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MEDIA RELEASE – FOR IMMEDIATE USE

Patients' health and wallets will suffer from lab test scheme

Patients will suffer as a result of the decision by the Otago and Southland District Health Boards to stop paying for laboratory tests ordered by private specialists, the Health Funds Association says.

HFANZ executive director Roger Styles today echoed the disappointment of the Medical Association and others in the decisions made by the two boards in the last week.

He said the move had proved to be a failed exercise in cost-shifting in Wellington, where an evaluation in April had shown it had generated only half the DHB revenue expected since it was introduced in November 2006.

“There’s clearly a fair degree of avoidance for some patients, who aren’t getting these vital tests done because of the cost, and the Wellington report confirmed adverse patient health outcomes were being reported by health professionals. This is only going to get worse if the scheme is rolled out nationally,” he said.

“We know some patients have been hit with lab test bills of \$1600 or more, including vulnerable cardiac patients,” he said.

The Wellington DHBs’ report confirmed the average patient charge was \$62 – six times the \$10 claimed in consultation.

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“It’s all about shifting health costs onto patients. This has increased total health costs for New Zealanders with little direct saving for the DHBs concerned. It is an exercise in ideology rather than sound health policy,” Mr Styles said.

“These sorts of policies exacerbate problems for the public sector rather than help to resolve them.”

Tairāwhiti District Health Board has also stopped paying for private lab tests and the West Coast, Canterbury and South Canterbury DHBs are currently considering the proposal.

If implemented nationally, the scheme would ultimately have an impact on the cost of health insurance premiums as claims costs rose, Mr Styles said.

ENDS.

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