

Intermittent catheters – addressing the funding gap

The need for patient/user choice and personalised care in continence management

Conditions which require continence medical devices are often complex, long-term and vary enormously from spinal injury, multiple sclerosis, spina bifida, stroke, or other neurological conditions such as Parkinson's disease. Due to the complex nature of these conditions, it is vital that each product suits the user's unique conditions and personal needs.

Intermittent catheters are inserted, multiple times a day, to empty the bladder, lowering the body's defence mechanisms that fight off bacterial invasion. Hydrophilic intermittent catheters, for example, are single-use devices which are coated to reduce friction and bacteria, helping to reduce damage to the urethra and prevent infection. The catheters are inserted into the urethra, or sometimes via an alternate opening called a mitrofanoff which is a continent urinary channel located in the abdomen.

People who rely on hydrophilic catheters do so because they have found them to be the easiest, most comfortable and most hygienic option for them. Other people find that other options are more suitable for them. The important point is not that everyone should use the most innovative or newest catheter, but that everyone should have access to the best type of catheter to meet their personal needs.

Patient/user choice in continence provision is therefore incredibly important. Above all, access to the right product ensures that patients/users can lead independent lives and are able to self-care, work, and remain free from infection, thereby avoiding expensive emergency hospitalisation.

Funding gap - limiting choice and increasing complications

The funding available for patients/users suffering from continence problems currently varies greatly between states and even within states between different types of patients/users. For example, some states provide full funding for people involved in motor vehicle accidents but some states do not. Further, some states provide full funding for people who have been injured as the result of a motor vehicle accident but not for accidents at home. This can mean that a driver who is injured in an accident could have their medical devices fully funded, but a child who suffers a spinal injury falling from a tree at home might have very limited access to funding, despite their needs being almost identical. This is the result of a number of disjointed schemes that focus not on the needs of the patient/user but on how that need came about.

In most cases, other than the motor vehicle injury schemes mentioned above, even the mix of federal and state funding available to allow patients/users to purchase the intermittent catheters is insufficient to meet their needs. For example, where there is limited funding, a patient/user may be expected to use an inappropriate type of catheter purely to meet cost restrictions, and this may be unsafe or difficult for them to administer. Alternatively, patients/users commonly experience higher satisfaction and health outcomes using a single-use hydrophilic catheter - one which offers discretion and practicality and, most importantly, has a low friction coating for comfort and optimising urethral health.



However, with limited funding patients/users may be expected to use less suitable catheters, which may require additional support to administer, at the cost of their independence and dignity, or which may cause them damage and future medical complications. As is all too often the case, these patients/users will feel they must resort to re-using their preferred single use devices, attempting to clean these devices themselves rather than using new, hygienically packaged and adequately protected devices. This re-use of single use devices can cause significant problems for the individual and the wider health service as it can result in increased incidence of infection; bladder and kidney stones; liver, spleen and kidney disease; increased need for costly surgeries and hospital admissions; and, eventually, end stage renal failure.

The National Disability Insurance Scheme

The National Disability Insurance Scheme, which is currently being trialed in areas across Australia, will bring funding sources together and provide most patients/users with a single source of funding to meet their needs. This was envisioned to provide enough funding for each patient/user to have access to the support that they need, so in terms of catheters, the 4-6 single-use intermittent hydrophilic catheters they would need daily. However, as the funding available per person is unreasonably limited, patients could find themselves from \$1000 to \$7000 out of pocket every year on catheter expenses. As is currently the case, many people will simply be unable to meet this shortfall, forcing them to re-use their single-use devices, resulting in increased infection rates and hospital admissions. It is worth noting that many people who require catheters rely on a disability support pension and, given their limited income, the out-of-pocket expenses of catheters are impossible to meet.

In addition, the nation-wide implementation of the scheme will not be complete until 2018-19, leaving people who are suffering now with more years to wait. During this time, they could develop serious complications and infections through being forced to re-use their single use devices.

Ignoring the needs of these patients is in direct contravention of the Australian Charter of Healthcare Rights, which states that patients have the right to safe and high quality healthcare and the right to be shown respect, dignity and consideration. Furthermore, failing to properly meet the needs of patients using intermittent catheters actually increases costs for the health service by forcing people to re-use their devices and risk increased infection resulting in costly hospital admissions.

Short-term savings, long-term costs

By failing to properly address the funding needs of people who rely on catheters, the Government risks increased long-term costs, both economic and social, that outweigh any short-term savings.

The risks associated with re-using single-use catheters, or denying access to the specific device which is most suitable for an individual, include increased likelihood of both tearing of the urethra and infection of the bladder. These are both uncomfortable and dangerous conditions, which often result in expensive hospital stays. By ensuring each person has access to the devices that are right for them, in the quantity they require, hospital admissions for UTIs and other complications can be reduced, resulting in significant long-term savings, as well as better health and wellbeing outcomes for patients and users.



For example, several recent studies support the use of single-use hydrophilic catheters to reduce the risk of urological complications such as urinary tract infection (UTI) and trauma (e.g. strictures, hematuria/microhematuria).¹⁻⁴ For example, Li et al. conclude that use of single use hydrophilic catheters can reduce the risk of UTI by 64% and the risk of hematuria by 43% as compared to non-hydrophilic catheters.²

In addition to reducing the hospital and healthcare costs associated with UTIs and other catheter related complications, proper funding of catheters will have a broader positive economic impact. Ensuring that each person who relies on catheters has access to the type of catheter that works best for them in the quantity required means that they will be able to live healthier and more independent lives, increasing their ability to play an active role in the community and take on employment. As the National Disability Service noted in their 2011 report, *The Economic Benefits of Disability Employment*, “Empowering persons with disability to work would create a significant long term increase to labour force participation.” The report further concluded that by enabling disabled people to work the NDIS would “create additional revenue and reduce expenditure on income support”.

Addressing the funding gap

While the percentage of the population who rely on catheters is relatively small, the impact on their lives of under-funding for catheters is massive. This means that relatively simple changes to the funding arrangements for these essentials items can make a huge difference to the quality of these people’s lives, their ability to take part in work and social life, and even their life expectancy. Importantly, this can all be achieved while creating long-term economic benefits. To ensure that current and future catheters users can choose the best catheters to meet their individual needs:

- All catheter users should be given an informed choice of catheters, with information provided about the various types of catheter available, including hydrophilic catheters, and the benefits of single-use vs re-use.
- Full funding of hydrophilic catheters should be made available, through federal and/or state schemes – ensuring access to 4-6 devices per day for each patient/user who requires them – until the introduction of the NDIS.
- As the NDIS is rolled out, per patient/user funding should be set at a rate sufficient to cover the cost of each individual patient’s/user’s chosen type of catheter in the quantity needed for safe use.

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