

Government denies pain relief to children and the elderly

There is growing alarm and anger at the removal of the Medicare benefit for pain-relieving joint injections for children and people suffering from severe arthritic conditions. Patients are affected as of today. Experts claim more money will be lost than gained by the Federal Government's decision.

"I can't believe that the Rudd Government has done this," says Bill Thornley, an aged pensioner who is currently recovering from a hip replacement. "They go on and on about prevention, getting exercise and losing weight, and helping people like my wife and me who have a chronic illness. Yet they remove the Medicare benefit which enables us to live independently. I've done the sums and we can't afford the injections. We'll end up in wheelchairs, living in a nursing home."

"This is one of the most breathtakingly near-sighted decisions I've seen in many years from a government," says Dr Lou McGuigan, a specialist in joint diseases and Vice-President of the Australian Rheumatology Association. "As far as children are concerned, the decision to remove reimbursement for injecting joints actually flies in the face of the evidence."

"This is a Budget measure - made without consultation - and by people who had no understanding of the technical aspects of the joint injections," says Dr McGuigan.

"We speak on behalf of the thousands of Australians who will be affected," says Ainslie Cahill, CEO of Arthritis Australia. "People who are living with severe pain 24 hours a day - people who rely on these injections to get moving and lead a productive and independent life. Some of the most vulnerable members in our community are living with arthritis - removal of a \$20 rebate for a procedure that relieves crippling pain is way beyond comprehension."

Bill Thornley's wife, Janice, who has had chronic back pain for many years as a result of spinal injuries caused in an accident, is equally bewildered. She says, "Why is the Government picking on old people. Do you think they think we can't put up a fight?"

"From time to time, children and adults with severe arthritis need to have the fluid drained from their swollen joints and medication injected to relieve the pain and settle the inflammation," says rheumatologist Dr Mona Marabani, President of Arthritis Australia. "Putting a needle into the space inside a joint is a highly skilled procedure, especially when the smaller joints are involved."

"According to every national and international protocol, intra-articular (joint) steroid injections are a mainstay of treatment for children who have juvenile idiopathic arthritis (JIA), a chronic disease which causes pain and swelling in joints," explains Dr Marabani. "While this is required at times by all children with JIA, it's especially the children with JIA in a single joint for whom this treatment may be all that is needed to prevent progressive joint damage and deformity. Injections can help these children walk and play with their peers. Many of these children are pre-schoolers."

“We’ve worked out that the net profit that a doctor made from such an injection was \$2.00, as opposed to a significant loss now that it isn’t reimbursed,” says Dr McGuigan. “This isn’t about fat cat doctors. No-one gets rich looking after people with arthritis. This is hypocrisy of enormous proportions. The Government talks about how hard it is to get doctors to work with people with chronic illness; about how such people are the highest priority for effective care in the community. Yet when it comes to matching action to their words, the Government not only doesn’t deliver, they slap down people with the commonest cause of chronic, severe pain in Australia – children and the elderly.

“When you use a plumber or an electrician, for example, people are expected to pay for the pipes or the paint that are used,” says Dr McGuigan. “But the Rudd Government is saying that the doctor should just take the cost of the joint injection out of his or her standard consulting fee.”

“These injections are a life saver for Janice and me,” says Bill Thornley. “They keep us active and living independently. The Government seems to forget that many of us are on pensions and can’t afford to be out of pocket. How can they possibly know our needs without talking to doctors and patients. Let’s hope they’ll be able to afford all the extra nursing homes we’ll be demanding as a result of their decision.”

“We’ve offered the Government some solutions but they haven’t responded to them,” says Dr McGuigan. “What they don’t seem to realise is that in the end their costs will go up and the person who suffers is the patient, for whom this treatment is often the only option left.”

Background

Pain relief, severe arthritis and intra-articular injections

These are most commonly done in the knee but most joints are accessible although sometimes it needs special imaging to enable the doctor to see where to place the needle.

There are three main purposes for the procedure: to make a diagnosis from examining the fluid, to relieve pressure on the joint by draining the fluid which collects as a result of the arthritis and thirdly, to inject drugs like steroids or lubricants.

Typical patients would be:

- Someone with severe rheumatoid arthritis on Methotrexate and Prednisone who has a swollen, acutely tender knee and cannot walk. The joint would be aspirated and injected, after which the patient would be able to walk out of the surgery.
- A 45-year-old plumber with acute gout in the ankle who cannot walk or work because of it and despite routine treatment for gout. An aspiration would be taken to confirm the diagnosis and relieve the pain while a steroid injection would probably cure the acute problem.
- An 82 year old diabetic patient with ischemic heart disease and emphysema with severe osteoarthritis of the knees making walking painful and difficult. Steroid injections into his knees performed every three to four months might allow him to continue to live and shop independently.

- A six-year-old girl with juvenile arthritis and a grossly swollen knee despite aggressive systemic medications for the arthritis might be able to continue to go to school if the knee was injected. She would need to have this done under a light general anaesthetic.

The Medicare Benefit Schedule (MBS)

This is the list of procedures and doctors' visits (items) which are reimbursable by Medicare. Each has a number and a fee attached. For joint injections and aspirations, the Item numbers were 50124 and 50125. 50125 covered for when more than 25 are needed in a year, which is very unusual. Item 50124 currently had a rebate of \$20.55. Most rheumatologists cover the costs of the steroid preparation (\$6-31 depending on the size of the joint and preparation used) and the consumables (approx \$3). Many rheumatologists buy the steroid preparation directly from the supply houses thus incurring no cost to the Pharmaceutical Benefits Scheme (PBS).

Each subsequent injection is rebated at the rate of half the previous one, even though the costs are the same. If there is no rebate from Medicare the patient will be required to meet these costs resulting in financial and emotional stress for many patients with arthritis who are on disability or other pensions. It is highly probable that because of the increased costs and more complicated procedure, many consumers - particularly those who are socially and culturally disadvantaged - will choose not to undertake the treatment. This risks further deterioration of their condition and capacity to manage day-to-day living. Ultimately, they may require more expensive services. The potential negative impact appears inconsistent with the Government's commitment to access & equity and social inclusion.

There are options for achieving the outcomes currently covered by Items 50124 and 50125, although the costs to the patient, the PBS and Medicare will be higher. These are:

1. The patient is issued with a prescription for a suitable steroid preparation (Celestone Chronodose, Depomedrol or Kenacort) which would be filled at the local pharmacy and incur PBS costs (to the patient and Government). The patient would then bring the box of five ampoules back to the rheumatologist at a second visit, at additional cost to Medicare, for the injection(s) to be performed. The remaining ampoules may not be used because medication dispensed for one patient cannot be used to treat a second patient. It is also likely that if a second injection for that patient is required the medication will be date-expired or not stored appropriately and thus would be wasted, incurring additional costs to the PBS.
2. The injection(s) is performed by a radiologist with ultrasound or X-ray control, which has not been shown to result in better outcomes for the patient, but which will incur significantly increased costs (e.g. additional cost of Schedule Fee \$109.10 for Item 55800).

Arthritis Australia

As the peak body for arthritis, Arthritis Australia is responsible for promoting awareness, early diagnosis and early intervention to improve and preserve sufferers' quality of life. In collaboration with its state and territory Affiliates it is providing a range of awareness, education and support services, as well as managing a national arthritis research program. However, gaps in service delivery have been identified and action is being sought to build capacity and reduce incidence and associated costs. Priorities include:

- Increasing awareness and education activities
- Increasing consumer knowledge of treatments available and improving access to allied health services
- Ensuring quality use of medicines as well as access to appropriate medications to retard joint damage
- Maintaining quality services by evaluating consumer needs and service delivery

The Australian Rheumatology Association (ARA)

This is the professional education and training body for medical specialists in bone, muscle and joint diseases. The ARA supports and educates members and other practitioners in the musculoskeletal field to enable provision of best possible management for patients. It fosters excellence in the diagnosis and management of musculoskeletal and inflammatory conditions through training, professional development, research and advocacy.

Arthritis

There are over 100 different forms of arthritis but the commonest are osteoarthritis (OA), which is largely due to wear and tear, gout, where crystals of a substance called uric acid are deposited in some joints like those in the big toe, rheumatoid arthritis (RA) and ankylosing spondylitis which are autoimmune conditions and rarer forms of arthritis usually secondary to other problems like psoriasis.

Just under four million Australians have arthritis and if you're over 80, the chances of having arthritis are one in two. And of the \$24 billion dollars arthritis costs each year in health care, lost time at work, shortened lives and years spent with disability, over 60% are carried by the people with arthritis themselves.

Media Contact: Maggie Lanham 02 9975 7569 or 0412 281277

Available for interview:

- Local (state/territory) consumers affected by the Items' removal
- Ainslie Cahill - CEO, Arthritis Australia
- Dr Mona Marabani - rheumatologist and President of Arthritis Australia
- Dr Lou McGuigan - rheumatologist and Executive Committee Member of Australian Rheumatology Association
- Dr Davinder Singh, paediatric rheumatologist
- Local (state/territory) rheumatologists

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