podiatry
- Dental
- Ex Psychologists
- Allied Health → gap in health insurance cover
- PHC costs for scripts only
- GP costs → can be \$60 and up
- Equipment → Oxygen, crutches
- Private Health Insurance- out of pocket/gap
- Diagnostics → Pathology, ECHO, imaging
- Extra costs if you have a disability
- Specialists
- After Hours

Post-it Notes

Paying for Scripts	Paying for doctors' visits (x4)	Specialists (x2)	Allied Health	Transport (x2)	Pharmacists aren't given enough responsibilities	Podiatrist (frequency)
Dental (x3) (even with private health insurance)	Services not covered eg. Exercise, psychologists	Ophthalmologist (macular degeneration)	Rebate from Private Health Insurance/ plus costs	After Hours GP costs	Physiotherapist (x2)	Cost of ECHOs (?)
Chiropractor						

Group 2:

- Dental → limited services in public health system and waiting periods
- Mental Health
- Upfront Fees → Specialists and GPs
- Emotional cost of navigating the health system with chronic conditions
- Availability of Specialists → Costs for travelling (not just financial costs)
- Denied treatment if third party injury in public system → waiting times
- Access to Allied Health + complimentary/alternative medicines
- Finding a GP if you have multiple chronic conditions
- Medical supplies and appliances → limited resources with equipment loan schemes

Post-it Notes

Following up on referrals to specialists	After Hours (CAHMS)	Dental (x3)	Mental Health	Upfront fees for specialists and GPs	Pharmaceuticals (x3)	Third Party Claims
Sports Medicine	Waiting Periods	Specialists				

Group 3:

- Dental
- Specialists
- Surgery
- GP visits
- Complimentary medicine
- Alternative treatments
- Transport
- Private Health Insurance

Post-it Notes

Dental (x3) (including orthodontists)	Specialists	Surgery (x2)	Sight-ophthalmic	GP visits (x2)	Complimentary medicine
Alternative treatments	Transport (x2)	Private Health Insurance	Prescription payments for children		

Activity 2: Impacts on health, finance and lifestyle

Group 1:

- Social Isolation
- Go without other priorities → health insurance, car maintenance
- Lack of bulk billing and money in general
- Forced to pay bills monthly rather than receive reductions on yearly costs
- Sleep disturbance, stress, anxiety, anger, frustration
- Miss out on medications
- Debt
- Resort to using home remedies instead of expensive medicines
- Electricity costs → need to rationalise
- Strain of parenting costs for longer time → support costs
- Have to prioritise which bills to pay
- Credit rating
- Put off because they can't get there → cancellation
- Ignore own health needs
- Things get worse
- Mental Health goes down
- Not able to get out of house to buy food if you have physical problems



Post-it Notes

Debt (x2)	Money for health care means sacrifice eg. house and car maintenance	Can't go to GP/ specialist if I have no money (x2)	Things get worse	Anger	Ignore own health	Put addressing things off
Transport	Electricity (x2) eg. heating and oxygen	Social isolation (x2)	Prioritising bills can become stressful (x2)	Support children in paying bills	Dental	Physiotherapy
No social activities that require money (x3)	Forced to pay bills on monthly basis	Missing out on medications	Lack of sleep	Quality of life decreases		

Group 2:

Financial

- Stress (lifestyle and relationships)
- Depriving myself of things and priorities
- Significant costs
- Barrier for most vulnerable, increasing gap of out-of-pocket
- Expenses = increasing barrier for more people
- As a carer, your costs are put second. Priorities aren't recognised
- Lack of access = increased cost
- Inequitable access to public health system (either yes or no, no scale)

Health

- Going without health care = going without good health
- Diet + exercise + health + spirituality = all connected
- Choice about when to go to appointments
- Cognitive thinking + reasoning are affected by poor health

Lifestyle

- Sociability limited
- No chance to 'just be'
- Can't do the things you want to
- Relationships
- Make the best of what you can = huge effort
- Limited capacity for poor health
- Diet change
- Not understanding
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Post-it Notes

Can't do the things we want (prioritise)	Little reimbursement	Priority = health	Choosing which appointments to go to and how often to go	Relationships	Causes stress and anxiety (x2)	Delaying treatment
Huge effort to make the best of what you have	Going without medication = health suffers	Depriving me to provide for myself (x2)	Always concerned about affordability	Affects the whole family	Constrains spending	Time taken out of work to visit specialists = loss of income
Hidden costs eg. transport						

Group 3: Post-it Notes

Housebound	Feeling of helplessness	Leaves no money for recreational activities eg. Holidays (x5)	Social isolation	Cut spending on basics eg. Food, electricity (x2)	If I can't afford it, I can't access it (x2)	High risk- not undertake vaccination/ preventative health (x2)
Delays treatment because it's too expensive (x2)	Cut spending on health to afford basic needs	Dental care affects diet → flow on effect health	Food Intolerance as it's too expensive to buy special food	Equipment too expensive	Don't utilise allied health care/ complimentary medicine	

Activity 3: Improvements

Group 1:

- Bulk billing → financial assessment so the people who need it the most get wherever they go
- Private Dental subsidies rather than going to public dental clinic
- Legislate specialist fees to stop exorbitant costs
- Co-ordinate NDIS information → too fragmented and confusing with service providers battling for \$\$
- Train and support more Allied Health
- NP role to go up
- Triage needed across: practice nurses, NP and GP
- Set up free clinics with limited meds
- More Walk in Centres
- Bring back health check/ mobile clinics

Group 2:

- GPs could be more proactive → training of doctors and GPs
- Focus on holistic care
- Equitable access to public health on slicing scale
- More bulk billing GPs available
- Health Care Card availability → application process more equitable
- Dental → Dental scheme should cover a wider variety of services + be more accessible
- NIDS → privatised insurance should be a compulsory component

Post-it Notes

More government investment in Primary health care to reduce demand on the acute end	More bulk billing GPs (x2)	More training for GPs	Introduce a scale system for health care cards	Increase Medicare payments	Add complimentary treatments MBS/PBS	
Dental on MBS	Private health insurance should be optional and premiums can be deducted from government	Widen range of public dental services and remove co-payment				

Group 3: Post-it Notes

Individual assessment as the needs vary	Publicity: asking for comments from health care professionals	ACTION!	Increase communication and connection between health stream	More evidence base for alternative medicine	Dental-Medicine arrangement	Bulk billing for dental
More money into preventative health care	Bulk billing with no co-payments for vulnerable groups	Consider primary health care being a public system rather than a private one	Free primary health care at point of delivery	Care plans for chronic diseases/illnesses	Empower primary care providers	Waiting lists
Look at other health systems eg. UK national health	Have a health policy (does the government have one overarching					

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