

Warning! Sports injuries policies within

DO NOT pay any attention if you're a Federal politician

By Dr J

Thirty years ago, athletes had to put up with a widespread attitude that if they were injured playing sport, it was basically their own fault. In more recent years, specialist branches of sports medicine, physiotherapy, podiatry, nutrition etc. have evolved to cater for injured athletes. The attitude amongst professionals in these industries is that injured athletes deserve the best available care and sympathy.

The Federal political parties in Australia have marginally changed their attitudes: they are willing to fund top line medical support for elite athletes, on the basis that it will help Australia win gold medals. Unfortunately their attitude towards injuries in recreational athletes has remained one of complete indifference. Governments want to be seen to fund top coronary care units and diabetes specialists to provide excellent care for citizens who grow fat on the couch watching Australian athletes compete on TV.

The average Australian who momentarily moves from in front of the TV or computer screen to play sport and has the misfortune to get injured is basically still on his or her own. There is a reasonable private system for treating sports injuries, for those who can afford to pay and can get around the deliberately obstructive red tape set up by the Government, but the public health system attitude to sports injuries is one of contempt. As for prevention and surveillance, in Australia the official Federal Government (and Opposition) policy is – there is no policy, because sports injuries aren't a significant problem.

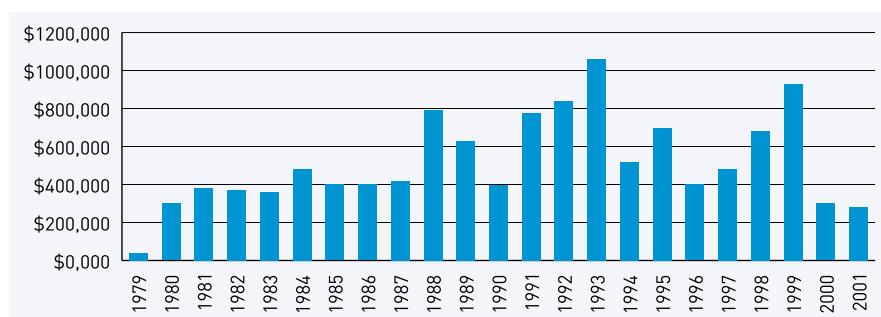
There is no likelihood in the near future that any political parties will show an interest in sports injuries, so this piece is written for the benefit of political science students who might be given the hypothetical topic: "If ever a Federal political party at some time in the future develops a minor interest in sports injuries, what policies might it consider in this area".

- 1. Give someone the task of reporting on the burden of sports injuries on an annual basis so we have a frame of reference for the ongoing extent of the problem.** A report written today on the cost of sports injuries in Australia is going to be vague, as there is no way of officially counting the costs. The best recent estimate is \$1.65 billion dollars p.a. However, the report would still be worthwhile at providing an ongoing estimate, and particularly in terms of reminding government that it doesn't provide a system that can properly count the numbers and costs of sports injuries, which is the best way to prevent them.
- 2. Create a national catastrophic sporting injuries insurance scheme, which was revenue-**

neutral but backed by the Federal Government. The New South Wales Sporting Injuries Insurance Scheme has shown for over 20 years that, at no cost to government, affordable catastrophic sporting insurance can be made available. Athletes who suffer serious sporting injuries then don't have to rely on more expensive private insurance or, worse still, go without any insurance. The HIH disaster has shown that private insurance schemes can be unreliable for athletes. Most importantly, if the Federal Government runs a successful insurance scheme, it owns the data and can devote some of the resources to research and prevention, as is currently done in NSW.

- 3. Allow the Australian College of Sports Physicians to focus on improving sports medicine practice, by releasing it from 10 years of bureaucratic stonewalling.** The ACSPP would like to spend more of its resources in improving training for sports physicians, and generally promoting better sports medicine practice amongst all medical practitioners

Figure 1
NSW Sporting Injuries Insurance Scheme – benefits paid 1979–2001





who see athletes. Unfortunately, the majority of its (the ACSP's) resources are spent on fighting what has been a futile battle over 10 years for specialty recognition with various government bodies.

At the moment sports physicians are provisionally recognised by the government as having valid training in the area of sports medicine, but the HIC considers that sports physicians are neither general practitioners nor specialists.

This is a farce. This provisional recognition was passed by parliament five years ago (at the same time sports physicians were fully recognised as specialists in New Zealand) as a stop-gap measure until the ACSP's training was properly assessed. Five years ago this assessment has not occurred, nor is there a timetable in place for it to occur.

In the meantime, patients of sports physicians and their registrars receive less Medicare rebates than for any other recognised group of doctors, and sports physician trainee doctors have no guarantee of even receiving provider numbers once their training has been completed. Sports physicians are not authorised to order knee MRI scans, even though psychiatrists, gynaecologists and anaesthetists are. Money that should be spent on improving the way sports physicians practice and are trained is instead diverted to lobbying government bodies for specialty recognition, which is necessary to end the above inequities.

Yet the relevant government bodies (currently the AMC) have effectively stonewalled for the last 10 years to prevent an assessment of the specialty status of sports medicine.

- 4. Encourage general practitioners to provide services on Saturday and Sunday afternoons, to stop sports injuries from unnecessarily attending emergency departments.** There is no incentive for general practices to open on Saturday and Sunday afternoons when most sports injuries occur. Operating expenses such as staff pay are greater on weekends, income is more variable (as the number of injuries on a given day varies) and as a result most general practices are closed on Saturday and Sunday afternoons. Rival practices in an area are not allowed to pool resources to set up a roster for providing weekend services as this is considered anti-competitive.

When their GP is closed, athletes head to the emergency department with their sports injuries and get sub-standard service (enduring five-hour waits then getting inadequate examinations). It is not the fault of the emergency departments (as this is not the appropriate place to treat non-emergency sports injuries) but of the health system which results in the emergency department being the only place open when athletes get injured.

- 5. Stop funding surgical operations for sports injuries that have been proven not to work, and start funding other management that has been proven to work.**

As argued in an editorial in last December's Journal of Science and Medicine in Sport, surgeons can perform whatever operations they like on injured athletes and Medicare will provide a payment, whereas the system cries poor with respect to non-surgical management.

A classic example is with respect to patellofemoral joint pain.

Surgery for this condition is usually inappropriate, yet Medicare will always fund it.

Physiotherapy has been shown to be successful, yet Medicare won't fund it. Most knee surgeons don't operate when it is inappropriate but there are some who do, and the system supports them continuing to practise poorly. Why not fund according to what works, rather than giving athletes incentives to undertake unnecessary surgery?

- 6. Make it legal for doctors to electronically bill Medicare for the rebate amount, rather than waste money on an out of date rebate system.** The current system of forcing patients to attend Medicare offices or send and receive cheques in the mail to claim Medicare rebates is a waste of both government and patient resources that could better be spent on health care. It probably costs about \$5-\$6 of government and patient time and money to claim Medicare rebates for non-bulk-billed services, and probably would cost

about 10 cents to electronically process the same co-payment.

The only argument for retaining the current anachronistic system is that it is an incentive to keep the bulk-billing rate as high as possible. This argument may be valid for areas of medicine where the rebate is close to the market value of the service but, for consultations relating to sports injuries, due to the massive government under-funding, the bulk-billing rate is negligible. I know of no sports physicians in Australia who universally bulk-bill. GPs who are opening on weekends to provide services to athletes are almost certainly not bulk-billing as the rebate would not cover the cost of opening. It would be better that this \$5-\$6 be spent on health services rather than bureaucracy.

7. Include sports injuries as a priority area for research bodies such as the National Health and Medical Research Council.

Currently injury is a priority area for medical research but, for some inexplicable reason, sporting injury is not mentioned as a relevant area within government publications on the importance of reducing injury. This reflects the attitude mentioned earlier that the Government seems to believe that people who get injured playing sport 'deserve it' but that

injury occurring away from the sporting arena is a public health problem that requires a significant research and prevention effort.

It is a circular argument to say that because research has not demonstrated significant injury reductions in sport that no research in this area should be funded.

8. Allow private health insurance companies to modify premiums in response to voluntary risk factors. Although community rating is a laudable system at preventing the elderly and sick from paying high private health insurance premiums, it does not provide the incentives that should be built into the system to keep people healthy. Smokers, for example, should pay higher premiums than non-smokers, and exercising people should pay less than sedentary people, as exercise has multiple health benefits. People with genetic illnesses should continue to not be penalised for their misfortune but people who suffer from lifestyle diseases (relating to smoking and lack of exercise) can and should pay higher premiums.

9. Emulate New Zealand's approach to sports injuries by developing a government body devoted to managing and preventing sports injuries. Work injuries and traffic accidents would not be prevented if they were managed by Medicare (rather than Workers Compensation and Traffic Accident bodies) because Medicare is a system designed only for treating conditions after they occur. It is even illegal to bill Medicare for preventive services. Medicare in Australia is not responsible for these other areas of injury. In New Zealand the system sensibly treats sports injuries in the same way it treats road and workplace injuries, with impressive results in terms of lowering the bill for sports injuries.

It is a pity that these policies are all hypothetical, in that Australia has a Federal Government with no interest in sports injuries, and an Opposition and minor parties with a similar lack of interest.

We have a Health Ministry that thinks that injuries are a sport issue, and a Sports Ministry that thinks that injuries are a health issue.

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