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Commentary

The Australian government review of natural therapies for private health insurance rebates: What does it say and what does it mean?

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ABSTRACT

The review of the Australian Government Rebate on Private Health Insurance for Natural Therapies was set up to examine the evidence of clinical efficacy, cost effectiveness, safety and quality of natural therapies in scope of the Review. The terms of reference of the Review are that this examination will inform the decision on which of the Review's in scope natural therapies should continue to receive the government rebate for private health insurance. However, the practical relevance of the review has been negatively affected by the dearth of 'whole practice' evidence in natural therapies, even in instances where there is significant evidence for individual elements of those therapies. This has resulted in evidence being inconclusive in situations where there is broad evidence for the intervention of therapies but not practitioners (e.g. herbal medicine and herbalists), or where sufficient evidence may exist but the evidence refers to international practice rather than Australian (e.g. naturopathy). Some medicines based on traditions outside the English-speaking world (e.g. Shiatsu) were disadvantaged by the paucity of research in the English language. In many instances there was no evidence of positive outcomes for some therapies, based not on negative trials, but the fact that no research articles had been published at all. This article examines in detail the scope and results of the Review and discusses what it may mean for integrative medicine in Australia.

1. Introduction

In 2012, under much pressure in a tense electoral cycle in Australia, then Labor treasurer Wayne Swan announced a review into the provision of natural therapies under private health insurances plans that were subsidised by the Commonwealth government. The underlying reasons behind this were largely economic – both practically and politically. The 30% government rebate for private health insurance had initially been intended to be applied to hospital plans only – under the stated assumption that by enrolling people into private hospital plans, it would 'take the pressure off' public hospitals (though such assumptions have been demonstrated to be optimistic at best and completely false at worst [1]). The government rebate for private health insurance currently costs the government $6.0 billion annually. Labor had long argued for the abolition of the entire rebate, suggesting the money would be more effectively spent supporting public services. However, in a minority government Labor was unlikely to realise its ambition of completely abolishing the scheme, and it began to look at cost containment by refining it.

Natural therapies were one of the proposed options for such containment. Several high profile deaths related to homeopathic treatment [2] and a public furore over inappropriate promotion of homeopathy as an alternative to conventional vaccination [3] had resulted in the National Health and Medical Research Council announcing a review into homeopathic medicine. Leveraging this momentum, Wayne Swan saw the opportunity to extend a review to all natural therapies covered by private health insurance that were currently subsidised by the government. Private health insurance was estimated to pay out over $90 million per annum on natural therapies, with the government rebate covering nearly a third of this cost. Although Labor was unlikely to be able to pass the abolition of the government rebate for private health insurance, it believed that as ancillary plans had not meant to be covered in the first place, their removal would be practically easier. Although this decision was driven in part by principle, the raw political nature of the decision also needs to be acknowledged. Labor had been under intense pressure to produce a budget surplus and was desperate to uncover palatable cost savings wherever it could find them. By

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announcing a review and setting aside $1 million for the Department of Health and Ageing to fund the Review, Swan could include assumed budgetary savings of $30 million per annum in his forecast budget projections.

The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies (the Review) [4] was announced in the 2012–2013 Budget with the objectives to identify services that are not underpinned by a robust evidence base, for which it was suggested that the private health insurance rebate should be withdrawn. Although the Review was somewhat shelved when the Liberal-National Coalition government took power – due more to the government's support for private health insurer autonomy than any great support for natural therapies – the Review received renewed attention due to Labor announcing it would use the Review to justify ceasing the private health insurance rebate for natural therapies in the lead-up to the 2016 election.

The Review suggested that clear evidence of efficacy for natural therapies had not been found, and that therefore continued funding of the government rebate for natural therapies reimbursed by private health insurers should cease (p3). However, this interpretation was overly simplistic and does not fully communicate the findings of the review – or the significant methodological issues. In fact, while the Review noted that there was no clear evidence of clinical efficacy *across* a broad range of conditions, it also noted that this was largely due to the paucity of research rather than evidence of inefficacy, that many natural therapies showed promise in several *specific* conditions, and that further research should evaluate these therapies further. To help provide the context to properly interpret the Review, this article examines in detail the scope and results of the Review and discusses what it may mean for integrative medicine in Australia.

1.1. Methods

The Review comprised a systematic review of systematic reviews that have considered the effectiveness (and safety, quality and cost-effectiveness, where this has been included) of the therapies in question. It is important to note that the Review did not repeat the searches, assess the eligibility, or assess the risk of bias of the individual studies within included systematic reviews, though a quality scoring instrument (AMSTAR) was used to grade systematic reviews. The GRADE approach was also used to grade the strength of recommendations based on these systematic reviews. The Review did, however, require that any information *provided* to the Review be assessed, providing it met eligibility criteria (i.e. was a systematic review of clinical trials). Randomised controlled trials were the only evidence assessed by the Review - with even these limited to those assessed in systematic reviews or put forward during the submission process. Where systematic reviews explored other study designs, the Review considered the evidence only in the randomised clinical trials within that systematic review. Rather than assess the evidence itself, the NHMRC contracted multiple third parties to assess the evidence on the effectiveness, cost-effectiveness and safety of the natural therapies included in the Review. The review was tasked with finding evidence of effectiveness, safety and cost-effectiveness.

The inclusion of which natural therapies were included in the review also remained somewhat arbitrary. As the professions of acupuncture, Chinese medicine, chiropractic and osteopathy were mostly performed by professions regulated by the Australian Health Practitioner Regulation Agency they were excluded from the Review (p13). Moreover, 'biochemistry', hypnotherapy, psychotherapy and clinical nutrition were excluded as it was thought their definition as complementary therapies was ambiguous, and that they would most likely be performed by regulated professions (or dietitians, in the case of clinical nutrition) (p14). Ayurveda was not included in the final review as the Review had not been able to reach the Indian Council of Medical Research for assistance with the assessment of this therapy (p14).

2. What does it say about the individual therapies?

In general the review highlighted the paucity of research in the area, but it did identify several areas of clinical promise. The results for each of the therapies assessed can be found below:

2.1. Alexander technique

The review concluded that Alexander technique may be effective in improving pain and disability in the short term (up to 3 months) in people with low back pain, but the long-term effectiveness of Alexander technique on these outcomes is uncertain. For all other clinical conditions, however, the review concluded that the effectiveness of Alexander technique is uncertain because of insufficient evidence. The available research was restricted to people with chronic low back pain or people with Parkinson disease and was focused on outcomes of pain, disability and mood.

2.2. Aromatherapy

The review concluded that there is some evidence to suggest that aromatherapy may be effective in reducing anxiety and agitation in dementia patients. The review also suggested aromatherapy was potentially effective in reducing generalised anxiety in some other situations, such as before health-care procedures. When used as an adjuvant therapy with massage, aromatherapy may help alleviate pain more than massage alone.

2.3. Bowen therapy

Due to the paucity of studies the review was unable to locate any evidence for the use of Bowen therapy in the treatment of any condition and was therefore unable to reach any conclusion regarding the effectiveness, safety, quality or cost-effectiveness of Bowen therapy.

2.4. Buteyko therapy

The review concluded that there was evidence that the Buteyko breathing technique may potentially reduce bronchodilator use compared with inactive control in people with asthma. However, the review also suggested that Buteyko had no evidence of consistent significant effect on pulmonary function, asthma symptoms or quality of life.

2.5. Feldenkrais

Due to the paucity of studies the review was unable to locate any evidence for the use of Feldenkrais in the treatment of any condition and was therefore unable to reach any conclusion regarding the effectiveness, safety, quality or cost-effectiveness of Feldenkrais.

2.6. Herbalism

The review noted that while there is a large body of research on the effects of individual herbal agents and remedies, the study of the real-life practice and outcomes of herbalism as a health service was separate to this research and as there were no studies of the real-life practice and outcomes of individualised herbalism as a