Agenda Item *(to be inserted by National Office)*

Title

ADEA BOARD MEETING REPORT AUGUST 2011

Health Insurers and Private Practice Working Group (HIPP)

Report

May 2009 – May 2011

Health Insurers and Private Practice Working Group (HIPP WG) Report

Chair: Deb Foskett
Prepared by: Deb Foskett and Leigh Spokes

Members: Leigh Spokes, Annabel Thurlow, Judy Todd, Carolien van Geloven

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Background

Credentialled Diabetes Educators (CDEs) have been recognised as the appropriately qualified health care practitioners for the provision of diabetes education by Medicare Australia, the Department of Veterans Affairs and Private Health Insurances. However, access to reimbursement for diabetes education that meets the needs of the individual through the diabetes disease continuum and across the lifespan continues to be limited. Furthermore, whilst most persons with diabetes who have purchased products from private health insurers (PHI) offering reimbursements for ancillary services can access reimbursements for consultations fees with some members of the diabetes care team such as dietitian's and podiatrist, very few PIHs include diabetes education in their ancillary service.

Issues

- Membership and Communication
- Documentation for ADEA members in independent practice
- Survey development and completion
- Development of a lobbying brief for diabetes educators
- Leadership and Collaboration by working party members

Outcomes

- Development of a workable and adaptable Terms of Reference (Annexure 1)
- Results of survey for ADEA members in independent practice (Annexure 2)
- 60% membership completion of abovementioned survey
- Development of Lobby Brief report (Annexure 4) as a conclusion to the efforts of the HIPP working party

Recommendations

The Committee/Working Party/Representatives recommends that the Board:

This paper is the final discussion regarding the progress of the HIPP working party. The key issues have been addressed and outcomes highlighted. The relevance of the group should not be understated as the HIPP group has reached its designated time frame and as such will no longer be in place.

The HIPP group wishes to acknowledge the support of the ADEA board and strongly recommends ADEA investigate the current Private Practice Special Interest Group (PPSIG). The HIPP group noted the poor response to the distribution of lobbying material by independent educators (Annexure 1). They feel that the communication to its members on the progress of this working party could have been improved. This may have largely been in part to the inactivity of the PPSIG.

On behalf of the HIPP working party I wish to sincerely thank Tracey Aylen for her exceptional efforts since the inception of this working party & development of the survey. Gil Cremer although briefly involved we greatly appreciated her efforts developing the briefly report.

Deb Foskett

On Behalf of & Chair HIPP working group
28 July 2011

(ANNEXURE No: 3)

Lobbying/Petition Campaign	
Fund	**Signatures**
NO Nominate Fund	14
NIB	4
MBF	23
HCF	6
Australian Unity	1
Mutual Community	44
Health Partners	2
HBA	8
CBHS Health Fund	2
AHM	3
Defence Health	2
GMHBA	1

Total	110

(ANNEXURE 4)

Private Health Insurance Lobbying Brief

Recommendations for lobbying strategies to increase access to diabetes education services for persons with diabetes who have purchased private health insurance

Tuesday, September 25, 2012
Australian Diabetes Educators Association
Gil Cremer

Private Health Insurance

Access to diabetes related products and services

Some insurance products and PIHs offer people with diabetes access to reimbursements for diabetes education or diabetes related products, for example:

- Blood glucose monitors is frequently may be available with ancillary cover
- Insulin pumps is accessible with basic hospital cover
- Membership to Diabetes Australia may be available with ancillary cover
- Diabetes education may be accepted and reimbursed through some loyalty or bonus programs

Currently, the only information available to ADEA is that Medibank Private allows reimbursement for diabetes education through its loyalty program and HCF allows reimbursement for diabetes education as part of its ancillary product.

Current lobbying

The Health Insurance and Private Practice Working Group (HIPP WG) launched a campaign targeting nine (9) in February 2011 aimed at encouraging person with diabetes to lobby their PHI to include reimbursement from diabetes education in their ancillary services. The campaign was extended to COB 30 June 2011, but resulted 110 signatures only.

The private health insurance landscape

The Australian Health Insurance Association

The Australian Health Insurance Association (AHIA) represents 21 PHI with the 93% of Australians covered by private health insurance as members. Member organisations are:

- Australian Health Management
- Australian Unity Health Ltd

- BUPA Australia Health
- GMHBA Ltd
- HBF Health Funds Inc
- HCF
- Health Insurance Fund of WA
- Health Partners Limited
- Latrobe Health Services Inc
- Manchester Unity Australia Ltd
- MBF Australia Ltd
- MBF Health Pty Ltd
- Medibank Private Ltd
- NIB Health Funds Ltd
- St.Lukes Health
- Teachers' Union Health

The Private Health Insurance Administration Council

The Private Health Insurance Administration Council (PHIAC) PHIAC is an independent statutory authority that regulates the private health insurance industry in Australia. The PHIAC was established by the Australian Government Department of Health and Ageing and also collects and disseminates financial and statistical data regarding health funds as disseminates information about private health insurance to enable consumers to make informed choices. To view contact details, please click here.

The Private Health Insurance Ombudsman

The Private Health Insurance Ombudsman is an Australian Government agency but acts independently of the Government in dealing with complaints and reporting. The role and functions of the Private Health Insurance Ombudsman are set out in Sections 230- 256 of the Private Health Insurance Act 2007. The office deals with inquiries and complaints about any aspect of private health insurance in Australia.

Ancillary private health services and costs

In December 2010, 52% of all Australians who have private health insurance had purchased either general (ancillary) or combined general and hospital private health insurance (10,098,431 and

1,616,197 respectively). The number of claims reimbursed for allied health services increased by 3,344,853 (5.2%) to 67,549,031 in the preceding 12 months.[1]
During the September 2010 quarter, insurers paid $764 million ancillary benefits. This was a decrease of 2.0% compared to the June 2010 quarter. The major ancillary benefits in this period were dental ($398 million), optical ($122 million), physiotherapy ($64 million) and chiropractic ($54 million).[2]

Lobbying Strategies

A strategic and staged approach should be considered to lobbying for increased access to reimbursement diabetes education from PIH.

Mapping current reimbursement for diabetes related products and diabetes education

Before embarking on further lobbying, the ADEA should consider gathering information about which PIHs offer reimbursement for diabetes education and diabetes related products. Representations should be at executive level.

Step 1:

- Forward a written inquiry to each of the APHIA 21 member organisations asking for information about reimbursement for diabetes education and services provided by other members of the diabetes care team as well as for diabetes related products.

- Forward a written enquiry to the APHIA asking for details about the costs and itemized reimbursements for diabetes education and by other members of the diabetes care team as well as for diabetes related products. If no response from above, request information from above from the PHIC.

- Develop a database of all relevant information as above for comparison over time.

Lobbying strategies

A staged approach to lobbying at executive level should be considered. Lobbying individual PHIs would be extremely time consuming and therefore costly for the ADEA. Therefore, the following approach is recommended:

Step 2:

1. Approach APHIA to explore the possibility of introducing a uniform approach to adopting reimbursements for diabetes education for consumers insured through their member organisations.

[1] APHIA 2010.Private Health Insurance Industry Statistics December 2010. Viewed 14 April 2011. <http://www.ahia.com.au/>.
[2] Private Health Insurance Administration Council, Quarterly Statistics September 2010, PHIAC, Canberra, 2010. Viewed 14 April 2011. <http://www.phiac.gov.au/for-industry/industry-statistics/>.

2. If no interest from APHIA or no progress within six months from initial contact, request a meeting to explore a way forward with:

    - PHIC, and

    - Department of Health and Ageing's Private Health Insurance Branch

3. Failing any further progress within a reasonable timeframe, for example by February 2012, the following approach should be considered:

    a. Submit a complaint to the Private Health Insurance Ombudsman outlining exclusion of diabetes education and highlighting issues arising from same e.g. team care as best-practice approach to diabetes care, the importance of self-management in chronic disease, diabetes education and a specialty practice, diabetes education as a component of best-practice diabetes care etc

    b. Identify and source political representatives who might be willing to champion on behalf of diabetes education

    c. Liaise with consumer organisations e.g. Consumer Health Forum (CHF) and professional associations representing other diabetes health care providers to explore the possibility of a joint approach to lobbying for inclusion of diabetes education into PHIs ancillary services

Seek opportunity to discuss the exclusion of diabetes education from PHIs ancillary products at the highest possible