



## AUSTRALASIAN COLLEGE OF EAR, NOSE AND THROAT PHYSICIANS

Ph. [REDACTED]

10.6.21

The ACCC

Email: [exemptions@accc.gov.au](mailto:exemptions@accc.gov.au)

Dear ACCC

I am writing on behalf of the Australasian College of ENT Physicians (ACENTP) to oppose the Application by Honeysuckle Health (HH). The reasons are as follows.

### **Executive Summary**

1. It interferes with the Doctor-Patient relationship.
2. It is the antithesis of free choice of treatment and Surgeon.
3. HH's "value based" criteria are undefined.
4. It interferes with Medicare rebates for surgery.
5. It interferes with the course of Justice in the Workers Compensation /Motor Accidents Schemes.
6. HH propose to manage a baby's or child's or adult's or disabled person's or vulnerable person's health care (treatment and surgeon) without any accountability to Health Care Complaints processes or recourse to a course of action in Medical negligence.
7. The Application is a radical experiment to disrupt our Medical Model of Health care without an open debate by the people in our democracy or people with Private Health Insurance and with no accountability for the detriment to consumers or providers.
8. Because of the radical disruption to the Health Care of Consumers the ACCC should not allow it without more information about its grave consequences and open public debate in our democracy.
9. Examples of failure of a "value based" measure indicating major flaws in this approach.

ACENTP submit the Application is to allow a conglomerate to exercise Economic coercion based on their undefined "value based" measures to enhance profits. And it allows them to control providers; and it allows non-physician companies to manage a consumers health care (what treatment they can have and by whom) without accountability to Health care Complaints processes in any State or Territory or

consumer or provider recourse to a course of action in Medical Negligence. And without any legislation to protect providers and consumers the economic coercion will be unfiltered and unfettered. It will interfere with Medicare because it disrupts the legal requirements of the referral process. It interferes with the course of Justice in the Workers Compensation/Motor Accidents because it will interfere with the Judicial decision maker determining what treatment a claimant can obtain from their treating Surgeon that is reasonably necessary for the injury.

**It interferes with the Doctor – Patient relationship.**

In Australia Public patients in Public Hospitals do not have free choice of Surgeon. Private Health Insurance gave the patient free choice of surgeon and within the Doctor – Patient relationship the referring physician can recommend the Specialist for that patient’s proper health care as to what treatment and by whom. The HH Application denies that; and the patient is forced to consult an Insurer’s doctor on the Insurer’s list. In addition even if the insurer’s Specialist recommends a procedure the HH will determine if they will approve the required treatment, or not, based on the insurer’s “value based” criteria which are unknown, undefined and unfettered.

Why should a GP be forced to refer a patient to the insurer’s Doctor if the GP opines that the Insurer’s Doctor is not the best for the patient’s condition and their choice would be a different Doctor who is not on the insurer’s list?

**The HH Application is the antithesis of patient self-determination regarding what treatment and which Surgeon.**

**HH propose to manage a baby’s or child’s or adult’s or disabled person’s or vulnerable person’s health care (treatment and surgeon) without any accountability to Health Care Complaints processes or recourse to a course of action in Medical negligence.**

The Applicant proposes to front-line force patients to their provider and even if their provider recommended a procedure the applicant will determine if they approve it, or not, based on their unknown and undefined “value based” measures. The Applicant is not a registered medical practitioner and/or Surgeon and they say they have no knowledge of quality outcomes as they will be obtained after the ACCC approves the Application. Yet the entity is not accountable to any Health care complaints process in any State or Territory of Australia and the consumer has no recourse to a course of action in Medical Negligence and the Provider cannot join them in a course of action in Medical Negligence. The Application should not be approved at all, and especially not without legislation to protect the consumer and providers.

**HH’s “value based” criteria are undefined.**

As the “value based” measures are not defined we do not know what they are or what they mean. So we have no knowledge of what will protect the elderly and very elderly, the vulnerable and palliative care patients and those with chronic illnesses from being denied access to their proper health care. Has the Application been approved by a Medical Ethics Committee, consumer members of Private Health Insurers or the

Government or been debated in our democracy? To approve it will be a radical medical experiment.

**It interferes with Medicare rebates for surgery.**

For a physician or specialist to claim a Medicare rebate, the referring medical practitioner must turn their mind to refer the patient to that physician or specialist.

**It interferes with the course of Justice in the Workers Compensation /Motor Accidents.**

In NSW Workers Compensation the Government gazettes treatment fees. And a judicial decision-maker decides if the treatment by the worker's treating Surgeon is reasonably necessary based on submitted expert medical evidence in the event of a dispute. The ACCC should not approve any interference with the course of Justice.

**Examples of failure of a "value based" measure indicating major flaws in that approach.**

The Application is unsuitable for providing urgent, timely care. In an emergency what mechanism is available for obtaining proper medical care. In the COVID-19 pandemic access to testing will be denied because no value based assessment has been done (because it is new). Failure to access Covid-19 testing at the beginning of the pandemic in the UK and USA contributed to undetected spread of COVID-19 and ultimately in the USA nearly 600,000 deaths. In addition, a value based response led the Australian Government to advise against wearing masks early in the COVID-19 pandemic because there was no evidence available. This contributed to poor outcomes. That decision was subsequently reversed. Yet had the advice been based on training, skill and experience wearing masks would have been recommended from the beginning.

I am writing on behalf of the Australasian College of ENT Physicians (ACENTP) to oppose the Application by Honeysuckle Health (HH).

Yours sincerely

Brian Williams  
MBBS FRACS  
President, ACENTP



