

Submission to Department of Health

Private Health Insurance Reforms – Second Wave

February 2021

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Department of Health for the opportunity to comment on the private health insurance reforms – second wave.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 65,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

The following submission will provide a general response to the consultation paper as it pertains to nursing and midwifery professions.

Nurses and midwives play a central role in the delivery of health services. As such, we have a vested interest in issues relating to health funding, including payment and insurance schemes.

The QNMU believes that publicly funded universal health insurance is an effective mechanism to distribute resources in a manner that ensures timely and equitable access to affordable healthcare. To that end, publicly funded health insurance provides care based on clinical needs rather than the ability to pay.

We acknowledge that the private health sector has a legitimate and important role in providing an alternative choice for the provisions of healthcare. However, we believe that private health insurance should not be at the expense of publicly provided health services (Australian Nursing and Midwifery Federation, 2011).

We caution a health system that prioritises access to health care based on the ability to afford care. This model will undermine social inclusion and further exacerbate health inequities. The QNMU maintains a core belief in Medicare and access to a universal health system, regardless of the capacity to pay, however, we acknowledge that many members have private health insurance. We support the general impetus of the consultation, to provide greater access to and the affordability of private health insurance.

Whilst our submission does not advocate for any specific policy option outlined in the consultation paper, we wish to provide general comments and recommendations regarding private health insurance reforms.

Recommendations

The QNMU recommends:

- Integration of innovative nursing and midwifery-led models of care to support the delivery of at home and community-based mental health and rehabilitation services;
- Need for mental health nurses;
- Greater transparency and accountability for public reporting across sectors;
- Minimum safe staffing ratios and skill mix across all sectors, including the private sector.

Consultation 1 – Increasing the age of dependents and removing the age limit for dependents with a disability

General

The QNMU considers that eligibility of a dependent should not be limited to people without a partner. This provision could significantly narrow access to private health insurance for families who are not single parent substantive policy holders. It is important to recognise that many Australian families who are struggling financially due to the impacts of the COVID-19 pandemic, do not fall within the single parent household demographic. The QNMU recommends broadening the eligibility criteria to encourage greater access to private health insurance.

Increasing the age of dependents

The QNMU expresses general support for increasing the maximum allowable age for dependents who have private health insurance from the current 24 years to 31 years. However, we question whether the substantive policy holder will incur an additional cost associated with this change? If an additional cost is charged, the QNMU considers the need for the Department of Health to account for the potential financial burden this will place on the payer. This is particularly relevant for substantive policy holders who are transitioning to retirement. We caution against shifting the financial burden of private health insurance from the dependent to the substantive policy holder, as this will only re-distribute the current concern of affordability.

We support the removal of student and non-student dependent categories, as this will enable greater access to private health insurance for dependents, irrespective of their education status.

Removing the age limit for dependents with a disability

People who have a disability often encounter a range of barriers when accessing healthcare. The QNMU welcomes the proposed changes to remove the dependent age limit for people with a disability. We support improved access to health services for people with a disability across all health care sectors.

Consultation 2 and 3 – Expanding home and community-based rehabilitation and mental health care

Nurse and midwifery-led models of care have been in place in Australia for many years and have provided safe, effective and person-centred health care. The QNMU advocates for the Department of Health to integrate innovative nursing and midwifery-led models of care into the reforms to achieve greater access to home and community-based rehabilitation and mental health care. The QNMU sees nursing and midwifery-led services, particularly nurse navigators, nurse practitioners and mental health nurses as value-based models of care for patients and health care organizations. Such models provide significant benefits, such as coordinating care more effectively and encouraging a more patient centred health system.

One such nurse-led model of care is provided by nurse practitioners. Nurse practitioners' practice across metropolitan, rural and remote Australia, in both the public and private sectors. They provide a value-based model for patients and health care organizations. Nurse practitioners improve access to care and meet the growing needs and demands of mental health patients, Aboriginal and Torres Strait Islander people, and in the aged care sector and primary health care.

We encourage the Department of Health to consider the integration of nurse practitioners as an alternative funding model, outside of the MBS, to provide greater access to at home and community-based rehabilitation and mental health services.

Expanding rehabilitation community care

The QNMU supports the proposed policy to develop home and community-based rehabilitation care services. We emphasise the need for home-based rehabilitation services to be provided by an appropriately qualified and trained health care practitioner.

Although we support the expansion of access to out-of-hospital care rehabilitation services, this should not be a substitute for providing adequate numbers of in-hospital beds for patients in need. One specific barrier is that in-hospital beds are allocated primarily on a cost driven basis. We consider the need for out-of-hospital care rehabilitation services to be cost-comparable to incentivise this model of care.

Expanding mental health community care

The QNMU supports the proposed policy to improve access to preventative mental health services. This is particularly vital given the enduring impacts that the COVID-19 pandemic has on mental health and wellbeing and the predicted demand for mental health services.

We believe nurses and midwives are integral to the mental health workforce and when working to their full scope of practice provide person-centred, efficient and accessible mental

health care. As such we recommend that mental health nurses should be integrated into the private health care reforms. Mental health nurses have the skills, qualifications and experience to work across the whole spectrum of care including those patients with episodic mental ill health and those with high needs (The Australian College of Mental Health Nurses, 2016). Mental health nurses could also reduce health inequities in rural and remote locations.

Access to private services largely remains the domain of those able to afford private health insurance. Consumers who do not have acute mental health conditions that require public in-hospital treatment and do not have the capacity to pay for private mental health insurance, are at risk of falling through the cracks. The QNMU considers the need to review membership tiers that provide access to private mental health services, to enable better access to services.

Consultation 4 – applying greater rigour to Type B and C certificates for private hospital care

Type C procedure claims to some private health insurance funds are often rejected by private health insurers. The QNMU supports the need for a review of the Type C Certification process to ensure that appropriate medical practitioner certified hospital procedures are rebated by the patient's health fund. The classification of Type B and Type C procedures can impact scheduled day hospital patients through procedure cancellation, rescheduling and patient complaint as an accurate Informed Financial Consent (IFC) could not be obtained in a timely fashion.

More broadly, the QNMU believes there is a need to strengthen the safety and quality and access to services across both the private and public sectors. This includes the need for greater transparency and accountability for public reporting of healthcare organisations across both the public and private sectors at a system level, at a hospital level and for Primary Health Networks. The QNMU considers that public reporting strengthens quality improvement and clinical outcomes.

The QNMU also calls for mandated minimum safe staffing and skill mix requirements to be implemented across all nursing and midwifery services in Queensland, across all public, private or aged care sectors. Safe staffing ratios have been proven to reduce fatalities, readmission rates to hospital and avoid in hospital days for patients.

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