Australian hospital waiting times worsen under “health reform”

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An official progress report on the Australian government’s health and hospital reform plan has revealed lengthening public hospital waiting lists, continuing failures in emergency departments to treat critically-ill patients within medically safe times and widespread delays for patients seeking access to general practitioners (GPs) and specialists.

Health care costs were also a barrier to many working people, who delayed seeing a doctor or obtaining a prescribed medicine for financial reasons during 2009-10, according to the report by the Council of Australian Governments (COAG) Reform Council.

The COAG document provides only a limited view of the appalling state of the under-funded public health system because it assesses progress against the “agreed objectives and outcomes” set by the federal, state and territory governments through the National Healthcare Agreement.

Those indicators are determined by the central purpose of the federal Labor government’s “reform” blueprint—to drive down long-term healthcare costs and push more patients into the hands of private providers. In the words of the COAG report, the “affordability” of the health system is “an important feature of sustainability” and “spending growth may challenge government budgets in the future”.

Despite this focus, the report contains damning statistics, which demonstrate that the performance of public hospitals and health care services has worsened since the reform agenda began to be implemented in 2008.

Over the three years for which data are reported (2007-08 to 2009-10), median waiting times for elective surgery in public hospitals rose from 34 to 35 days on average nationally. Times for those patients waiting the longest blew out from 233 to 264 days. That figure had decreased slightly in 2008 during the first stage of the national plan, which featured a much-publicised “blitz” to admit patients who had been waiting much longer than clinically recommended.

For patients needing coronary artery bypass surgery, one of the most serious “elective” procedures, the median waiting time lengthened from 14 to 15 days. Many patients waited considerably longer, and Australia’s two most populous states had the worst results: in Victoria the time grew from 11 to 23 days and in New South Wales (NSW) from 14 to 19 days.

Patients waiting for knee replacement surgery—usually in pain and having difficulty walking—suffered the longest delays. Nationally, median waiting times increased from 156 to 180 days. Tasmania had the longest waits, rising from 385 to 431 days, but NSW was not far behind, going from 234 to 301 days.

These statistics almost certainly understate the extent of the waiting list crisis because governments and health authorities have sought to avoid public outrage, and financial penalties for under-performance, by fudging the figures. Many patients have been placed on “waiting to wait” lists to produce artificially low results.

NSW Bureau of Health Information figures released last Thursday showed NSW residents were waiting 10 weeks longer for elective surgery than they were two years earlier—the median waiting time had risen from 207 to 217 days. This result may worsen after fully accounting for “fudging”, which was estimated to have removed 30,000 patients from the lists, which officially totalled about 70,000. At Westmead, a major Sydney hospital, one eye surgeon told the media that up to 2,000 patients needing cataract surgery were on a hidden list.

Over the three-year period covered by the COAG report, the proportion of emergency department patients nationally who were not treated within benchmark waiting times remained at about 30 percent. The report’s executive summary states that emergency department

performance "improved nationally" and in all jurisdictions, but the actual data shows a decrease of only about 1 percentage point.

"Nationally, 68 percent of emergency department patients in peer group A and B hospitals were treated within the clinically recommended triage rates in 2009-10," the report revealed. This is well short of the official 80 percent target, recommended by the Australasian College of Emergency Medicine.

Other figures show the unequal impact of health care costs and lack of access to basic services. Almost 40 percent of people were not able to see a GP within four hours—a proportion that increased in outer regional and remote areas.

One million patients reported deferring their visit to a GP because of cost, while more than half a million said they had deferred seeing a specialist for financial reasons. More than one million people (9.7 percent) who were prescribed medication delayed buying it because of the cost—with the rate significantly higher (12.8 percent) among the most disadvantaged.

Indigenous people waited for elective surgery procedures considerably longer than others—with a median time of 39 days compared to 33. This result was just one of many pointing to the Labor government's failure to meet its pledge to narrow the health and life expectancy "gap" between indigenous and non-indigenous people.

Indigenous people remained around three times more likely to be admitted to hospital for a potentially preventable disease. In part, this result reflected a wider pattern—socio-economically disadvantaged people were up to twice as likely as wealthy people to be hospitalised for a potentially preventable complication.

One of the centrepieces of the federal government's reforms is the uniform introduction of "casemix" funding, whereby hospitals only receive payments for each procedure actually performed, and according to a nationally-set "efficient" price. The COAG report calculated that nationally the average cost per "casemix-adjusted separation" was $4,469 in 2008-09, but lamented that no methodology had yet been developed to report year-on-year progress in lowering this cost. The report reiterated the need for "large efficiency gains".

Nicola Roxon, the Gillard government's health minister, met her state and territory counterparts last week to try to finalise two key features of the next proposed stage of the health plan. They agreed to establish a National Health Performance Authority to monitor the performance of hospitals and health networks, while giving state governments 45 days' notice of the results before they are released to the public

No agreement was reached on the Independent Hospital Pricing Authority that will set the "efficient prices" the federal government will pay for hospital services. The Gillard government wants the authority to be able to hold back 4 percent of federal funding to penalise states if it is not satisfied that they have met all the requirements of the reform process.

There was no conflict over the punitive character of this regime, which will deepen the impact of years of under-funding and effectively penalise patients. The states, however, want to retain their powers to supervise the process.

In response to the COAG report and the partial breakdown of the federal-state negotiations, the Murdoch media put the Gillard government on notice to step up the cost-cutting drive. An *Australian* editorial on June 9 warned of its concerns that "Labor has watered down its reform plans too far."

After declaring that the powers of the Health Performance Authority to "name and shame" hospitals "might prove an incentive to drive improvements", the editorial insisted that there could be no backing down on using the Pricing Authority to financially punish hospitals. "Nothing less will do at a time of budget stringencies, an ageing population and vast but costly advances in healthcare technology."

These instructions underscore the true character of the restructuring of the healthcare system. It has nothing to do with improving the public hospitals, or giving ordinary patients guaranteed access to high-quality care. The purpose is to slash health spending, as part of Labor's overall austerity drive to satisfy the dictates of the corporate elite and the financial markets.