Australasian College for Infection Prevention and Control Ltd

GPO Box 3254 Brisbane Qld 4001 | ABN 61 154 341 036

P + 61 7 3211 4695 | F + 61 7 3211 4900 | E admin@acipc.org.au | W www.acipc.org.au

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PATIENTS AT PHYSICAL & FINANCIAL RISK – ACIPC CALLS FOR RETHINK ON NON-REIMBURSEMENT

Addendum 21st June 2016

In recent weeks, the College has been contacted by a range of external agencies with respect to the proposed systems and processes for the non-reimbursement of preventable healthcare-associated infections and events. The College is pleased to advise that we are working collaboratively and collectively with these agencies to ensure that patients and consumers are afforded the best possible care so as to prevent and control healthcare-associated infection. These agencies have provided briefs and submissions for review by the College and its experts, which we believe demonstrate merit. The College continues to work collaboratively with these agencies to provide expert advice on these and other matters in our collective efforts to prevent and control healthcare-associated infections for the health and wellbeing of individuals and the community.

The Australian College for Infection Prevention and Control (ACIPC) is deeply concerned about the decision by some private health insurers to not reimburse hospitals for hospital-acquired infections.

The ACIPC believes the knock on effects of the change will place people at substantial physical and financial risk and is calling for greater protection of patients and their interests.

College President, Professor Ramon Shaban, said the ACIPC echoes the remarks made by Dr Christopher Davis in an article published today in the Medical Journal of Australia (MJA), which points out there is little evidence financial disincentives reduce the risk of infection.

"The causes of hospital or healthcare-associated infections are complex and we reject moves to distill and mitigate the risks of these and unilaterally apply the consequences of them to patients."

"We are concerned hospitals and health services will perversely seek to recover the cost of non- reimbursements, associated with preventable healthcare-associated infection, from patients and consumers. An even worse outcome would see hospitals refusing to admit a patient or charging them a premium based on their risk of infection. Such risks are often associated with a medical status or condition over which a patient may have little or no control or option, such as chemotherapy treatment for cancer."

"Patients, families and the community will be forced to bear the financial and human costs associated with such arrangements. This has been well documented in health systems overseas such as the US where costs of these risks are passed directly onto patients. The evidence demonstrates financial disincentives are not a magic silver bullet to the challenges of preventing and managing healthcare-associated infections," he said.

"Any such policy must be accompanied by firm measures to protect patients from being assigned the responsibility and risk. It is difficult to see how patients could be protected without additional legislation," he said.

The ACIPC is calling on governments, health insurers, health professionals and consumers to take urgent action in considering the foreseeable unintended consequences of such policies so as to prevent hospitals from passing on the costs of hospital-acquired infections to patients.

The MJA article can be seen here.

ENDS

For interviews please contact Professor Ramon Shaban 0478 312 668.

About ACIPC

The ACIPC is the peak body for Infection Prevention and Control in the Australasian region. The college supports infection prevention and control professionals by providing them with support, networking, knowledge and up to date information relevant to their area of practice. www.acipc.org.au