Australasian College
for Emergency Medicine

Position Statement

Role of private hospital emergency departments

This statement outlines the position of the Australasian College for Emergency Medicine (ACEM) on the role of private hospital emergency departments (EDs).

Emergency departments provide patients with access to specialised, quality emergency care.

ACEM supports patient choice and advocates for patients to make informed decisions about their care. ACEM considers that government and private health insurers can do more to facilitate and communicate options available to patients about their care choices and ACEM supports efforts to achieve this.

ACEM advocates for insurance companies to review the determination of private EDs as outpatient services, and for government to allow for funding of emergency care for an insured patient with an acute illness.

ACEM considers that the utilisation of all available resources to respond to changes in patient demand may result in benefits to the patient experience in the ED, and across the broader hospital system. Private EDs are an additional resource within acute care systems and are well placed to support public EDs to cope with increasing demand pressures, alongside additional investments in the public system. Private EDs are also well positioned to increase jurisdictional capacity in times of major incident and disaster response. ACEM supports the inclusion of private EDs into formal and enduring Government emergency incident arrangements.

Private EDs provide valuable opportunities for training and professional development and should be included within specialty medical training programmes and initiatives.

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Document review

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v1	Jul-18	Approved by Council of Advocacy, Practice and Partnerships (CAPP)
V2	Jul-22	Updated statistics, references and addition of COVID related capacity

Copyright

1. Scope

This statement applies to all private EDs that operate in Australia and Aotearoa New Zealand that meet the College's definition of an ED, as set out in the ACEM S12 Statement on the Delineation of Emergency Departments. (1) At the time of publication, there are no private EDs in Aotearoa New Zealand that meet this definition. Private New Zealand urgent care clinics, that typically provide services for accidents and urgent medical problems with extended hours outside of the normal working hours of the public health care system, are out of scope of this statement.

This statement applies to EDs that are physically located in hospitals and offer face to face services to presenting patients. It excludes private telehealth services.

2. Definitions

While the umbrella term 'private ED' is used here, ACEM recognises that private hospitals can be established and operate as various types of entity. These include:

- Not-for-profit entities.
- Religious organisations.
- For profit private hospitals.
- Small private companies.

It is also possible for some of these entities to operate public hospitals and emergency departments, which are out of scope for this Statement.

3. Background

Private hospitals and private EDs employ a number of ACEM Fellows (FACEMs) and emergency medicine trainees. Private EDs commenced operating in Australia in 1988. In 2006/07 it was estimated that 24 private EDs were providing emergency care in Australia. (2) By 2020-21, there were approximately 650 private hospitals in Australia (3) and an estimated 35 private EDs. (4) In 2022, there were 74 private hospitals in Aotearoa New Zealand, none with dedicated ED facilities. (5)

Patient demand for public EDs in Australia continues to rise. In the five years prior to 2019–20, presentations per 1,000 population increased from 310 to 329, an increase of 3.2% per year on average. In 2020–21, there were 8.8 million presentations to EDs in public hospitals — a rate of 342.5 presentations per 1,000 population. (6) It is estimated that ED presentations in Australian acute and psychiatric private hospitals are equivalent to around 7% of those managed by public hospital EDs. (7,8)

Concurrent to the rising demand for services is the proportion of Australians with private health insurance (PHI). More than half the Australian population – about 13.6 million people – have some form of PHI. (9) However, PHI policies taken up by individuals and families do not cover treatment in private EDs.

4. Recommendations

4.1 An Additional Resource

The disparity between the percentage of patients holding PHI and the number of presentations to public EDs is demonstrative of policy and system inconsistencies. This is primarily due to private health insurers defining private ED presentations as outpatient services. It is also influenced by government policy that encourages individuals and families to hold PHI. Options to address these inefficiencies are outlined below.

A. Public Awareness: greater patient choice

ACEM considers that all patients, including patients with PHI, should be supported and encouraged to make informed choices about their health care. This includes the ability to decide whether or not to hold PHI.

If a patient decides to hold PHI, patients must be provided with information that clearly articulates what service of care is and is not covered under their policy. ACEM supports the use of public awareness campaigns as a useful approach to inform the public of their options, including their right to request treatment in a private ED where appropriate.

B. Patient Choice: PHI and private EDs

ACEM advocates for insurance companies to review the determination of private EDs as outpatient services, and for government to allow for funding of the emergency care component for an insured patient with an acute illness. This would give patients security that they can choose to access private ED care and utilise their PHI without incurring additional out-of-pocket expenses. ACEM notes that some private health insurers already do this, for example the Department of Veteran Affairs, Workcover and the Transport Accident Commission. Both public and private facilities should be equitably funded for the care provided.

C. Emergency Management – planning and response

ACEM considers that private EDs can be utilised as a critical and additional resource in the response to emergency events and surges. (10)

ACEM supports the inclusion of private EDs in formal Government emergency incident arrangements and jurisdictional emergency planning and response plans. In 2020 the Australian Commonwealth offered agreements to all 657 private and not-for-profit hospitals to ensure their viability, in return for maintenance and capacity during the COVID-19 response. State and territory governments also completed private hospital COVID-19 partnership agreements. This meant that more than 100,000 health staff and up to 57,000 nurses from the private health system were available to the public sector around Australia. (3)

4.2 Educational Opportunities

ACEM supports the inclusion of private EDs within specialty medical training programs/initiatives. The Australian Government's Specialist Training Program (STP) link private EDs with educational opportunities and outcomes that compliment traditional public hospital approaches. Access to trainees and specialists with experience in different settings is in the best interests of patients presenting to an ED (either public or private). Private EDs are a resource for trainees to gain valuable emergency medicine experience, which provides an avenue for developing a greater understanding of the private hospital system. Additionally, the designation of appropriate private EDs as participants in STPs provide FACEMs with career and leadership development opportunities, to the benefit of the health system. (11)

4.3 Professional Equity

While public EDs provide the highest rates and the widest range of Emergency Medicine presentation, to facilitate training, private EDs are also staffed by FACEMs and provide an alternative employment option to the public system. The systems, referral patterns and processes within private EDs, and across the private hospital where the private ED operates, allow FACEMs to experience different hospital environments, mentors, cultures, and imperatives.

5. References

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