

Transcript: AMA PRESIDENT DR OMAR KHORSHID ON ABC TV'S AFTERNOON BRIEFING, 13 APRIL 2022, 4:40 PM.

Subject: HEALTH POLICY. INTERVIEWEES: OMAR KHORSHID, AMA PRESIDENT; STEPHEN DUCKETT, HEALTH ECONOMIST

FRAN KELLY: Well, health was also on Labor's political agenda today, as we've been discussing, announcing they'd establish 50 urgent care clinics across the country to relieve pressure on the public hospital system. The Coalition hit back, saying the pledge was a reheating of the failed Rudd government policy for super clinics. The AMA was critical of the proposal too, and I'm joined now by AMA President Dr Omar Khorshid and health economist Stephen Duckett. Welcome both of you.

OMAR KHORSHID: Good to be with you, Fran.

FRAN KELLY: Stephen, let me start with you because you're often described as the architect of Medicare. These 50 urgent care clinics announced by Labor today, do you have an understanding of how they work and whether they're a good idea?

STEPHEN DUCKETT: I think they're definitely a good idea. Emergency departments in hospitals are dramatically overwhelmed at the moment. GPs are also overwhelmed. And so I think what we've got, and what Labor is proposing, is somewhere between emergency departments and GPs. It's not going to fix the hospital problem, and we shouldn't pretend that it will, but it's certainly a step in the right direction. It's proven in New Zealand that it reduces ED presentations. So I think it's certainly a step in the right direction and we should welcome it.

FRAN KELLY: How is it different to the super clinics that Kevin Rudd did announce when he was running for the government and I think they've built 33 of them or something so far?

Stephen, are you there? I think we've lost Stephen

STEPHEN DUCKETT: There's nothing like the super clinics. The super clinics were.... Am I there?

FRAN KELLY: I've got you, yes.

STEPHEN DUCKETT: The super clinics were freestanding. The super clinics were freestanding. They were not related to general practice, not an add on. So it was a totally different idea. And so it's - the comparison is irrelevant.

FRAN KELLY: All right. Omar Khorshid, the AMA, you've been critical of this urgent care clinic proposal. Why? I thought you'd welcome getting pressure off the hospitals.

OMAR KHORSHID: Well, Fran, if it would actually take pressure off the hospitals and make a difference to what we describe as a logjam, then of course we'd be keen supporters. But the reality is that, although these will be popular where people have access to them and there will only be 50 of them around the country initially, which is, when you compare with the 8000 general practices, it's a tiny drop in the ocean. But of course, it's the hospital patient that are jamming up the emergency departments, the ones that actually need admission, the ones that have acute illnesses that cannot be dealt with in general practice. Now, the way to reduce the numbers of those is to increase the quality of primary care, to get better chronic disease management in the community through primary care, and that's where we would like to see both parties investing if they want to help the emergency departments. And of course, the other thing they've got to do is address the hospitals themselves.

FRAN KELLY: I'll come to that - back to that. But just this notion of the urgent care clinic, the way Labor's described it today, which is, you know, a kid falls off their bike and breaks the collarbone and they can be dealt with perhaps at this kind of urgent care clinic without waiting at an emergency department. I had that experience myself over Christmas. I had to go in to emergency and there was a little kid who'd just fallen off their scooter and mum was worried about it and, you know. So it does happen. Is that - would that not relieve some of the pressure, if not, as you say, all of the pressure that a whole redesign of primary health care might do?

OMAR KHORSHID: Yeah, if you have a well-run, urgent care clinic near a hospital, then it will reduce the number of presentations with those sorts of problems to the ED. That's obvious and we would accept that. What it won't do, though, is stop the ambulances ramping outside because the whole ED is jammed up with the sick patients and there's nowhere to put them in the hospital. And that's the deeper problem. So whilst these do have a place and they exist already in this country, there are urgent care clinics here in Western Australia right now, and we've got some of the worst emergency department performance figures in the country when it comes to ambulance ramping. So as Stephen said, they're no panacea.

And of course, you've also got to look at the impact they have on the GPs around them. And if there's anything good, I think, about what Labor ever said is they've acknowledged that providing urgent care after-hours is actually really expensive. And these practices, these existing GPs who are lucky enough to become one of these places, will get hundreds of thousands of dollars to help them deliver this service. What we're saying is, well, if that's what's needed to get general practice to a level

where it can do this stuff, then perhaps we should be looking at the other 7950 practices as well and not just a very small pilot.

FRAN KELLY: Stephen Duckett, your response to this criticism from the AMA and that point made there by Omar Khorshid?

STEPHEN DUCKETT: Oh, I think it's both and sort of an answer, isn't it? [Indistinct]... hospital health department, sorry, whole hospital problem, and we should be actually improving primary care. The AMA's just released a set of policies about improving Medicare and they're right on the money here. We've got to actually invest in primary care as well as what [Audio error]...

FRAN KELLY: Stephen, I'm just going to interrupt you there. We've definitely got a different- we've definitely got a problem there with your connection. I'm going to come to Omar Khorshid on that notion because as Stephen Duckett just said, you announced a plan called Modern Medicare today. You're calling on both major parties to support it. What is at the heart of that reform proposal? Because I think its cost - it's going to cost a lot more than \$135 million that Labor announced today.

OMAR KHORSHID: It certainly will cost more. But of course, any amount you spend on primary care is an investment in health. And of course, it's been shown overseas that when you invest in primary care, you save it with other health expenditure. So it actually ends up being a net saving, not a net cost. So we're talking about concepts such as the Health Care Home, where a patient will sign up with a practice. They'll make a commitment to the practice. The practice makes a commitment to them. And particularly for people living with chronic diseases, the GPs would be funded to actually help them look after their disease, ... in a longitudinal way, rather than just with, you know, a 10-minute consult on certain days through the year. In that health care home, you'll have allied health staff. You'll have some physios and pharmacists to help with medication management. You may have a dietitian. Whatever that community needs could be available within this sort of place. And then you add on things like a wound care consumable scheme so that people who've got chronic wounds can actually have their dressings for free, rather than either having to go and pay for them themselves in the pharmacy, like what happens at the moment, or ending up in the public hospital outpatients trying to access that care.

So it's really about a concept of reforming general practice to make it deal with the chronic diseases that are prevalent in our community, to actually design the system to match the need, rather than to keep the system with the same design we had back in the 1980s, and of course, a design that's been underfunded for so many years.

FRAN KELLY: Are these elements all part of the Federal Government's Primary Healthcare 10-year plan? Because Health Minister Greg Hunt has said today that the Government has spent a significant amount of money on that plan, already \$1.1

billion in primary care measures so far, putting an additional investment of 632 million. That was all announced in the budget. So they've put in some money there. Is that the sort of grunt that's needed to implement this Primary Healthcare 10-year plan?

OMAR KHORSHID: Oh look, Fran, I really wish there was money in the Budget for the Primary Healthcare Plan. That statement is to be frank, and with all due respect to the Minister, is spin. That is the total expenditure on community health care within the Budget, and not a cent of it was actually directed to this Primary Healthcare plan. The Government did promise at the last election almost half a billion dollars to implement this plan, even though it hadn't actually been finalised yet. That's been taken away. So the Government has a plan, and it's a plan that the AMA, the College of GPs and many others support. But it's a plan that is completely unfunded at this stage. The Government feeling that having done telehealth, they've done enough. But really, they need to fund this plan. And what we need to see is Labor actually committing to a plan as well, not just tinkering around the edges.

FRAN KELLY: All right. Well, Labor Stephen Duckett has Medicare and presumably a plan for Medicare at the heart of its election pitch. It's, you know, childcare, aged care, Medicare, Labor cares. This \$135 million announcement. There was money yesterday for telehealth, bulk billing psychiatric and psychological consults. If Labor is serious about a reform plan for Medicare, what would it or should it be announcing? What's at the heart of a reform of Medicare that you see the need for?

STEPHEN DUCKETT: So I think a lot of what the AMA has said is absolutely right. I think the strategic plan the Government announced on Budget night is absolutely right. There's not a single cent in the Budget for that, which is just disgusting really. So the question then is should Labor release something prior to the election or should it say this is a priority for us, we are going to deal with it in our first budget? And I think that's a better strategy, so that they have not been involved in the development of the 10-year strategic plan. It's got Liberal Party advertisement all through it. And I think Labor should step back and say it's the right direction, but we want to own it. We want to make sure it's the right thing. We want to consider it in government and we're going to commit to do something in the first budget.

FRAN KELLY: Alright, but they'd need to be hinting pretty strongly they're going to put a significant amount of dollars to it. Otherwise, that's a worthless promise, isn't it? And speaking of dollars, Greens leader Adam Bandt today called for dental services to be part of Medicare at a cost of \$7.5 billion a year. Is putting dental care at the heart of Medicare, is that a sort of reform - I'll just ask both of you, stick with you, stick with you, Stephen - the sort of reform you'd like to see as part of a revamp of Medicare?

STEPHEN DUCKETT: Oh, I think dental should absolutely be part of the universal program. Whether you do it exactly the same way as we do with Medicare, fee for service uncapped, that's not something I actually support. But certainly, we've got to say universal dental coverage is part of what Australia expects nowadays.

FRAN KELLY: Okay. Omar Khorshid, what do you think about this notion of dental care within Medicare?

OMAR KHORSHID: The AMA certainly supports universal access to dental care. It is linked very much to health outcomes, and it is important that all Australians have better access to dental care. But if you're talking about spending \$7 billion or \$8 billion a year, right now, we would be pointing that money at the part of our system in absolute crisis, which is public hospitals and the government lifting its commitment to 50:50 funding. It would cost around \$5 billion a year, and I think that's where we'd say our priority, with dental care, you know, being on the list of things to do in due time.

FRAN KELLY: Finally, can I just ask you both about bulk billing? Because the Government says the bulk billing levels are higher than ever? I think that would be news to a lot of people and a lot of places in the country where they can't seem to find a bulk billing GP clinic. Stephen Duckett, is it higher than ever? Is the Government right there?

STEPHEN DUCKETT: If you're only talking about GPs, the answer is yes.

FRAN KELLY: [Interrupts] Let's stick with GPs for now.

STEPHEN DUCKETT: So the bulk billing rate is about 90 per cent, almost 90 per cent for GPs. That means still there's 10 per cent of the population who aren't bulk billed. Only about two-thirds of the population have all of their services bulk billed. So it's still an issue, but the Government's right on that. But that doesn't mean that's good enough. People still can't get especially to see medical specialists. They can't get to see psychologists. So it's a big issue for a lot of people.

FRAN KELLY: And Omar Khorshid, what would it take for more GPs to offer bulk billing? And do you have a response to that report released fairly recently that suggested some GPs, either by mistake or by design, are rorting the bulk billing system, because they're charging co-payment and they're getting the Medicare rebate?

OMAR KHORSHID: Yeah, I think we've got to get away from measuring the success of our primary care system by the bulk billing rate. We actually need to look at how well we're managing diseases in the community and where we are able to provide that in a setting where there's no fee for the patient, that's fantastic. But if you ask me, would I rather go to a GP that bulk bills but is under extreme time pressure and will see me for six to 10 minutes, you know, multiple times in order to deal with my

three or four problems, versus going to one GP they've had a relationship with for a while and pay a co-payment with the capacity to pay, I would pick the latter. And I think what they've got to do is lift...

FRAN KELLY: [Interrupts] With the capacity to pay, though, that's the...

OMAR KHORSHID: It is. It is the question, Fran. But we have got greater household income in Australia now than ever before, and people are willing to pay for quality health care. But let's lift the standard of general practice. Yes, let's lift the standard of bulk billed general practice. Let's get longer consults paid for through Medicare so that a bulk billed practice delivers better quality care than it does right now, because that's what we'd like to see. It's not the bulk billing rate it's the quality of care that we've got to start to measure and improve.

FRAN KELLY: Omar Khorshid, Stephen Duckett, thank you very much for joining us.

STEPHEN DUCKETT: Pleasure.

OMAR KHORSHID: Thanks, Fran.

See the interview, 42mins 40 seconds in, at <https://iview.abc.net.au/video/NU2222V053S00>

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