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Impact Of Private Health Insurance Incentives On Obstetric Outcomes In Nsw Hospitals.

Abstract

From January 1999 the Federal government offered a 30 percent rebate to all Australians taking out private health insurance, and a further incentive of Lifetime Health Cover (LHC) was introduced from July 2000. At the end of 1998, immediately before the 30 percent rebate was introduced, 5,676,000 Australians (30.1 percent) were covered by private hospital insurance. By June 2002 this had increased to 8,705,000 (44.1 percent) or by more than 3 million persons (PHIAC, 2001). This suggests that due to the policy changes many more Australians will be using private hospital facilities for services such as childbirth than would otherwise have been the case. Implicit in these incentives is that Australians can expect health outcomes within private hospitals to be at least equivalent to public hospitals in terms of safety and quality. Women using private health insurance for pregnancy however, may be unaware that in doing so they are increasing their likelihood of experiencing interventions such as caesarean section, instrumental birth and episiotomy (Shorten & Shorten, 1999; Shorten & Shorten 2002; Roberts et al 2000). Given the potential negative health impact for women who experience intervention during childbirth, analysis of the changes in health insurance cover on public and private hospital obstetric outcomes is crucial.

This study presents an analysis of changes in private health insurance coverage in terms of public and private hospital birth profiles and how that has impacted upon trends in NSW hospital obstetric outcomes from 1997-2001.

This presentation will provide an analysis of NSW Midwives data collection unit record data (providing information on 80,000-90,000 births per annum) prior to and after the private health insurance policy changes of 1999-2000. Analysis includes logistic regression models aimed at testing hypotheses regarding the impact of private health insurance incentives on NSW hospitals birth outcomes, in respect to caesarean section, instrumental birth and episiotomy/perineal trauma. Relevant policy issues regarding private health insurance and healthcare quality will be highlighted.

References

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- Shorten, A. and Shorten, B. (2002) Perineal outcomes in NSW public and private hospitals: Analysing recent trends, *Australian Journal of Midwifery*, 15:2, 5-10.

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