Australian
Private Hospitals
Association

Inquiry into Long COVID and Repeated COVID Infections.
Standing Committee on Health, Aged Care and Sport
Health.Reps@aph.gov.au

Dear Dr Freelander MP

Thank you for the opportunity to make a submission to the Inquiry into Long COVID and Repeated COVID Infections.

The private hospital sector has played a pivotal role in Australia's response to the COVID-19 pandemic and so, as this important inquiry considers the longer term ramifications for the health of individuals and the health sector as a whole, it is timely that consideration also be given to the role played by the private health sector.

Although most dedicated 'Long COVID Clinics' have been established within the public sector, the private sector is already involved in treading Long COVID patients and could have a potentially significant role to play into the future.

According to the AIHW (see tables below), the private hospital sector provides around 80 percent of separations and 60 percent of days of admitted rehabilitation care. But in reality the contribution of the private hospital sector is even greater because States vary in the scope of data collected and several exclude rehabilitation day programs delivered by private hospitals.

Separations by broad category of service[(a)], public and private hospitals, states and territories, 2020–21

Sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public	29,104	13,547	22,004	7,546	5,339	1,131	2,497	338	81,506
Private	221,879	21,787	65,869	4,308	21,338	n.p.	n.p.	n.p.	348,699
	250,983	35,334	87,873	11,854	26,677	1,131	2,497	338	430,205

Patient days, by care type, public and private hospitals, states and territories, 2020–21

Sector	NSW	Vic[(a)]	Qld	WA	SA	Tas	ACT	NT	Total
Public	418,323	282,030	238,083	140,675	103,404	26,082	33,772	9,616	1,251,985
Private	634,027	288,410	252,507	65,723	63,886	n.p.	n.p.	n.p.	1,343,470
	1,052,350	570,440	490,590	206,398	167,290	n.p.	n.p.	n.p.	2,595,455

Data is scant on the number of Long COVID patients admitted to private hospitals because coding systems do not always capture this as the primary reason for admission. However, private hospitals provide a number of services that are potentially relevant to these patients.

Private hospitals provide specialist rehabilitation care through multidisciplinary teams led by specialists in rehabilitation medicine. Team members include Rehabilitation Physicians, Physiotherapists, Occupational therapists, Exercise physiologists, Dietitians, Speech pathologists, Psychologists, Social workers and Rehabilitation nurses.

Patients are admitted for the full spectrum of indications including stroke, brain dysfunction, neurological conditions, musculo-skeletal conditions, chronic pain, cardiac and pulmonary disorders. Private hospitals also play a major role in treating patients requiring rehabilitation for the purposes of reconditioning.

Care is generally paid for by the patient using private health insurance for hosptial services and a combination of the MBS and private health insurance for services provided by the specialist doctor. Some Long COVID patients also pay for services directly as privately billed patients.

The complex nature of Long COVID and the diverse nature of its presentation may in future present some challenges with respect to accessing care using private health insurance. Private health insurers are obligued to provide cover for rehabilitation in all hospital cover policies. However this cover is usually highly restrictive, resulting in significant out-of-pocket costs for consumers with Basic, Bronze or Silver level policies. Only consumers with Gold level cover have access to full cover for rehabilitation.

At the start of the pandemic, private health insurers were quick to reassure consumers that they could use their private health insurance if admitted to hospital for treatment of COVID-19. The extent to which insurers accept claims for the treatment of Long COVID will need to be carefully monitored particularly if patients present well after the initial symptoms of COVID-19 have resolved. To some extent the recognition of claims may depend on the manner in which claims are coded. As numbers increase, claiming patterns will need to be monitored to ensure fair and equitable interpretation. The Australian Government through the Department of Health and Aged Care and the Private Health Insurance Ombudsman will have responsibility for ensuring private health insurance regulations are consistently applied and the rights of these consumers are fully respected.

A second issue of concern to APHA is the extent to which private health insurers can impose limitations on the types of rehabilitation program that can be provided by a contracted private hospital. Currently there is relatively little access to hospital provided Rehabilitation in the Home (RITH). RITH is only covered when an insurer agrees to contract with a hospital to cover this service and even then the insurer may impose specific restrictions on the design and management of the program. Similarly private health insurers are also able, through contracting arrangements to impose limitations on the types of day programs that they will agree to cover. This is despite RITH and day programs providing best practice recovery focused models of care. The power of insurers may constrain private hospitals in the degree to which they are able to establish dedicated programs for Long COVID patients.

APHA has called on the Australian Government to address this issue by reforming default benefit arrangements so that consumers with the appropriate level of cover are able to access the full range of rehabilitation programs provided by hospitals irrespective of the fund to which they belong. If the consumer is with a fund that has contracted to fully cover the program, they will have access with no out-of-pocket costs (other than agreed excess payments). If the consumer's fund has not agreed to cover the program required, the consumer will still receive limited cover and be able to access the program by paying an out-of-pocket charge. This measure will protect consumers who might otherwise find that they are unable to access the program they need, even when they hold a Gold level policy. This measure will also enable private hospitals to establish long-COVID programs at a sustainable scale.

Clearly if long-COVID becomes a wide-spread and enduring health issue, the private hospital sector will play a crucial role in meeting demand.

Yours sincerely

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