

and I'm really looking forward to see if they're going to respond to today's announcement from Labor.

QUESTION: Can you just expand on - for our understanding – how GP's and the services they offer have changed over the years? You've got, I think, clinics attached to some of the emergency- some of the hospitals. You can get more doctors to come to your home if you need to. Can you just articulate the specific changes that you're after with GP's?

OMAR KHORSHID: The AMA supports the 10-year primary healthcare plan and its full implementation over time - and it is a long-term vision that is difficult to capture in a brief comment. But, at the core of this plan is something called Voluntary Patient Enrolment where both a practice and a patient make a commitment to each other. We think this is something that would apply to people over the age of 65 or 70 who are living with a number of chronic diseases. And that commitment to the GP will open up services that can be specifically designed for that patient and for the patients of a particular practice.

That means governments could invest extra funds into dietitians in an area where they know there's a lot of obesity; they can invest in diabetes educators in general practice where a practice has lot- that has a lot of patients with diabetes. These are the kinds of things that we can do if we have a system that's designed to manage people with chronic disease.

So there's- as I said, there's a lot of bolt-ons, but, at the core of the reform is the concept that patients will voluntarily be able to sign up with the GP practice of their choice.

QUESTION: Sorry, but can't you do that now?

OMAR KHORSHID: What we have at the moment is a Medicare system that was designed in the 1980's, where care is all episodic and GP's are funded to provide a particular time-based service and the funding model supports very short consults. If you're a bulk billing practice, the only way to really make that work economically is to see patients for six to 10 minutes and to see them repeatedly. And, in our view and in the view of the College of General Practitioners, that is not good medicine.

We know that many patients have many problems. Many patients are living with significant mental health concerns. You can't go through those in short consults, but these bulk billing clinics just can't afford to do longer consults because they're not properly funded.

So, this about changing the whole structure, the culture of general practice. And we think, although it's a relatively small step right now, it's starting us out on a journey that we absolutely need to take.

QUESTION: That's about expanding services then, isn't it?

OMAR KHORSHID: The whole reform is about expanding services in a targeted way - to make the general practice your healthcare home. That is, with a program that's designed for you, and also for the other people who are patients of that practice, rather than it being completely generic and completely defined by the amount of time that a patient spends face to face with their GP.

QUESTION: One of the many complaints is a lack of GP's who bulk bill. Will this go any way to fixing that problem?

OMAR KHORSHID: We have very high rates overall of bulk billing, but we certainly acknowledge that, in parts of Australia, it is difficult to find a GP practice that bulk bills. And

increasing, post-pandemic, it's actually quite hard to find an appointment with any GP within a reasonable time.

So, it's really important that we, in bringing in these reforms, we make general practice a career that's attractive for doctors. Right now, only around 15 per cent of medical students are interested in a career in general practice, and we really need that number to be up around 50 per cent. So, there's a big job to do to make general practice attractive. And part of the problem with it is, that it's built on a system designed in the 80's. So, we've got to bring that system into the future and, of course, we've got to properly fund general practice. And the sad reality of Medicare is that both parties, over the entire history of Medicare, have failed to invest in it, have failed to reform it, and have failed to even keep pace with what it used to be worth when it started in the mid 80's.

So the value of your rebate when you go and see a doctor is lower today than it has ever been before, due to that failure of indexation. And that's something that, at some point, is going to have to be tackled if the Government of Australia wants healthcare to be affordable for all Australians.

QUESTION: Can I ask you- sorry; I wonder if you can continue there- I want to just ask to get onto the topic of COVID in WA - is that appropriate if I can ask that?

OMAR KHORSHID: Unless you're going to ask something else, yeah.

QUESTION: I wanted to- the numbers that are being thrown around now, and I'm talking about Dr Andrew Robertson yesterday, up to 25,000 cases maybe a day - did we lift restrictions in WA too early?

OMAR KHORSHID: There is a significant view within the medical profession, and in particular within people working in our hospital system, that Western Australia moved too early in removing the indoor mask restrictions in particular. They were a step that, although it wasn't the be all and end all, it did seem to be keeping a lid on the spread of the virus through the community, and, it was keeping those numbers at a pretty stable level where the health system could be expected to cope. Now we've seen those numbers explode.

It's actually not the people in hospital that are the problem, it's the fact that so many healthcare workers are being taken out of the workplace by the virus, meaning that we can't provide those basic services that people expect in our public hospital system, and I'm sure it's the same throughout the rest of the economy.

So, if this peak is short and sharp, if we get a big spike and then it goes back to normal, then probably you could look back and say that the right decision was made by Government and that we'll have to just ride out this particularly problematic period. But if we see numbers, like we've seen in the last week, for the next four, six weeks, then we're going to have a health system that cannot cope with those numbers, and, we're going to see people with other medical conditions actually suffering and getting substandard medical care because we just can't get the workers into the workplace where they're needed.

QUESTION: So, do you think we need to look in the next short term about reintroducing some of those restrictions like masks for indoor areas? What are you calling for?

OMAR KHORSHID: We're calling for the Government to respond, as they have through the pandemic, to the medical advice that they receive from Andy Robertson and the other experts in the Health Department.

The reality is, Australia has moved on. We've seen, in this election campaign that nobody wants to talk about COVID. But the virus is still here, we are not 'post-COVID', and we have to design our systems - our health systems, our public transport systems, our shopping centres - to deal with the reality of this respiratory-borne virus that is not going anywhere. If we don't do that, we will find ourselves still in this situation in months or years to come, and with a catastrophic impact on people's health, and of course, on the economy.

QUESTION: So, DO-

OMAR KHORSHID: It's very difficult for the Government to walk back on measures when they've given people more freedom. I understand the difficulty that Mark McGowan faces, and there were calls from the medical profession to maybe keep those masks on just a little longer to make sure we were past the peak.

But this is something that we're seeing right around the country at the moment. We are- We now have the, I guess, unenviable label as having the most COVID spread in the world at the moment here in Australia, and particularly here in WA. But on the flip side, we've got to also remember that here in WA we have the lowest death rate from COVID in the world through the pandemic and I think we have to acknowledge that - even though this period now is tough, overall, the management has been very successful.

QUESTION: So you're not calling for restrictions to come back?

OMAR KHORSHID: They need to be considering the resumption of restrictions if the numbers continue to go up, and if the peak looks like it's going to be a slow peak rather than a quick peak. I think the health system will be able to cope for a couple of weeks of very high numbers, as long as we see those numbers starting to come down.

And the reality is we need a certain proportion of the population infected for those numbers to come down. That is the experience around the world, and certainly there are estimates that up to 40 per cent of Australians have already been infected by COVID. That number is lower in WA, and the grim reality is we're probably going to have to get up to those sorts of numbers before we see the peak dropping away and us being able to get back to normal.

QUESTION: Can I ask, hospitals in New South Wales are particularly under extraordinary pressure - is that being mimicked right across the country with bed blockages, ambulance ramping? And how bad is it? And what can be done to alleviate that, sort of, straight away?

OMAR KHORSHID: The situation in public hospitals right around the country is dire, and in particular, hot spots are in places like Victoria and here in Western Australia. But also there are ambulance ramping records being broken in Queensland, and there are significant issues also in New South Wales, although it generally performs better than the rest of the health systems on these measures.

The reality about ambulance ramping is that it's getting worse in every state and territory over the last few years. There is no state and territory holding its own or getting better, they are all getting worse. And of course ambulance ramping occurs because the

hospitals are full, the hospitals are log-jammed. So the only solution to ambulance ramping is to deal with the log-jam in the hospitals, and there's no quick fix for that. That requires long term investment in capacity, some reforms. It requires a lot of money being spent. And the only level of government that has the capacity to do that is our Commonwealth Government. That's why the AMA has called for 50/50 funding and scrapping the cap on activity at our health system - this artificial cap of 6.5 per cent that, when you take into account inflation now running at 5 per cent, it just shows you there's very little headroom for our states to be able to grow their system before they have to carry the can for the entire cost of a hospital admission, and they simply can't afford that. So we need the Government to come to the party. We need both parties to accept that public hospitals are in crisis and they need a solution, recognising that the solution is going to take years to implement.

QUESTION: Many of the states blame COVID - obviously that's exacerbated the problem. But have a lot of the systems been keeping up with demand prior to closing? And are we now seeing this perfect storm of problems?

OMAR KHORSHID: We've been tracking public hospital performance for a long time and it has been declining, on average, around the country for years, well before COVID. And of course, ambulance ramping was already a crisis before COVID, including here in Western Australia, where last year when we had not a single COVID case and we had no flu epidemic, we had over 6000 hours of ramping in August, just in one month - 6000 hours. Now, when the state government came into power, that number was 1/10th of that - it was around 600.

So there's been an extraordinary explosion in ambulance ramping. It's got absolutely nothing to do with the pandemic. But we have to also acknowledge that COVID has made it worse and that COVID's not going anywhere. Our hospitals have to deal with COVID for the foreseeable future - the disruptions, the extra costs of providing services - and that that activity has got to be funded, otherwise our hospitals will be ground into the dirt and Australians who expect to be seen on time in an ED, who expect an ambulance to come and collect them are going to be disappointed. And in particular patients waiting on elective surgical waiting list for years for life changing operations are going to be waiting for years longer because, at the end of the day, the system has to focus on the sickest, and the sickest are, of course, those who come in ambulances and into the emergency department. So I'm really worried about the future of elective surgery in this country. And we are looking to our leaders, to the two parties at this election - the two major parties, one of whom is going to lead our country - we are looking for solutions, not buck passing and no more blame games.

QUESTION: Do you think today's announcement from Labor, especially the after hour care with your GP, will have any effect on easing pressure in hospitals? Or are you solely relying on the separate funding announcement?

OMAR KHORSHID: We are hopeful that reforms to general practice will help to ease the pressure on emergency departments. But these things do take time, they take years to come into effect, and of course we have a shortage of GP's out there in the community as well - so we have to be realistic. Yes, we need to reform general practice so that we can make our whole health system more sustainable, reduce the pressure on hospitals. But we also need that investment in hospitals, because they're in crisis today. You go to an emergency department anywhere around the country, it's not a pleasant place - it's not a pleasant place to work, and it's a place where your care is very likely to be delayed over what we would consider to be

reasonable. And if you've got an urgent problem, that delay can mean the difference between life and death, or disability and no disability.

It is critically important for every Australian that a solution is found to our public hospital crisis. And unfortunately, there are big price tags associated with that, and long-term measures. But that's just the reality of the situation. You cannot fix a system that's been underfunded for many years by clicking your fingers with a single announcement.”

** ENDS **

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