National Association of
Specialist Obstetricians & Gynaecologists

What women want

- affordable and equitable access to specialist care for themselves and their babies

A Pre-Budget submission 2012-13

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Children – our future

Introduction

Children are the hope of Australia. They underpin the future of our nation, its ideals, its identity and its productivity. Our children and the mothers who give them life deserve the best in terms of safe birthing, nurturing and treatment. This is the commitment made by the members of the National Association of Specialist Obstetricians and Gynaecologists (NASOG). We believe it should also be that of Government as well.

In that context, NASOG's 2012-13 Pre-Budget Submission outlines the unintended consequences of the Federal Government's decision to cut funding to care to pregnant women and infertile couples. We offer a raft of alternative policy initiatives to return some balance to the issue.

Women want choice and access to affordable gold standard pregnancy care and the opportunity to conceive with effective fertility treatments when necessary.

A survey conducted by NASOG in late 2010 shows nearly 30 per cent of patients will cut back other essential household expenditures in order to afford private obstetric/gynaecological care. Fourteen percent will delay having children.

As a result of cuts to the Medicare Safety Net women seeking the specialist obstetrician of their choice now face out of pocket expenses of $2,000. Regional women are hit hardest. The result has been a significant cost shift to the public system. This has led to extra pressure on the public health Budget. Not only do women have a right to choose their own doctor but also specialist treatment has proven public health benefits including the early detection of both pre-natal and post-natal conditions. Australian women have the right to be cared for by a doctor of their choice.

The health of mother and child should always be paramount and the best way to achieve this is by providing affordable access to high quality health care. Private practices can provide the continuity of care that is so important to patients undergoing obstetric and gynaecological care, allowing them to build relationships with their doctors that achieve the better outcomes for women and their babies and that are more efficient for the health system overall.

Without help from the Government to partially restore the Medicare Safety Net, practitioners and patients alike will be unable to afford to provide or receive such care respectively. 31% of private practitioners have already considered leaving private practice due to the changes to the safety net and indemnity costs that have undermined the viability of their practices.

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Executive Summary

This submission has been developed in the interests of women and their babies.

The National Association of Specialist Obstetricians and Gynaecologists (NASOG) is dedicated to understanding and promoting patient interests and campaigning in support of better access to affordable quality services.

To this end, NASOG conducted a survey of our patients and the specialist obstetricians who care for them. With the review of the Obstetric Medicare Safety Net now underway, we believe this is the optimal time for the Government to reassess the cuts, the impact on patients, and to take the necessary steps to restore patient access.

The results of our survey "What Women Want" have allowed us to assess the demand for; access to and costs associated with this specialist care and have demonstrated the unintended but devastating impact of the Medicare Safety Net reduction.

Over 80 percent of patient respondents are already experiencing some or extreme difficulty affording specialist obstetric/gynaecological care with the majority paying over $2,500 in out of pocket expenses. The Safety Net reduction has seen a dramatic drop in average coverage, from 80% to 25% and has resulted in some truly alarming figures.

- Nearly 30% of patients are likely to cut back on essential household expenditure in order to continue to afford the specialist care they deserve
- 14% will delaying having children
- 50% will turn instead to the public health system (over 70% of private practitioners have patients who have already opted for the public system).

This will place additional pressures on both the taxpayer and an already overwhelmed public health system. Elective surgery waiting times, in particular, will likely increase further as elective patients are forced to make way for expectant mothers in need of specialist care that they can no longer afford to access through the private system.

. These include:

1. Restoring EMSN to cover the average out-of-pocket expense for women seeking the specialist obstetrician of their choice. We believe this is now $2,000, which is a significant impost on a woman and her family. The Medicare Safety Net used to cover up to 80%. Now it covers less than 25% of the average charge. We believe it should be adjusted to cover at least 50% of the average charge.

2. The Medicare **rebate for women accessing ultrasound services** provided by their obstetrician/ gynaecologist should be equivalent to the rebate that they would receive for the same service performed by a technician in a medical imaging practice.
3. Applying a premium of 50% to the Medicare Benefit Scheme needs to be added for rural and regional obstetric MBS item numbers to provide an incentive for specialists to relocate from cities.
4. Rolling back of the mandatory accreditation of obstetric ultrasound for solo and small obstetrical practices. A recent survey[1] has found that up to 40% of obstetricians will not proceed with the next round of accreditation in 2012. This will result in referrals to radiology practices with more cost and delay in diagnosis and treatment.
5. Introducing uniform national laws with standard definition of permanent injury and assessment, similar to workers compensation & third party motor vehicle insurance; and
6. Ensure an ongoing requirement for all midwives to carry professional indemnity insurance and to conduct birth in accredited centres with immediate access to specialist obstetricians, anaesthetists, paediatricians and blood transfusion services.

The right of women to a safe birth also needs to be protected. A 2010 report by the West Australian Department of Health showed that the death rate of babies born at home was almost four times higher than those born at hospital. More than 70% of women who develop complications during birth have no risk factors during their initial assessment.

NASOG proposes a collaborative care model with midwives in accredited centres and who also carry professional indemnity insurance to address these dangers to the newborn and their mothers. NASOG believes these recommendations, if adopted will protect babies, give mothers the right to choose the doctor of their choice, all without burdening the taxpayer.

NASOG thanks the Federal Government for the opportunity to make this Budget submission and we commit these recommendations for its consideration.

[1] http://www.mindframe-media.info/site/index.cfm?display=85541, Mindframe a health site for the mental health sector.

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What women want - affordable and equitable access to specialist care for themselves and their babies

Restoring the Medicare Safety Net for Obstetrics

The Issue

We have no doubt that the Government has the health of Australian women, in particular mothers and babies, as a high priority. This includes mothers-to-be and newborns in regional and remote communities.

There are clearly unintended consequences of the Government's decision to cut funding for care for pregnant women and infertile couples. Since the cuts to the Extended Medicare Safety Net for Obstetrics came into effect on January 01, 2010, there has been a shift of births into the overburdened public system. This is at a time when both parties are encouraging starting or adding to a family by providing paid parental leave schemes.

Women want choice and access to affordable gold standard pregnancy care, and the greatest opportunity to conceive with effective fertility treatments when necessary.

Australian women have the right to be cared for by a doctor of their choice. The current balance of private and public care has served women well but unless funding for obstetric patients is increased, there could be very real negative consequences for a woman's right to continuity and safety of care during pregnancy and the weeks following her baby's birth.

In a survey conducted by NASOG of patients last year[2], showed that 73 percent of women placed great importance on the ability to choose their own doctor for the pregnancy and birth. Further, nearly 50 percent of patients said they would opt for the public system should private care become unaffordable through changes to the Medicare Safety Net rebate. This increased demand will place unprecedented pressure on an already heavily burdened public maternity sector.

Nearly 30 percent of patients will cut back other essential household expenditures in order to afford private obstetric/gynaecological care. 14 percent will delay having children.

In less than a year after the EMSN cuts were implemented, 70 percent of specialist obstetricians and gynaecologists reported, in a survey[3], that they had patients who had left the private system for the public because the of rebate reduction. 65 percent of practitioners charge between $2,000 and $5,000 in out of pocket expenses.

[2] Impact of the Medicare Safety Net reduction 'What Patients Want – survey of mothers and those trying to be one' n= 700. November 2010 NASOG

[3] Impact of the Medicare Safety Net reduction survey of n = 72 NASOG members. November 2010 NASOG

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For pregnant women, the reality of the legislation is only now apparent. All women who have given birth post 20 May 2010 or are yet to conceive have, and will have to, face significant out-of-pocket costs for their choosing their specialist obstetric care.

The Medicare Safety Net used to cover up to 80%. Now it covers less than 25% of the average charge.

The average out-of-pocket expense for women seeking the specialist obstetrician of their choice is now $2,000, which is a significant impost on a woman and her family.

What Women Want

The National Association of Specialist Obstetricians and Gynaecologists (NASOG) believes women patients, their babies and their families will be better served with more financial support to have their birth in the medical setting of their choice, cared for by the doctor of their choice. We believe that taxpayers too will be saved from having their public hospitals over burdened.

We believe patients deserve more detail of projected changes to the services they can choose, and the contributions they receive towards the cost of these services.

Regional families hit hardest

For regional women, the situation is much worse. Many regional units have closed, resulting in pregnant women having to travel to larger cities for birth. Those regional centres that remain open have reduced numbers of specialist obstetricians, often utilising locum services over weekends and during periods of annual leave. Many do not have the choice of choosing their doctor, as there are no private specialists or private hospitals available.

We believe there needs to be a premium of 50% to the MBS for rural and regional obstetric MBS item numbers to provide an incentive for specialists to relocate from cities.

Policy Imperatives

The impact of cuts on the public health purse

- Evidence of patients shifting to the already overwhelmed public health system
- Privately–insured maternity patients are taking up precious beds in the public hospital system, squeezing out more urgent cases
- There is pressure on the public health budget to cope with this cost shift from private to public

Our Policy Benefits Patients and their families

- Women have a right to choose their own doctor or specialist to care for their pregnancy and their baby

- There is a better continuity of care for patients seen by a specialist
- Issues with the pregnancy can be detected early and treated quickly
- Specialists also follow up care for mother and newborns for up to six weeks post the birth.
  This is an important service and can help identify issues such as:
  - Postnatal depression (Postnatal depression affects between 10 to 20% of all new mothers to some degree).
  - Neonatal problems
  - Postnatal haemorrhage and infection

What is our policy solution?

Mothers-to-be and their unborn babies deserve to have the Government commit to the following undertakings:

- Raising the Obstetric safety net planning fee to the **50th percentile** (around $2,000).
- **Reversal of the cuts**, which occurred via the Medicare Safety Net to rebates for women for pregnancy care and fertility treatments. These rebates need to be restored to levels that reflect the average/median fee for services to mothers-to-be.
  - We seek a commitment from the Government to support Australian women by increasing the rebate by $1500 per patient.
- The Medicare **rebate for women accessing ultrasound services** provided by their obstetrician/ gynaecologist should be equivalent to the rebate that they would receive for the same service performed by a technician in a medical imaging practice.
- Both practices face similar training and mandatory accreditation requirements, but only the obstetrician/ gynaecologist is able to interpret the images and integrate that into a single occasion consultation and imaging service to the benefit of the patient and the baby.
- Roll back of the mandatory accreditation of obstetric ultrasound for solo and small obstetrical practices. A recent survey[4] has found that up to 40% of obstetricians will not proceed with the next round of accreditation in 2012. This will result in referrals to radiology practices with more cost and delay in diagnosis and treatment.

[4] http://www.mindframe-media.info/site/index.cfm?display=85541, Mindframe a health site for the mental health sector.

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Uniform Indemnity Legislation with Objective Permanent Injury

The Issue

Why does it need your attention?

- Disparity amongst the states and territories
- Uniform indemnity legislation with objective permanent injury as the starting point
- In some states it is still possible to sue despite a full recovery
- In some states it is still possible to sue for the unwanted birth of a healthy child e.g. contraception failure

What is in it for patients?

- Reduction in the costs for indemnity insurance

What is our policy solution?

- Uniform national laws with standard definition of permanent injury and assessment, similar to workers compensation & third party motor vehicle insurance

Home Births

The Issue

Protecting Women's Right to a Safe Birth

Why does it need your attention?

- Home births, without any specialist care, are potentially dangerous to the baby and the mother. Even after a textbook pregnancy, labour can rapidly develop life-threatening complications.
  In these situations it is essential to have immediate access to specialist obstetricians, anaesthetists, paediatricians and blood transfusion services.
- More than 70% of women who develop complications have no risk factors during their initial assessment.
- A recent report by the Western Australian Department of Health in 2010 showed that the death rate of babies born at home was almost four times higher than those delivered in hospitals.
- Another study in the Netherlands, published in the British Medical Journal in 2010, showed low risk women whose primary health care providers were midwives at home or in hospital had a higher risk of their baby dying compared to women who were cared for by obstetricians. Women who were transferred from midwifery care to obstetric care during labour had a more than 3.5 fold higher risk of their baby dying compared with women who started their care with an obstetrician. They also had a

2.5 fold increased risk of their baby needing admission to a Newborn Intensive Care Centre (NICU).

- An Australian study in 2004, known as the Cochrane Review, found evidence of higher risk of perinatal death in birth centres by a factor of 3 to 7, with only modest reductions in some medical interventions.

What is in it for patients?

Less adverse outcomes (see above)

What is our Solution?

- Ongoing requirement for all midwives to carry professional indemnity insurance and to conduct birth in accredited centres with immediate access to specialist obstetricians, anaesthetists, paediatricians and blood transfusion services.

Collaborative Care Model

- We believe that a collaborative care model, between specialists and midwives, should be supported as this facilitates care by a known midwife and obstetrician and ensures continuity of care for the patient and her baby. A recent study[5] has found that 70% of obstetricians are willing to collaborate with a suitable midwife.
- More flexibility needs to be facilitated to enable midwives to provide less than full confinement care, such as antenatal and postnatal visits only, whilst still allowing the patient to claim a MBS rebate.

[5] Ongoing online NASOG survey of members www.nasog.com.au

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Conclusion

We know our decision makers understand the health, social and economic benefits that flow from ensuring women and their families have affordable and safe access to Australia's world-class specialist obstetricians and gynaecologists.

To help ensure babies are delivered safe and well, women should be able to choose their own doctor. This should not be an issue. It must be a policy priority.

We believe, if adopted by the Government, our recommendations made above, will help realise these goals without burdening the taxpayer.

There are substantial returns to government and the economy for every dollar spent on women's health and the care of pregnant patients and babies.

NASOG recommends these cost effective policies for further discussion and review. NASOG offers its services to you as an expert resource and an independent sounding board. We welcome the opportunity to represent the interest of our patients in future decision-making processes relating to women's health services.

For further information, please contact President of NASOG Dr Andrew Foote 0417 675 212.

About NASOG: The **National Association of Specialist Obstetricians and Gynaecologists** (NASOG) is a not for profit professional association representing specialist obstetricians and gynaecologists, the leading providers of specialist women's health services.

Australia is recognised as one of the safest countries in the world to give birth or to be born. **NASOG** strongly endorses our **collaborative, proactive model of obstetric and midwifery care** for all women giving birth in Australia. The safety of this existing model of care is confirmed by research from Australia and around the world. www.nasog.com.au