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## Elective waiting times up as public hospitals put profit first

Elective surgery waiting times in public hospitals are blowing out as they prioritise chasing revenue over caring for public patients, the latest data measuring hospital activity shows.

The Australian Institute of Health and Welfare report *Admitted patient care 2017–18: Australian hospital statistics* shows public patients are waiting twice as long overall for elective surgery – a median of 44 days for public patients and 22 for the privately insured.

Australian Private Hospitals Association CEO Mr Michael Roff said public patients are left to languish on waiting lists – managing pain and experiencing reduced quality of life – while public hospitals push patients with private health insurance ahead of them in elective surgery queues.

“This goes against the principles of Medicare – that treatment in public hospitals is based on clinical need, not ability to pay. But, it’s also fundamentally unfair. Public and privately insured patients should be treated exactly the same in the public system, these numbers tell us they are not.

“Public patients requiring head and neck surgery have a median wait time 60 days longer than privately insured patients for their surgery in public hospitals. While those requiring orthopaedic surgery have a median wait time of 52 days longer than patients public hospitals can squeeze revenue from.

“The consequence of waiting for these surgeries might be limiting someone’s ability to work, to care for their families, to get out of bed in the morning.

“If more of those privately insured patients were treated in the private hospital sector the dual benefit to public patients would be reduced waiting times and a less stressed public health system. Furthermore, privately insured people should be given the opportunity to be treated in private hospitals, rather than being trapped in the public system.

“However, public hospitals only see the dollar signs when a privately insured patient enters their hospital and have been actively ‘harvesting’ these patients through their emergency departments for years.

“The immoral practices of public hospitals chasing private patient revenue while ignoring the needs of public patients must be outlawed in the next hospital funding agreement, which will be a top priority for the incoming Federal Health Minister,” Mr Roff said.

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The Australian Private Hospitals Association (APHA) is the peak industry body representing the private hospital and day surgery sector. The private hospital sector treats 3.69 million patients a year, including treatment of more than a third of chemotherapy, 60 percent of all surgery, 74 percent of all elective musculoskeletal surgery and 79 percent of rehabilitation.