

Private Health Insurer or Travel Agent?

Recently, nib launched its nib Options package which encourages Australians to have medical treatment provided overseas. Is nib saying there is no value in having private health insurance (PHI)?

The Australian Dental Association (ADA) sees it as very odd that a private health insurer boasting it provides excellent value for money for its ancillary cover, would advocate to Australians the ability to go overseas to receive medical treatment, instead of having the work done in Australia where they are covered by health cover by the insurer. Could this merely be a ploy to avoid liability to pay rebates for treatment and improve the insurer's profitability? Whatever your view, it should definitely get Australians wondering about the benefits of having private health insurance.

In Australia we have the government and health professions contributing funds to the operation of regulatory authorities (Australian Health Practitioners Regulation Authority and its numerous health boards, Therapeutic Goods Authority, etc.,) and at the same time government is providing rebate assistance for the public to join health funds who then promote overseas treatment. The inconsistency here defies logic.

The Australian Government might also want to examine nib's financial situation more closely when they next cry poor and want to increase premiums. Why should the Australian Government approve a premium increase to an insurer when they are actively encouraging patients to bypass the Australian private health system and the very safeguards in place to spend their money overseas? Such an approach seems to have been given very little, if any, consideration of the increased risks associated with overseas procedures, the need for ongoing care when adverse outcomes occur, the cost to the community for rectifying faulty work, the impact on local providers, nor the loss of revenue to Australia.

Australian health practitioners provide a level of quality of service not matched in many parts of the world. They do this in a tight regulatory environment covering practitioners, the practice surgery, methodology of treatment delivered and the environment in which it is delivered, such as infection control, etc., and the use of quality assured materials and equipment. Are nib's evaluation processes used to assess remote overseas health care facilities and health practitioners able to guarantee this same level of expertise, safety and quality?

A recent statement by the Australian National Prescribing Service (NPS) published in *Health News and Evidence* on 13 February 2014 titled Superbug stowaways: multi-drug resistant bacteria hitch a ride with travellers referred to a recent case review in the *Medical Journal of Australia* which documented several instances of travellers returning to Australia infected with multi-drug-resistant organisms (MROs). The NPS article warned of the increasing risk of "inter-country transfer of hospital acquired MROs" because of medical tourism spreading to Australia, citing hospitalisation overseas as one of the greatest risk factors. The NPS went on to say that having treatment combined with a holiday further increases the risk of exposure to a broader range of community pathogens. This is of additional concern in countries where MROs are endemic. This is not something that seems to be covered in nib's Options material.

Usually, complex treatment is done in stages in Australia to allow time for adequate healing. Fitting this treatment into a holiday visit may encourage practitioners to compromise care by speeding up delivery of treatment, to needlessly prescribe antibiotics as a prophylactic measure or to assist faster healing even though it may not align with best practice.

As an example, patients do not always realise that complications from complex dental treatments can take years to surface. Remedial work can be complex and expensive. Will nib Options and any other insurers deciding to go down this path, provide an unlimited guarantee that if problems arise some time down the track the provider will remedy the situation? Would a patient wish to return to that practitioner anyway?

It is the view of the ADA that the Australian Government is in a position to require PHIs to provide a product offering actual better care to policy holders rather than maximise their profit. PHIs must take more concerted action to ensure they operate in a manner that delivers the best possible product for patients, and respects the autonomy of healthcare providers.

For further information about dental tourism including issues Australians should be aware of before deciding to go abroad for treatment visit: <http://www.ada.org.au/oralhealth/dentaltourismfurtherquestions.aspx>

Contacts: Dr Karin J. Alexander, President Robert Boyd-Boland, Chief Executive Officer
All correspondence to: Australian Dental Association Inc. PO Box 520, St Leonards NSW 1590
Tel: 02 9906 4412 Fax: 02 9906 4736 Email: adainc@ada.org.au

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by targeting vulnerable and underserved populations***