

AAAPC PRESS RELEASE

Co-payments to see a doctor: the evidence says this will cause harm

The Australian Association for Academic Primary Care (AAAPC) is responding to recent policy recommendations from the National Commission of Audit (1). AAAPC represents the primary care research community which is committed to building a quality evidence based primary health care system. Its members (consisting predominantly of general practitioners, nurses and allied health professionals) are concerned that the proposals will result in unintended consequences that are likely to lead to: 1) worse health care delivery; and 2) increased long term health costs to the Australian community. The AAAPC agrees that attention needs to be paid to addressing rising health care costs, but notes strong international evidence suggesting that the most efficient way to do this is to nurture and support a robust universal primary health care system.

We support our arguments with international research.

1) A decline in service delivery and health outcomes

The introduction of mandatory co-payments for doctor's visits will harm some people. Co-payments (also called "out-of-pocket", OOP, medical expenses) certainly reduce the number of visits (2) – this is, of course, the intent. The problem is that this affects the poorest and sickest disproportionately (2, 3). This affects not just visits to the doctor for episodic care but also visits for preventive care (such as vaccination, cancer screening, or preventing chronic disease such as cardiovascular disease) and regular care needed for chronic conditions such as diabetes (2, 4, 5).

The Commission has also recommended an increase in existing co-payments for medicines (1). We are concerned this will have the same consequence, for example causing people to stop using effective medicines for heart disease, asthma and other serious conditions (6, 7).

Attempts to protect some sectors of the community (e.g. Aboriginal people, holders of Health Care Cards) by excluding them from this tax may nevertheless result in some vulnerable people (e.g. some elderly and children, those in difficult social circumstances) being hit hard.

2) The unintended consequence in increased health costs

The co-payments will weaken Australian primary care. More people are likely to go to emergency departments or be hospitalised (3). This goes against the international trend which has been to respond to research showing that health systems with stronger primary care have better health outcomes (less heart disease, cancer and lower overall death rates) for lower costs (8, 9).

AAAPC president Professor Nick Zwar said: "The evidence is clear – co-payments for GP visits would disadvantage vulnerable people and damage Australian primary care: patients' health would suffer, and ultimately Australian health system costs would increase".

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