

NOTICE OF LODGMENT
AUSTRALIAN COMPETITION TRIBUNAL

This document was lodged electronically in the AUSTRALIAN COMPETITION TRIBUNAL and has been accepted for lodgment pursuant to the Practice Direction dated 3 April 2019. Filing details follow and important additional information about these are set out below.

Lodgment and Details

Document Lodged: Statement

File Number: ACT 4 of 2021

File Title: APPLICATION FOR REVIEW OF AUTHORISATION
AA1000542 DETERMINATION MADE ON 21 SEPTEMBER 2021

Registry: VICTORIA – AUSTRALIAN COMPETITION TRIBUNAL



REGISTRAR

Dated: 16/05/2022 12:29 PM

Important information

This Notice has been inserted as the first page of the document which has been accepted for electronic filing. It is now taken to be part of that document for the purposes of the proceeding in the Tribunal and contains important information for all parties to that proceeding. It must be included in the document served on each of those parties.



STATEMENT

IN THE AUSTRALIAN COMPETITION TRIBUNAL

File No: ACT 4 of 2021

RE:

**APPLICATION FOR REVIEW OF
AUTHORISATION DETERMINATION
MADE ON 21 SEPTEMBER 2021**

APPLICANT:

**NATIONAL ASSOCIATION OF
PRACTISING PSYCHIATRISTS**

Statement of Dr Michelle Atchison
Address 3 Egmont Terrace Hawthorn SA 5062
Occupation Private psychiatrist
Date 9th May 2022

I, Dr Michelle Maria Atchison say as follows:

1. I am a private psychiatrist and am authorised to make this statement on the National Association of Practising Psychiatrists' behalf.
2. Except where otherwise stated, I make this statement from my own knowledge.
3. I am a private psychiatrist with 30 years of clinical experience. I consult in my private rooms in Adelaide and admit patients to the one private psychiatric inpatient hospital in Adelaide. There is no choice of hospitals to admit to. At any one time I have three to four patients in hospital, including patients with private health insurance, some covered by the Department of Veterans' Affairs and some under RTWSA (aka WorkCover). Since the mid-1990s, all the patients that I look after with private health insurance pay for the cost of their admission through me undertaking a no-gap arrangement with the health funds. DVA pays as a no-gap arrangement, as does RTWSA.
4. Psychiatric patients who require admission to hospital have complex diagnoses, often coupled with psychosocial disabilities. It is not unusual for patients to require admissions of two to three weeks length, sometimes considerably more. An account for twenty plus consultations with a gap would be unaffordable, leading to the majority of psychiatrists

being involved in no-gap arrangements. Clinical care for each psychiatric patient is tailored to their needs, not only of diagnosis but also their social circumstances, past response to treatments, their cultural views and their own preference. The proposed HH MPPA contracts will homogenise patient care and limit the ability of psychiatrists to provide patient specific care.

5. Up until now, these no-gap MPPAs have been solely focussed on financial arrangements between the PHI and the doctor, and there is no interference in clinical care. There is no direction on how long a patient can be admitted, what care they receive and there is no data gathered on the patient or the doctor. The proposed application for Authorisation submitted by Honeysuckle Health (HH) puts in jeopardy the clinical autonomy of doctors managing their patient in hospital and, especially if further PHIs are added to the application by the Australian Competition Tribunal, will put pressure on doctors to sign contracts with these PHIs so that they are not faced with charging unaffordable gaps for inpatient services. If the Tribunal were to increase the number of PHIs that can join HH, there will be clear market pressure to sign on to contracts that are not purely financial but have the very real potential to influence clinical care. It is already of considerable concern that the HH Buying Group includes not only private health insurers but also DVA and other third parties.
6. In my years of experience I have seen the impact of third parties wanting to influence clinical care. As one example, a colleague discussed with me a case where RTWSA declined authorisation for an inpatient to have electro-convulsive therapy (ECT) for their life-threatening Depressive Illness. This was a clinical decision that was interfered with by administrators that did not understand the severity of this patient's depressive illness or the timeliness of needing to make decisions about care. The days that it took to overturn this third-party decision were days in which this patient could have died.
7. The impact of external pressures to send inpatient psychiatric patients home early is seen right now in the public mental health system. I hear daily reports of bed pressure, so that the 'least very unwell' patient must be discharged early to make room for another very unwell patient, sometimes with disastrous consequences including suicide, and usually with terrible impact on the patient and their care givers. If HH is allowed to develop a Buying Group that seeks to cap inpatient days for psychiatric patients it will be hard to see the value of continuing one's private health insurance. The ethical and moral pressures psychiatrists feel if they have pressure put on them to send patients home before they are well is profound.
8. Patient care under a psychiatrist requires a high level of trust and assurance of confidentiality. Patients entrust us with information that they would often tell no one

else. If the HH Buying Group develops MPPAs that require disclosure of patient information and data, this places this relationship at risk. In my clinical practice, this situation now occurs with patients seeking life or income protection insurance, or patients involved in Court matters such as the Family Court. In both these situations I am regularly asked to disclose personal information about patients, including having to give full copies of all my consultations. On several occasions patients have terminated treatment with me because of this loss of confidentiality where I had to comply with the request. Data collection is important for planning services, access to confidential information destroys therapeutic relationships.

Dr Michelle Atchison

Date: 9th May 2022



Dr Michelle Atchison BM,BS:FRANZCP