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Subject: INTERVIEW WITH DR CHRIS MOY, AMA VICE-PRESIDENT ON NEW

MODERNISE MEDICARE CAMPAIGN

MICHAEL ROWLAND: Now, the peak body for doctors, the AMA, is launching a new campaign today, calling on the major parties to modernise Medicare. To find out more, we're joined from Adelaide by the organisation's Vice-President, Dr Chris Moy. Chris, good morning to you.

CHRIS MOY: Good morning, Michael.

MICHAEL ROWLAND: How should Medicare be modernised? What's the key change you're calling for?

CHRIS MOY: Well, look, we've got this world class health system that people really look up to it and feel that we've had a great health system. But we've had just really banal debates about things like bulk billing rates and government freezes and things like that, which has really left Medicare not really what we need in the 21st century. And so we've set out, in a campaign, which is called the Modernise Medicare Campaign, which is - you can look up at modernmedicare.com.au - which really sets out what general practice should be like going into the future

Because at the moment, the world has changed. So, the sort of funding we provide now, which is this rebate for patients to see us on a for an appointment [basis] where you have to come in and you have to book an appointment. I think things have changed now. We have a much more aged population and we have people with disabilities who are stuck at home. And what they need is a much more flexible type of care. And then we also have people wanting something different. We have a new generation who are embracing new technologies and we have to be flexible in providing of that care. We've got a bit of a taste of it with Telehealth, but we need to embrace that.

So really, this thing is about changing the way we look at care from this narrow, you know, make an appointment, see your doctor thing, to more care,

which is providing a much flexible care, multi-disciplinary, more health, which is where you sign up for a home which is your heartbeat home of care. And, also, more time to see your GP as well, which I think we all look forward to because I think just the time frames we have now with the way -- with the rebates and the way they're funded -- is making it very hard for people to really cover all the things they need to do as- in terms of their health.

MICHAEL ROWLAND: [Talks over] Yeah. I want to talk about some of the nuts and bolts for our viewers as to how they would see this plan be enacted in practice. You talked about people having a so-called heartbeat home. The AMA is calling for a medical home model. How would that work in practice?

CHRIS MOY: So, people can remember a long time ago when, and I started there, where basically that was your practice from, if I could put it, birth to death, and you sign up for your practice. So back then, what mattered was your practical doctor really knew your history. And basically when the chips are down, you've got to go to that practice because you trusted that practice.

So essentially, what would happen here is you would sign up for a practice which wouldn't - and it's not forever - but you sign up for a period of time. But essentially, what it would mean, then, is that it would be a reciprocal arrangement. The practice would have responsibilities to you to be there when you needed it. You know, where it would know your history and provide that care. And it'd also be able to provide - and also be funded to provide - extra wraparound services care that people really want to be able to do - - use new technologies, be able to do far more home visits, be open for you after hours, be able to be there when you really need it. And so there would be this reciprocal arrangement where, basically, you sign up, that's the one you trust, that's the one you believe in.

But what actually happens then is that practice is then supported to provide the care that you really need, especially when we're thinking about -- I have so many patients now who are aged and with disabilities and chronic illnesses who are stuck at home, who are really finding, just the coming in for an appointment, making an appointment ahead of time, the inconvenience of that. We can be far more flexible in that and change the way we provide our care for the future.

MICHAEL ROWLAND: Okay, just on that front, we're speaking to Mark Butler, the Shadow Health Minister, very shortly on *News Breakfast* - talking about this new promise Labor's making today: urgent care clinics. Basically, beefing up certain GP clinics around the country, a trial system, to help take

the pressure off emergency departments for people who have, you know, injuries, wounds, sprained ankles and the like. What do you make of that plan?

CHRIS MOY: Look, the AMA will be giving a report card for both of the parties at the end of this campaign, but this would be a small tick for trying. But it's so far away from coherent policy in terms of really reforming health. I mean, why aren't we trying to support all practices to be able to provide this? And also, we are talking only about 50 places, so it's kind of scratching the surface.

And really, if I could put it, it'll be, and excuse the pun, ambulance at the bottom of the cliff sort of strategy where we really should be supporting general practice now to prevent patients ending up in that situation. But also to be there, be the ones to actually be there when patients actually do fall and break a leg. So, look, it's a small tick for trying. We haven't seen anything from the current Government at the moment. So there's a small tick for trying but, yeah, no banana, I'm afraid.

MICHAEL ROWLAND: Chris Moy, appreciate your time and look forward to your report card a bit later in the campaign.

CHRIS MOY: It's a pleasure.

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