A position statement on outsourcing of public arthroplasty patients to private hospitals and public hospital 'pooled patients'

AOA

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Background

Although there might be a short-term benefit for some patients needing this important and life-changing nature of surgery, there are system and future costs that impact on care of patients and the sustainability of Public Hospital Orthopaedic Units. Therefore, AOA in the main, cannot support any longer-term outsourcing plan at the expense of a structured Public Hospital elective surgery program.

AOA believes both the public and private hospital model of care in Australia allows high quality care and that each should be reasonably resourced to enable stable development and good care of patients throughout their treatment (including surgery) with

in the local area where practicable.

Surgical care is not simply an operation. It is a decision-making process and a journey, sometimes an operative procedure, and when a procedure occurs post- operative care and follow up until restored to health and function (including the management of complications).

Risks of outsourcing of care

It is felt that outsourcing a one-off procedure, such a major joint replacement surgery, to a private provider is at high risk of:

- Breaking the important doctor patient relationship by limited participation of a particular supervising surgeon with a particular patient throughout the treatment of a condition.
- Causing confusion amongst patients over who is actually looking after them, especially if a complication arises (expected in 2-10% of cases).
- Leading to poorer outcomes through disrupted care and care that is motivated by financial return to providing hospitals. Extensive NHS experience points to this.
- Disrupting the good work of Public Hospital Orthopaedic units, and in particular their relationship with the local community, but also with academic and research endeavours. It is these latter endeavours that often lead to improvements and efficiency in the long term.
- Disrupting the training of future orthopaedic surgeons, nurses, allied health workers by removing this work from Public Hospitals where the majority of this training occurs.
- Blurring the line between private health and public health and devaluing the value proposition of private care. This has the potential of being a long-term impact as private care is responsible for a significant percentage of hospital care and is under

sufficient existential challenge at present. Why might a patient carry private health insurance at all?

AOA notes there are States where public patients are being treated within private hospitals as a routine. Whilst it is noted that in both these cases the surgeon and the trainee follow their patients to the private hospital, this practice is noted as the preferred model of care.

AOA believes where there is transfer of care from one surgeon/surgical team to another, the new treating surgeon/team should review the patients in an outpatient setting prior to surgery. AOA believes it is not appropriate that patients are consulted by a new treating team +/- reconsented in an anaesthetic bay or immediately prior to the procedure.

About the Australian Orthopaedic Association

AOA provides world class specialist education, training and continuing professional development for Australian orthopaedic surgeons and is committed to ensuring the highest possible standard of orthopaedic care. AOA is the leading authority in the provision of orthopaedic information to the community. AOA actively supports orthopaedic related scientific research and orthopaedic humanitarian initiatives in Australia and overseas.