



Friday 28 October 2022

## **CATHOLIC HEALTH AUSTRALIA CALLS FOR DEFAULT BENEFITS FOR AT-HOME CARE**

Thousands more private patients could be cared for in the comfort of their own home instead of a hospital under reforms proposed by Catholic Health Australia.

The peak body representing 75 not-for-profit hospitals is calling on the federal government to extend default benefits - the minimum insurers must pay for a treatment - to out-of-hospital services.

Currently thousands of patients are unable to access at-home care because many insurers don't fund it, citing cost and regulatory considerations.

But in a [submission](#) to the federal government's default benefits review, Catholic Health Australia argues patients should be able to choose where they receive care for a range of treatments including dialysis, chemotherapy and palliative care.

"Patients and their doctors should be able to decide where they receive care, not the health insurance funds," said CHA health policy director Caitlin O'Dea.

"Improved technology, new medicines and shifting patient preferences mean at-home care is safer, more effective and more desirable than ever before.

"For example, most patients want end-of-life care at home but currently only a small percentage die at home with the majority dying in hospital.

"At-home care can lead to lower readmission rates, shorter stays and increased patient satisfaction, as well as reduce pressure on the hospital system.

"But private hospitals are unable to provide it without funding agreements with insurers. It's time for this to change."

Jane Walsh's mother Patricia died from ovarian cancer in March after at-home end-of-life care administered by St Vincent's Hospital in Brisbane.

The family made the decision to go with community palliative care because Patricia said she never wanted to go back into hospital after several operations.

"Mum really didn't want to go back so we decided to go down the at-home route. She valued her independence so much and we had to honour that," said Ms Walsh.

Patricia received daily visits from her nurse Kevin and his colleagues for two months.



“They were absolute angels. They would come every day to fill up her vials and syringes and attend to her every need,” Ms Walsh said.

“It gave mum a real sense of peace to have all her things around her, sit in her favourite chair, and to have us around her.

“She would have hated being in hospital for all that time so for her to be at home really took away the anxiety from what is a very sad and stressful time.”

Upon the nurse’s advice, and with Patricia’s consent, she moved back into the hospital unit for the final two weeks of her life as her condition deteriorated and Jane and her sister were unable to cope.

“She could not have done those last final days in the hospital if she hadn’t spent all that time at home,” Ms Walsh said.

Matt Lancaster is the Nurse Unit Manager of the Community Specialist Palliative Care unit at St Vincent's Private Hospital Brisbane.

The unit is currently contracted with just two insurers to treat palliative care patients in their homes.

Eight out of ten of his patients who request to die at home do so, compared to the national average of 14 per cent.

“The program allows flexibility, allowing us to tailor care packages to suit patients rather than a ‘one size fits all’ model - and comes at no extra cost to the patient,” Mr Lancaster said.

“At the end of the day it is really about giving the patient choice. Most people want to die at home surrounded by their loved ones but, because the funding isn’t there, not everyone gets that choice.

“Patients want to be in an environment that they are used to, with all their possessions around them and family members able to visit when it suits.

“Our palliative care nurses have really noticed how much more comfortable people are at home.

“Home visits help our carers understand their patients’ circumstances and needs and build a connection. At-home care makes sense and yet the funding fails to reflect that.”

**Notes to editors:** Catholic Health Australia (CHA) is Australia’s largest non-government grouping of health and aged care services accounting for approximately 10 per cent of hospital-based healthcare in Australia. Our members also provide around 25 percent of private hospital care, 5 percent of public hospital care, 12 percent of aged care facilities, and 20 percent of home care and support for the elderly.