

SECTION TWO

PROVIDING HEALTH SERVICES TO YOUNG PEOPLE

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2.1 THE AUSTRALIAN HEALTH CARE SYSTEM

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'Health' is a broad concept. More than just an absence of disease or illness, health is a holistic state of wellbeing. Youth health problems are often complex in nature and require comprehensive care and a multidisciplinary treatment approach to deal with co-morbid and psychosocial issues. Certainly, many of the determinants of youth health are beyond the scope of the health system. However, the focus of this chapter will be on health care that is delivered through the health care system.

Young people seeking help with their health often experience fragmented care, inefficient sharing of health information and lack of care coordination. Their lack of familiarity with, and inexperience with independently navigating, our complex health system compounds these problems.

The Australian health care system is large, complex and currently undergoing major reform. Two significant policy shifts since 2009, the commitment to a preventive health agenda and the integration of primary health care promise good things for our young people and the health care they receive, but these changes will take a long time to be fully realised.

Compared to some developed countries, Australia's universal health insurance scheme (Medicare) and publicly funded pharmaceutical benefits and hospitals make our health system accessible and equitable. However, even in the most equitable health systems in the world, there are some groups within the population whose access to health care is sub-optimal.

Further, in wealthy countries, the social determinants of health contribute as much or more to poorer health than the quality of the health care system itself. In Australia, major disparities exist between the health of the Indigenous population, for example, and the health of the general population. And of great concern is the fact that young people have not experienced the same level of improvement in their health status as other age groups in Australia.

COMPONENTS OF THE HEALTH SYSTEM

PRIMARY HEALTH CARE SERVICES

The primary health care system includes general practices (doctors working in private business enterprises subsidised via Medicare) and government and non-government community-based health services (state or federally funded). The primary health care system also includes emergency

departments of public and private hospitals, private dental clinics and public dental hospital clinics.

Community based public health services may focus on specific health issues (e.g. drug and alcohol, mental health, sexual health and family planning services) or may target specific populations (e.g. early childhood centres, women's health centres, Aboriginal medical services, youth health centres including headspace, refugee health services). The availability of these services varies enormously across geographical regions, and they differ in terms of their funding, governance, service delivery and intake systems (Kang and Sanci 2007).

Health care reforms in the past 10 – 15 years have gradually broadened the services covered by Medicare to include psychological and allied health services and dental services. Recent structural reforms aim to improve integration between general practice and other primary health care services, and to streamline transitions and connections between primary and secondary care, bringing potential benefits for young people (Dadich et al. 2013).

SECONDARY AND TERTIARY HEALTH CARE SERVICES

Secondary health care services include hospitals (where people are admitted by a specialist following an assessment either in the emergency department or the community) and specialist out-patient or private clinics. Patients can only access these services with a referral from a GP.

Access to tertiary health care services requires a referral from a secondary service. Tertiary services include some adolescent inpatient psychiatric services (requiring referral from specialist departments within the hospital) and neonatal intensive care units (that require referral from paediatricians and obstetricians).

HEALTH CARE COSTS AND MEDICARE

Medicare is Australia's universal health insurance scheme. Most medical services delivered by doctors are covered by this insurance scheme (exceptions include some cosmetic surgical procedures). Services that are not delivered by doctors are generally not covered (e.g. physiotherapy, psychologists, speech therapy, podiatry). There are some exceptions to this and some changes planned for the future. For example, under a 'mental health care plan' completed by a GP, Medicare will cover up to ten visits in a calendar year to an accredited psychological service. Under an 'enhanced primary health care plan', visits to some allied health professionals can be claimed through Medicare (e.g. physiotherapy).

FINDING OUT MORE...

More information about what is and isn't covered by Medicare can be found in the Medicare section of the Human Services website:

www.humanservices.gov.au

HOW MEDICARE WORKS IN PRACTICE

Every medical service has a 'Medicare item number'. Medicare sets a 'scheduled fee' for every item number. However, because general practices are small private businesses, GPs are entitled to set their own fees. If a GP charges the 'scheduled fee', then the client can claim back the full fee from Medicare. If a GP charges more than the scheduled fee, the client can only claim back the scheduled fee amount and will be out of pocket for a gap amount. Co-payments have also been proposed for GP visits on top of gap payments.

Some doctors 'bulk bill'. The doctor (GP or specialist) bills Medicare directly, with the client's consent. The client does not have to pay any money and the doctor claims the scheduled fee directly from Medicare.

In many cases, because they have limited incomes, young people will look for and visit GPs who bulk bill. However, a young person may want to see a particular GP and that GP may not bulk bill, or they may live in an area where there are few or no GPs bulk billing. If a young person is referred to a specialist, it is likely that further costs will be involved, even if they are Health Care Card holders.

It is useful to help young people understand how health care costs work and help them negotiate some of these expenses.

COMMON ADDITIONAL COSTS

Pathology tests (e.g. blood tests, urine tests and STI screens) as well as diagnostic tests (e.g. x-rays, ultrasounds) are performed by medical specialists. A referral is required, usually from a GP, although some other health professionals have limited referral rights (such as physiotherapists referring for some x-rays). Like any other medical services, the specialists performing these tests can charge their own fee, or bulk bill. GPs can request on the referral form that the service bulk bill the patient.

REFERRALS TO SPECIALISTS

Privately practicing specialists (e.g. gynaecologists, surgeons, physicians) are less likely to bulk bill than GPs. For these specialist services, Medicare only covers 85% of the scheduled fee. Public hospitals have specialist outpatient clinics that are free to Medicare-eligible clients but these often have long waiting times.

PHARMACEUTICALS

Most prescription medicines are available on the Pharmaceutical Benefits Scheme (PBS). Sometimes newer medications are not available (e.g. some of the newer oral contraceptives). If a doctor prescribes medication for a young person, it can be useful for the young person to ask about cost. Some medication comes in a generic formula which is cheaper. Health Care Card holders receive a subsidy for PBS products and the cost of prescriptions is capped.

CHAPTER SUMMARY - WHAT TO REMEMBER

The Australian health care system is a complex web of services that can be difficult to fully understand, let alone navigate. It is currently undergoing major reform that will see better integration of health care and increased focus on preventive health.

General practice is the cornerstone of primary health care in Australia and funding arrangements continue to support general practice as the gateway to many other health services.

REFLECTION QUESTIONS

How does your service help young people to understand the health care system?

Do you know the local primary health providers who bulk bill? What about those with an interest in working with young people?

REFERENCES

Dadich A, Jarrett C, Sanci L, Kang M & Bennett DL. (2013). The promise of primary health reform for youth health. *Journal of Paediatrics and Child Health*. 49(11), 887-90.

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