

Bell, Simon

From: Courtney Andrijich <[REDACTED]>
Sent: Wednesday, 2 June 2021 1:28 PM
To: Exemptions
Subject: Objection to approval of application by Honeysuckle/NIB (Authorisation number: AA1000542)
Attachments: Microsoft Word - 20201013 _ Minutes Subspecialty Presidents Committee.docx.pdf
Categories: Submission

To whom it may concern,

Please find attached a letter from Jeff Ecker regarding the draft determination allowing Honeysuckle/NIB to form a buying group of private health service in Australia.

Sincerely,



Courtney Andrijich BSc MA

E [REDACTED]
T [REDACTED] **F** [REDACTED]
W www.jeffecker.com.au
A [REDACTED]

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SUBSPECIALTY PRESIDENTS COMMITTEE

Minutes of a meeting held via videoconference Tuesday 13th October 2020 @ 7.30pm (aedt)

1.1 Acknowledgement of country

We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

1.2 Welcome and apologies

Present: Michael Gillespie (Chair & Vice President)
Andrew Ellis (President)
Annette Holian (Second Vice President)
David Lunz (Australian Foot & Ankle Society)
Chris Vertullo (Australian Knee Society)
Matthew Scott-Young (Spine Society of Australia)
Peter Steadman (ANZSA) part of the meeting
Jeff Ecker (AHSS)
Egon Perilli (ANZORS)
Richard Page (Scientific Secretary)
Michael Solomon (Arthroplasty Society of Australia)
Drew Dixon (Medico-Legal Society)
Marinis Pirpiris (Australian Orthopaedic Trauma Society)

Apologies: Nicole Williams (Australian Paediatric Orthopaedic Society)
Richard Carey Smith (ANZSA)

In attendance:
Adrian Cosenza (Chief Executive Officer)
Kathy Hill (Advocacy & Governance Manager AOA)
Beverly Hughes (Administrative & Membership Officer)

1.3 Declarations of interest

Nil

1.4 Confirmation of Minutes

The Minutes of the meeting held on 18th May 2020 were accepted as a true and accurate record.

1.5 Action item list

The Committee noted the action list.

2.Subspecialty President Updates

2.1 Australian Orthopaedic Paediatric Society – Nicole Williams

Nil report tabled.

2.2 Medico-Legal society – Drew Dixon

The chair reported regarding the Personal Compensation Injury Commission which has been gazetted through parliament. The Commission unifies the Motor Accident Authority and the Workers Compensation Commission under the one umbrella to try and streamline the service in NSW similar to Service NSW and is due to commence in March 2021.

It is considered important that orthopaedics have a voice but it appears that only one specialist is to be appointed to the Rule Committee from RACS, RACP and Royal Australasian & New Zealand College of Psychiatrists. AOA will write suggesting orthopaedics be represented by Dr Dixon.

2.3 Australian New Zealand Orthopaedic Research Society – Egon Perilli

- Cancelled AGM which was due to be held in Sydney. Did not wish to have it as an online meeting.
- ANZORS and AOA shared a booth at the meeting in Phoenix Az.
- Hopeful to have back to back meetings with AOA or workshops in the future.

2.4 Australian Orthopaedic Foot & Ankle Society - David Lunz

- Recently held their annual general meeting which is required as they are an incorporated society, no changes to the executive.
- Pleased to report that MSAC have made a determination and podiatrists will not have access to Medicare item numbers but they may be able to create their own set of item numbers separate to orthopaedic MBS item numbers in the future.
- Still working to get the title of surgeon protected but COVID has slowed this down.
- A face-to-face meeting will take place in August 2021 but will depend on whether a COVID vaccine is available as the British & American speakers may not be allowed in. May need to look at local bubble type countries for guest speakers such as New Zealand or Singapore.

2.5 Australian Hand Surgery Society – Jeff Ecker

- Changes in the bylaws and scientific congress to international federation of societies for surgery of the hand. The term of tenure for people on the executive is reduced to two years.
- Their next meeting is scheduled for March 2021 in Port Douglas but they face the same issues as other societies due to COVID -19's travel restrictions.

2.6 Australian Knee Society – Chris Vertullo

- AKS is holding a hybrid meeting on Saturday 24th October to follow the ASM. Brisbane and Perth will probably dial in as they were not enthusiastic to hold a small meeting in their own state.
- He has been re-appointed to the Dept of Health KPCAG.
- AOA President suggested that a letter be sent to all CAG Chairs to ascertain if the issue with the stringent application of the Departments conflicts of interest policy was still evident.

2.7 Australian New Zealand Sarcoma Association

- The ANZSA virtual ASM was held on 8th and 9th October – two 2 hour webinar sessions – Kristy Webber (USA) and Angelo Paolo Die Tos (Italy) were the guest speakers.
- It was a very successful meeting with a record attendance and membership is growing.

2.8 Shoulder & Elbow Society – Jeff Hughes

- SESA biannual meeting has been moved to 5-8 November 2021 and in all likelihood with international participation via the web.
- SESA recently participated by providing content for a number of web based meetings – British and Indonesian.
- New grant - Sonnabend Young Investigator Research Grant &20,000 (fully funded by SESA) has been awarded to Geoff Smith
- SESA will be holding a web based AGM on 18th November 2020 to sort out issues that COVID has imposed on the running of the society.

2.9 Spine Society of Australia – Matthew Scott-Young

- The Spine Society AGM has taken place and their ASM is being held as a virtual meeting on 13 November 2020. It will be held over a day with six presentations of six minutes each with four minutes allocated for question time.
- The quality of medico-legal reporting is an important one for all subspecialties, as sometimes the 'experts' do not have the expertise, background or academic clout to really make a difference. This is increasing the indemnity prices across the board not only in neurosurgical and spine surgery. The SSA President is working with NSA President on tort reform and will update the committee in the future.

2.10 AOTS – Marinis Pirpiris

- The AOTS decided to proceed with a combined AOTS trauma event with the Trauma Society of India as a web based event which was viewed by over 100,000 interested participants with 600 views from the Pacific Islands Outreach Program.
- AOTS also delivered a web based Outreach program during the Jogyarkta Outreach program with 512 participants.
- AOTS is part of the IOTA and a series of sessions will be held at the World Trauma Congress in 2021.
- The AOTS ASM and AGM will be held as a virtual meeting on 10 December 2020.

2.11 Arthroplasty Society – Michael Solomon

- The Annual Scientific Meeting with the International Society of Arthroplasty Registries is planned for Adelaide in 2021 and it is hopeful it will be a face-to-face meeting.
- ASA extraordinary general meeting and 2020 AGM was conducted as a virtual meeting in June which went very well due to excellent audiovisual support from Mark Stevens.
- Issue with Medibank's push to have no out of pocket expenses for joint replacement surgery is not what it seems as the majority of joint replacement surgery is undertaken as no out of pocket expenses for the patient. Concern was raised regarding the short stay/day surgery issue and Medibank's vested interest as an owner of a private hospital.
- The chair will provide the President and CEO regarding specific issues to address this situation.

3. OTHER BUSINESS

3.1 Patient Education Material acknowledgement of IP

The Committee reviewed the document and discussed issues such as copyright and ownership of material that was currently in existence and provided to develop patient education information. It was particularly pertinent as Subspecialties are not part of AOA but separate entities and had been asked to provide information. It was felt that these

issues needed further clarification and drafts have been prepared by lawyers which should address these issues. AKS would like to see the draft agreement as it was not included in the letter received.

3.2 Digital Imaging Committee nomination

The Board is seeking a new chair for the Committee and additional members particularly subspecialty representation. It is an area requiring additional advocacy.

3.3 Changes to orthopaedic surgery MBS item numbers

The Committee was advised that the document distributed contained information at least 6 months old and what you see in the report is different to what the final report will be. It is suggested that a watching brief be kept regarding this in the future. It was also commented that the implementation group has been slow in acting due to COVID.

3.4 Guidelines for participation in AOA committees – noted

3.5 Subspecialty society report for ASM 2020

The Chair and the President urged all subspecialty chairs to encourage their members to either register for online streaming of the AOA ASM or where numbers allow attending in person. Due to registration only being open for a short period the number of members who have registered is very concerning but it is hoped that with vigorous encouragement from the subspecialty chairs the numbers will increase.

3.6 Private hospitals and health funds re implants

The committee was advised that BUPA is now negotiating with hospitals directly and they are stipulating that some of the hospitals have to pay part of the cost for the prosthesis and to bear the cost if a revision takes place within two or three years after the initial surgery. They also are stipulating that the hospital is not to discuss this arrangement with the patient. This arrangement is part of a contractual confidentiality clause. It was reported that NIB has proposed something similar but was not prepared to put anything in writing.

The chair of SESA will provide the President and CEO with more detailed information for their next meeting with the Minister of Health.

The President advised the Committee the Prostheses Listing Advisory Committee (PLAC) is working towards custom made implants listing and criteria around same - - it is a work in progress. AOA is happy to take any issue to the Minister and BUPA and suggested that the AOANJRR could assist with crafting a letter for the Minister's review.

4. Board update

4.1 AOA strategic plan update – noted

4.2 AOANJRR plan 2020-2023 – noted

4.3 Ethics implementation report – noted

4.4 AOA diversity strategy plan 2018-2023 – noted

- The Committee was encouraged to have more female presenters at their meetings plus females chairing sessions. It is recognized that this could take some time to achieve but it is important to get members thinking about it.
- A suggestion was made for the subspecialty reports to include the number of their female members.

5. Date of next meeting – to be advised.

There being no other business for discussion the meeting was declared closed at 8.50pm.

AUSTRALIAN ORTHOPAEDIC ASSOCIATION Subspecialty President's Committee Action Items

Action List

From a meeting of the Subspecialty President's Committee of the AOA held on
13 October 2020

The next Subspecialty President's Committee meeting is scheduled for 11
February 2021

Items that are incomplete
Items that are complete

Item No	Agenda No	Topic	Action by	Action due	Results
1.	2.8	Awaiting outcome of MBS review regarding item numbers for hand, hip arthroplasty and shoulder & elbow	Dept Health	October 2020	COMPLETED to be discussed at Item 3.3

Action items from 18 May 2020

Item No	Agenda No	Topic	Action by	Action due	Results
1.	3.4	Conflict of Interest Policy. Letter forwarded to DoH requesting clarification as to exactly what is deemed a conflict of interest making AOA members ineligible to sit on various committees	Dept Health	October 2020	DOH has been making appointments – message seems to have been heeded COMPLETED

Action items from 13 October 2020

Item No	Agenda no	Topic	Action by	Action due	Results
1.	2.2	Letter advising orthopaedics should have a voice on the Personal Injury Commission and nominate Drew Dixon	Kathy Hill	February 2021	COMPLETED
2.	3.6	Provide information regarding issues around custom made implants and their costings	Jeff Hughes	June 2021	Outstanding
3.	2.11	The chair of ASA to provide specific information re Medibank Pte	Michael Solomon	February 2021	Provided through the webinar series COMPLETED

Agenda item 2.1

Australian Paediatric Orthopaedic Society Report 8th February 2021

Nicole Williams

The Australian Paediatric Orthopaedic Society held its Annual General Meeting via Zoom on Tuesday 8th December.

The Australian and New Zealand Paediatric Orthopaedic Societies had planned for a combined Scientific Meeting and Instructional Course Lecture Program in Fremantle, WA in August 2020 with invited guest speakers from the Pediatric Orthopaedic Society of North America. The venue booking was transferred to 2021 with a transfer fee of \$5000 and now transferred to 2022 without additional fees. The Instructional Course Lecture Committee which includes APOS and POSNZ members is working on a solution for hybrid online and face to face meetings in 2021. In 2020, there was an attempt to use AOA IT support to share online lectures, especially paediatric orthopaedic Bone School lectures with NZ trainees. This was unable to be progressed.

APOS awards the Melbourne Medal occasionally to an APOS member for excellence in paediatric orthopaedics. In 2013, Andrew Sutherland received the award but no physical medal was available. In early 2020, Michael Bellemore located the original Melbourne Medal and had copies struck. In October 2020, Michael Bellemore travelled to Adelaide and presented Andrew Sutherland's widow, Sibby with a replica Melbourne Medal at a small presentation ceremony and dinner attended by trainees and practising and retired paediatric orthopaedic surgeons and partners.

There was a glitch with the AOA Finance Department's management of APOS membership dues, with multiple APOS members incorrectly listed as unpaid according to AOA records, leading to the APOS Treasurer sending emails to these members asking for payment. This issue has now been rectified by Chris Macris and the AOA team.

An item raised at the APOS AGM was the fee charged by the AOA for recognition of an AOA Accredited Fellowship. Some hospitals are now refusing to pay this fee and supervising surgeons are uncertain of the value of this accreditation for paediatric orthopaedics.

A further item raised was regarding the APOS AOA website. Content on a previous APOS website was updated and maintained by our APOS events manager, Rebecca Fielding. Rebecca has had trouble negotiating the new website and updating information.

Throughout the pandemic period of 2020 and ongoing, the heads of orthopaedic departments in the six major Australian paediatric orthopaedic hospitals have maintained email discussions regarding topics such as appropriate surgery, telehealth and fellow positions.

Agenda item 2.8**Subspecialty Presidents meeting - Specialty Report for SESA**

SESA held its AGM in Nov 2020. As a result of the SESA 2020 meeting being cancelled, a number of decisions were required.

The membership is asked to diarise the dates of 28-31 October 2021 for the next SESA meeting.

It was decided that - Jeff Hughes and Doron Sher will have their presidency and secretarial positions extended by 1 year so as to run the SESA 2021 meeting in Sydney. Alan Wang and Paul Jarret have had their immediate past-executive positions extended by 1 year. Mark Ross was elected President for Queensland, 2021-2023, along with Fraser Taylor as Secretary.

Richard Page was elected President for Victoria, 2024-2026, along with Richard Dallalana as secretary.

SESA has decided to apply to hold the ICSES (International Congress of Shoulder and Elbow Surgery) in Australia. We will actively pursue an ICSES vote for 2028 and / or 2031 with the view to hosting this important event probably in Queensland within the next 10 years.

International Travelling Fellowships are in disarray but we hope to re-establish our SECEC, BESS and Korean fellowships as soon as COVID allows. We have been approached, accepted and financially support a Biannual ASES (American Shoulder and Elbow Surgeons) proposal to have an Australian SESA member to travel to the USA and visit ASES sites. In the meantime, SESA is exploring possible Australian/NZ options and also trying to facilitate interstate opportunities.

The Review of MBS items are coming to an end although some items have been referred to the MAC committee before implantation in July 2021. We have not seen the final document or costings so anything can still change. Albeit, the changes will be significant and SESA, along with the AOA has given an undertaking to participate in the education of members and general orthopaedists undertaking shoulder procedures in the appropriate use of these items. Participation in this process (possibly webinars) is encouraged and could save members a lot of grief if the intent of the new items is not understood.

A webinar is planned for March 2021 with Ed Bateman on Elbow Trauma for Paediatric Patients who were now Adult Patients. An Elbow/Trauma session at the 2021 AOA ASM is also planned if it proceeds.

I attended the AOA/OWL workshop which has attracted a high level of participation and engagement by the trainees aspiring to undertake orthopaedic training and hopefully shoulder and elbow surgery. SESA is examining ways to increase these trainee's exposure to the SESA membership and the Scientific meeting itself.

We welcome the new members Andrew McBride, Benjamin East, Domonic Leonello, Kemble Wang, Praveen Vijaysegaran, Richard Jamieson, Steve Andrews, Matthew Yalizio, Kristine Italia and Alex Malone.

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Lastly, Don Faithful passed away in November 2020. He was a quiet pioneer of Upper Limb Surgery and Training in Sydney orthopaedics and a long-term contributor to SESA. He was a respected colleague and will be missed.

Regards
Jeff Hughes
Jan 2021

Agenda item 3.1**AUSTRALIAN ORTHOPAEDIC ASSOCIATION
Subspecialty Presidents Meeting****AOA 2022–2024 Strategic Plan****For Noting**

Purpose

The purpose of this paper is to encourage feedback on the AOA Strategy 2022–2024 development.

Recommendation

It is recommended that the Subspecialty Presidents Committee **NOTE** the paper.

Ethics

The recommendation is consistent with the [AOA Ethical Framework](#) comprising Purpose,

Values: Respect, *Teamwork, and Service* and Principles 2, 3, 5, 8, 10 and 13 in particular.

Background

In December 2020, AOA President Michael Gillespie and AOA CEO Adrian Cosenza wrote to all subspecialty society presidents requesting feedback on key questions that would assist in developing AOA's new Strategic Plan 2022–2024.

Preliminary planning is underway to prepare for the development of AOA's Strategic Plan 2022–2024. AOA adopts a highly consultative approach to informing strategy developments, with purposeful input sought from members (via survey), all state branches, subspecialty societies, OWL, AORA, AOA staff and directors. The feedback from these sources will be assembled in coming months and presented at the AOA Board Strategy workshop to be held Sunday 21 March 2021.

Letter from President and CEO

AOA President Michael Gillespie and AOA CEO Adrian Cosenza distributed the following letter to all subspecialty society presidents ([click through](#))

The letter contains key questions that the subspecialty societies are asked to consider and to provide a collated response.

Summary

AOA is sincerely thankful to those subspecialty societies that have already provided a response and contributed to the development of the Strategic Plan 2022–2024. Those subspecialties that have not yet contributed are asked to provide their responses to the key questions by 28 February 2021.

Paper prepared by:

Paper cleared by:

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Talysa Trevallion
AOA Strategic Communications Consultant

Adrian Cosenza
Chief Executive Officer

8 February 2021

Agenda item 3.2**AUSTRALIAN ORTHOPAEDIC ASSOCIATION
Subspecialty Presidents Meeting****Patient Education Material****For Noting**

Purpose

The purpose of this paper is to provide an update on progress being sought by the Patient Education Committee regarding the development of AOA patient education material.

Recommendation

It is recommended that the Subspecialty Presidents Committee **NOTE** the paper.

Ethics

The recommendation is consistent with the [AOA Ethical Framework](#) comprising Purpose,

Values: Respect, *Teamwork*, and *Service* and Principles 2, 3, 5, 8, 10 and 13 in particular.

Background

In September 2020, the AOA Patient Education Committee reached out to the subspecialty society presidents requesting assistance in developing AOA patient education material.

The group requested that each subspecialty initially nominate five surgical procedures/conditions that the subspecialty would like to see developed into patient education material, and allocate a lead author for each.

Letter from President and Patient Education Committee Chair

President Michael Gillespie and Patient Education Committee Chair Orso Osti recently distributed the following letter to all subspecialty societies ([click through](#))

The letter seeks feedback from the subspecialty societies on the recently-approved *Patient Education Material Acknowledgement and Agreement*, and reminds those societies that have not yet contributed to allocate their five surgical procedures/conditions and a lead author.

Summary

The Subspecialty Presidents Committee are asked that, if they have not yet done so, they reach out to the Patient Education Committee with five surgical procedures/conditions that they would like to see developed into patient education material, and allocate a lead author for each. The Committee are also asked to note that all subspecialty societies should contact the Patient Education Committee Chair

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with any feedback they may have on the *Patient Education Material Acknowledgement and Agreement*.

Paper prepared by:
Talysa Trevallion
AOA Strategic Communications Consultant

Paper cleared by:
Orso Osti
Patient Education Committee Chair

8 February 2021

Agenda item 3.5**AUSTRALIAN ORTHOPAEDIC ASSOCIATION
Subspecialty Presidents Meeting****Perverse barriers to short stay surgery and rehabilitation post arthroplasty****For Discussion**

Purpose

The purpose of this paper is to provide an update on recent communications between the AOA and Federal Minister Hunt.

Ethics

The recommendation is consistent with the [AOA Ethical Framework](#) comprising Purpose,

Values: Respect, *Teamwork, and Service* and Principles 2, 3, 5, 8, 10 and 13 in particular.

Background

The attached letter ([click through](#)) is in response to the Minister regarding a request made by him in February 2020 in reference to AOA seeking the opinions of a range of stakeholders in regards to perverse barriers to short stay surgery and rehabilitation post arthroplasty surgery of the hip and knee.

Paper written by:
Kathy Hill
Advocacy & Policy Manager

Paper cleared by:
Michael Gillespie
AOA President

February 2021

Agenda item 3.7**AUSTRALIAN ORTHOPAEDIC ASSOCIATION
Subspecialty Presidents Meeting****ACCC submission from Honeysuckle Health and NIB****For Discussion**

Purpose

The purpose of this paper is to provide an update on recent communications between the AOA and the ACCC regarding a submission to them from Honeysuckle Health.

Ethics

The recommendation is consistent with the [AOA Ethical Framework](#) comprising Purpose,

Values: Respect, *Teamwork, and Service* and Principles 2, 3, 5, 8, 10 and 13 in particular.

Background

The attached letter ([click through](#)) is in response to letter from the ACCC regarding an application from Honeysuckle Health and nib seeking authorisation for ten years for HH to form and operate a buying group to collectively negotiate and administer contracts with healthcare providers (including hospitals, medical specialists, general practitioners and allied health professionals) on behalf of participants. The participants of the buying group may include private health insurers, international medical and travel insurance companies, government and semi-government payers of health care services, and any other payer of health services as notified by HH to the ACCC. AOA discussed the issue with ASOS and RACS and understands both these organisations will also not agree with the application.

Paper written by:
Kathy Hill
Advocacy & Policy Manager

Paper cleared by:
Michael Gillespie
AOA President

February 2021

AOA SUBMISSION

Consultation paper: private
health insurance reforms –
second wave

8 February 2021





Introduction

The Australian Orthopaedic Association welcomes the opportunity to submit a response regarding the Consultation paper: private health insurance reforms – second wave: Consultation 2: Expanding home and community based rehabilitation care.

The Australian Orthopaedic Association (AOA) is the peak professional body for orthopaedic surgeons in Australia. AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community. AOA members have long provided a significant contribution to the Australian government regulatory processes that relate to hip, knee, shoulder and other arthroplasty devices.

AOA's National Joint Replacement Registry (AOANJRR) provides excellent post market surveillance on joint replacement procedures carried out across Australia to ensure ongoing safety and efficacy of the medical devices implanted. AOANJRR also collect Patient Reported Outcomes Data (PROMs) nationally therefore AOA is in a unique position to work with government in the introduction of a new models of care for arthroplasty patient rehabilitation.

Patient Focussed Care

AOA believes that patient care is paramount, and the overall goal must be to produce the best outcomes for patients undergoing arthroplasty procedures and follow up rehabilitation in the type of facility most suited to their particular circumstances.

In order to achieve this the concept of primacy in the doctor patient relationship must be recognised, accepted and enshrined in any model of care going forward.

Patient safety, patient and surgeon choice of location of surgery must be considered, with the ultimate decision resting with the surgeon as to the appropriate facility for surgery, and post-surgery rehabilitation if required. Currently between 60% and 70% of total hip and knee replacement surgery is done on a short stay basis with stays as short as 24-48 hours.

To support the implementation of the short stay arthroplasty model of care and to guide other health care professionals, the Australian Knee Society and the Arthroplasty Society of Australia are creating a consensus statement around post arthroplasty rehabilitation based on available evidence. This should be available within the next few weeks.

The requirement for postoperative length of stay and rehabilitation options are decisions which must remain in the purview of the treating orthopaedic surgeon. AOA is heartened to see this has been recognised within the consultation document which proposes that the orthopaedic surgeon has responsibility for completing the form regarding postoperative rehabilitation.



It should be recognised that early discharge often means more work for orthopaedic surgeons and their practices, taking over many of the roles traditionally covered by rehabilitation physicians: supporting patients by timely and frequent access in the early post-operative phase, attending to wound care, analgesic prescription, responding to physiotherapists and at home care attenders. This is actually quite onerous. It is reasonable that this additional work be recognised and it is the reason why many surgeons embracing short stay arthroplasty are currently seeing better remunerated contracts than are on offer at present.

AOA believes any move towards a change of model of care for arthroplasty patients must include all stakeholders and therefore AOA fundamentally opposes, on behalf of its members, “managed care” or third-party contracts outside of the direct doctor patient relationship. The doctor patient relationship is direct and most interested in patient outcome, the cost savings and benefits generally follow.

It needs to be acknowledged that a target of 100% of arthroplasty cases being treated as short stay patients with out of hospital rehabilitation will be unachievable in the short or longer term. Patient related factors to be considered regarding the length of stay or type of rehabilitation will include:

- Current health status including comorbidities;
- Social factors including support available in the home;
- Psychosocial factors including mental health comorbidities
- Rural, regional and remoteness of their home

Considerations for change

AOA has considered the proposed changes to Private Health Insurance (PHI Reforms second wave) and in the main agrees with the proposals therein.

AOA takes this opportunity however, to advance the following observations:

The current global trend in this area is that major joint replacement surgery is being increasingly undertaken as day surgery (23-hour) with patients being discharged directly to home. AOA believes it is timely to review the legislation as it pertains to day hospitals and the role of specialist day hospitals for day stay arthroplasty procedures.

Both North America and the United Kingdom, as well as parts of Europe have moved towards arthroplasty on a day surgery basis. The Australian health sector is beginning to move in this direction, but this trend is occurring in a patchwork fashion and in an uncoordinated manner.

A changed model of care must also be based on the best clinical evidence available and must be fit for purpose in the Australian setting. As always patient safety is of primary importance. As always patient safety is of primary importance and any change requires systems to implemented that ensure that this is carefully monitored. The AOANJRR is uniquely and ideally placed to the to monitor these outcomes and report back to Government.



In Australia, there are currently a number of organisations (including Private Health Insurers) developing models of care that combine short stay arthroplasty with an in-home post-operative rehabilitation programme. These programmes are being offered in vertically integrated models that have the potential to constrain patient and surgeon choice in regard to hospital and implant.

AOA believes these new developments require careful scrutiny, as already there are reports of incentives – particularly financial incentives - being offered as inducements to participation. This practice does not always result in improved patient outcomes.

Independent research is required to optimise short stay arthroplasty and optimum rehabilitation as the evidence base in this area is currently lacking. As a result, pre-operative predictive clinical guidelines as to which patient will require inpatient rehabilitation are currently often inaccurate. This will require funding. It is also worth noting that day stay arthroplasty models that have a punitive component if the clinical care pathway requires changing during the episode of care will adversely impact on the most frail and elderly patients

How to change

The provision of what was traditionally an in-hospital episode of care in an out of hospital setting (ie: hospital in the home / home-based rehabilitation arrangements) has been occurring for a number of years.

More recently this care model has been considered for a number of procedures normally considered as more major surgery, such as hip and knee joint replacements.

There have been a number of isolated trials of home rehabilitation of post-operative hip and knee joint replacement patients, but none have been undertaken utilising a coordinated whole of industry approach.

AOA believes the coordination required to make evidence-based changes to models of care or to introduce new models across the health sector should be undertaken by way of establishing a consultative partnership with the relevant stakeholders.

Consultation of this nature will provide an opportunity for a coordinated pilot project to be undertaken and evaluated to ensure there is a consistent approach to implementation of the agreed care model. It will also ensure that collaborative groups develop appropriate resources, protocols and safety nets to facilitate the arthroplasty day surgery models of care.

Patient and wider community education about choices of arthroplasty care available and different models of care must occur to enable any change to be implemented. Patients also need to be aware that new models of care may not be suitable for their particular circumstances.

As a result, dedicated patient education programs will be required as the community perception around inpatient rehabilitation being both desirable and superior to other models of care is creating barriers to potential changes to this practice.

Sustainability in healthcare

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Consultation paper: private health insurance reforms –second wave; Australian Orthopaedic Association



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

AOA members strongly believe, and are committed to, ensuring the sustainability of both the public and private elements of Australia's well regarded national system of healthcare delivery.

There are obviously significant market forces driven by potential "cost savings" for those purchasing the services. Undertaking arthroplasty as day surgery potentially reduces hospital costs associated with this type of surgery but only if patients are carefully selected and that their expectations are met or exceeded through the whole episode of care.

Some data have demonstrated that savings of approximately 30% in savings have been achieved by moving some arthroplasty cases (whose health and risk profile is appropriate) to day surgery hospitals.

Some further observations are:

- firstly, that current private health insurance arrangements drive patients into inpatient rehabilitation as it is fully reimbursed while less expensive outpatient rehabilitation is not, despite both having similar outcomes for many patients:
- and secondly that it should be recognised that short stay arthroplasty models place a greater burden of care on family and the local community.

In conclusion, AOA believes this initiative is very exciting and has merit. AOA believes the type of change desired requires careful stewardship through a stakeholder group to ensure a smooth transition to implementation.

The most significant perverse disincentive to changing the model of care for arthroplasty patients would be to allow an uncoordinated, piecemeal implementation of changes to the current model of care, which is clearly not to the benefit of any of the groups involved.

In conclusion

AOA is highly interested in being involved as a leader in this change process as AOA members are best placed to provide the accurate and contemporary clinical advice that will underpin the success of the trial project.

Thank you.

Michael Gillespie

AOA President

Agenda item 3.9**AUSTRALIAN ORTHOPAEDIC ASSOCIATION
Subspecialty Presidents Meeting****National Medical Workforce Strategy****For Noting**

Purpose

The purpose of this paper is to provide information regarding workforce issues within Australia.

Recommendation

It is recommended that the Subspecialty Presidents Committee **NOTE** the paper.

Ethics

The recommendation is consistent with the [AOA Ethical Framework](#) comprising Purpose,

Values: *Respect, Teamwork, and Service* and Principles 2, 3, 5, 8, 10 and 13 in particular.

Background

The Strategy aims to clarify how the work of the Commonwealth, states and territories, health services, specialist medical colleges, universities, regulators and other local planning bodies can deliver the optimal medical workforce for Australia ([click here](#))

**Paper prepared by:
Beverley Hughes**

**Paper cleared by
Adrian Cosenza
CEO**

February 2021.