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Transcript: AMA President, Dr Omar Khorshid and Vice President Dr Chris Moy press conference
Thursday, 30 June 2022

Subject: Private Health System summit, Government decision not to extend COVID telehealth
arrangements, Vaccine inquiry into vaccine contracts

OMAR KHORSHID: We're standing here in Parliament House today having convened a summit on our private health system - private health insurance, private hospitals. We've also got doctors' groups all coming together to discuss the challenges that face our private system and the importance of us working together to address affordability of private health insurance premiums and making sure our private sector can still contribute the huge amount of healthcare that goes on in that sector. Sixty per cent of all elective surgery happens in our private health sector, in our private hospitals, and in our day hospitals, and if this starts to decrease it will only cause complete catastrophe to our public hospital waiting list and to the pressures that face that public hospital system. So it's critical that we all work together, and today's summit is about the whole industry, all the stakeholders coming together. We actually had the Minister and Shadow Minister join us this morning demonstrating their support for our industry, all coming together to solve these difficult problems.

Today, I've also released the AMA's discussion paper on a potential private health system authority, which would be able to bring that sector together, to gather data, to make recommendations to government on how to create a private health system that delivers for all Australians. The private health authority could also regulate the behaviour of the players in the market, the behaviours of insurers that are now moving to implement different models of care without necessarily taking patients along with the journey or taking the medical profession along on that journey. We believe that through collaboration, through discussing the issues that affect us, through creating a stable platform for reform that we'll get a private health system that will deliver better care for a cheaper price, which will of course make private health insurance premiums that much more affordable for Australians.

And everyone needs to be aware that if we do nothing, that in fact private health insurance will become more and more out of reach for Australians, and in particular young Australians who haven't had the benefit of high wage growth that used to be a reality in Australia that are now finding insurance harder and harder to access and harder and harder to justify when it comes to the increasing costs of living and the pressures that are on every family in Australia right now. I'm really pleased with the engagement that we have achieved so far in the summit, the goodwill that each of the players are bringing to what are sometimes very difficult discussions. And we hope that the outcomes from today's forum will be able to take our industry forward to continue to deliver for all Australians.

I'd just like to make some comments now about telehealth, as well. The AMA's been very disappointed to learn that the Minister Mark Butler has decided not to extend the COVID telehealth arrangements that have supported the delivery of healthcare through the pandemic

by GPs and private specialists over the last few months. The temporary arrangements were due to expire in December; they were extended by the last government until today, and unfortunately this government has now decided not to extend those arrangements, meaning that Australians who are most vulnerable, those that don't have access to high speed internet or that can't use the devices that you need to actually do a video conference, they're going to have the telephone access that they have today taken away tomorrow, meaning that the people who we least want to be sitting in a doctors surgery because of the risk of them contracting COVID from other patients or from their doctor, they're going to be sitting in those waiting rooms under an increased risk of contracting COVID, or they may actually stay home, not wanting to expose themselves and actually miss out on their healthcare. Both of these are unacceptable outcomes, and we are very disappointed with today's decision by the Minister. But we are hopeful that through more discussion, given that this was of course a fairly rushed decision, that the Minister may understand the really important role that telehealth is playing in our society, the fact that for most Australians the telephone actually is the most convenient way to talk to a doctor about their healthcare, the most accessible way that every single one of us actually has access to, whether you live in a rural area or an urban area, whether you're old or whether you're young. And we're hopeful that the Minister will listen to these arguments and make a different decision going forward.

We're also very keen to hear from the Minister what he plans to do about the rural incentives that he promised during the election campaign to actually bring back. The previous government took away rural telehealth incentives as part of the permanent telehealth package, and this government has promised to reinstate those for mental health care, but we haven't heard any outcome as yet from that. And we're looking forward to that discussion with the Minister to make sure that he is supporting high quality telehealth access for the Australians who need it the most.

I might just hand over to my Vice President, Chris Moy, to explain some of the impact of today's decision on general practitioners providing COVID care and other respiratory illness care in our community. Chris.

CHRIS MOY: Thank you. I can't say it enough that the level of disappointment I have on behalf of my patients about the decision that's been made. A lot of my patients do not have access to broadband, or they can't use smartphones, or they live in the country, and they can't get access to the technology that they need to be able to access care. Now, what happened back in the beginning of this year was the AMA fought and worked with the government for an extension of the telehealth item so that particularly telephone for longer consultations would be maintained, particularly in the context of the Omicron outbreak. Now the thing is, the Omicron outbreak is here and possibly could get worse. And so many of our patients, particularly those who are vulnerable, elderly, those who are trapped at home, those worried of getting out, are going to have their care compromised. I'll just give you an example: the sort of thing that I have to do quite often is, for example, actually take a phone call from a patient who's COVID positive, then actually work out whether they need or are eligible for antivirals and whether they have any contraindications or whether they can take it and it's safe for them to take it. This can take a very long time. This decision is going to compromise the ability of general practitioners, for example, to be able to provide the antiviral treatment, which is going to be so critical in protecting individuals from getting severe disease in

COVID, and also minimising the chance they end up in hospital, which is a false economy at that point.

So, look, that's a sort of scenario which really at the moment the decision is going to compromise. And all we can do is plead with the Minister to reconsider the decision. Look, I've got to say, the previous minister was in the same position, and we had to negotiate with them to get him to understand how important this was. This is an important chance now for him to actually listen to the needs of, most importantly, the patients who need this care at the moment, who don't have the ability to use video conferencing for their consultations and still need complex care. So look, a really disappointing decision, and we really look forward to a reconsideration of it.

QUESTION: Because even if they do- like, the Minister might be in a listening mood. You saw him this morning. What's your sort of feeling about whether he'll listen or change his mind? And even if he does, how quick? Like, even if the decision changes, is there still a big gap for the patients who've missed out?

CHRIS MOY: First up, I can tell you now there's going to be a massive uproar from patients and GPs at this moment in time concerned about this decision. I have had a great number of texts even in the last few days, and we're very concerned about the fact that the decision and the announcement of decision is so late in the game, right down to the wire, where people haven't been able to plan forward at this stage. But what I'm most worried about is the potential for compromise of care while we still have a very healthy Omicron outbreak which is set to get worse. And so the health system still must be primed for this, and the settings that were made early this year need to continue.

QUESTION: You said it was a rushed decision. Why do you say it was rushed?

CHRIS MOY: Well, my sense is, in fact, that we have a new minister who's getting a lot of inputs about a lot of things at this moment in time. And previously we've had to work very closely with the previous government. It's often taken quite a long time to walk through the previous government about major decisions. And I think- in this case here, I think we're in a similar situation where, in fact, all the information that's required hasn't actually got through to the Minister about the importance of this decision and potentially the backlash that may occur. But most importantly, a compromise of patient's care at the moment.

QUESTION: Just going back a step in terms of private healthcare. How is private healthcare going given there was a huge backlog of elective surgeries over the pandemic? Is it struggling to hold up?

OMAR KHORSHID: So our private hospitals are currently really busy and doing their best to catch up with the demand that's in our private sector. But of course, they're continuing to be hamstrung by the ongoing COVID pandemic. It is making our doctors and nurses sick, it is making our patients sick and it is disrupting care. So right now, our system is not firing on all cylinders, but it's doing its absolute best to catch up. And of course, there's a lot of pressure on the doctors, nurses, and other people that work in that private sector. Unfortunately, that means that the private sector isn't there to back up the public sector. It's not going to be, in our view, the solution to the huge backlog of public hospital waiting patients, patients who are waiting years now for elective but still essential surgery. And so we need to be looking at other solutions going forward to maintain the number of people that have private health insurance so they don't add to the burden on the public sector, but also, what do we need to do

to make our public sector more resilient and able to deal with the demand that's out there in the community.

QUESTION: Today, the Health Minister also called a snap inquiry into the ordering of vaccines into Australia. What's your take on that?

OMAR KHORSHID: The AMA is pleased that government is looking at the contractual arrangements that are in place to support access to vaccines, and it's absolutely critical that as soon as the new vaccines that are coming online are proven to be effective and safe, that we have access to them, that we can immunise our young children against COVID, and that we can provide Omicron-specific vaccines to our community once they're proven to be safe. And if this inquiry is going to make that easier, to make it faster, and make those vaccines more affordable for government, then of course, it's a good thing to do.

QUESTION: The Minister said it was a forward-looking review, not a backward looking one. It would look at Australians' future needs. It wouldn't look at, for instance, the timeliness or negotiations of the last government's work. You know, the current government said they'd make that Royal Commission that's looking into COVID. Would you hope that there would be some examination at some point, if not in this review then some review of how things were handled under the last government in the initial pandemic phase?

OMAR KHORSHID: I think it is important generally for Australia to learn the lessons of the pandemic, and at the appropriate time, we should sit back as a community, as a society, and make sure that we've learnt the lessons that we need to learn. That might be around border arrangements, around the lack of a Centre for Disease Control here in Australia despite calls for decades for one to exist. And yes, it may well include vaccine procurement. But I think we're not really that worried about looking back two years ago at the decisions that were made then. What we want to see is government preparing for the future - living with COVID, the fact that we still don't have a large proportion of our population fully vaccinated, who've only had two doses, or some of whom have not yet had any doses; and of course, how we live with COVID going forward, how we run our private and public hospital system, how we run primary care, in order to have a health system that is able to still cope with the health needs of the community. That's where the effort needs to be put. And that's why we're here today discussing the private health system. We're looking forward to saying, how can we make our whole health system, which is, of course, split half - half and half approximately, public, private - how can we make the whole thing more sustainable, more accessible for Australians to improve healthcare outcomes so that we don't end up in a situation where so many Australians cannot access the health care that they need when they need it.

QUESTION: Do you still believe that vaccine mandates could be an important part of increasing those vaccine numbers?

OMAR KHORSHID: I think Australia has probably moved beyond vaccine mandates at this stage. We do have to accept that they had a place. And if you look at Western Australia, you can see the highest rates of vaccination in the country, and that was a place where the mandates were held for the longest and they were probably the harshest in the country. But of course, mandates create a negative feeling in the community and I think there's a lot of Australians who haven't had their third or fourth doses of vaccines that they are eligible for, that are absolutely critical to their future health, because of the kind of negative feeling that these vaccine mandates have engendered in the community.

So really going forward, what we'd like to see is proper investment in promotion of vaccines, clear messaging from all levels of government on the importance of all the public health measures we need to keep the community safe. And then, of course, that planning that goes into delivering healthcare through telehealth, through our primary healthcare system, through our public and our private hospitals.

QUESTION: And just one more from me on hospitals. State premiers, particularly the premier in Victoria, seem to think that the coronavirus pandemic has significantly affected how effectively the hospital can operate. Is he right to continually blame the coronavirus pandemic for a dysfunctional hospital system?

OMAR: So our hospitals, in particular our public hospitals, were struggling before COVID. We've documented that for years at the AMA. And the idea that that all the problems in our public hospital systems can be traced back to COVID is simply ridiculous. However, we do need to acknowledge that COVID is creating an additional burden on hospitals. It's sucking staff out of the system, and it's increasing the costs of providing healthcare, making healthcare less efficient but more expensive to deliver. And when you're looking at funding, we've got to make sure that the funding mechanisms recognise that, because if the Federal Government pulls its support for hospitals, its support for the states that recognises these increased costs, what's going to happen is that patients will actually suffer, that the hospitals will just run out of money. They'll have to restrict the care that they provide, and that will lead to more people waiting outside emergency departments rather than in them, more people stuck in ambulances, or more people who are unable to call an ambulance when they need one because the whole system is jammed up.

So it is very much the fact that there is a COVID problem in our health system, but it is not the only problem. And that's why long-term reform, including of the funding agreement, is a critical discussion for ministers to be having tomorrow when they're meeting to discuss our public hospital system.

QUESTION: Omar, some of the players who've come to the summit today, they've never met each other and yet they make decisions for their own groups that can often have consequences for the other groups. So how have you found them working together today? Are they finding common ground, or do you think they're actually still quite far apart?

OMAR KHORSHID: It's really pleasing to see that the stakeholders, the players, some of whom are running very large organisations that have a huge impact on Australians' healthcare, they are actually finding common ground. They realise that, in fact, we're all here. Every part of our private system is here to provide care for patients - insurers, the hospitals, the doctors. Everybody is there to provide care for patients, and we all want that care to be as effective as possible and for our whole industry to be sustainable. We don't want a situation where Australians cannot afford their healthcare, whether it be public or private. So it's really pleasing to see that coming together of the minds, and we're hoping that that will mean there's a new approach going forward and with a new government in place, that we can actually take our private health industry on a reform journey that will improve that long term sustainability.

QUESTION: And can I just ask, what are you hoping for at the end of today with the summit, and then what's the next step? How will we go forward with that?

OMAR KHORSHID: So we're really hoping that today's summit delivers a clear vision, I guess, for the future of the industry. But at the end of the day, there are still differing views

that we need to work through. So the AMA's discussion paper on a private health authority will be open for public consultation until the end of August. And at the end of that process, we'll bring that information together and a final proposal to government to consider and to the rest of the stakeholders so that we can move this agenda forward and move our whole industry forward on a sustainable journey to the future.

Thanks everyone.

(ENDS)

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