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- ❖ ***Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity***

MEDICARE

Covers:

Essential health care services such as:

- Doctors/ specialists consultations fees
- Tests/ examinations to treat an illness, x-ray and pathology tests
- Eye tests from optometrists
- Treatment in a public hospital

Does not cover:

- Cosmetic or unnecessary treatments
- Treatment in a private hospital (will cover only 75%)
- Dental
- Home nursing and Ambulance

HOW IS MEDICARE FUNDED?

Three sources of income:

The Medicare Levy

The additional 2% tax charged to tax payers, low income earners or people with special circumstances are exempt from this.

The Medicare Levy Surcharge

Charged to individuals earning \$90,000 a year or couples earning over \$180,000 a year without private health insurance pay the extra 1 – 1.5%, dependant on level of income.

General Taxation allows for the costs incurred above the income from the 2 Medicare related taxes.

THE MEDICARE SAFETY NET

The Medicare Safety Net provides extra financial assistance for those that incur significant out of pocket costs for Medicare services. Once an individual or family has contributed a certain amount out of their own pocket to Medicare services in a calendar year (\$700 for singles and \$1000 for couples and families in 2017), further financial support is provided by the government, making Medicare services cheaper for the remainder of that year.

PRIVATE HEALTH INSURANCE

Private health insurance is a type of insurance under which members pay a premium (or fee) in return for payment towards health-related costs not covered by Medicare. It is additional insurance purchased on top of Medicare.

Through private health insurance patients get the choice of certain medical treatments such as: doctors, hospitals and sort of care. Patients pay a premium and then pay the designated excess at the time of using their insurance. People can choose to sign up to extras which are normally consultations not covered by Medicare such as: dental, complimentary/ alternative health etc.

INCENTIVES FOR PEOPLE TO TAKE OUT PRIVATE HEALTH INSURANCE

If more higher income earning Australians are members of private health insurance they are more likely to then use the private sector and this allows the public health system to be less busy and occupied meaning that access and sustainability are promoted as resources will be more readily available and also last longer.

There are 3 incentives that have been implemented to encourage Australians the take out private health insurance, these are:

Private Health Insurance rebate:

Under this scheme, policyholders received a 30 per cent rebate (or refund) on their premiums for private health insurance. In 2012, this rebate became **income tested**

- Individuals with an income under \$90 000 received a 27 per cent rebate.
- Individuals with an income between \$90 001 and \$105 000 received an 18 per cent rebate.
- Individuals with an income between \$105 001 and \$140 000 received a 9 per cent rebate.
- Individuals with an income of more than \$140 000 received no rebate.

Lifetime Cover:

People who take up private insurance after the age of 31 pay an extra 2 per cent on their premiums for every year they are over the age of 30. For example, a person who takes out private health insurance at age 40 will pay 20 per cent more for their private health insurance than someone who first takes out hospital cover at age 30.

Medicare Levy Surcharge:

People earning more than \$90 000 a year (\$180 000 for families) pay an extra tax as a Medicare levy surcharge if they do not purchase private health insurance. The Medicare levy surcharge is calculated according to income and ranges from 1 per cent to 1.5 per cent.

	Advantages	Disadvantages
Medicare	<p>Choice of doctor for out-of-hospital services.</p> <p>Available to all Australian citizens.</p> <p>Reciprocal agreement b/w Aust. and other countries allows Aust. Citizens to access free health care in selected countries.</p> <p>Covers tests and examinations, doctors and specialists fees (schedule fee only), x-rays, eye tests etc.</p>	<p>No choice of doctor for in-hospital treatments.</p> <p>Waiting lists for many treatments.</p> <p>Does not cover alternative therapies.</p> <p>Medicare often does not cover the full amount of a doctor's visit.</p>
Private Health Insurance	<p>Enables access to private hospital care.</p> <p>Choice of doctor while in public or private hospital.</p> <p>Shorter waiting times for some medical procedures such as elective surgery.</p> <p>Depending on the level of cover purchased, services such as dental, chiropractic, physiotherapy, glasses and dietetics could be paid for.</p> <p>Helps to keep the costs of operating Medicare under control.</p> <p>High income earners with private health insurance do not have to pay the additional Medicare levy surcharge (1%-1.5%).</p> <p>Government rebate (income tested 2012). Up to 30% rebate.</p> <p>'Lifetime cover' incentive.</p>	<p>Costly in terms of the premiums that have to be paid.</p> <p>Sometimes have a 'gap' which means that the insurance doesn't cover the whole fee and the individual must pay the difference.</p> <p>Qualifying periods apply for some conditions (e.g. pregnancy).</p>

PHARMACEUTICAL BENEFITS SCHEME

- Federal government's subsidy scheme for essential medicines.
 - Over 3,000 brands of prescription medicine are covered by the PBS (this includes different brands of the same medicine).
 - As at 2017, the co-payment for most PBS subsidised medication is up to \$40.30 or \$6.50 for concession card holders. The government pays the remaining cost. These costs are adjusted each year on the 1st of January to stay in line with inflation.
- Note:** Safety Net Thresholds (\$390.00 – concession), (\$1550.70 – general). After this, concession have no cost, general is charged \$6.30 for remainder of calendar year.
- Not all medicines are covered. If they are not on the PBS list, the patient must pay the full amount.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

The NDIS is a national insurance scheme that provides services and support for people with permanent, significant disabilities, and their families and carers.

Funded by the federal and state/territory governments, the NDIS works to assist individuals with disabilities to live an ordinary life.

Not all Australians with a disability have access to this insurance scheme – there is some eligibility criteria that must be met:

- Be an Australian citizen
- Live in Australia where the NDIS is available
- You have an impairment or condition that is likely to be permanent
- Your impairment substantially reduces your ability to participate effectively in activities, or perform tasks or actions
- Your impairment affects your capacity for social and economic participation
- You are likely to require support under the NDIS for your lifetime

If requirements are met an individualised plan is developed that should allow the individual to:

- Access mainstream services and supports
- Access community services and supports
- Maintain informal support arrangements
- Receive reasonable and necessary funded supports

THE ROLE OF AUSTRALIA'S HEALTH SYSTEM IN PROMOTING HEALTH

Australia's health system plays a significant role in promoting health status. Four key areas of focus guide the implementation of the health system and can be used to explore the way in which health status is targeted:

- Funding
- Sustainability
- Access
- Equity

All four areas are to be interrelated so there may be receptiveness in how each of the areas impact the health system.

FUNDING

Funding of the health system relates to the financial resources that are provided to keep the health system adequately staffed and resourced, so a high level of care is available for those who need it.

Funding is provided in the form of:

- Healthcare infrastructure
- Training for health professionals
- Subsidising health services
- Personnel
- Essential medicines
- Medical supplies and technology
- Public health programs

SUSTAINABILITY

As the population grows and ages, and different needs emerge within the Australian population, the health system is experiencing increasing pressure. The system must be equipped so it can evolve to ensure that a high quality of care is continually available for anyone in need.

DEFINITION OF SUSTAINABILITY:

'Meeting the needs of the present without compromising the needs of future generations'

Aspects to be considered for sustainability of healthcare:

- Funding and Regulation
- An efficient health system and workforce
- Disease prevention and early intervention
- Research and monitoring

ACCESS

An accessible health system is one that can provide all people with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country. This means that access must be available to people from all socioeconomic groups and those living within and outside of Australia's major cities.

SES groups have been considered and the following has been implemented:

- Fee free treatment in public hospitals
- Subsidised medication
- Subsidised private health insurance (private health insurance rebate)
- Support through the NDIS

Rural and remote areas have been considered and the following has been implemented:

- Royal flying doctors service
- Rural retention program

EQUITY

As already discussed, all Australians should be able to access healthcare when required. Achieving equality in access is important, as some people — such as Indigenous Australians and those living outside of major cities — do not have the same access to health services as others.

Interventions designed to promote equity include:

- Access for SES and rural and remote groups
- NDIS
- Medicare safety net
- PBS safety net
- Public dental health services