

Sustainable Health Review
WA Health
2017
Public Submissions
Wayne Ashdown



Introduction

Despite attempts to obtain some guidance on depth or otherwise of this submission I'm faced with dilemma of writing with too much detail or not enough.

Im only going to provide basic information and request contact on what happens with this. Simply because it requires further explanation.

I'm hoping it won't be a generic reply thanking me and suggestions taken on board.

A)

B) 1) Radiation Oncology Health Grant Scheme(ROHGS)

In 1988 National Government in power recognised Radiation Treatment for Cancer patients was highly effective. However at that time equipment was old and not as effective. Hence the scheme was created for both Public and Private facilities to ensure patients had access to the best treatment possible

In addition the Government reimbursed any borrowing costs incurred
An independent review carried out by MR Consulting made comments that only Private operators claimed this to date even though same rules apply.

Public Radiation facilities could claim but had not applied to date even though the Commonwealth would reimburse state health facilities
Subsequent reviews of this scheme have commented this is only difference.
That is incorrect. The Private companies also charged a higher treatment cost which meant patients needing to pay gap fees in the thousands of dollars.

Comment-

So I via my taxation dollars funded a private business capital, set up costs. In addition I funded borrowing costs at a rate above the cash rate. Further they were not required to supply evidence they even borrowed the money. And to top it off I paid a gap/ direct fee to have the pleasure of their business. And don't even start on the " my choice of a doctor ". That would be the most ridiculous statement Ive heard to justify having private insurance whereby no refund is payable due to outpatient status. Further to find out why patients were directly referred to private operators and not given option of a public facility and hence no gap. Our out of pocket in 2014 was around \$8000.

B) Private Health Insurance

In case of Medibank Private a perfect example of why Government again should not have touch or influence in private business.

Medibank Private is now a public listed company and yet its income is controlled or approved by government. The reason is due to archaic legislation and in particular the 1973 Private Health Insurance Act since amended in 2007. Government should abandon this.

The reason for members canceling their cover, I believe, is because it doesn't do what it should.

The fact is market forces will determine price as with every other business or service.

Only today Monday 23/1/17 I've finally received reference to this ridiculous situation of paying a gap fee as an outpatient.

C) Centrelink - Carer and Patient/ Disability Support Pension

Needs to be proactive

D) Cancer Council (CCWA) The major NGO in each state

Again needs proactive referral

E) Superannuation linked Insurance

Massive opportunity but my instinct tells me many patients have missed out on the opportunity.

Too complicated to explain here.