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**From:** [REDACTED]  
**Sent:** Tuesday, 15 June 2021 10:17 PM  
**To:** Exemptions  
**Subject:** AA1000542 - Honeysuckle Health - submission

**RE: AA1000542 – Honeysuckle Health – submission**

[REDACTED]  
[REDACTED] This letter is written with the purpose to strongly oppose the recent proposal to allow United States style contractually managed healthcare to infiltrate into Australian health system.

I completed my medical degree at the University of New South Wales in [REDACTED] and undertook years of medical training in hospitals throughout NSW before I was presented with the opportunity to undertake further specialist training in Otolaryngology Head and Neck Surgery at [REDACTED]. I then completed 2 subspecialty fellowships in facial reconstructive surgery, and thereafter I worked in private practice and held an academic appointment as Assistant Professor at [REDACTED]. I have eight years of firsthand experience working in the United States health care system as a physician.

One of the main reasons for returning to Australia in mid-2020 was because of the solid foundation on which our healthcare system is laid upon. Clinical treatment decisions recommended by medical professionals in Australia are not dictated by external sources or third parties such as health insurance companies as they are in the United States.

There will only be one winner from allowing health insurance companies to collectively negotiate and manage contracts with healthcare providers, and that is the health insurance companies themselves. The primary goal insurance companies have when engaged in these types of arrangements is aggressive cost control which severely limits the ability of physicians to treat patients.

I could expand with multiple examples of such cost control, but one example is particularly poignant. While I was in my final year of training at [REDACTED] a middle-aged woman with 3 children and a husband developed an aggressive form of HPV positive oropharyngeal cancer which required extensive surgery along with post-operative chemotherapy and radiation. She was followed closely every few months for cancer surveillance. Nine months post completion of her radiation treatment she returned and felt mildly fatigued. She also had developed a new cough and a chest Xray was performed which showed no concerning masses. She returned one month later and continued to complain of a cough and fatigue, so the decision was made to repeat a full body PET scan to look for possible recurrence of the cancer at distant sites. The patient had private health insurance with Cigna and the insurance company denied the scan. To appeal this decision, I then arranged what is called a peer-to-peer discussion with a physician who represents the interests of the insurance company. Often the physician you are talking on this phone conference is not from the same speciality and does not understand the nuances of the clinical treatment decisions made. After an in-depth peer-to-peer discussion where the patient's history was discussed along with the indications for the repeat PET scan, the insurance company maintained their stance and denied the scan. Furthermore, they did not allow any alternative scan and felt the chest Xray was appropriate along with clinical monitoring.

Three months later the patient represented, now with severe fatigue, weight loss and she haemoptysis. At this stage the insurance company agreed to perform a PET scan which showed a metastatic lung mass which was now inoperable due to the delay in diagnosis. The patient died 6 months later. If the lung mass was caught 3 months earlier with appropriate imaging, there is a chance the patient could have been an operative candidate but because of decisions made by an insurance company directing clinical care, 3 children lost their mother and a husband lost his wife.

Don't make the same mistake as the United States by letting insurance companies dictate clinical care decisions. Healthcare providers have the goal of caring for patients. Insurance companies have the goal of making money. It's that simple.

With kind regards,

[Redacted text]

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**From:** [REDACTED]  
**Sent:** Tuesday, 15 June 2021 10:06 AM  
**To:** Exemptions  
**Subject:** AA1000542 – Honeysuckle Health – submission

Hello,

I am writing, as a practising Anaesthetist in the NSW Health public system, against the proposals for Managed Care in Australia. I believe it will lead to more expensive health care, less choice for patients and a heavier burden on the already strained public hospital system.

Kind regards,

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, 15 June 2021 10:17 AM  
**To:** Exemptions  
**Subject:** AA1000542 – Honeysuckle Health – submission

As a health care provider and a consumer, I strongly object to any changes to providing health care in Australia. We cannot have a healthsystem that is governed by financial restraints to providing best practice care in Australia.

[REDACTED]

Sent from my Galaxy