



## **MEDIA RELEASE**

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**FOR IMMEDIATE RELEASE**

### **Budget delivers double whammy for EDs**

The Australasian College for Emergency Medicine (ACEM) is extremely concerned that Australian public hospital Emergency Departments (EDs) are now facing a budget double whammy with the introduction of co-payments coupled with the scrapping of a key national agreement that has been delivering improvements in public hospital performance. These budget measures can only result in worsening overcrowding in our already overstretched EDs.

“We are obviously concerned that GP co-payments will increase patients presenting to EDs and may result in State and Territory governments implementing ED co-payments”, said ACEM President Dr Anthony Cross. “However, scrapping of the National Partnership Agreement for Improving Public Hospitals will result in a lost opportunity to drive the changes and improvements that are much needed to solve the real issues impacting on our health system”.

Key components of the National Partnership Agreement such as the National Emergency Access Targets (NEAT) have been critical in recent years in reducing patient waiting times and driving whole-of-hospital reform and efficiency improvements. While this Agreement has only been in place since 2012, the issues facing our public hospital system are very complex so achieving sustainable solutions will take time.

The decision to terminate the National Partnership Agreement and wind-back initiatives such as NEAT is short-sighted. With no incentives to improve access to inpatient beds, or drive hospital efficiencies and increase hospital capacity, this decision can only lead to a significant worsening of ED overcrowding. Adverse impacts on the quality of patient care are inevitable, said Dr Cross.

The ED co-payment as a ‘demand management measure’, to discourage the movement of patients from GP to ED, is unfair and unworkable. “We already know that it will be very difficult to design and implement a fee for public EDs”, Dr Cross said. Differentiating GP-type patients to be charged an ED co-payment is unfair and impractical as it is a retrospective decision which can only be made after the patient is assessed and treated in the ED.

Emergency Departments in public hospitals are set up to treat patients, not to collect fees. The administrative infrastructure, personnel and processes required to implement co-payments will be likely to cost more than any money collected, or, in the worst case divert clinical resources to this administrative burden.

ACEM does not support any measure which discourages patients with genuine health concerns from seeking appropriate treatment.

Dr Cross calls on the States and Territories to continue to support sustainable health system reforms, and urges Minister Dutton to meet with ACEM representatives to discuss real solutions to the complex long term problems facing the Australian healthcare system.

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