

Increasing Medicare rebates the key to increasing rural health care access for consumers – but how can we offer more?

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The Consumers Health Forum welcomes the recommendations in the Community Affairs References Committee's [interim report](#) into the provision of general practitioner and related primary health care services to outer metropolitan, rural and regional Australia.

CHF CEO, Leanne Wells said that the report focused on some of the major issues encountered by regional health consumers; access to health care services, and high out of pocket costs for medical consultations and procedures.

In particular, CHF welcomes the recommendation to investigate substantially increasing Medicare rebates for general practice consultations and as well as other general practice funding options.

“Australians in places outside high density, urban locations have very different experiences accessing primary health care than do people living in cities,” said Ms Wells.

“In our submission to the Inquiry, we highlighted concerns from consumers on cost of care, particularly high out of pocket costs as the Medicare rebate freeze has made primary health care unaffordable for many people,” she says.

“This is reinforced by data from the latest Australian Health Consumer Sentiment survey which told us that 14 per cent of Australians with chronic conditions could not pay for healthcare or medicine because of cost. Closing the gap between what a patient pays for a GP service and the rebate they receive will help tackle this problem”.

“Funding reform also needs to go beyond adjustments to Medicare rebates.

The Consumer Health Forum partnered with the National Rural Health Alliance to draw out views on reform and urgent need in regional and rural Australia in the Rural regional and remote roundtable on [health service access](#).

One of the key recommendations from the Roundtable was that Medicare rebates should be extended to cover more than one health appointment or service per day to allow rural consumers who need to travel for health care treatments to receive the same level of financial assistance as their urban counterparts.

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“Rural and regional health consumers do not participate in primary health care at the same rate as people who live in cities, who have easier access to wider range of services and specialist care,” said Ms Wells.

“We need to use Medicare to fill the gap between urban and rural health consumers and to make health services affordable and accessible for all Australians no matter where they live. This will address inequality and allow people in the regions to live longer, healthier lives, accessing healthcare with the same ease that city dwellers do,” she said.

“When the cost of living is becoming more of a focus, it’s imperative to keep the cost of accessing primary health care down,” said Ms Wells.

Other recommendations from the panel of experts at the roundtable included increasing Medicare assistance for rural patients to see specialists in private practice, increasing the rebate for access to mental health care, and updating the MBS items list for obstetricians.

CHF also supports the recommendations to attract and retain more doctors and nurses in rural healthcare services.

“Research shows that rural Australians are greatly concerned about their access to primary healthcare, and improvements to this are badly needed,” said Ms Wells.

This was clearly indicated by rural and regional Australians in the recent [Australian Health Consumers Sentiment survey](#) published last week, where 55% of people in regional and remote regions said they needed more doctors, nurses and health workers. The survey is a major research project with canvassing more than 5,000 health care consumers.

There has been no mention made of the more systemic reforms to primary care, such as a connected system of primary care, integrating general practice with other health services.

“Incorporating new models of care which have already been tested with great success in location-based, or state-based initiatives would be a huge step forward in changing the infrastructure needed to support general practice,” said Ms Wells.

There are existing models of care already demonstrating system reform, such as Aboriginal Community Controlled Health Organisations (ACCHO)s which operates 300 clinics across Australia delivering holistic community-based health care services for First Nations people, as well as some state-based models offering community-based medical services.

Based on the successful ACCHO model, the National Rural Health Alliance, (NRHA) has developed RACCHOs, a new model that will benefit both health professionals and communities in regional and rural localities.

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Under RACCHO, health professionals are employed under the multi-disciplinary community-based care model which is more affordable and accessible to rural communities.

“Patients need access to a range of services to meet their needs,” said Ms Wells, “and without access to preventative health education and support, allied health services, and community-led initiatives, the pressure on the rural workforce will continue to sky-rocket out of the range of affordability for Australian tax-payers, said Ms Wells.

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